ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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)]

rippineant(o) [1 To vide for each applicant (fold) to 1 art 1100:220/]		
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

THE LAST PAGE OF THE APPLICATION FORM.

<i></i>				
	Non-profit Corporation For-profit Corporation Limited Liability Company Other		Partnership Governmental Sole Proprietorship	
0	Corporations and limited liability compastanding.	anies mu	st provide an Illinois certifi	cate of good
0	Partnerships must provide the name of and address of each partner specifying			
APPE	ND DOCUMENTATION AS ATTACHME	NT 1 IN	NUMERIC SEQUENTIAL (ORDER AFTER

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 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)]

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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

iype (or Ownership or Applicants			
	Non-profit Corporation For-profit Corporation Limited Liability Company Other		Partnership Governmental Sole Proprietorship	
0	Corporations and limited liability compastanding.	anies mu	st provide an Illinois certif i	cate of good
0	 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 <u>ATTACHMENT 1</u> 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

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	on of the Site:
Proof of ownership or control of	of the site is to be provided as Attachment 2. Examples of proof
of ownership are property tax s	statements, tax assessor's documentation, deed, notarized

of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.

APPEND DOCUMENTATION AS <u>ATTACHMENT 2</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

Provide this information	on for each applicable	facility and insert after th	nis page.]			
Exact Legal Name: J	lavon Bea Hospital					
Address: 2400 North Rockton Ave, Rockford, IL 61103						
Standing. o Partnerships must of each partner sp	ation	Partnership Governmental Sole Proprietorship must provide an Illinois Certi tate in which organized and general or limited partner. t in the licensee must be id	the name and address			
APPEND DOCUMENTAT		, IN NUMERIC SEQUENTIA	L ORDER AFTER			

Organizational Relationships

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

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

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.

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

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? \square Yes \boxtimes 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.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION 8/2019 Edition

CERTIFICATION

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

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

This Application is filed on the behalf of 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.

SIGNATURE R B.Ca.	SIGNATURE
Javon R. Bea	Todd Anderson
PRINTED NAME	PRINTED NAME
Chief Executive Officer	Chief Financial Officer
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 22 day of November 2021	Notarization: Subscribed and sworn to before me this <u>১৯</u> day of <u>Navanbaa ২০</u> ১।
Signature of Notary OFFICIAL SEAL Seal Jennifer L Springbrum NOTARY PUBLIC, STATE OF ILLINOIS 'If der Principles Control of the Spring	Steneture of Storag AL SEAL Seal Jennifer L Springbrum NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires September 13, 2022

SECTION II. DISCONTINUATION

Type	of Discontinuation
\boxtimes	Discontinuation of a single category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

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

REASONS FOR DISCONTINUATION

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

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

IMPACT ON ACCESS

- 1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
- 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 <u>ATTACHMENT 7</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for <u>ALL PROJECTS TO DISCONTINUE</u> 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 I	nformation per	PA 96-0031	
	CHARITY CARE		
Charity (# of patients)	# of patients) 2018		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

APPEND DOCUMENTATION AS $\underline{\text{ATTACHMENT 9}},$ IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V. CHARITY CARE INFORMATION

- 1. All applicants and co-applicants shall indicate the amount of charity care for the latest three <u>audited</u> 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 <u>ATTACHMENT 10</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

	INDEX OF ATTACHMENTS								
ATTACHMEN NO.	т	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							

ATTACHMENT 1 - CERTIFICATE OF GOOD STANDING

Included with this attachment are the following documents:

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

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.



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 .

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

SECRETARY OF STATE

esse White

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.



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 .

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

SECRETARY OF STATE

esse White

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

day of November, 2021.

Notary Public

OFFICIAL SEAL
Jennifer L Springbrum
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires September 13, 2022

Seal

13569786 v1

ATTACHMENT 3 LICENSEE CERTIFICATE OF GOOD STANDING

File Number

0215-546-0



To all to whom these Presents Shall Come, Greeting:

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

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



In Testimony Whereof, I hereto set

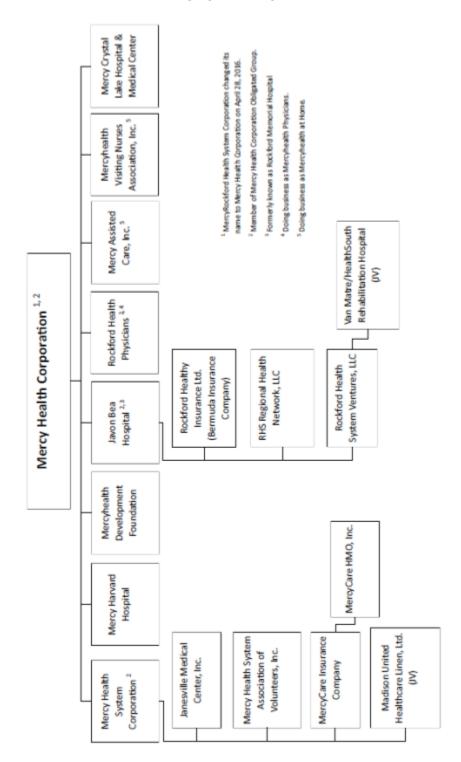
my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of NOVEMBER A.D. 2021 .

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

SECRETARY OF STATE

esse White

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.

OFFICIAL SEAL
Jennifer L Springbrum
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires September 13, 2022

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."

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.

Hospital Profile - C			ealth Hospita	al - Rockto	n Avenu		Rock	ford		Page 1
Ownership, Man			<u>mation</u>			Patients by			Patients by Et	
ADMINISTRATOR NAM	E: Sue Ri	psch			Wh	nite	66	6.6% F	Hispanic or Latino	
ADMINSTRATOR PHO		1-7202			Bla				Not Hispanic or La	
OWNERSHIP:		ord Memorial Ho				nerican Indian			Jnknown:	1.9
OPERATOR:		ord Memorial Ho			Asi).8% -		
MANAGEMENT:	Not for	Profit Corporati	on			waiian/ Pacific		0.1%	IDPH Number:	
CERTIFICATION: FACILITY DESIGNATION	M: Conord	al Haspital			Un	known	12	2.4%	HPA HSA	B-01 1
ADDRESS		al Hospital I. Rockton Aveni	ue Ci	TY: Rockford	1	COUNTY:	Winneh	ado Cour		'
ADDITECT	210011	. Trooktorry tront	Facility Utiliz				vviiiiiob	ago ooai		
	Authoriz	zed Peak Bed		ation Data by	Category	OI GEI VICE	Average	Average	CON	Staffed Bed
Clinical Service	CON Be 12/31/20	ds Setup an	d Peak	Admissions	Inpatient Days	Observation Days	Length of Stay	Daily Census	Occupancy	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 65-74 Years				2,222 1,427	10,339 7,287					
75 Years +				1,907	10,086					
Pediatric	12	2 20	12	760	2,059	792	3.8	7.8	65.1	39.1
ntensive Care	30		26	2,172	4,960	27	2.3	13.7		48.8
Direct Admission	30	20	20	1,683	3,138	21	2.5	13.7	43.3	40.0
Transfers				489	1,822					
	20	. 25	25			440	2.7	40.5		50.7
Obstetric/Gynecology Maternity	20) 35	35	2,531 2,447	6,597 6,366	140	2.7	18.5	92.3	52.7
Clean Gynecology				2,447	231					
Neonatal	52	2 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
Swing Beds			0	0	0		0.0	0.0		
Total AMI	20			596	3,447	0	5.8	9.4		
Adolescent AMI	20	,	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
Long-Term Acute Care	0			0	0	0	0.0	0.0		0.0
Dedicated Observation	16					1955				
Facility Utilization	288	3		12,873	64,841	5,759	5.5	193.4	67.2	
•			(Includes ICU		sions Only)					
							Source			
			inpane	nts and Outp	Janeins Se	i veu by Fayor	Cource			
	Medicare	Medicaid	Other Public	nts and Outp Private In		Private Pay	<u> Oource</u>	Ch	narity Care	Totals
	Medicare 28.6%	Medicaid 37.1%		Private In			Oodi cc	Ch	narity Care 2.6%	Totals
Inpatients			Other Public	Private In	surance	Private Pay	<u>oource</u>	Ci	•	<i>Totals</i> 12,873
	28.6% 3684	37.1% 4770	Other Public 11.0%	Private In % 1	surance 20.1% 2593	Private Pay 0.6% 83	<u>Jource</u>	Ch	2.6 % 332	
Inpatients Outpatients	28.6%	37.1%	Other Public	Private In	surance 20.1%	Private Pay 0.6%	<u>Journel</u>	Cf	2.6%	
	28.6% 3684 18.0% 19416	37.1% 4770 43.1% 46362	Other Public 11.09 141 ⁻ 9.5% 10235	Private In	20.1% 2593 24.7% 26643	Private Pay 0.6% 83 2.8%			2.6% 332 1.9% 2038	12,873 107,688 Total Charity
Outpatients	28.6% 3684 18.0% 19416	37.1% 4770 43.1% 46362 6 to 6/30/20	Other Public 11.09 1411 9.5% 10235 017 Inpatie	Private In.	20.1% 2593 24.7% 26643 atient Net	0.6% 83 2.8% 2994 Revenue by Pa	ayor Sour	<u>ce</u>	2.6% 332 1.9% 2038	12,873 107,688 Total Charity Care Expense
Outpatients	28.6% 3684 18.0% 19416 7/1/2010 Medicare	37.1% 4770 43.1% 46362 6 to 6/30/20 Medicaid	Other Public 11.09 141: 9.53: 10235 017 Inpatic Other Public	Private In.	20.1% 2593 24.7% 26643 atient Net	0.6% 83 2.8% 2994 Revenue by Pa	ayor Sour	ce Totals	2.6% 332 1.9% 2038	12,873 107,688 Total Charity
Outpatients Financial Year Reported Inpatient Revenue (\$)	28.6% 3684 18.0% 19416 7/1/2010 Medicare 22.0%	37.1% 4770 43.1% 46362 6 to 6/30/20 Medicaid 33.3%	Other Public 11.09 141: 9.5% 10235 017 Inpatic Other Public 7.7%	Private In	20.1% 2593 24.7% 26643 atient Net surance 36.7%	Private Pay 0.6% 83 2.8% 2994 Revenue by Private Pay 0.3%	ayor Sour	ce Totals 00.0%	2.6% 332 1.9% 2038 Charity Care Expense	12,873 107,688 Total Charity Care Expense
Outpatients Financial Year Reported Inpatient Revenue (\$)	28.6% 3684 18.0% 19416 2 7/1/2010 Medicare 22.0% 51,664,637	37.1% 4770 43.1% 46362 6 to 6/30/20 Medicaid 33.3% 77,974,985	Other Public 11.09 141 9.5% 10235 017	Private In 6 1 ent and Outp Private In 85,	20.1% 2593 24.7% 26643 atient Net surance 36.7% 989,796	Private Pay 0.6% 83 2.8% 2994 Revenue by Private Pay 0.3% 720,705	ayor Sour 1 234,3	ce Totals 00.0% 24,995	2.6% 332 1.9% 2038 Charity Care Expense	12,873 107,688 Total Charity Care Expense 1,104,249 Total Charity Care as % of
Outpatients Financial Year Reported Inpatient Revenue (\$) Outpatient	28.6% 3684 18.0% 19416 7/1/2010 Medicare 22.0% 51,664,637 13.5%	37.1% 4770 43.1% 46362 6 to 6/30/20 Medicaid 33.3% 77,974,985	Other Public 11.09 141: 9.5% 10235 017	Private In 6 1 ent and Outp Private In 85,	20.1% 2593 24.7% 26643 atient Net surance 36.7% 989,796 62.1%	Private Pay 0.6% 83 2.8% 2994 Revenue by Private Pay 0.3% 720,705 2.0%	1 234,3	ce Totals 00.0% 24,995	2.6% 332 1.9% 2038 Charity Care Expense 447,125	12,873 107,688 Total Charity Care Expense 1,104,249 Total Charity Care as % of Net Revenue
Outpatients Financial Year Reported Inpatient Revenue (\$)	28.6% 3684 18.0% 19416 2 7/1/2010 Medicare 22.0% 51,664,637	37.1% 4770 43.1% 46362 6 to 6/30/20 Medicaid 33.3% 77,974,985	Other Public 11.09 141 9.5% 10235 017	Private In 6 1 ent and Outp Private In 85,	20.1% 2593 24.7% 26643 atient Net surance 36.7% 989,796	Private Pay 0.6% 83 2.8% 2994 Revenue by Private Pay 0.3% 720,705	ayor Sour 1 234,3	ce Totals 00.0% 24,995	2.6% 332 1.9% 2038 Charity Care Expense	12,873 107,688 Total Charity Care Expense 1,104,249 Total Charity Care as % of
Outpatients Financial Year Reported Inpatient Revenue (\$) Outpatient Revenue (\$) 2	28.6% 3684 18.0% 19416 7/1/2010 Medicare 22.0% 51,664,637 13.5% 0,628,592 thing Data	37.1% 4770 43.1% 46362 6 to 6/30/20 Medicaid 33.3% 77,974,985 16.0% 24,450,651	Other Public 11.09 141' 9.5% 10235 017 Inpatit Other Public 7.7% 17,974,872 6.4% 9,778,602	Private In 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20.1% 2593 24.7% 26643 atient Net surance 36.7% 989,796 62.1% 075,389	Private Pay 0.6% 83 2.8% 2994 Revenue by Private Pay 0.3% 720,705 2.0%	1 234,3	ce Totals 00.0% 24,995	2.6% 332 1.9% 2038 Charity Care Expense 447,125 657,124 Organ Tran	12,873 107,688 Total Charity Care Expense 1,104,249 Total Charity Care as % of Net Revenue 0.3% Insplantation
Outpatients Financial Year Reported Inpatient Revenue (\$) Outpatient Revenue (\$) Bir Number of Total Births:	28.6% 3684 18.0% 19416 7/1/2010 Medicare 22.0% 51,664,637 13.5% 0,628,592 thing Data	37.1% 4770 43.1% 46362 6 to 6/30/20 Medicaid 33.3% 77,974,985 16.0% 24,450,651	Other Public 11.09 141' 9.5% 10235 017 Inpatit Other Public 7.7% 17,974,872 6.4% 9,778,602	Private In 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20.1% 2593 24.7% 26643 atient Net surance 36.7% 989,796 62.1% 075,389	Private Pay 0.6% 83 2.8% 2994 Revenue by Private Pay 0.3% 720,705 2.0% 3,105,673	234,3 1 153,03	ce Totals 00.0% 24,995	2.6% 332 1.9% 2038 Charity Care Expense 447,125 657,124 Organ Tran Kidney:	12,873 107,688 Total Charity Care Expense 1,104,249 Total Charity Care as % of Net Revenue 0.3% asplantation
Outpatients Financial Year Reported Inpatient Revenue (\$) Outpatient Revenue (\$) Bir Number of Total Births: Number of Live Births:	28.6% 3684 18.0% 19416 7/1/2010 Medicare 22.0% 51,664,637 13.5% 0,628,592 thing Data	37.1% 4770 43.1% 46362 6 to 6/30/20 Medicaid 33.3% 77,974,985 16.0% 24,450,651	Other Public 11.09 141 9.5% 10235 017 Inpati Other Public 7.7% 17,974,872 6.4% 9,778,602	Private In 6 1 ent and Outp 7 Private In 85, 95, Newl	20.1% 2593 24.7% 26643 atient Net surance 36.7% 989,796 62.1% 075,389	Private Pay 0.6% 83 2.8% 2994 Revenue by Private Pay 0.3% 720,705 2.0% 3,105,673 Pry Utilization Level II	1 234,3 1 153,03	ce Totals 00.0% 24,995 00.0% 38,907	2.6% 332 1.9% 2038 Charity Care Expense 447,125 657,124 Organ Tran Kidney: Heart:	12,873 107,688 Total Charity Care Expense 1,104,249 Total Charity Care as % of Net Revenue 0.3% Insplantation 0 0
Outpatients Financial Year Reported Inpatient Revenue (\$) Outpatient Revenue (\$) 2 Bir Number of Total Births: Number of Live Births: Birthing Rooms:	28.6% 3684 18.0% 19416 7/1/2010 Medicare 22.0% 51,664,637 13.5% 0,628,592 thing Data	37.1% 4770 43.1% 46362 6 to 6/30/20 Medicaid 33.3% 77,974,985 16.0% 24,450,651	Other Public 11.09 141 9.5% 10235 017 Inpatie Other Public 7.7% 17,974,872 6.4% 9,778,602	Private In 6 1 ent and Outp Private In 85, 95, Newl	20.1% 2593 24.7% 26643 atient Net surance 36.7% 989,796 62.1% 075,389 born Nurse Level I	Private Pay 0.6% 83 2.8% 2994 Revenue by Private Pay 0.3% 720,705 2.0% 3,105,673 ery Utilization Level II	1 234,3 1 153,03	ce Totals 00.0% 24,995 00.0% 38,907	2.6% 332 1.9% 2038 Charity Care Expense 447,125 657,124 Organ Tran Kidney: Heart: Lung:	12,873 107,688 Total Charity Care Expense 1,104,249 Total Charity Care as % of Net Revenue 0.3% asplantation 0 0 0
Outpatients Financial Year Reported Inpatient Revenue (\$) Outpatient Revenue (\$) 2 Bir Number of Total Births: Number of Live Births: Birthing Rooms: Labor Rooms:	28.6% 3684 18.0% 19416 7/1/2010 Medicare 22.0% 51,664,637 13.5% 0,628,592 thing Data	37.1% 4770 43.1% 46362 6 to 6/30/20 Medicaid 33.3% 77,974,985 16.0% 24,450,651	Other Public 11.09 141' 9.5% 10235 017 Inpatit Other Public 7.7% 17,974,872 6.4% 9,778,602	Private In 6 1 ent and Outp 7 Private In 85, 95, Newl	20.1% 2593 24.7% 26643 atient Net surance 36.7% 989,796 62.1% 075,389 born Nurse Level I	Private Pay 0.6% 83 2.8% 2994 Revenue by Private Pay 0.3% 720,705 2.0% 3,105,673 ery Utilization Level II	1 234,3 1 153,03	Ce Totals 00.0% 24,995 00.0% 38,907	2.6% 332 1.9% 2038 Charity Care Expense 447,125 657,124 Organ Tran Kidney: Heart: Lung: Heart/Lung:	12,873 107,688 Total Charity Care Expense 1,104,249 Total Charity Care as % of Net Revenue 0.3% asplantation 0 0 0 0
Outpatients Financial Year Reported Inpatient Revenue (\$) Outpatient Revenue (\$) 2 Bir Number of Total Births: Number of Live Births: Birthing Rooms: Labor Rooms: Delivery Rooms:	28.6% 3684 18.0% 19416 7/1/2010 Medicare 22.0% 51,664,637 13.5% 0,628,592 thing Data	37.1% 4770 43.1% 46362 6 to 6/30/20 Medicaid 33.3% 77,974,985 16.0% 24,450,651	Other Public 11.09 1411 9.55% 10235 017 Inpatit Other Public 7.7% 17,974,872 6.4% 9,778,602 3.321 3.304 Beds 0 Patier 0 Total	Private In ent and Outp Private In 85, 95, Newl	20.1% 2593 24.7% 26643 atient Net surance 36.7% 989,796 62.1% 075,389 born Nurse Level I	Private Pay 0.6% 83 2.8% 2994 Revenue by Private Pay 0.3% 720,705 2.0% 3,105,673 Pry Utilization Level II	1 234,3 1 153,03	ce Totals 00.0% 24,995 00.0% 38,907	2.6% 332 1.9% 2038 Charity Care Expense 447,125 657,124 Organ Tran Kidney: Heart: Lung: Heart/Lung: Pancreas:	12,873 107,688 Total Charity Care Expense 1,104,249 Total Charity Care as % of Net Revenue 0.3% splantation 0 0 0 0 0
Outpatients Financial Year Reported Inpatient Revenue (\$) Outpatient Revenue (\$) 2 Bir Number of Total Births: Number of Live Births: Birthing Rooms: Labor Rooms:	28.6% 3684 18.0% 19416 7/1/2010 Medicare 22.0% 51,664,637 13.5% 0,628,592 thing Data	37.1% 4770 43.1% 46362 6 to 6/30/20 Medicaid 33.3% 77,974,985 16.0% 24,450,651	Other Public 11.09 141 9.5% 10235 017 Inpati Other Public 7.7% 17,974,872 6.4% 9,778,602 2,321 304 Beds 0 Patier 0 Total 12	Private In ent and Outp Private In 85, 95, New at Days Newborn Pati	20.1% 2593 24.7% 26643 atient Net surance 36.7% 989,796 62.1% 075,389 born Nurse Level I 26 3,701 ent Days	Private Pay 0.6% 83 2.8% 2994 Revenue by Private Pay 0.3% 720,705 2.0% 3,105,673 Pry Utilization Level II	1 234,3 1 153,03 Lev	ce Totals 00.0% 24,995 00.0% 38,907	2.6% 332 1.9% 2038 Charity Care Expense 447,125 657,124 Organ Tran Kidney: Heart: Lung: Heart/Lung: Pancreas: Liver:	12,873 107,688 Total Charity Care Expense 1,104,249 Total Charity Care as % of Net Revenue 0.3% asplantation 0 0 0 0 0 0 0
Outpatients Financial Year Reported Inpatient Revenue (\$) Outpatient Revenue (\$) Sin Number of Total Births: Number of Live Births: Birthing Rooms: Labor Rooms: Labor-Delivery-Recove	28.6% 3684 18.0% 19416 7/1/2010 Medicare 22.0% 51,664,637 13.5% 0,628,592 thing Data	37.1% 4770 43.1% 46362 6 to 6/30/20 Medicaid 33.3% 77,974,985 16.0% 24,450,651	Other Public 11.09 141' 9.5% 10235 017 Inpatic Other Public 7.7% 17,974,872 6.4% 9,778,602 3.321 3.304 Beds 0 Patier 0 Total 1 12 0 Inpatic	Private In ent and Outp Private In 85, 95, Newl	20.1% 2593 24.7% 26643 atient Net surance 36.7% 989,796 62.1% 075,389 born Nurse Level I 26 3,701 ent Days	Private Pay 0.6% 83 2.8% 2994 Revenue by Private Pay 0.3% 720,705 2.0% 3,105,673 Pry Utilization Level II	1 234,3 1 153,03 Lev	Ce Totals 00.0% 24,995 100.0% 38,907	2.6% 332 1.9% 2038 Charity Care Expense 447,125 657,124 Organ Tran Kidney: Heart: Lung: Heart/Lung: Pancreas:	12,873 107,688 Total Charity Care Expense 1,104,249 Total Charity Care as % of Net Revenue 0.3% asplantation 0 0 0 0 0

Hospital Profile - C	JY 2017	Mercyn		•		ton Avenu		Rocki	rora		Page
Surgical Specialty	Onerel	ina Baama	<u>St</u>			ng Room Ut		urried Haur	_	Центе	on Conn
Surgical Specialty		ting Rooms	d Tata		Surgical (_	Surgical Hour	_		oer Case
Cardiovascular	Inpatient Outpati	ont Combine		ւ ւոբ 2	oatient 62	Outpatient 0	Inpatient 378	Outpatient 0	Total Hours 378	6.1	Outpatien 0.0
	-	0 0		0	0	0	0	0			
Dermatology									0	0.0	0.0
General		0 3		3	1240	1780	3142	3746	6888	2.5	2.1
Gastroenterology	-			0	0	0	4220	0	0	0.0	0.0
Neurology	-	0 2		2	376	148	1226	364	1590	3.3	2.5
OB/Gynecology	-	-		1	139	774	369	1181	1550	2.7	1.5
Oral/Maxillofacial		0 0		0	0	0	0	0	0	0.0	0.0
Ophthalmology		0 1		1	4	1860	7	1787	1794	1.8	1.0
Orthopedic		0 2		2	951	1017	2778	2337	5115	2.9	2.3
Otolaryngology	-	0 1		1	31	437	44	633	677	1.4	1.4
Plastic Surgery		0 0		0	0	0	0	0	0	0.0	0.0
Podiatry		0 0		0	0	0	0	0	0	0.0	0.0
Thoracic	-	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	1	4	2933	6159	8286	10602	18888	2.8	1.7
SURGICAL RECOVE	ERY STATIONS	SI	age 1 Re	covery Sta	ations	14	Sta	ge 2 Recove	rv Stations	18	
			_						.,		
		<u>De</u> Procedure F		and Non-L		<u>l Procedure</u> cal Cases	Room Utilz	ation Surgical Ho	ure	Hours	per Case
rocedure Type		Outpatient C		I Total	Inpatient	Outpatier	nt Inpatien		t Total Hours	Inpatient	Outpatien
	0	0		3	•	•	-				
Sastrointestinal	0	0	3 0	0	1315 0	3418 0			4058 0	0.7 0.0	0.0
aser Eye Procedures ain Management	0	0	2	2	13	-	-	-			
•	0	0	0			9648			9661 0	1.0	1.0
ystoscopy	U	U		0	0	0		0	U	0.0	0.0
			M	ultipurpo		edicated Ro			400		
ediatric Gastro-Int					21	308			400	1.0	1.2
ronchoscopy		0	0		305 0	283 0			645	1.5	0.7 0.0
	0		U	0	0	0	,	0	0	0.0	0.0
,	Emergency/Trau	ma Care						Cardiac Ca	atheterization	Labs	
Certified Traum					Yes	Total	Cath Labs (Dedicated+N	ondedicated la	bs):	2
Level of Traum	ia Service		evel 1		evel 2				raphy procedui		0
			& Child					-	eterization Lab		0
	ms Dedicated for	Trauma Care			1				atheterization L	.abs	0
Number of Trau					10,147	D	edicated EP	Catheterizati	on Labs		0
	ted from Trauma				984						
Emergency Ser				Comprel			<u>Ca</u>	rdiac Cathet	erization Utili	<u>zation</u>	
	ergency Room Sta				29	Total	Cardiac Cat	h Procedures	s:		4,831
	ed by Emergency S				49,788	D	iagnostic Ca	theterizations	6 (0-14)		0
	ted from Emergen				7,174	D	iagnostic Ca	theterizations	s (15+)		3,412
Total ED Visits	(Emergency+Trau	ıma):			59,935	In	terventional	Catheterizati	ons (0-14):		0
	Free-Standing E	Emergency (Center			In	terventional	Catheterizati	on (15+)		687
Beds in Free-S	tanding Centers				0	E	P Catheteriz	ations (15+)			732
	r Free-Standing Co	enters			0			Cardiac S	urgery Data		
Hospital Admis	sions from Free-S	tanding Cen	er		0	Total	Cardiac Sur		argory Data		62
	Outpatient Serv	ice Data					ediatric (0 - 1				0
Total Outpatien		100 Bata		2	25 125			s and Older)			62
	isits at the Hospit	al/ Campus:			25,135 22,459				afts (CABGs)		
	/isits Offsite/off car			3	2,676		performe	d of total Car	diac Cases :		54
Diagnostic/Interventi				F	kaminatio	ns	Theran	eutic Equipn	nent		Therapie
Tag. 100tion itel venti	- Equipment	Owned C	ontract	_		Contract				Contract	Treatme
General Radiography	/Fluoroscopy	20	0	21,072	21,836		Lithotrips	/) 1	
Nuclear Medicine		3	0	452	1,340		Linear Ac			1 0	3,32
Mammography		1	o	0	11,128			Guided Rad			8
Ultrasound		4	0	3,239	9,339		-	y Modulated			1,37
				3,238	9,339	U		-			1,3
Angiography		2	0	0.000		•	-	Brachythera		0	
Diagnostic Angiogr				6,069	4,367			am Therapy		0	
Interventional Angi				0	0		Gamma k			0	
Positron Emission To		0	1	0	0		Cyber kni	fe	(0	
Computerized Axial T	omography (CAT)	3	0	7,811	14,848	0					
Magnetic Resonance		3	0	1,477	5,202	0					

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

Ownership, Ma	nagement an	d General Info	mation			Patients by	Race		Patients by Et	hnicit <u>y</u>
ADMINISTRATOR NAI	MIE: Sue Ri	psch			W	nite	6	6.5% H	lispanic or Latino): 11.6
ADMINSTRATOR PHO	NE: 815-97	1-7202			Bla	ack	2	1.4% N	lot Hispanic or La	atino: 86.2
OWNERSHIP:	Javon	Bea Hospital			An	nerican Indian		0.3% U	Inknown:	2.2
OPERATOR:	Javon	Bea Hospital			As	ian		0.9% -		
MANAGEMENT:	Not for	Profit Corporat	ion		Ha	waiian/ Pacific		0.1%	IDPH Number	
CERTIFICATION:					Un	known	10	0.9%	HPA	B-01
FACILITY DESIGNATI		al Hospital		OLTY Decision		COUNTY	105	0	HSA	1
ADDRESS	2400 N	. Rockton Aven		CITY: Rockford		COUNTY	VVinneb	ago Coun	ty	
	A411-			<u>ilization Data b</u>	y Category	of Service		•	2011	Staffed Bed
Clinical Service	Authoriz CON Be 12/31/20	ds Setup ar	nd Peak	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Occupancy Rate %
Medical/Surgical	154	157	150	6,507	32,806	3,309	5.6	98.9	64.3	63.0
0-14 Years				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	.7.5	•		74.0	10.1
Pediatric	12			803	2,168	975	3.9	8.6		43.1
ntensive Care	30	28	26	2,631	5,117	54	2.0	14.2	47.2	50.6
Direct Admission				1,737	3,377					
Transfers				894	1,740					
Obstetric/Gynecology	20	35	35	2,485	6,775	151	2.8	19.0	94.9	54.2
Maternity				2,422	6,594					
Clean Gynecology				63	181					
Neonatal	52			577	15,159	0	26.3	41.5		79.9
ong Term Care	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	9 0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	16					1773				
Facility Utilization	288	3		12,702	65,546	6,262	5.7	196.7	68.3	
				CU Direct Admis						
				atients and Out			r Source			
	Medicare	Medicaid	Other Pub			Private Pay		Ch	arity Care	Totals
Inpatients	28.1%	35.3%		2.3%	21.7%	1.9%			0.6%	
IIIpatients	3571	4490	1	567	2757	235			82	12,702
Outpatients	21.9%	37.2%	13.		23.6%	3.9%			0.3%	
- dipatronio	29121	49411	172		31372	5123			378	132,670
Financial Year Reporte	<u>d:</u> 7/1/201	7 <i>to</i> 6/30/2	018 <u>Inp</u>	atient and Outp	atient Net	Revenue by P	ayor Soul	rce		Total Charity Care Expense
	Medicare	Medicaid	Other Pul	blic Private In	surance	Private Pay		Totals	Care	1,738,679
Inpatient Revenue (\$)	19.3%	33.6%	8.	5%	38.4%	0.1%	1	00.0%	Expense	
Kevende (\$)	41,785,393	72,895,865	18,517,0	83 83	,339,031	305,417	216,8	842,795	493,290	Total Charity Care as % of
Outpatient	13.2%	17.5%	7.	6%	61.2%	0.5%		100.0%		Net Revenue
Revenue (\$)	18,564,989	24,740,328	10,666,7	02 86,	339,324	769,483	141,0	80,826	1,245,389	0.5%
В	irthing Data			New	born Nurs	ery Utilization			Organ Tran	splantation
Number of Total Birth:		2	2,274		Level I	Level II	Lev	rel II+	Kidney:	0
Number of Live Births			2,257 Be	ds	26			0	Heart:	0
Birthing Rooms:			2	tient Days	3,549			0	Lung:	0
Labor Rooms:			0 Tot	al Newborn Pati	,			3,549	Heart/Lung:	0
Delivery Rooms:			12					-,	Pancreas:	0
Labor-Delivery-Recov		_	0		_aboratory	<u>Studies</u>	_		Liver:	0
Labor-Delivery-Recov	ery-Postpartun	n Rooms:		atient Studies				6,175	Total:	0
C-Section Rooms: CSections Performed				tpatient Studies idies Performed	lladar C	tra at		6,143 4,066		

Hospital Profile - C	71 2010	- Jav	JII DC		spital				Rockfo			Page
0	_			<u>Su</u>			ng Room Ut				Harman	
Surgical Specialty	_	perating Roc	_	T-4-1	_	Surgical (rgical Hours	-4-111		er Case
Cardiovascular	Inpatient Ou	ipatient Con	ibined 2	Total 2		atient (56	Outpatient 0	Inpatient 410	Outpatient T 0	410	7.3	Outpatient 0.0
Dermatology	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
	0	0	0	(0	0	3220	0	0/59	0.0	0.0
Gastroenterology 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	Ċ		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
•	0	0	1		1	46	424	82	598	680	1.8	1.4
Otolaryngology	0	0	0	Ċ		0	0	0	0	0		
Plastic Surgery											0.0	0.0
Podiatry	0	0	0	(0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	(0	0	0	0	0	0.0	0.0
Urology	0	0	2	2		107	200	284	558	842	2.7	2.8
Totals	0	0	14	14	1	2827	6020	8074	10834	18908	2.9	1.8
SURGICAL RECOVE	RY STATION	NS .	Stage	e 1 Re	covery Sta	tions	14	Stag	e 2 Recovery	Stations	22	
					and Non-D			Room Utilza				_
		Proced					al Cases		Surgical Hour			per Case
<u>Procedure Type</u>		ent Outpatie	ent Com			npatient	Outpatien	-	Outpatient		Inpatient	Outpatient
Sastrointestinal	0	0		4	4	880	3181	660	2859	3519	0.8	0.9
aser Eye Procedures	0	0		0	0	0	0	0	0	0	0.0	0.0
ain Management	0	0		2	2	9	9035	9	9035	9044	1.0	1.0
cystoscopy	0	0		0	0	0	0	0	0	0	0.0	0.0
-40				M			edicated Ro		202	240	1.0	4.0
ed GI					1 1	22 324	298 274	23 486	293 180	316 666	1.0 1.5	1.0 0.7
Bronchoscopy					'	0	0	0	0	0	0.0	0.0
	Emergency/1	rauma Care)						Cardiac Catl	neterization	Lahe	
Certified Traum			•			Yes	Total	Cath Labs (D				2
Level of Trauma			Lev	el 1	Le	evel 2		ath Labs used			,	0
			Adult/Cl	hild				edicated Diag				0
Operating Roor	ns Dedicated					1		edicated Inter				0
Number of Trau						9,756		edicated EP C				0
Patients Admitte	ed from Traur	ma				1,063	D.	Dalouted El	attrotonzation	Lubs		·
Emergency Ser					Compreh			Card	liac Catheter	ization Utili	zation	
Number of Eme		Stations				29	Total	Cardiac Cath				1,541
Persons Treate			:		4	7,206		agnostic Cath		0-14)		0
Patients Admitte		-				7,033		agnostic Cath		,		658
Total ED Visits						6,962		terventional C				030
	Free-Standi		ncv Cer	nter		,		terventional C		, ,		299
Beds in Free-St			,			0		Catheterizat		(10.)		584
Patient Visits in						0			Cardiac Sur	mami Data		
Hospital Admis		•	Center			0	Total	Cardiac Surg		gery Data		58
1100pital 7 tallilo	Outpatient	_				·		ediatric (0 - 14	-			0
Tatal Outs of a		Service Date	<u> </u>					dult (15 Years				58
Total Outpatien						5,970		oronary Artery		ts (CARGs)		00
	′isits at the Ho ′isits Offsite/o		ous.		31	3,443 2,527			of total Cardi			47
Diagnostic/Intervention	onal Equipm	ent			Ex	aminatio	ns_	Therape	utic Equipme	ent_		Therapie
			d Con	tract	Inpatient	Outpt	Contract			Owned	Contract	Treatmer
General Radiography	/Fluoroscopy	2	0	0	21,262	21,340	0	Lithotripsy		(0 1	1
Nuclear Medicine			3	0	377	1,368	0	Linear Acc	elerator		1 0	1,28
Mammography			1	0	0	10,978	0	Image G	uided Rad Th	erapy		86
Ultrasound			4	0	3,276	8,563		Intensity	Modulated R	ad Thrpy		72
Angiography			2	0		.,	-	-	Brachytherap		0 0	
Diagnostic Angiogra	aphy				6,422	4,911	0	Proton Bea		-	0 0	
Interventional Angio					0,422	4,511		Gamma Kr			0 0	
Positron Emission To		Ξ Τ)	0	1	0	Č		Cyber knife			0 0	
								Jan millio			- 0	
Computerized Axial To		-A 1 1	3	0	8,398	15,189	0					

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

Ownership, Ma	nagement an	d General Infor	mation_			Patients by	Race		Patients by E	thnicity
ADMINISTRATOR NAI		on Dunphy Alexa			W	nite		9.2% Hi	spanic or Latin	
ADMINSTRATOR PHO		7-3126				ick			ot Hispanic or I	
OWNERSHIP:		nealth Corporatio	n		An	nerican Indian			nknown:	1.7
OPERATOR:	Mercyh	nealth Javon Bea	Hospital		As	ian		0.2% Lie	cense Number:	2048
MANAGEMENT:	Not for	Profit Corporation	on		Ha	waiian/ Pacific		0.2% Sit	te Number:	2048
CERTIFICATION:					Un	known			PA:	B-01
FACILITY DESIGNATION		al Hospital		OLTY Decision		COLINE	105		SA:	1
ADDRESS	2400 N	lorth Rockton Av		CITY: Rockford		COUNTY	VVinneb	ago Count	У	
	A 44			ization Data by	Category	of Service		•	2011	04-65-4 D - 4
Clinical Service	Authoriz CON Be 12/31/20	ds Setup an		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 65-74 Years				1,107 670	5,102					
75 Years +				964	3,569 4,858					
Pediatric	0) 20	11	14	34	21	3.9	0.2	0.0	0.8
	4		22	331	1,178	14	3.6	3.3	81.6	11.7
Intensive Care Direct Admission	4	28	22	258	1,178 924	14	3.0	3.3	01.0	11.7
Transfers				73	254					
Obstetric/Gynecology	0) 26	24	33	76	1	2.3	0.2	0.0	0.8
Maternity	·	, 20	24	33	76		2.5	0.2	0.0	0.0
Clean Gynecology				0	0					
Neonatal	6	5 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	9 0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	8	ì				155				
Facility Utilization	100	0		4,233	20,333	3,734	5.7	65.9	65.9	
				U Direct Admiss						
				tients and Outp			r Source			
	Medicare	Medicaid	Other Publ			Private Pay		Cha	arity Care	Totals
Inpatients	39.0%	26.0%	17.		12.5%	3.5%			1.2%	
	1649	1102		54	529	150			49	4,233
Outpatients	43.4% 72680	25.4%	14.7		13.6% 22840	2.3 % 3932			0.6% 940	407 400
Firm I IV D		42502	2450				aver Cou		340	167,426 Total Charity
Financial Year Reporte				tient and Outpa				_	Charity	Care Expense
Inpatient	Medicare	Medicaid	Other Pub			Private Pay		Totals	Care Expense	813,559
Revenue (\$)	20.9%	25.9%	9.9	%	42.3%	1.0%	1	00.0%	•	Total Charity
	47,232,271	58,475,740	22,342,38	36 95,5	594,000	2,243,656	225,8	888,053	426,003	Care as % of
Outpatient	11.1%	16.3%	7.1		57.4%	8.1%		100.0%		Net Revenue
Revenue (\$)	19,002,574	27,938,038	12,096,81	7 98,3	33,085	13,943,046	171,3	13,560	387,556	0.2%
<u>B</u>	rthing Data			Newb	orn Nurs	ery Utilization			Organ Tra	nsplantation
Number of Total Births			28		Level I	Level II	Lev	rel II+	Kidney:	0
Number of Live Births			28 Beds	s	26	6 ()	0	Heart:	0
Birthing Rooms:			0 Pati	ent Days	34	1 ()	0	Lung:	. 0
Labor Rooms: Delivery Rooms:			0 12 Tota	l Newborn Patie	ent Days			34	Heart/Lung Pancreas:	: 0 0
Labor-Delivery-Recov	ery Rooms		0	L	aboratory	Studies			Liver:	0
Labor-Delivery-Recov		n Rooms:		tient Studies			24	2,107		0
	J							2,942	Total:	U
C-Section Rooms:			2 Out	patient Studies			43	2,942		

Hospital Profile - CY 2	JIS Merc	yhealth Javo		·		•	(!==4!c=		Rockford		Page
Consider Consider	0	-# D	Sı			Room Uti			_	Llauma i	0
Surgical Specialty	Inpatient Outpat	ating Rooms	d Total		Surgical Co atient Ou	<u>ises</u> itpatient	Inpatient	Outpatient	<u>₹</u> Total Hours		per Case Outpatier
Cardiovascular	0	0 0		0	1	0 0	mpatient 8	Outpatient 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	Ö	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	ō	0.0	0.0
Urology	0	0 0		0	49	209	88	558	646	1.8	2.7
orology	0				43	209	- 00	330	040	1.0	
Totals	0	0 4		4	438	2278	987	3177	4164	2.3	1.4
SURGICAL RECOVE	RY STATIONS	St	age 1 Re	covery Sta	itions	10	Sta	ge 2 Recover	ry Stations	22	
				and Non-E			Room Utilz				_
	L	Procedure F		T-4:1		l Cases		Surgical Hou			per Case
rocedure Type	inpatient	Outpatient C			Inpatient	Outpatient			Total Hours	Inpatient	Outpatier
Sastrointestinal			4	4	426	1943	490		2724	1.2	1.1
aser Eye Procedures	0	0	0	0	0	7040	C		7005	0.0	0.0
ain Management	0	0	2	2	7	7618	7		7625	1.0	1.0
ystoscopy	0	0	1	1	43	188	72	344	416	1.7	1.8
			M	ultipurpos	se Non-De	dicated Ro	<u>oms</u>				
					0	0	C	0	0	0.0	0.0
					0	0	C	0	0	0.0	0.0
					Ö	0	Ċ	-	0	0.0	0.0
					0	0	Ċ		0	0.0	0.0
					0	0				0.0	0.0
					Ö	0	Ċ		0	0.0	0.0
Certified Trauma Ce	ntor				Ye	s Tot	al Cardian	Catheterizati	on Labor		
						S 101			on Labs: ography proced	lures	
	evel 1	_	Level 2	Α	dult			-	theterization L		
Operating Rooms De		na Care						-	Catheterization		
Number of Trauma V					6,38			EP Catheteriz		Labs	
Patients Admitted fro					26						
Emergency Service				Com	prehensiv				on Procedure	s:	
Number of Emergend	-				1:		-	Catheterizatio			
Persons Treated by E		es:			30,97		-	Catheterizatio			
Patients Admitted fro					3,88			al Catheteriza			
Total ED Visits (Emer	gency+Trauma):				37,35	3		al Catheteriza	. ,		
Beds in Free-Standin	g Emergency Cer	nters)	EP Catnete	rizations (15+	.)		
Patient Visits in Free-	Standing Emerge	ency Centers) Tot	al Cardiac	Surgery Case	es:		
Hospital Admissions	from Free-Standii	ng Emergenc	/ Center)	Pediatric (0	- 14 Years):			
Total Outpatient Vis	ite				249,03	1	Adult (15 Y	ears and Olde	er):		
Outpatient Visits a		impus:			246,73				Grafts (CABGs		
Outpatient Visits C					2,30		perforr	ned of total C	ardiac Cases :		
Diagnostic/Interventi	onal Equipment			Ex	amination	s	Therap	eutic Equipm	nent		Therapi
		Owned C	ontract	Inpatient		– Contract				Contract	Treatme
General Radiography	/Fluoroscopy	18	0	7,291	13,912	0	Lithotripsy	/	0	1	
Nuclear Medicine		2	0	251	873	0	Linear Ac		1		2,7
Mammography		0	0	0	0	0		Guided Rad T			1,8
Ultrasound		3	Ö	1,251	4,836	0	•	y Modulated I			1,2
Angiography		2	0	1,201	4,000	v		Brachythera		0	1,2
Diagnostic Angiogr	anhv	4	v	731	55	0	-	am Therapy	.py 0		
Interventional Angi				0	0	0	Gamma K		0		
-		0	4						0		
Positron Emission To		0	1	4 254	40.220	421	Cyber kni	C	U	U	
Computerized Axial T	omograpny (CAT		0	4,254	10,228	0					
Magnetic Resonance	Imagina	2	0	611	1,704	0					

Ownership, Ma	nagement an	d General Info	rmation				Patients by	Race		Patients by E	thnicity
ADMINISTRATOR NAM		nderson				Wh			4.4% Hi	spanic or Latin	
ADMINSTRATOR PHO						Bla				ot Hispanic or L	
OWNERSHIP:		Health Corpora	ation				nerican Indian			nknown:	1.5
OPERATOR:	Mercyh	nealth Javon Be	ea Hospital			Asi	ian	(0.7% Lie	ense Number:	2048
MANAGEMENT:	-	Profit Corpora				Ha	waiian/ Pacific	(0.2% Sit	e Number:	2048
CERTIFICATION:						Un	known			PA:	B-01
FACILITY DESIGNATION		al Hospital								SA:	1
ADDRESS	2400 N	orth Rockton A			Rockford		COUNTY:	Winneb	ago Count	У	
				Utilizatio	on Data by	Category	of Service				
Clinical Service	Authoriz CON Be 12/31/20	ds Setup a	nd Pea		dmissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	154	154	1 1:	54	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 75 Years +					1,291 1,696	7,121 9,554					
	12	! 1 ²		11	168	764	420	7.0	3.2	27.0	29.4
Pediatric	30			31	2,101	6,932	380	3.5	20.0	66.6	64.4
ntensive Care Direct Admission	30		'	31	1,779	5,475	300	3.5	20.0	00.0	64.4
Transfers					322	1,457					
Obstetric/Gynecology Maternity	20	35	5 :	35	1,905 1,892	5,127 5,099	248	2.8	14.7	73.4	42.0
Clean Gynecology					13	28					
Neonatal	52	. 47	7	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
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
Adult AMI		(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
Long-Term Acute Care	9 0		0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0	l					0				
Facility Utilization	285	5			10,425	57,271	6,332	6.1	173.8	61.0	
			(Include	s ICU Dir	ect Admiss	sions Only)	1				
			<u>lı</u>	npatients	and Outp	atients Se	erved by Payor	Source			
	Medicare	Medicaid	Other F	ublic	Private Ins	surance	Private Pay		Cha	rity Care	Totals
Inpatients	28.1%	27.7%		15.5%		25.4%	1.6%			1.8%	
Inpatients	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 Reporte	<u>d:</u> 7/1/201	9 <i>to</i> 6/30/2	2020 <u>I</u>	npatient	and Outpa	atient Net	Revenue by P	ayor Sour	ce	Charity	Total Charity Care Expense
	Medicare	Medicaid	Other I	Public	Private Ins	surance	Private Pay		Totals	Care	996,751
Inpatient Revenue (\$)	19.0%	31.3%		9.2%		37.8%	2.8%	1	00.0%	Expense	
ite veride (ψ)	43,133,242	70,925,261	20,81	0,772	85,7	729,370	6,271,825	226,8	70,470	469,980	Total Charity Care as % of
Outpatient	11.9%	12.7%		7.2%		62.1%	6.2%	1	00.0%		Net Revenue
Revenue (\$)	19,864,483	21,180,467	11,977	,680	103,6	08,280	10,290,852	166,9	21,762	526,771	0.3%
Ві	rthing Data				Newb	orn Nurse	ery Utilization			Organ Tra	nsplantation
Number of Total Births	 s:		1,823			Level I	Level II	Lev	rel II+	Kidney:	
Number of Live Births:			4 0 4 5	Beds		20			0	Heart:	0
Birthing Rooms:			0	Patient D	ays	2,674			0	Lung:	0
Labor Rooms:			0 .	Total Nev	/born Patie	,			2,674	Heart/Lung:	
Delivery Rooms:	on, Booms		10			aboratory	Studios			Pancreas:	0
Labor-Delivery-Recove		_	0		_	anui dlui y	Studies		0.400	Liver:	0
Labor-Delivery Bears	en. Doctnatur		Ω	Innationt	Studies			A F			
Labor-Delivery-Recover C-Section Rooms:	ery-Postpartun	n Rooms:		Inpatient Outpatier	Studies it Studies				9,162 8,164	Total:	0

Hospital Profile - CY 20	020 M	ercyhealt	h Javon							Rockford		Page 2
				<u>S</u> u	irgery a		ing Room l					_
Surgical Specialty	_	perating F				<u>Surgical</u>			Surgical Hours	_		per Case
Cardiovascular	Inpatient Ou	tpatient C	ombined 1	Total		npatient 56	Outpatient 0	Inpatient 345	Outpatient 0	Total Hours 345	inpatient 6.2	t Outpatient 0.0
	0	0	0)	0	0	0	0	0	0.0	0.0
Dermatology General	0	0	4	,		870	1311	2312	2684	4996	2.7	2.0
Gastroenterology	0	0	0		+)	0	0	2312	2004	4996	0.0	0.0
Neurology	0	0	2		2	364	179	1565	506	2071	4.3	2.8
OB/Gynecology	0	0	1			163	810	500	1427	1927	3.1	1.8
Oral/Maxillofacial	0	0	0)	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	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			28	259	47	382	4723	1.7	1.5
Plastic Surgery	0	0	Ö)	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0)	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0)	0	0	0	0	0	0.0	0.0
	0	0	1	Ž		113	407	294	1116	1410	2.6	2.7
Urology			<u>'</u>			113	407	294	1110	1410	2.0	2.1
Totals	0	0	14	14		2308	5216	7113	9993	17106	3.1	1.9
SURGICAL RECOVE	RY STATION	ıs	Stag	e 1 Re	covery	Stations	24	St	age 2 Recove	ry Stations	82	
					and Nor			re Room Util				
			edure Ro				ical Cases		Surgical Hot	_		per Case
Procedure Type	•	ent Outpa				Inpatient	-	-		Total Hours	Inpatient	Outpatient
Gastrointestinal	0	10		0	10	680				2051	0.8	
Laser Eye Procedures	0	0		0	0	0			0 0	0	0.0	
Pain Management	0	0		2	2	6			6 5416	5422	1.0	
Cystoscopy	0	0		1	1	16	14	5 2	9 281	310	1.8	1.9
				M	ultipurp		Dedicated F		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 Ce	nter						Yes T	otal Cardiac	Catheterizati	on Labs:		0
	evel 1	Adult	L	evel 2						ography proced	dures	4
Operating Rooms De							1		_	theterization L		0
Number of Trauma V		aarria oar	•			8	561	Dedicated	Interventional	Catheterization	n Labs	0
Patients Admitted from							041	Dedicated	EP Catheteriz	ation Labs		1
Emergency Service					C	omprehen		otal Cardiac	Catheterizati	on Procedure	e·	1,617
Number of Emergence		ons			•	Jilipi elleli	22		Catheterization		٥.	0
Persons Treated by E	-					40,		-	Catheterization			633
Patients Admitted from							351		nal Catheteriza			0
Total ED Visits (Emer	gency+Traun	na):				49,	246	Interventio	nal Catheteriz	ation (15+)		328
Beds in Free-Standin	a Emergency	Centers					0	EP Cathete	erizations (15+	•)		656
Patient Visits in Free-			enters					atal Cardiaa	S			5.0
Hospital Admissions				enter			0		Surgery Case 0 - 14 Years):	es.		56 0
·			o. goo, c						ears and Olde	ar).		56
Total Outpatient Vis						167,				Grafts (CABGs	:)	30
Outpatient Visits a Outpatient Visits C	-					164, 2,	423 624			ardiac Cases :		45
						F		Theren	eutic Equipm	4		-
<u>Diagnostic/Interventi</u>	onai Equipm		ned Con	tract	Inpatie	Examinati	oris of Contract		eulic Equipii		Contract	Therapies: Treatments
General Radiography	/Eluoroscopy	On.	20 20 20 11	0	21,76			Lithotrips	21/	Owned		2
Nuclear Medicine	/Fluoroscopy		2	0	37	,			-	1		
			1	0		- ,	7 0 3 0		<i>celerator</i> Guided Rad T		U	3,350 2,214
Mammography			6	0				•				
Ultrasound					3,16	6 9,04	e 0		ity Modulated I			1,729
Angiography	a nhu		3	0	2.00	2 2		-	se Brachythera			0
Diagnostic Angiogr					3,25			Proton B Gamma I	eam Therapy Knife	0		0
Interventional Angi		=70	0	4		0 0	0 0			0		0
Positron Emission To			0 4	1 0	9,81		0 441	Cyber kn	#E	0	. 0	U
Computerized Avial T												
Computerized Axial T Magnetic Resonance		<i>/</i> (1)	3	0	1,68							

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 <u>an excess of 159</u> 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.

		INVENTO	DRY OF HE	EALTH	CARE FAC	ILITIES AND SE	RVICES	AND NEED I	DETERMINAT	TONS		
Illinois Health Facilities ar Department of Public Hea		iew Board Illino		EDICAI	L-SURGICA	L and PEDIATR	IC Categ	ories of Servic	e			10/25/2021 Page A- 21
					Hospital P	lanning Area:	B-01				2019	2019
Hospital					City					Beds	Admission	
			CATI	EGORY	OF SERVICE	CE: Medical-S	urgical					
Javon Bea Hospital-I	Riverside Car	npus			Rockford					84	4,433	26,902
Javon Bea Hospital-I	Rockton Can	pus			Rockford					70	3,264	19,133
Saint Anthony Medic	cal Center				Rockford					190	8,072	45,179
SwedishAmerican H	ospital				Rockford					199	8,493	50,461
SwedishAmerican M	ledical Cente	r Belvidere			Belvidere					34	29	104
					N	Medical-Surgical	TOTAL			577	24,291	141,779
•			CATI	EGORY	OF SERVICE	CE: Pediatrics						
Javon Bea Hospital-I	Riverside Car	npus			Rockford					12	667	3,064
Javon Bea Hospital-I	Rockton Can	pus			Rockford					0	14	55
SwedishAmerican H	ospital				Rockford					10	132	876
						Pediatrics	TOTAL			22	813	3,995
			Medi	cal-Surg	gical/Pediatri	ics Planning Area	Totals			599	25,104	145,774
Patient Days by Ag	e 201'	7 201	8 20	019	TOTAL	3 Year Average	e 2019	Population	Use Rates	2024 Por	ulation	Projected Days
0-14 Years Old	3,	643 3	,980	4,004	11,627	3,876		76,460	0.0507	7.	2,480	3,674
15-44 Years Old	15,	242 15	,613	15,756	46,611	15,537		142,150	0.1093	14:	3,470	15,681
45-64 Years Old	42,	872 42	,701	43,413	128,986	42,995		104,470	0.4116	9	4,480	38,884
65-74 Years Old	30,	958 30	,603	34,646	96,207	32,069		41,320	0.7761	4	8,070	37,308
75-up Years Old	40,	481 40	,682	47,955	129,118	43,039		28,560	1.5070	34	4,570	52,096
	-Migration	Net Migrati			th of Stay	Migration Days	Adjust	ment Factor	Adjustment	Total Proj	ected Days	Adjusted Days
2,317	3,573	-1,256		5.018		-6,303		0.50	-3,151	14	7,643	144,492
Adjusted Days	Days in Yea	r 2024 A	ljusted Ave	rage Da	ily Census	Occupancy Ta	rget*	Adjusted I	eds Needed	Existing 1	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.

: Ann Ga	antzer, PhD			Wh	nite	84	4.0% Hi	spanic or Latino	o: 7.
E: 815-96	1-2030			Bla	ick	13	3.5% No	ot Hispanic or L	atino: 91.
								nknown:	1.
								IDDILLN	0705
Not for	Profit Corporati	on							: 2725 B-01
l: Genera	al Hospital			OII	KIIOWII		1.0 /6	HSA	1
		(ITY: Rockford		COUNTY:	Winneb	ago Count	y	
		Facility Util	zation Data by	Category	of Service				
					k	Average	Average	CON	Staffed Bed
			Admissions				Census	Rate %	Occupancy Rate %
199	190	143	9,608	38,473	9,686	5.0	131.9	66.3	69.4
			0	0					
10	10	6		-	393	5.5	2.0	19.8	19.8
					79			38.2	38.2
30			900	2,358					
			641	1,747					
34	25	20	1,462	3,239	68	2.3	9.1	26.6	36.2
			1,392	3,054					
			70	185					
10	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		
42	!		1,335	6,667	0	5.0	18.3	43.5	
	12	12	344	1,957	0	5.7	5.4		44.7
	20	20	991	4,710	0	4.8	12.9		64.5
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				
325	5		13,437	52,814	10,226	4.7	172.7	53.1	
		Inpat	ients and Outp	atients Se	erved by Payor	Source			
							Cha	•	Totals
									40.40
									13,43
									366,99
						nuar Caur			Total Charit
							_	Charity	Care Expens
									2,538,863
									Total Charit
								1,308,772	Care as % o
								4 000 004	Net Revenu
,111,/50	30,040,178	4,223,771	140,0	42,702	890,743	233,5.	20,204	1,230,091	0.6%
ning Data			Newb	orn Nurse	ery Utilization			Organ Tran	nsplantation
		500		Level I	Level II	Lev	vel II+	Kidney:	(
	1	. Deas					0		(
		n I auc			1,747		0	_	
		0 Tota		,			4,513	Pancreas:	
		9	_	aboratory	Studies			Liver:	(
y-Postpartun	n Rooms:							Total:	
		2 Outr	atient Studies			1.03	o.726		
	E: 815-96 Swedis Swedis Swedis Swedis Swedis Swedis Not for N: General 1401 E Authoriz CON Be 12/31/20 109 30 34 10 0 42 0 0 0 325 Medicare 44.9% 6027 35.4% 129863 7/1/201 Medicare 38.0% 4,718,427 24.5% 7,111,750 hing Data	E: 815-981-2030 SwedishAmerican Hospital Swedishamerican Hospital 1401 East State Street Authorized CON Beds 12/31/2018 199 10 10 30 30 34 25 10 0 0 0 0 0 42 12 20 0 0 0 0 0 0 325 Medicare 44.9% 6027 2971 35.4% 20.0% 6027 2971 35.4% 20.0% 129863 73630 7/1/2017 to 6/30/20 Medicare Medicaid 38.0% 18.5% 4,718,427 31,497,117 24.5% 31,497,117 24.5% 13.1% 31,697,117 24.5% 13.1% 13.1% 7,111,750 30,645,178 hing Data	E: 815-961-2030 SwedishAmerican Hospital SwedishAmerican Hospital Not for Profit Corporation N: General Hospital 1401 East State Street Con Beds	E: 815-961-2030 SwedishAmerican Hospital SwedishAmerican Hospital Not for Profit Corporation N: General Hospital 1401 East State Street CITY: Rockford	E: 815-981-2030 SwedishAmerican Hospital SwedishAmerican Hospital An	Site	Size Size	Standard Standard	Black 13.5% Not Hispanic or Life Not Hispanic or Life Not for Profit Corporation Assain Pask Hawaiian Hawaiiian Hawaiian Hawaiian Hawaiian Hawaiian Hawaiiian Hawaiiian Hawaii

	CY 2018	Swe	edishA		Hospital			Rockf	ord		Page 2
	_			Surgery		ing Room Uti					_
Surgical Specialty	_	erating Ro			Surgica		_	urgical Hour	_		er Case
0	Inpatient Outp				Inpatient	Outpatient	Inpatient		Total Hours		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 RECOVE	ERY STATIONS	S	Stage	1 Recover	y Stations	14	Stag	ge 2 Recove	ry Stations	40	
			Dedica	ited and N	on-Dedicate	ed Procedure	Room Utilza	ation			
		Proced	ure Roor	15	Surg	ical Cases		Surgical Ho	urs	Hours	per Case
Procedure Type	Inpatier	nt Outpatie	ent Comb	ined Tota	l Inpatien	t 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
Cystoscopy	0	0	0		0 0	0	0	0	0	0.0	0.0
				Multipu	rpose Non-	Dedicated Roo	oms				
Minor Procedure Roo					1 0		O	160	160	0.0	0.7
CDU (Brones, Lumbar					1 0		ō	465	465	0.0	1.3
CDO (Dicinos, Edinod							ō	0	0	0.0	0.0
		_									
	Emergency/Tr	auma Car	<u>e</u>					Cardiac Ca	theterization	Labs	
Certified Traum					Yes				ondedicated lab		4
Level of Traum	ia Service		Leve	1	Level 2				aphy procedur		4
Operation Res	ms Dedicated fo	or Texumo	Cara		Adult 0				eterization Labs		0
Number of Tra		or mauma	Care		9.354				theterization L	abs	0
	uma visits. ted from Traum				665	De	dicated EP (Jatnetenzau	on Labs		0
Emergency Se				Con	nprehensive		Car	dian Cathot	erization Utiliz	ration	
	ergency Room	Stations		Con	iprenensive 41	T-1-17				auon	0.740
	ed by Emergeno					rotar (Cardiac Cath	Procedures			
						Di-			/D 445		2,743
Patients Admitt					56,575 10,897		agnostic Cat				0
	ted from Emerg	ency:			10,897	Dia	agnostic Cat	neterizations	(15+)		0 1,657
	ted from Emerg (Emergency+T	ency: rauma):		er		Dia Int	agnostic Cat erventional (neterizations Catheterization	(15+) ons (0-14):		0 1,657 0
Total ED Visits	ted from Emerg (Emergency+T Free-Standin	jency: rauma): g Emerge		<u>er</u>	10,897 65,929	Dia Inti Int	agnostic Cati erventional (erventional (neterizations Catheterizations Catheterization	(15+) ons (0-14):		0 1,657 0 899
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Total ED Visits Beds in Free-S Patient Visits in Hospital Admis Total Outpatient \ Outpatient \ Outpatient \ Outpatient \ Outpatient \ Manager Addiography Nuclear Medicine Mammography Ultrasound	ted from Emerg (Emergency+T Free-Standin Standing Center in Free-Standing sisions from Free Outpatient Stant Visits at the Hos Visits Offsite/off ional Equipment	ency: rauma): gg Emerge s c Centers e-Standing ervice Dat spital/ Cam campus nt	Center a pus: ed Contr 88 3 5 58	act Inpa 0 16, 0 0 0 7,	10,897 65,929 0 0 0 805,444 419,309 386,135 Examinati 6ient Out; 768 47,77 704 3,97	Dia Int Int EP Total (Pe Ad Co Consort Contract 72 0 22 0 10 0	agnostic Cati erventional (erventional (erventional () Catheteriza Cardiac Surg diatric (0 - 14 ult (15 Years ronary Arten performed Therape Lithotripsy Linear Acc Image G Intensity	neterizations patheterizations catheterizations (15+) Cardiae St ery Cases: 4 Years): and Older): y Bypass Gr of total Car utic Equipm elerator duided Rad 1 Modulated	(15+) ons (0-14): on (15+) urgery Data afts (CABGs) diac Cases: nent Owned Cherapy Rad Thrpy	0 0	0 1,657 0 899 187 669 0 689 62 Therapies/ Treatments 250 3,372 0 5,776
Total ED Visits Beds in Free-S Patient Visits in Hospital Admis Total Outpatient \ Outpatient \ Outpatient \ Diagnostic/Interventi General Radiography Nuclear Medicine Mammography Ultrasound Angiography	ted from Emerg (Emergency+T Free-Standin ttanding Center on Free-Standing issions from Free Outpatient Sint Visits Visits at the Hos Visits Offsite/off ional Equipme	ency: rauma): gg Emerge s c Centers e-Standing ervice Dat spital/ Cam campus nt	Center a pus: ed Contr 28 3 5	act Inpa 0 16, 0 0 0 7,	10,897 65,929 0 0 0 805,444 419,309 386,135 Examinati sient Outp 768 47,77 704 3,97 0 16,97 620 27,84	Dia Int	agnostic Cati erventional (erventional (cardiac Surg diatric (0 - 1- ult (15 Years ronary Arten performed Therape Lithotripsy Linear Acc Image G Intensity High Dose	neterizations patheterizations patheterizations catheterizations (15+) Cardiac St ery Cases: 4 Years): pand Older): y Bypass Gr of total Car utic Equipm elerator buided Rad 1 Modulated Brachythera	(15+) ons (0-14): on (15+) urgery Data afts (CABGs) diac Cases: cent Owned Therapy Rad Thrpy upy 1	0 0 0	0 1,657 0 899 187 669 0 609 62 Therapies/ Treatments 250 3,372 0 5,776 30
Total ED Visits Beds in Free-S Patient Visits in Hospital Admis Total Outpatient \ Outpatient \ Outpatient \ Outpatient \ Outpatient \ Outpatient \ Unider Medicine Mammography Ultrasound Angiography Diagnostic Angiogr	ted from Emerg (Emergency+T Free-Standin standing Center on Free-Standing ssions from Free Outpatient Sont Visits at the Hos Visits Offsite/off ional Equipment of Free-Standing ional Equipment of Free-Standing on Free-Standing outpatient Sont outpatient Sont out	ency: rauma): gg Emerge s c Centers e-Standing ervice Dat spital/ Cam campus nt	Center a pus: ed Contr 88 3 5 58	act Inpa 0 18, 0 0 0 7, 0 7,	10,897 65,929 0 0 0 805,444 419,309 386,135 Examinati dient Out; 766 47,77 704 3,93 0 16,97 620 27,84	Dia Int	agnostic Catierventional (erventional (cardiac Surg diatric (0 - 14 ult (15 Years ronary Arten performed Lithotripsy Linear Acc Inage G Integrity High Dose Proton Bee	neterizations patheterizations catheterizations catheterizations (15+) Cardiac St ery Cases: 4 Years): 6 and Older): 7 Bypass Gr of total Card utic Equipm elerator 6 utioded Rad 1 Modulated Brachythera m Therapy	(15+) ons (0-14): on (15+) urgery Data afts (CABGs) diac Cases: nent Owned 2 Therapy Rad Thrpy ppy 1	0 0 0	0 1,657 0 899 187 669 0 609 62 Therapies/ Treatments 250 3,372 0 5,776 30 0
Beds in Free-S Patient Visits in Hospital Admis Total Outpatient \ Outpatient \ Outpatient \ Outpatient \ Outpatient \ Outpatient \ Unitered to the control of the control	ted from Emerg (Emergency+T Free-Standin Standing Center in Free-Standing sisions from Free Outpatient St It Visits /isits at the Hos /isits Offsite/off ional Equipment //Fluoroscopy	ency: rauma): g Emerge s g Centers e-Standing ervice Dat spital/ Cam campus nt	Center a pus: ed Contr 8 3 5 5 8 4	act Inpa 0 18, 0 0 0 7, 0 7, 0 1,	10,897 65,929 0 0 0 805,444 419,309 386,135 Examinati 6ent Out; 766 47,77 704 3,97 0 16,97 620 27,84 240 86 629 9	Dia Int	agnostic Catierventional (control of the control of	neterizations patheterizations catheterizations catheterizations (15+) Cardiac St ery Cases: 4 Years): and Older): 9 Bypass Gr of total Card utic Equipm elerator in Modulated Brachythera am Therapy nife	(15+) ons (0-14): on (15+) urgery Data afts (CABGs) diac Cases: nent Owned Carrier Owned Owned Carrier Owned Owned	0 0 2 0	0 1,657 0 899 187 669 0 689 62 Therapies/ Treatments 250 3,372 0 5,776 30 0
Beds in Free-S Patient Visits in Hospital Admis Total Outpatient \ Outpatient \ Outpatient \ Outpatient \ Outpatient \ Unimportune Mannography Ultrasound Angiography Diagnostic Angiography Diagnostic Angiography Positron Emission To	ted from Emerg (Emergency+T Free-Standin Standing Centern Free-Standing Sisions from Free Outpatient Si It Visits Visits at the Hos Visits Offsite/off ional Equipment (Fluoroscopy Traphy iography mography (PE)	ency: rauma): g Emerge s o Centers e-Standing ervice Dat Own Own T	Center a pus: ed Contr 28 3 5 8 4	act Inpa 0 16, 0 0 0 7, 0 1, 1,	10,897 65,929 0 0 0 805,444 419,309 386,135 Examinati fient Out; 768 47,77 704 3,97 0 16,97 620 27,84 240 88 629 97 0 61	Dia Int	agnostic Catierventional (erventional (cardiac Surg diatric (0 - 14 ult (15 Years ronary Arten performed Lithotripsy Linear Acc Inage G Integrity High Dose Proton Bee	neterizations patheterizations catheterizations catheterizations (15+) Cardiac St ery Cases: 4 Years): and Older): 9 Bypass Gr of total Card utic Equipm elerator in Modulated Brachythera am Therapy nife	(15+) ons (0-14): on (15+) urgery Data afts (CABGs) diac Cases: nent Owned 2 Therapy Rad Thrpy ppy 1	0 0 2 0	0 1,657 0 899 187 669 0 609 62 Therapies/ Treatments 250 3,372 0 5,776 30 0
Beds in Free-S Patient Visits in Hospital Admis Total Outpatient \ Ou	ted from Emerg (Emergency+T Free-Standin than that the free-Standin the free-Stand	ency: rauma): g Emerge s o Centers e-Standing ervice Dat Own Own T	Center a pus: ed Contr 8 3 5 5 8 4	act Inpa 0 16, 0 0 0 7, 0 1, 1, 0 9,	10,897 65,929 0 0 0 805,444 419,309 386,135 Examinati 6ent Out; 766 47,77 704 3,97 0 16,97 620 27,84 240 86 629 9	Dia Int	agnostic Catierventional (control of the control of	neterizations patheterizations catheterizations catheterizations (15+) Cardiac St ery Cases: 4 Years): and Older): 9 Bypass Gr of total Card utic Equipm elerator in Modulated Brachythera am Therapy nife	(15+) ons (0-14): on (15+) urgery Data afts (CABGs) diac Cases: nent Owned Carrier Owned Owned Carrier Owned Owned	0 0 2 0	0 1,857 0 899 187 669 0 689 62 Therapies/ Treatments 250 3,372 0 5,776 30 0

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

9 Sw		-			Patiente bu	Page		Patients by F	Page 1
		mation		W			3.2% Hi		
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				As	an		1.2% Lic	ense Number	272
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			Doobles		COLINTRA	Minneh			
1401 E	ast State Street					vvinneb	ago Count	у	
Authorb	and Dook Bo	•	ization Data by	/ Category	of Service	Average	Average	CON	Staffed Bed
CON Be	ds Setup ar	nd Peak	Admissions	Inpatient Days	Observation Days	Length of Stay	Dally Census	Occupancy Rate %	Occupancy Rate %
199	191	122	8,493	40,804	9,657	5.9	138.2	69.5	72.4
			_						
			2,472	12,854					
10	10	6	132	463	413	6.6	2.4	24.0	24.0
30	30	24	2,074	5,621	91	2.8	15.6	52.2	52.2
			1,735	4,555					
			339	1,066					
34	20	19	1,754 1,707	4,161 4,059	83	2.4	11.6	34.2	58.1
			47	102					
10	10	10	106	1,066	0	10.1	2.9	29.2	29.2
0) 0	0	0	0	0	0.0	0.0	0.0	0.0
		0	0	0		0.0	0.0		
42	2		1,395	7,603	0	5.5	20.8	49.6	
	12	12	339	2,198	0	6.5	6.0		50.2
	20	20	1,056	5,405	0	5.1	14.8		74.0
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
325	5				10,244	5.1	191.7	59.0	
						r Source			
							Cha	•	Totals
									40.045
									13,615
									426,816
						_		1301	
_							_	Charity	Total Charity Care Expense
									2,310,532
									Total Charity
33,732,737	31,077,132	1,131,46	0 64,	098,752	1,598,676	161,6	38,757	1,226,370	Care as % of
25.3%	13.7%	0.5	%	60.1%	0.5%	1	100.0%		Net Revenue
3,940,430	34,487,717	1,254,457	7 151,7	736,729	1,141,272	252,5	60,605	1,084,162	0.6%
thing Data			Newt	orn Nurs	ery Utilization			Organ Tra	nsplantation
	1	1,548		Level I	Level II	Lev	vel II+	Kidney:	0
	1	Deas	;	30	2 ()	14	Heart:	0
		0 Patie	ent Days					Lung:	0
		- 1013	Newborn Patie	ent Days					
D		0			Studio-				0
•	- Deem-		<u>L</u> tient Studies	aporatory	acuales		2 542		0
						31	2,512	Tatal	
ry-Postpartun	II ROOMS.		atient Studies				2.160	Total:	0
	### Ann Gane ### Ann Gane ### Ann Gane ### Ann Gane ### Authors ### Authors	Authorized Constant Constan	Second S	Separation Sep	Magement and General Information E:	Patients by Patients by Patients by White Sit 5-961-2030 Swedish American Hospital Assian Administration Not for Profit Corporation Not for f	Patients by Race White Standard Several Information Example Amagement and General Information Example Standard SwedishAmerican Hospital American Indian Asian Asian Not for Profit Corporation Hawaiian Pacific Unknown Not for Profit Corporation Not for Public Private Insurance Not for Profit Corporation Not for Public Private Insurance Not for Profit Corporation Not for Public Private Insurance Not for Publi	Example	Patients by Race Patients by Race Patients by Race Patients by E

Hospital Profile - CY 2019		SwedishAm				Operating	Room Uti	ization		Rockford		Page
Surgical Specialty	0	Operating Ro	ooms	-	gery and	Surgical C			rgical Hours		Hours	per Case
	_	utpatient Co		Total	In		utpatient	_	Outpatient T	otal Hours	Inpatient	
Cardiovascular	0	0	0	0		289	184	1130	290	1420	3.9	1.6
Dermatology	0	0	0	0	1	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	1	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	STATIO	NS	Stag	e 1 Rec	covery St	ations	14	Stag	e 2 Recovery	Stations	40	
					nd Non-			Room Utilza				
			dure Roo		T-6.1		al Cases	-	Surgical Hour	_		per Case
rocedure Type		tient Outpat	ient Con			Inpatient	Outpatient		Outpatient		Inpatient	
astrointestinal		0 6		0	6	928	1666	1195	2405	3600	1.3	1.
aser Eye Procedures		0 0		0	0	0	0	0	0	0	0.0	0.
ain Management ystoscopy		0 0		0	ö	0	0	0	0	0	0.0	0. 0.
ysioscopy	,							_			0.0	u.
				Mu			dicated Roo					_
inor Procedure Roo					3	3	82	4	41	45	1.3	0.
DU - Bronchoscopy,						240	550	186	423	609	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
Certified Trauma Cente	r					Ye	s Tot	al Cardiac C	atheterizatio	n Labs:		
Trauma Service Level			14	evel 2		Adult		Cath Labs us			lures	
Operating Rooms Dedica		rauma Care						Dedicated Di				
Number of Trauma Visits		rauma Gare				8.53	_	Dedicated Int	-			
Patients Admitted from T						57		Dedicated EF	Catheteriza	tion Labs		
Emergency Service Typ					Con	nprehensiv		al Cardiac C	atheterizatio	n Procedure	-	2,4
Number of Emergency R		tions			COI	iiprenensiv 4		Diagnostic C			5.	2,4
Persons Treated by Eme						54,18		Diagnostic C				1,8
Patients Admitted from E	-					8,47		Interventional				.,.
Total ED Visits (Emerger						62,71		Interventiona				4
	-	-						EP Catheteria		. ,		1
Beds in Free-Standing E Patient Visits in Free-Sta			entare				_	-I Cdi C				6
Hospital Admissions fron				enter				al Cardiac S Pediatric (0 -		5.		6
	III IEE-St	anding Line	igency c	reniver				Pediatric (u - Adult (15 Yea		١-		6
Total Outpatient Visits						834,80	0	Coronary Art			1	
Outpatient Visits at the Outpatient Visits Offsi						426,81 407,99	_		ed of total Ca			
								Thorano	itic Equipme	nt		Th
Diagnostic/Interventiona	ı Equipn		nod Co-	tract		xamination	_	merapet	iuo Equipme		Contract	Therapi Treatme
Consul Devicements 51			ned Con		Inpatien		Contract	I Marketine				
General Radiography/Flu	oroscopy	,	25	0	17,810		0	Lithotripsy	Jamestan	0		4.2
Nuclear Medicine			3	0	642	3,456	0	Linear Acce		2	0	4,2
Mammography			5	0	7.500	17,669	0		uided Rad Th			
Ultrasound			48	0	7,502	33,154	0		Modulated R			6,5
Angiography			5	0			_	_	Brachytherap	-		
Diagnostic Angiograph					1,152		0	Proton Bea		0	_	
Interventional Angiogra		nen.			1,782		0	Gamma Kn		0	_	
Positron Emission Tomos Computerized Axial Tom			1	0	9 700	769	0	Cyber knife		0	0	
varanusenzen aviai Tomi	узгарту ((UAT)	4	0	8,790		0					
Magnetic Resonance Ima			2	0	1,440	5,637	0					

Hospital Profile - CY 20:		edishAmerica d Ganaral Info	-			Datie -t- t-	Dage	Rockford		Page 1
Ownership, Ma ADMINISTRATOR NAM		<u>a General Into</u> antzer.PhD	rmation		100	Patients by nite		0.1% Hi	Patients by E spanic or Latin	
ADMINISTRATOR PHO		8-2030			Bla				ot Hispanic or I	
OWNERSHIP:		shAmerican Hos	spital			nerican Indian			nknown:	1.
OPERATOR:		shAmerican Hos	-		As	ian	(0.2% Lic	ense Number	272
MANAGEMENT:	Not for	Profit Corporat	ion		Ha	waiian/ Pacific			te Number:	272
CERTIFICATION:					Un	known	(PA:	B-0
FACILITY DESIGNATION		al Hospital ast State Street		NTV. Backfood		COUNTR	Winnel		iA:	
ADDRESS	1401 E	asi State Stree		CITY: Rockford		COUNTY	vvinneo	ago Count	у	
	Authori	zed Peak Be	•	ization Data by	y Category	of Service	Average	Average	CON	Staffed Bed
Clinical Service	CON Be 12/31/20	ds Setup ar	nd Peak	Admissions	Inpatient Days	Observation Days	Length of Stay	Dally Census	Occupancy Rate %	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 45-64 Years				1,122 2.936	4,634 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
ntensive 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 Maternity	34	34	30	2,339 2,291	5,710 5,589	122	2.5	15.9	46.9	46.9
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	2		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
Dedicated Observation	0					0				
Facility Utilization	33	9		13,862	63,803		5.3	200.2	59.1	
				U Direct Admis						
				ients and Outp			r Source			
	Medicare	Medicaid	Other Publi			Private Pay		Cha	arity Care	Totals
Inpatients	41.4%	28.9%		1%	25.9%	2.8%			0.0%	40.000
	5737	4002		53	3585	385			0	13,862
Outpatients	38.3% 150294	22.0% 86376	21.1 8252		16.1% 62992	2.5% 9715			0.0% 0	391,906
Financial Year Reported				tient and Outp			avor Sou	ree		Total Charity
Timunciai Tear Reported	Medicare	Medicaid	Other Publ					Totals	Charity Care	Care Expense
Inpatient	41.2%	medicaid 19.3%	1.1 ⁴		37.3%	Private Pay 1.0%		100.0%	Expense	1,630,729
Revenue (\$)										Total Charity
	63,751,097	29,912,871	1,752,47		714,412	1,553,854		384,704	622,010	Care as % of
Outpatient Revenue (\$)	29.7% 75,481,738	14.0% 35,625,480	0.4 1,054,49		54.8% 253.142	1.0% 2,532,466		100.0% 47,317	1,008,719	Net Revenue 0.4%
(4)	13,401,730	30,020,400	1,004,48	138,2	200, 142	2,002,400	200,8	11,311	1,000,718	0.476
_	rthing Data			Newl	born Nurs	ery Utilization				nsplantation
Number of Total Births			2,162		Level I	Level II		vel II+	Kidney:	0
Number of Live Births: Birthing Rooms:			2,158 Beds 0 Patie		30		0	14	Heart: Lung:	0
Labor Rooms:			n I auc	ent Days	3,048	5 (1,570	Lung: Heart/Lung	_
Delivery Rooms:			0 Tota	Newborn Patie	ent Days			4,615	Pancreas:	
Labor-Delivery-Recove	erv Rooms:		9	L	aboratory	Studies			Liver:	0
	•	_		_			37	4,957		-
	erv-Postnartur	n Rooms:	0 Inna	tient Studies						
Labor-Delivery-Recove C-Section Rooms:	ery-Postpartun	n Rooms:		tient Studies atient Studies				1,231	Total:	0

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Curried Consists	0=	eratina Dec		Surgery a		ng Room Uti		reisal Hause		Heure n	C
Surgical Specialty	_	erating Roo		-4-1	Surgical (_	urgical Hours	-		er Case
	npatient Outp 0			otal 1		Outpatient	Inpatient	Outpatient			Outpatier
Cardiovascular	0	0	1 0	0	307 0	167 0	1333	297 0	1630 0	4.3 0.0	1.8 0.0
Dermatology									_		
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 RECOVER	Y STATION	s	Stage 1	Recovery	Stations	14	Stag	ge 2 Recover	y Stations	39	
			_						,		
		Proced	Dedicat re Room			l Procedure cal Cases		stion Surgical Hou	irs	Hours	per Case
rocedure Type	Innatie	nt Outpatie		_	Inpatient	Outpatient			Total Hours	Inpatient	
astrointestinal	0	0	3	3		1243	1460	2405	3865	1.8	1.9
aser Eye Procedures	Ö	Ö	0	0		0	0	2400	0	0.0	0.0
ain Management	0	0	0	0	_	0	0	0	0	0.0	0.0
ystoscopy	ŏ	0	ő	Ü		0	0	Ö	ŏ	0.0	0.0
узюзоору						_	_			0.0	
linor Procedure Roo				Multipur	pose Non-D O	edicated Roo 42	<u>oms</u> 0	28	28	0.0	0.7
DU - Paracentesis,					242	475	207	442	649	0.9	0.9
DO - Faracentesis,					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 Cent	or				,	es Tot	al Cardiae C	atheterizati	on Lahe:		
Trauma Service Lev			Leve	12	Adult				graphy proced	lures	
			Leve	12	Adult				theterization La		
Operating Rooms Dedi		uma Care			7.0	u		•	Catheterization		
Number of Trauma Visi					7,2	82		P Catheteriz		. 2005	
Patients Admitted from					5	32					
Emergency Service Ty	/pe:			C	omprehens		al Cardiac C			S :	1,53
Emergency Service Ty Number of Emergency	/pe: Room Statio			C		41	Diagnostic C	atheterizatio	ns (0-14)	5:	
Emergency Service Ty Number of Emergency Persons Treated by Em	/pe: Room Statio nergency Ser			c	50,5	41 00	Diagnostic C Diagnostic C	atheterizatio atheterizatio	ns (0-14) ns (15+)	5:	
Emergency Service Ty Number of Emergency Persons Treated by Em Patients Admitted from	ype: Room Station nergency Ser Emergency:	vices:		c	50,5 9,0	41 00 07	Diagnostic C Diagnostic C Interventiona	atheterizatio atheterizatio al Catheteriza	ns (0-14) ns (15+) ations (0-14):	s:	76
Emergency Service Ty Number of Emergency Persons Treated by Em	ype: Room Station nergency Ser Emergency:	vices:		C	50,5	41 00 07 92	Diagnostic C Diagnostic C Interventiona Interventiona	atheterizatio atheterizatio al Catheteriza al Catheteriza	ns (0-14) ns (15+) ations (0-14): ation (15+)	s:	76 50
Emergency Service Ty Number of Emergency Persons Treated by Em Patients Admitted from	ype: Room Station nergency Ser Emergency: ency+Traum:	vices: a):		C	50,5 9,0	41 00 07 92	Diagnostic C Diagnostic C Interventiona Interventiona	atheterizatio atheterizatio al Catheteriza	ns (0-14) ns (15+) ations (0-14): ation (15+)	5:	76 50
Emergency Service Ty Number of Emergency Persons Treated by Em Patients Admitted from Total ED Visits (Emerg	ype: Room Station ergency Ser Emergency: ency+Traum: Emergency (vices: a): Centers	ters	c	50,5 9,0	41 00 07 92	Diagnostic C Diagnostic C Interventiona Interventiona EP Catheter	atheterizatio atheterizatio al Catheteriza al Catheteriza izations (15+	ns (0-14) ns (15+) ations (0-14): ation (15+)	5:	76 50 26
Emergency Service Ty Number of Emergency Persons Treated by Em Patients Admitted from Total ED Visits (Emerge Beds in Free-Standing)	ype: Room Station rergency Ser Emergency: ency+Traum: Emergency (tanding Emer	vices: a): Centers rgency Cen			50,5 9,0	41 00 07 92 0 Tot	Diagnostic C Diagnostic C Interventiona Interventiona EP Catheter al Cardiac S	atheterizatio atheterizatio al Catheteriza al Catheteriza izations (15+ iurgery Case	ns (0-14) ns (15+) ations (0-14): ation (15+)	5:	76 50 26
Emergency Service Ty Number of Emergency Persons Treated by Em Patients Admitted from Total ED Visits (Emerge Beds in Free-Standing Patient Visits in Free-Standing Hospital Admissions from	ype: Room Station lergency Ser Emergency: lency+Traum: Emergency (tanding Emer om Free-Stan	vices: a): Centers rgency Cen			50,5 9,0 57,7	41 00 07 92 0 0 Tot	Diagnostic C Diagnostic C Interventiona Interventiona EP Catheten al Cardiac S Pediatric (0 -	atheterizatio atheterization al Catheteriza al Catheteriza izations (15+ surgery Case 14 Years):	ns (0-14) ns (15+) ations (0-14): ation (15+))	5 :	76 50 26
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Emergency Service Ty Number of Emergency Persons Treated by Em Patients Admitted from Total ED Visits (Emerge Beds in Free-Standing Patient Visits in Free-Standing Hospital Admissions from	ype: Room Station pergency Ser Emergency: ency+Trauma Emergency (tanding Emer om Free-Stan he Hospital/	vices: a): Centers rgency Cen ding Emerg			50,5 9,0 57,7	41 000 07 92 0 0 Tot 051	Diagnostic C Diagnostic C Interventiona Interventiona EP Catheter al Cardiac S Pediatric (0 - Adult (15 Ye Coronary Ari	atheterizatio atheterizatio al Catheteriza al Catheteriza izations (15+ iurgery Case 14 Years): ars and Olde tery Bypass (ns (0-14) ns (15+) ations (0-14): ation (15+)))	1,53 76 50 26 67 87
Emergency Service Ty Number of Emergency Persons Treated by Em Patients Admitted from Total ED Visits (Emergi Beds in Free-Standing Patient Visits in Free-Si Hospital Admissions fro Total Outpatient Visits Outpatient Visits at to Outpatient Visits off	ype: Room Station rergency Ser Emergency: ency+Traum: Emergency C tanding Emer free-Stan for he Hospital/ site/off camp	vices: a): Centers rgency Cen ding Emerg Campus: us			50,5 9,0 57,7 810,9 391,9 419,0	41 00 07 92 0 0 Tot 0 51 08	Diagnostic C Diagnostic C Interventiona Interventiona EP Catheter al Cardiac S Pediatric (0- Adult (15 Ye Coronary Art perform	atheterizatio atheterizatio al Catheteriza al Catheteriza izations (15+ iurgery Casa 14 Years): ars and Olde tery Bypass (led of total C	ns (0-14) ns (15+) stions (0-14): ation (15+)) es: er): Grafts (CABGs ardiac Cases :)	76 50 26 67 67
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Emergency Service Ty Number of Emergency Persons Treated by Em Patients Admitted from Total ED Visits (Emerge Beds in Free-Standing) Patient Visits in Free-Si Hospital Admissions fro Total Outpatient Visits Outpatient Visits at to Outpatient Visits Off Diagnostic/Intervention	rpe: Room Station regency Ser Emergency: Emergency (tanding Emer om Free-Stan he Hospital/ site/off camp	vices: a): Centers rgency Cen ding Emerg Campus: us Owne 2	ed Contra 5 (et <i>Inpati</i> 0 19,5 0 5	50,5 9,0 57,7 810,9 391,9 419,0 Examinatio ent Outpi 84 38,136 66 2,793	41 00 07 92 0 0 Tot 0 Tot 51 06 45 .: Contract 3 0	Diagnostic C Diagnostic C Interventiona EP Catheter al Cardiac S Pediatric (0 - Adult (15 Ye Coronary Art perform Therape Lithotripsy Linear Acc	atheterizational catheterizational Catheterizational Catheterizations (15+ iurgery Case 14 Years); ars and Oldetery Bypass (ued of total Cutic Equipm	ns (0-14) ns (15+) ations (0-14): ations (0-14): ation (15+)) es: es: eri: Owned 0 2	Contract	76 56 67 8 Therapin Treatme
Emergency Service Ty Number of Emergency Persons Treated by Em Patients Admitted from Total ED Visits (Emergi Beds in Free-Standing) Patient Visits in Free-S Hospital Admissions fro Total Outpatient Visits Outpatient Visits at toutpatient Visits off Diagnostic/Intervention General Radiography/F Nuclear Medicine Mammography	rpe: Room Station regency Ser Emergency: Emergency (tanding Emer om Free-Stan he Hospital/ site/off camp	vices: a): Centers regency Cent dding Emerg Campus: us Owne	ed Contra 5 (3	ct <i>Inpati</i> 19,5	50,5 9,0 57,7 810,9 391,9 419,0 Examinatio ent Outpi 84 38,136 66 2,793 4 16,233	41 00 07 92 0 Tot 0 Tot 51 06 45 .: Contract 3 0 3 0	Diagnostic C Diagnostic C Diagnostic C Interventiona EP Catheter al Cardiac S Pediatric (0 - Adult (15 Ye Coronary Art perform Therape Lithotripsy Linear Acc Image G	atheterizational catheterizational Catheterizational Catheterizations (15+ isurgery Case 14 Years): ars and Oldetery Bypass (led of total Cutic Equipmedelerator Builded Rad T	ns (0-14) ns (15+) ations (0-14): ation (15+)) es: Grafts (CABGs ardiac Cases: Owned 0 2 herapy	Contract	76 56 20 66 66 8 Therapit Treatme 2 3,44
Emergency Service Ty Number of Emergency Persons Treated by Em Patients Admitted from Total ED Visits (Emerge Beds in Free-Standing Patient Visits in Free-S Hospital Admissions fro Total Outpatient Visits Outpatient Visits at to Outpatient Visits Off Diagnostic/Intervention	rpe: Room Station regency Ser Emergency: Emergency (tanding Emer om Free-Stan he Hospital/ site/off camp	vices: a): Centers regency Cen dding Emerg Campus: us Owne 2	ed Contra 5 (3 5 (8	ct Inpati 0 19,5 0 5 0 7,9	50,5 9,0 57,7 810,9 391,9 419,0 Examinatio ent Outpi 84 38,136 66 2,793 4 16,233	41 00 07 92 0 Tot 0 Tot 51 06 45 .: Contract 3 0 3 0	Diagnostic C Diagnostic C Diagnostic C Interventiona EP Catheter al Cardiac S Pediatric (0 - Adult (15 Ye Coronary Art perform Therape Lithotripsy Linear Acc Image G	atheterizational catheterizational Catheterizational Catheterizations (15+ iurgery Case 14 Years); ars and Oldetery Bypass (ued of total Cutic Equipm	ns (0-14) ns (15+) ations (0-14): ation (15+)) es: Grafts (CABGs ardiac Cases: Owned 0 2 herapy	Contract	50 20 60 60 Therapi Treatme
Emergency Service Ty Number of Emergency Persons Treated by Em Patients Admitted from Total ED Visits (Emerge Beds in Free-Standing Patient Visits in Free-S Hospital Admissions fro Total Outpatient Visits Outpatient Visits at toutpatient Visits off Diagnostic/Intervention General Radiography/F Nuclear Medicine Mammography	rpe: Room Station regency Ser Emergency: Emergency (tanding Emer om Free-Stan he Hospital/ site/off camp	vices: a): Centers regency Cen dding Emerg Campus: us Owne 2	ed Contra 5 (3 5 (8	ct <i>Inpati</i> 19,5	50,5 9,0 57,7 810,9 391,9 419,0 Examinatio ent Outpi 84 38,136 66 2,793 4 16,233	41 00 07 92 0 Tot 0 Tot 51 06 45 .: Contract 3 0 3 0	Diagnostic C Diagnostic C Diagnostic C Interventiona EP Catheter al Cardiac S Pediatric (0 - Adult (15 Ye Coronary Art perform Therape Lithotripsy Linear Acc Image G Intensity	atheterizational catheterizational Catheterizational Catheterizations (15+ isurgery Case 14 Years): ars and Oldetery Bypass (led of total Cutic Equipmedelerator Builded Rad T	ns (0-14) ns (15+) stions (0-14): ation (15+)) ess: Grafts (CABGs ardiac Cases: Owned 0 2 herapy Rad Thrpy	Contract	76 56 20 66 66 8 Therapit Treatme 2 3,44
Emergency Service Ty Number of Emergency Persons Treated by Em Patients Admitted from Total ED Visits (Emergi Beds in Free-Standing) Patient Visits in Free-Si Hospital Admissions fro Total Outpatient Visits Outpatient Visits off Diagnostic/Intervention General Radiography/F Nuclear Medicine Mammography Ultrasound	rpe: Room Station lergency Ser Emergency: Emergency: Emergency (landing Emer om Free-Stan he Hospital/ site/off camp hal Equipme	vices: a): Centers regency Cen dding Emerg Campus: us Owne 2	ed Contra 5 (3 5 (8	ct Inpati 0 19,5 0 5 0 7,9	50,5 9,0 57,7 810,9 391,9 419,0 Examinatio ent Outpi 84 38,136 66 2,793 4 16,233	41 00 07 92 0 Tot 0 Tot 08 45 	Diagnostic C Diagnostic C Diagnostic C Interventiona	atheterizational catheterizational Catheterizational Catheterizations (15+ isurgery Case 14 Years): ars and Oldetery Bypass (led of total Cutic Equipmediate of total Cutic Equipmediate of the Coulded Rad Temporal Modulated Famounts and Coulded Rad Temporal R	ns (0-14) ns (15+) stions (0-14): ation (15+)) ess: Grafts (CABGs ardiac Cases: Owned 0 2 herapy Rad Thrpy	Contract	70 50 20 66 67 7 Therapie 7 2 3,4
Emergency Service Ty Number of Emergency Persons Treated by Em Patients Admitted from Total ED Visits (Emerge Beds in Free-Standing Patient Visits in Free-S Hospital Admissions fro Total Outpatient Visits Outpatient Visits at to Outpatient Visits Off Diagnostic/Intervention General Radiography/F Nuclear Medicine Mammography Ultrasound Angiography	ype: Room Station lergency Ser Emergency: Emergency: Emergency (landing Emer lom Free-Stan landing Emer land	vices: a): Centers regency Cen dding Emerg Campus: us Owne 2	ed Contra 5 (3 5 (8	ct Inpati 0 19,5 0 5 0 7,9 0 5	50,5 9,0 57,7 810,9 391,9 419,0 Examination ent Outpi 84 38,136 66 2,793 4 16,233 78 3,353	41 00 07 97 0 0 Tot 0 51 06 45 **Contract 3 0 3 0 3 0	Diagnostic C Diagnostic C Diagnostic C Interventiona	atheterizational catheterizational Catheterizations (15+ increase) and Catheterizations (15+ increase) are and Oldestery Bypass (need of total Catheterizations (15+ increase) and Catheterizations (15+ increase) and Catheterization (15+ increase) and Catheteriza	ns (0-14) ns (15+) stions (0-14): ation (15+)) es: er): Grafts (CABGs ardiac Cases : Cwned 0 2 herapy Rad Thrpy py 1	Contract 1 0	70 50 20 66 67 7 Therapie 7 2 3,4
Emergency Service Ty Number of Emergency Persons Treated by Em Patients Admitted from Total ED Visits (Emerge Beds in Free-Standing) Patient Visits in Free-Si Hospital Admissions from Total Outpatient Visits Outpatient Visits off Diagnostic/Intervention General Radiography/F Nuclear Medicine Mammography Ultrasound Angiography Diagnostic Angiography Diagnostic Angiography Diagnostic Angiography	ype: Room Station rergency Ser Emergency: Em	vices: a): Centers rgency Cen dding Emerg Campus: us Owne 2	ed Contra 5 (3 5 (8	ct Inpati 0 19,5 0 5 0 7,9 1 7,9 1 5	50,5 9,0 57,7 810,9 391,9 419,0 Examinatio ent Outpi 84 38,136 66 2,793 4 16,233 78 3,353	41 00 07 992 0 Tot 0 Tot 45 : **Contract 3 0 3 0 3 0	Diagnostic C Diagnostic C Diagnostic C Interventiona EP Catheter al Cardiac S Pediatric (0 Adult (15 Ye Coronary Art perform Therape Lithotripsy Linear Acc Image G Intensity High Dose Proton Bea	atheterizational catheterizational Catheterizational Catheterizations (15+ isurgery Case 14 Years): ars and Oldetery Bypass (seed of total Catheterizations Catheterizations) are delerator delerator delerator builded Rad Televan Modulated Rad Televan Therapy infe	ns (0-14) ns (15+) ations (0-14): ations (0-14): ation (15+)) ess: er): Grafts (CABGs ardiac Cases : ent Owned 0 2 herapy Rad Thrpy py 1	Contract 1 0 0 0 0 0 0	70 50 20 66 67 7 Therapie 7 2 3,4
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Hospital Profile - C Ownership, Ma				y Medical Co		Patients by	Rocki Race		Patients by Et	Page 1
ADMINISTRATOR NAM		arynski	mauon		Wh			4.6% Hi	spanic or Latino	
ADMINISTRATOR NAME ADMINISTRATOR PHO		•			Bla				ot Hispanic or Launc	
OWNERSHIP:		aint Anthony Me	dical Center			erican Indian			nknown:	0.
OPERATOR:		ealthcare	. andar o'critici		Asi			0.5% —	inches in	
MANAGEMENT:		-Related				waiian/ Pacific		0.1%	IDPH Number	2253
CERTIFICATION:					Un	known	8	3.9%	HPA	B-01
FACILITY DESIGNATION		l Hospital							HSA	1
ADDRESS	5666 E.	State St.		CITY: Rockford	i	COUNTY:	Winneb	ago Count	У	
			•	ilization Data by	y Category	of Service				
Clinical Service	Authoriz CON Ber 12/31/20	ds Setup an	d Peak	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Dally 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 75 Years +				2,161 3,479	9,829 15,560					
Pediatric	0	0	0	3,473	73,360	0	0.0	0.0	0.0	0.0
ntensive Care	38	38		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 Maternity	13	13	10	478 469	1,060 1,046	17	2.3	3.0	22.7	22.7
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
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
Adult AMI	_	0		0	0	0	0.0	0.0		0.0
Rehabilitation	. 0	0		0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care Dedicated Observation	. 0	U	U	U	U	0	0.0	0.0	0.0	0.0
Facility Utilization	241			11,666	50,612	3,962	4.7	149.5	62.0	
•			(Includes IC	CU Direct Admis	sions Only)					
			Inpa	tients and Outp	oatients Se	rved by Payor	Source			
	Medicare	Medicaid	Other Pub	lic Private In	surance	Private Pay		Cha	arity Care	Totals
ltit-	64.0%	11.0%	0	.7%	21.9%	0.7%			1.7%	
Inpatients	7472	1279		85	2554	76			200	11,666
Outpatients	51.1%	16.7%		5%	29.3%	1.7%			0.8%	
	112971	36910		29	64764	3655			1856	221,185
Financial Year Reported				atient and Outp					Charity	Total Charity Care Expense
Inpatient	Medicare	Medicaid	Other Pub			Private Pay		Totals	Care Expense	5,266,863
Revenue (\$)	31.4%	13.4%		7%	53.9%	0.5%		00.076		Total Charity
	56,717,926	24,115,596	1,345,2	42 97,	322,368	966,576	180,4	67,708	2,649,565	Care as % of
Outpatient Revenue (\$)	19.4% 35,967,049	6.4% 11,887,950	0.4 708,08	4% 50 1207	69.7% 053.148	4.1% 7,633,886		100.0% 48,092	2,617,298	Net Revenue 1.4%
		11,007,830	700,00				100,2	10,082		
_	rthing Data			Newl		ery Utilization				splantation
Number of Total Births Number of Live Births:			464 460 pos	-	Level I	Level II		el II+	Kidney: Heart:	0
Birthing Rooms:			n bec		20			0	Lung:	0
Labor Rooms:			rat	ient Days al Naudaea Dati	898 ant Dave	88	5	0	Heart/Lung:	0
Delivery Rooms:			0 Tot	al Newborn Patie	ent Days			986	Pancreas:	ō
Labor-Delivery-Recov	ery Rooms:		4	<u>L</u>	aboratory	Studies			Liver:	0
Labor-Delivery-Recov	ery-Postpartum	Rooms:		atient Studies				8,147	Total:	0
								2.400	_	•
C-Section Rooms: CSections Performed:				tpatient Studies dies Performed				2,400 5,871		

Hospital Profile - C	Y 2018	OSF Sa		_	Medical			Rockf	ord		Page 2
0			3	Surgery a		ing Room Util					
Surgical Specialty		ting Rooms			Surgical		_	urgical Hours	_		er Case
	npatient Outpati					Outpatient	Inpatient		Total Hours		Outpatient
Cardiovascular	0	0 :		3	456	34	2067	96	2163	4.5	2.8
Dermatology	0)	0	29	59	43	89	132	1.5	1.5
General	0	0 4	1	4	803	1484	2228	2941	5169	2.8	2.0
Gastroenterology	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	23	286	67	638	705	2.9	2.2
Oral/Maxillofacial	0	0 ()	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0 1	1	1	1	379	2	562	564	2.0	1.5
Orthopedic	0	0	1	4	1663	1131	4985	2563	7548	3.0	2.3
Otolaryngology	Ö	0 (•	ó	5	644	10	846	856	2.0	1.3
Plastic Surgery	ő	0 (ō	43	260	149	704	853	3.5	2.7
Podiatry	Ö	0 (0		173		447	660		2.6
		_			124		213			1.7	
Thoracic	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 1	5	15	3442	4887	10523	9548	20071	3.1	2.0
SURGICAL RECOVE	RY STATIONS	S	tage 1 F	Recovery S	Stations	14	Sta	ge 2 Recove	ry Stations	20	
		D	edicated	d and Nor	n-Dedicate	d Procedure	Room Utilza	ation_			
		Procedure	Rooms		Surg	ical Cases		Surgical Ho	urs	Hours	per Case
Procedure Type	Inpatient	Outpatient (Combine	d 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	ō	ō	Ó	Ó	0	0	0		0	0.0	0.0
Pain Management	0	0	3	3	46	556	58	695	753	1.3	1.3
Cystoscopy	ō	ō	ō	ō	0	0	0		0	0.0	0.0
-,,											
				Multipurp		Dedicated Roo					
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	mergency/Trau	ma Care						Cardina Ca	theterization	Labe	
Certified Trauma		illa Gale			V				theterization		
Level of Trauma			evel 1		Yes Level 2				ondedicated la		4
Level of Trauma	Service		dult		Level 2				aphy procedur		4
Operating Poor	s Dedicated for				0				eterization Lab		
Number of Trau		rrauma can			1.095				atheterization L	abs	0
Patients Admitte					783	De	dicated EP	Catheterizati	on Labs		0
				C			C	C-11-1			
Emergency Sen				Compr	ehensive				erization Utilia	zation	
	gency Room Sta				24			Procedures			4,429
	by Emergency				38,270			heterizations			0
	d from Emergen				6,668			heterizations			1,527
	Emergency+Tra				39,365			Catheterizatio			0
	Free-Standing I	Emergency	Center					Catheterizatio	on (15+)		1,886
Beds in Free-St	anding Centers				0	EP	Catheteriza	tions (15+)			1,016
Patient Visits in	Free-Standing C	enters			0			Cardiac Su	irgery Data		
Hospital Admiss	ions from Free-S	Standing Cer	ter		0	Total C	Cardiac Surg	ery Cases:			494
•	Outpatient Serv	rice Data				Pe	diatric (0 - 1	4 Years):			0
Total Outpatient		100 0000			221,185			and Older):			494
	visits sits at the Hospit	-I/ Commune			150,571				afts (CABGs)		
	sits Offsite/off ca				70,614		performed	of total Car	diac Cases :		155
					Evaminati	one.	Thorne	utio Equipp	ant.		Th
Outpatient Vi	and Engineers				Examination Out	ot Contract	Therape	utic Equipn		Contract	Therapies/ Treatments
	nal Equipment	Owned O	ontract	Inpatie					2441100		24
Outpatient Vi		Owned C					Lithotrinev			1 2	
Outpatient Vi Diagnostic/Intervention General Radiography/		26	0	23,92	9 39,33	2 0	Lithotripsy		(
Outpatient Vi Diagnostic/Intervention General Radiography/ Nuclear Medicine		26 3	0	23,92 61	9 39,33 4 3,19	2 0	Linear Acc	elerator		2 0	7,083
Outpatient Vi <u>Diagnostic/Interventio</u> General Radiography/ Nuclear Medicine Mammography		26 3 6	0 0 0	23,92 61	9 39,33 4 3,19 3 12,06	2 0 2 0 5 0	Linear Acc	elerator Buided Rad 1	Therapy		7,083 5,063
Outpatient Vi Diagnostic/Intervention General Radiography/ Nuclear Medicine Mammography Ultrasound		26 3 6 12	0 0 0	23,92 61	9 39,33 4 3,19 3 12,06	2 0 2 0 5 0	Linear Acc Image (Intensity	elerator Buided Rad 1 Modulated	Therapy Rad Thrpy	2 0	7,083 5,063 3,765
Outpatient Vi <u>Diagnostic/Interventio</u> General Radiography/ Nuclear Medicine Mammography		26 3 6	0 0 0	23,92 61	9 39,33 4 3,19 3 12,06	2 0 2 0 5 0	Linear Acc Image (Intensity High Dose	elerator Buided Rad 1 Modulated I Brachythera	Therapy Rad Thrpy	1 0	7,083 5,063
Outpatient Vi Diagnostic/Intervention General Radiography/ Nuclear Medicine Mammography Ultrasound	Fluoroscopy	26 3 6 12	0 0 0	23,92 61	9 39,33 4 3,19 3 12,06 8 13,32	2 0 2 0 5 0 0 0	Linear Acc Image (Intensity High Dose	elerator Buided Rad 1 Modulated	Therapy Rad Thrpy	2 0	7,083 5,063 3,765
Outpatient Vi Diagnostic/Intervention General Radiography/ Nuclear Medicine Mammography Ultrasound Angiography	Fluoroscopy	26 3 6 12	0 0 0	23,92 61 3,79	9 39,33 4 3,19 3 12,06 8 13,32 5 2,44	2 0 2 0 5 0 0 0	Linear Acc Image (Intensity High Dose	elerator Buided Rad T Modulated I Brachythera am Therapy	Therapy Rad Thrpy apy	1 0	7,083 5,063 3,765 117
Outpatient Vi Diagnostic/Intervention General Radiography// Nuclear Medicine Mammography Ultrasound Angiography Diagnostic Angiogra	Fluoroscopy phy graphy	26 3 6 12	0 0 0	23,92 61: 3,79 1,28 1,07	9 39,33 4 3,19 3 12,06 8 13,32 5 2,44	2 0 2 0 5 0 0 0	Linear Acc Image (Intensity High Dose Proton Be	elerator Guided Rad 1 Modulated I Brachythera am Therapy nife	Therapy Rad Thrpy apy (1 0	7,083 5,063 3,765 117 0
Outpatient Vi Diagnostic/Intervention General Radiography// Nuclear Medicine Mammography Ultrasound Angiography Diagnostic Angiogra Interventional Angio	Fluoroscopy phy graphy nography (PET)	26 3 6 12 4	0 0 0 0	23,92 61: 3,79 1,28 1,07	9 39,33 4 3,19 3 12,06 8 13,32 5 2,44 6 84 0 92	2 0 2 0 5 0 0 0	Linear Acc Image (Intensity High Dose Proton Be Gamma K	elerator Guided Rad 1 Modulated I Brachythera am Therapy nife	Therapy Rad Thrpy apy (1 0 0 0	7,083 5,063 3,765 117 0

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

Hospital Profile - CY 201 Ownership, Man		F Saint Anthor	-			Patients by	Race	Rockford	Patients by E	Page 1
ADMINISTRATOR NAM		<u>u General Inioi</u> Carvnski	mauon		W	ratients by nite		2.0% Hi	spanic or Latin	
ADMINISTRATOR PHON		4-7458			Bla				ot Hispanic or Laur	
OWNERSHIP:		aint Anthony Me	edical Center			nerican Indian			nknown:	1.8
OPERATOR:		ealthcare			As	ian		0.4% Lic	cense Number	2253
MANAGEMENT:	Not for	Profit Church			Ha	waiian/ Pacific			te Number:	2253
CERTIFICATION:					Un	known	2		PA:	B-01
FACILITY DESIGNATIO Address		al Hospital ast State Street		CITY: Rockford	4	COUNTY	. Winneh	HS ago Count	SA:	1
ADDRESS	3000 E	asi State Street				COUNTY	vviineo	ago Count	у	
	Authoriz	zed Peak Be		lization Data b	y Category	of Service	Average	Average	CON	Staffed Bed
Clinical Service	CON Be 12/31/20	ds Setup ar	nd Peak	Admissions		Observation Days	Length of Stay	Dally Census	Occupancy Rate %	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 45-64 Years				681 2.264	3,357 11.694					
65-74 Years				2,204	10,205					
75 Years +				3,053	16,078					
'ediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
ntensive 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 Maternity	13	13	8	451 439	1,063 1,043	19	2.4	3.0	22.8	22.8
Clean Gynecology				12	20					
eonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
ong Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
wing Beds			0	0	0		0.0	0.0		
otal 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
ong-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
edicated Observation	0					0				
Facility Utilization	241	1		10,784	50,805	3,944	5.1	150.0	62.2	
			(Includes IC	CU Direct Admis	sions Only)					
			Inpa	tients and Out	patients Se	erved by Payo	r Source			
	Medicare	Medicaid	Other Pub			Private Pay		Cha	arity Care	Totals
Inpatients	64.8%	11.7%	0.	.8%	20.6%	0.7%			1.3%	
inputicitis	6989	1266		87	2223	77			142	10,784
Outpatients	52.3%	16.3% 34527	0.5		28.7% 60965	1.1%			1.0%	242.250
-	111160		- 11			2429	_		2148	212,350
Financial Year Reported:	-			atient and Outp					Charity	Total Charity Care Expense
landing.	Medicare	Medicaid	Other Pub			Private Pay		Totals	Care Expense	6,056,522
Inpatient Revenue (\$)	31.2%	13.2%	0.8		53.9%	0.9%		100.0%		Total Charity
	3,712,945	22,696,708	1,447,2	20 92	,675,842	1,542,714	172,0	75,429	3,226,073	Care as % of
Outpatient	19.4%	9.7%	0.5	5%	69.3%	1.1%	1	100.0%		Net Revenue
Revenue (\$)	8,115,560	18,102,412	849,44	8 128,	811,336	2,092,766	185,9	71,522	2,830,449	1.7%
Birt	hing Data			New	born Nurs	ery Utilization			Organ Tra	nsplantation
Number of Total Births:			429		Level I	Level II	Lev	vel II+	Kidney:	0
Number of Live Births:			428 Bed	s	20		3	0	Heart:	0
Birthing Rooms:			0 Pati	ent Days	876			ō	Lung:	0
Labor Rooms:			0 Tota	al Newborn Pati	ient Days			929	Heart/Lung	
Delivery Rooms:			0 4		aborator	Studios			Pancreas:	0
			4		Laboratory	ocuules			Liver:	0
Labor-Delivery-Recover		. Poome:		_			42	2.524		
		n Rooms:	0 Inpa	atient Studies patient Studies				3,534 8,411	Total:	0

Hospital Profile - CY 20	019	OSF Sa	int Anthon	y Medic	al Cente	r			F	lockford		Page 2
				St	irgery ar	nd Operating	Room Ut	ilization				
Surgical Specialty		_	g Rooms			Surgical Ca		_	rgical Hours			per Case
Cardiavasavlas			t Combine				utpatient	Inpatient 1990	Outpatient T	otal Hours 2058	Inpatient 4.4	Outpatient
Cardiovascular Dermatology	0	0	3		3 0	456 27	36 61	41	68 106	147	1.5	1.9 1.7
General	0	0	4		4	766	1146	2184	2528	4712	2.9	2.2
Gastroenterology	Ö	0	0		0	94	185	257	240	497	2.7	1.3
Neurology	ō	ō	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	1	5	3355	4544	10274	8819	19093	3.1	1.9
SURGICAL RECOVE	ERY STAT	IONS	Sta	ige 1 Re	covery S	tations	14	Stag	e 2 Recovery	Stations	20	
			De	dicated	and Non	-Dedicated	Procedure	Room Utilza	tion			
		P	rocedure R				al Cases		Surgical Hour	<u>s</u>	Hours	per Case
Procedure Type	Inp	_	utpatient Co		Total	Inpatient	Outpatien	t 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
				M	ultipurpo	ose Non-De	dicated Ro	oms				
						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 Ce						Ye	es To	tal Cardiac C				4
Trauma Service Le		Adu		Level 2			_	Cath Labs us Dedicated Di				0
Operating Rooms De		Trauma (Care				0	Dedicated Int	•			0
Number of Trauma Vi Patients Admitted fro						1,35 80		Dedicated EF				ŏ
					Co	ou mprehensiv		tal Cardiac C	atheterization	n Droonduro		4,189
Emergency Service Number of Emergence		tations			Co	mprenensiv 2		Diagnostic C			5.	4,103
Persons Treated by E			:			33,93		Diagnostic Ca				1,501
Patients Admitted from						6,13		Interventiona				0
Total ED Visits (Emer	rgency+Tra	auma):				35,29	1	Interventiona	l Catheterizat	ion (15+)		1,727
Beds in Free-Standin	a Emeraer	ncv Cente	rs				0	EP Catheteri:	zations (15+)			961
Patient Visits in Free-							_	tal Cardiac S	urgery Cases	5:		509
Hospital Admissions				Center			0	Pediatric (0 -				0
Total Outpatient Vis	its					212,35	0	Adult (15 Yea				509
Outpatient Visits a	t the Hosp		ous:			144,46		Coronary Arte	ery Bypass G ed of total Ca			
Outpatient Visits C	Offsite/off c	ampus				67,88	7	perionn	ed of total ca	ulac cases .		136
Diagnostic/Interventi	onal Equi	pment			E	Examination	ıs	Therapeu	ıtic Equipme	<u>nt</u>		Therapies/
			Owned Co	ntract	Inpatie	nt Outpt	Contract			Owned	Contract	Treatments
General Radiography	/Fluorosco	уру	26	0	22,521	1 38,327	0	Lithotripsy		0		14
Nuclear Medicine			3	0	600	2,934	0	Linear Acce		2	. 0	6,890
Mammography			6	0		11,459	0	_	uided Rad Th			4,645
Ultrasound			12	0	3,590	12,874	0		Modulated Ra		_	3,678
Angiography			6	0			_	_	Brachytherap	-		73
Diagnostic Angiogr					1,176		0	Proton Bea		0	_	0
Interventional Angi		(DCT)			1,084		0	Gamma Kn		0		0
Positron Emission To Computerized Axial T			1 4	0	10,893	803 3 21.076	0	Cyber knife		0	0	0
Magnetic Resonance		y (UAI)	4	0	1,766		0					
Source: 2019 Annual I		uestionna						ems Develor	ment.			
	- Lapiton G					The state of the s	. zamar oyar					

Ownership, Mar	agement an	d General Info	mation			Patients by	Race		Patients by E	thnicity
ADMINISTRATOR NAM		Carynski			W	nite		5.1% H	ispanic or Latin	
ADMINSTRATOR PHON	NE: 815-48	4-7458			Bla	ack	(6.9% N	ot Hispanic or L	atino: 91.
OWNERSHIP:	OSF S	aint Anthony Me	edical Center		An	nerican Indian	(0.2% U	nknown:	2.
OPERATOR:		ealthcare				ian			cense Number:	
MANAGEMENT:	Not for	Profit Church				waiian/ Pacific			te Number:	225
CERTIFICATION: FACILITY DESIGNATIO	N: Gener	al Hospital			Un	known			PA: SA:	B-0
ADDRESS		ai mospitai ast State Street		CITY: Rockford	d	COUNTY	- Winneb	ago Couni		
DUILLOO				ilization Data b				-0-	,	
	Authoriz	ed Peak Be	•	inzation bata b	Category	OI SELVICE	Average	Average	CON	Staffed Bed
Clinical Service	CON Be 12/31/20			Admissions	Inpatient Days	Observation Days	Length of Stay	Dally Census	Occupancy Rate %	Occupancy Rate %
Medical/Surgical	190			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 75 Years +				1,667 2,567	9,311 14,337					
Pediatric	0	0	0	2,367	14,337	0	0.0	0.0	0.0	0.0
ntensive Care	38			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					
leonatal	0			0	0	0	0.0	0.0	0.0	0.0
ong Term Care	0	0	_	0	0	0	0.0	0.0	0.0	0.0
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
Adult AMI		0		0	0	0	0.0	0.0		0.0
Rehabilitation	0	_		0	0		0.0	0.0	0.0	0.0
Long-Term Acute Care Dedicated Observation	0		U	U	U	0	0.0	0.0	0.0	0.0
Facility Utilization	241			9,731	48.467	3,544	5.3	142.1	59.0	
ruomy cumenton	241		(Includes I	CU Direct Admis			0.0	142.1	00.0	
			Inpa	atients and Out	patients Se	erved by Payo	r Source			
	Medicare	Medicaid	Other Pub	lic Private In	surance	Private Pay		Cha	arity Care	Totals
	63.6%	12.7%	1	.6%	20.5%	0.4%			1.2%	
Inpatients	6186	1236		152	1995	41			121	9,73
Outpatients	54.5%	14.0%	_	7%	28.8%	0.9%			1.0%	
Опфацента	109145	28091	14	181	57600	1770			2039	200,12
Financial Year Reported	10/1/201	9 to 9/30/2	020 <u>Inp</u>	atient and Outp	atient Net	Revenue by P	ayor Sou	rce	Charity	Total Charity Care Expens
	Medicare	Medicaid	Other Pu			Private Pay		Totals	Care	5,685,222
Inpatient Revenue (\$)	29.5%	16.6%	1.	0%	52.8%	0.2%		100.0%	Expense	Total Charit
nevenue (v)	7,473,053	26,660,601	1,554,2	75 84,	,863,914	299,539	160,8	351,382	2,838,610	Care as % o
Outpatient	20.4%	8.9%	1.	3%	68.9%	0.6%	1	100.0%		Net Revenu
Revenue (\$) 3	3,913,417	14,738,268	2,091,0	45 114,6	843,051	971,109	166,3	56,890	2,848,612	1.7%
Bir	thing Data			New	born Nurs	ery Utilization			Organ Tra	nsplantation
Number of Total Births:			348		Level I	Level II	Lev	vel II+	Kidney:	(
Number of Live Births:			344 Be		20)	3	0	Heart:	(
Birthing Rooms: Labor Rooms:				tient Days	614	4 6	0	0	Lung:	: (
Delivery Rooms:			0 To	al Newborn Pati	ent Days			674	Heart/Lung: Pancreas:	
Labor-Delivery-Recove	y Rooms:		4	<u>I</u>	aboratory	Studies			Liver:	Č
Labor-Delivery-Recove		n Rooms:	0 Inp	atient Studies				9,391	Total:	
C-Section Rooms: CSections Performed:				tpatient Studies Idies Performed				9,305 4,646		,

Hospital Profile - CY 2020	OSF	Saint Anthon	•						Rockford		Page 2
0 - 1 - 1 0 1 11			Su			g Room Uti					
Surgical Specialty	_	rating Rooms		-	Surgical C		_	rgical Hours	•		oer Case
		atient Combine				utpatient			Total Hours		Outpatient
Cardiovascular	0	0 3		3	414	7 0	1767	18	1785	4.3	2.6
Dermatology				0	0		0	0	0	0.0	0.0
General	0	0 4		4 D	661	1072 0	1670 2	2102 0	3772 2	2.5	2.0 0.0
Gastroenterology	0	0 0		2	203	40	537	87	624	1.0 2.6	2.2
Neurology OR/Grandology	0	0 0		2	17	292	38	543	581	2.0	1.9
OB/Gynecology	0	0 0		0	15		33	34		2.2	2.0
Oral/Maxillofacial	0	0 0		1	0	17 334	0	419	67 419	0.0	1.3
Ophthalmology	0	0 4		4			3595	3615		3.0	2.4
Orthopedic Otolaryngology	0	0 0		•	1204	1500 439	3090	607	7210 616	1.5	1.4
Plastic Surgery	0	0 0		0	59	172	162	529	691	2.7	3.1
• .		_				193	198	533	731		
Podiatry	0	0 0))	109					1.8	2.8
Thoracic	_	_			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	5	2825	4397	8283	9048	17331	2.9	2.1
SURGICAL RECOVERY	STATIONS	Sta	age 1 Re	covery Sta	tions	14	Stag	e 2 Recover	y Stations	20	
		De	dicated a	and Non-D	edicated	Procedure	Room Utilza	tion			
		Procedure R				al Cases		Surgical Hou	rs	Hours	per Case
Procedure Type	Inpatient	t Outpatient C	ombined	Total I	npatient	Outpatient	t Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	4	4	811	1260	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
			M	ultinumos	e Non-De	dicated Ro	oms				
Otolarvnology				unipurpos	0	63	0	62	62	0.0	1.0
General					0	177	0	195	195	0.0	1.1
Orthopaedic					Ō	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 Cente	r				Υ	es Tot	tal Cardiac C	atheterizatio	on Labs:		4
Trauma Service Leve	11	Adult	Level 2				Cath Labs us	sed for Angio	graphy proced	ures	4
Operating Rooms Dedic						0	Dedicated Di	iagnostic Cat	heterization La	bs	0
Number of Trauma Visits		illa Gale			1.44		Dedicated In	terventional (Catheterization	Labs	0
Patients Admitted from 1					90		Dedicated El	P Catheteriza	ation Labs		0
Emergency Service Ty				Com	prehensi		al Cardiae C	atheterizatio	on Procedures		4,639
Number of Emergency F		5		Com			Diagnostic C			-	4,000
Persons Treated by Eme					30.47		Diagnostic C				1,850
Patients Admitted from B					6.56		Interventiona				. 0
Total ED Visits (Emerge		i:			31,92		Interventiona				1,902
Beds in Free-Standing B						0	EP Catheteri	zations (15+)) ` '		887
Patient Visits in Free-Sta							tal Cardiac S				417
Hospital Admissions from			Center			- 101	Pediatric (0 -		· .		417
					200.12		Adult (15 Ye		r):		417
Total Outpatient Visits	a Hasnital/ C				143.55				orafts (CABGs))	
Outpatient Visits at th Outpatient Visits Offs					143,50 56,57	21			ardiac Cases :	,	95
							71	e - F i			
Diagnostic/Intervention	ai Equipmen	t Owned Co	ntract	<u>EX</u> Inpatient	<u>aminatio</u>	Contract	merape	utic Equipm	Owned	Contract	Therapies/ Treatments
General Radiography/Flo	iomsoonii	26	0	21.690	32,223		Lithotripsy		0	Contract 1	1
Nuclear Medicine	гоговоору	3	0	473	2,203		Limourpsy Linear Aco	alarator	2		6,174
		6	0	1	8,496			uided Rad T		U	4,832
Mammography Ultrasound		12	0	3,444			_	Modulated F			3,828
Angiography		6	0	3,444	10,662	U	_			0	3,020
		0	U	1 200	1.017	0	-	Brachythera;	py u O		49
Diagnostic Angiograpi				1,266	1,917		Gamma Kr	m Therapy	0	0	0
Interventional Angiogr) 1	0	1,324	643 680		Cyber knife		0	0	0
Positron Emission Town									u	U	U
Positron Emission Tomo							Cyber krille	•	-	_	_
Positron Emission Tomo Computerized Axial Tom Magnetic Resonance Im	ography (CA		0	11,244 1,830	18,515 4,465	0	Cyber krille		-	_	

Hoepital Profile - CY 2020) Swed	ishAmerican Me	dical Cente	er - Belvidere				Belvide	re	Page
Ownership, Man	agement and (General Informat	ion			Patients by	Race		Patients by E	thnicity
ADMINISTRATOR NAME	: Ann Gant	zer,PhD			Wh	ite	8	3.3% H	lispanic or Latin	o: 0.
ADMINSTRATOR PHON	E: 779-696-2	2030			Bla	ck	10	6.7% N	lot Hispanic or I	atino: 100.
OWNERSHIP:	Swedish/	American Hospital			Am	erican Indian	(Jnknown:	0.
OPERATOR:		American Hospital			Asi				icense Number	
MANAGEMENT:	Not for Pr	rofit Corporation				waiian/ Pacific			lite Number:	550
CERTIFICATION:	h Consent	Jacobal			Uni	known	(IPA: ISA:	B-0
FACILITY DESIGNATION ADDRESS		th State Street		TY: Belvidere		COUNTY:	Boone		ISAC	
ADDRESS	1020 000			ation Data by	Catagoni		Doone	ooung		
	Authorized	_	acility Othiz	ation Data by	Category	or Service	Average	Average	CON	Staffed Bed
Clinical Service	CON Beds 12/31/2020	Setup and	Peak Census	Admissions	Inpatient Days	Observation Days	Length of Stay	Daily Census	Occupancy Rate %	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
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)	
					0					
Total AMI	0			0		0	0.0	0.0		
Adolescent AMI 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
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	
		(II		Direct Admissi		=	_			
				ents and Outpa			Source			
	Medicare		ther Public			Private Pay		CI	arity Care	Totals
Inpatients	0.0%	0.0%	0.0		00.0%	0.0%			0.0%	
	0	0		0	6	0			0	
Outpatients	32.7%	25.9%	0.7%		36.9%	3.2%			0.5%	
	8618	6833	181		9742	853			139	26,36
Financial Year Reported:	7/1/2019 a	6/30/2020	Inpati	ent and Outpa	tient Net	Revenue by P	ayor Sour	rce	Charity	Total Charity Care Expens
	Medicare	Medicaid C	ther Public	Private Ins	urance	Private Pay		Totals	Care	98,201
Inpatient	31.2%	2.3%	0.0%		58.6%	8.0%	1	100.0%	Expense	
Revenue (\$)	381,865	28,122	0	7	16,973	97,418	1,2	224,378	6,800	Total Charity Care as % o
Outpatient	20.5%	2.1%	0.4%		75.6%	1.4%		100.0%		Net Revenu
	,085,546	322,334	57,874		37.705	212,456		65,915	91,401	0.6%
	,000,040	022,004	01,014	11,00	37,700	212,400	10,0	00,510	51,401	0.074
Birt	hing Data			Newb	orn Nurse	ry Utilization			Organ Tra	nsplantation
Number of Total Births:		(Level I	Level II	Lev	/el II+	Kidney:	0
Number of Live Births:			Deus		0)	0	Heart:	0
Birthing Rooms:		(Fauel	nt Days	0)	0	Lung:	: 0
Labor Rooms: Delivery Rooms:			Total	Newborn Patier	nt Days			0	Heart/Lung Pancreas:	: (
Labor-Delivery-Recovery	/ Rooms:)	La	boratory	Studies			Liver:	
				ent Studies				22	Total:	
Labor-Delivery-Recover										
Labor-Delivery-Recovery C-Section Rooms:	y-r osiparium r	(atient Studies			3	0,730	rota.	

oepital Profile - CY	2020	Swedish	American M	Medical Ce	nter - Belvid	ere			Belvidere		Page	
Surgical Specialty		Operating	Rooms	Surge		iting Room U		Burgical Hour	•	Hours per Case		
ouigiou opoulary	Inpatient		Combined	Total	Inpatient	Outpatient	Inpatient		Total Hours	Inpatient		
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	
Jrology	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 RECOV	ERY STAT	TIONS	Stag	e 1 Recov	ery Stations	3	Sta	ge 2 Recove	ery Stations	5		

			Dedicated a	and Non	-Dedicated	Procedure R	oom Utilza	tion			
		Procedure	Rooms		Surgio	al Cases		Surgical Hou	ra.	Hours	per Case
Procedure Type	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
			Mu	ıltipurp	ose Non-De	dicated Roor	ms				
					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)	
Outpatient Visits Offsite/off campus	0	performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment			Exa	mination	15	Therapeutic Equipment			Therapies/
	Owned 0	Contract	Inpatient	Outpt	Contract		Owned	Contract	Treatments
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 Thera	py		0
Ultrasound	4	0	0	4,070	0	Intensity Modulated Rad 1	Thrpy		0
Angiography	0	0				High Dose Brachytherapy	(0 0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	(0 0	0
Interventional Angiography			0	0	0	Gamma Knife	(0 0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	(0 0	0
Computerized Axial Tomography (CAT)	1	0	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.

			- belvidere				beivider	_	Page
ement and	General Informa	tion			Patients by			•	•
Fiona Sp	ringman			Wh	ite	8	2.8% H	ispanic or Latin	o: 6.
815-544-	1390			Bla	ck	1	7.2% N	ot Hispanic or L	atino: 93
Swedish/	American Hospita	I		Am	erican Indian	(0.0% U	nknown:	0.
Swedish/	American Hospita	I		Asi	an	(0.0% Li	cense Number:	550
Not for Pr	rofit Corporation			Hav	waiian/ Pacific	(0.0% S	te Number:	550
				Uni	known	(B-0
						_		SA:	
1625 Sou	ith State Street	CI	TY: Belvidere		COUNTY:	Boone	County		
	<u>F</u>	acility Utiliz	ation Data by	Category	of Service				
CON Beds	Setup and	Peak				Average Length	Average Daily	CON Occupancy	Staffed Bed Occupancy Rate %
					-				4.1
34	,	-			10	3.0	0.5	0.0	4.1
			7	34					
			11	37					
			11	23					
0	0	0	0	0	0	0.0	0.0	0.0	0.0
									0.0
U	U	U			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
									0.0
									0.0
	0	0	0	0		0.0	0.0	0.0	0.0
34				-	10	3.6	0.3	0.8	
	(1								
		Inpatie	nts and Outpa	tients Se	rved by Payor	Source			
edicare		ther Public	Private Insu	ırance	Private Pay		Ch	arity Care	Totals
3.4%	0.0%	0.09	6 !	96.6%	0.0%			0.0%	
1	0	()	28	0			0	2
30.2%	26.4%	0.6%	3	8.0%	4.3%			0.4%	
9693	8475	191	1	2183	1386			134	32,06
7/1/2018	6/30/2010	Innatio	ent and Outnat	ient Net	Revenue by P	avor Sou	rce		Total Charity
									Care Expens
									133,475
0.0%	0.0%	0.0%	. 1	00.0%	0.0%	1	100.0%	Expense	Total Charit
0	0	0	18	34,010	0	1	184,010	0	Care as % o
16.9%	11.0%	0.3%		71.5%	0.4%		100.0%		Net Revenu
								133.475	0.6%
	_,	- 1,000							
ng Data			Newbo	rn Nurse	ry Utilization				nsplantation
				Level I	Level II	Lev	/el II+	Kidney:	(
		0 Beds		0)	0	Heart:	(
		0 Patien	t Days	0)	0	Lung:	
							0	Heart/Lung:	
		0 Total I	Newborn Patien	t Days			•	Donosta	
Zoome:		0 lotair			Studies		•	Pancreas:	
Rooms:		0 Total I	Lai	t Days boratory	Studies			Liver:	(
Rooms: Postpartum F	Rooms:	0 Inpatie			Studies	9	83 6,276		0
	### Property of the control of the c	### Pedicare Medicare Medicar	Pement and General Information	SwedishAmerican Hospital SwedishAmerican Hospital SwedishAmerican Hospital 1625 South State Street CITY: Belvidere	Simple S	Patients by Patients by	### Patients by Race Floor Patients P	### Section Patients by Race Patients Patients	Patients by Race Patients by Race Patients by Race Patients by Each Patients by Enginement Patients by Engine

lospital Profile - CY 20	J19	Swedish/	umerican I	Medical Ce						Belvidere		Pag
Surgical Specialty		Operating	Doome	Surge	ry and Op	erating clcal Ca		tilization	Surgical Hou	-	House	per Case
	Innationt	Outpatient		Total	Inpatie		itpatient	Inpatient		Total Hours		Outpatie
Cardiovascular	0	0	0	0	IIIpaue	0	0	III patient		0	0.0	0.0
Dermatology	0	0	0	0		0	o	0		0	0.0	0.0
General	0	0	2	2		0	98	0		101	0.0	1.0
Gastroenterology	o	0	ō	ō		0	1	0		1	0.0	1.0
Neurology	ő	0	o	o		0	2	Č		3	0.0	1.5
OB/Gynecology	o	0	0	0		0	98	0		158	0.0	1.0
Oral/Maxillofacial	0	0	0	0		0	0	0		0	0.0	0.
	0	0	0	0		0	0	0	_	0	0.0	0.
Ophthalmology	0	0	0	0		1		3	_	_		
Orthopedic				_			183			235	3.0	1.
Otolaryngology	0	0	0	0		0	0	0		0	0.0	0.
Plastic Surgery	0	0	0	0		0	2	0		4	0.0	2.
Podiatry	0	0	0	0		0	79	0		109	0.0	1.
Thoracic	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.
Totals	0	0	2	2		1	463	3	608	611	3.0	1.
SURGICAL RECOVE	RY STAT	IONS	Stag	e 1 Recove	ery Station	18	3	S	tage 2 Recov	ery Stations	5	
		_						e Room Uti				
			cedure Ro			_	Cases		Surgical H			per Case
ocedure Type	Inp	patient Outp	patient Cor	mbined To	tal Inpa	atient	Outpatie	nt Inpatie	nt Outpatier	nt Total Hours	Inpatient	Outpatie
astrointestinal		0	0	0	0	0	(0	0 0	0	0.0	0
ser Eye Procedures		0	0	0	0	0		0	0 0	0	0.0	0
ain Management		0	0	0	0	0		0	0 0	0	0.0	0
stoscopy		0	0	0	0	0	(0	0 0	0	0.0	0
				Multip	urpose N	on-Dec	licated R	ooms				
						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	(D	0 0	0	0.0	0.
						0	(0	0 0		0.0	0
						0	(0	0 0	0	0.0	0
Certified Trauma Ce	nter					N	o To	otal Cardia	Catheteriza	tion Labs:		
Trauma Service Le	evel 1		L	evel 2				Cath Labs	used for Ang	iography proce	dures	
Operating Rooms Dec	dicated for	Trauma Ca	ire			0)	Dedicated	Diagnostic C	atheterization I	abs	
Number of Trauma Vi			_			Ċ		Dedicated	Interventiona	d Catheterization	on Labs	
Patients Admitted from						Ċ		Dedicated	EP Catheter	zation Labs		
Emergency Service	Tyne:					Basi	c T	otal Cardia	Catheteriza	tion Procedure	08"	
Number of Emergenc		tations				2000			Catheterizat			
Persons Treated by E						12.099		_	Catheterizat			
Patients Admitted from						552				zations (0-14):		
Total ED Visits (Emer	_					12,099	_		nal Catheteri			
									erizations (15			
Beds in Free-Standing						0						
Patient Visits in Free-	-			tor		(Surgery Ca			
Hospital Admissions f	rom Free-	Standing Er	nergency (enter			,		0 - 14 Years)			
Total Outpatient Visi	its					31,928	3		Years and Ok		- 6	
Outpatient Visits at	_		8:			31,928				Grafts (CABG Cardiac Cases		
Outpatient Visits O	msite/off c	ampus				(J	,				
iagnostic/Interventi	onal Equi			trant to-		ination	_		peutic Equip		Contract	Therag Treatm
Onnered Destination	Elmon			tract Inp			Contract				Contract	
General Radiography	n-luorosco	py	6	0	9	6,628	0	Lithotrip			0 0	
Nuclear Medicine			0	0	0	0	0		ccelerator		0 0	
Mammography			1	0	0	2,214	0	_	Guided Rad			
Ultrasound			4	0	0	4,732	0	Intens	ity Modulated	Rad Thrpy		
Angiography			0	0				High Do	se Brachyther	гару	0 0	
Diagnostic Angiogra					0	0	0		Beam Therapy		0 0	
Interventional Angio	ography				0	0	0	Gamma	Knife		0 0	

Computerized Axial Tomography (CAT) Magnetic Resonance Imaging Source: 2019 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

5,041

Gamma Knife

Cyber knife

Interventional Angiography

Positron Emission Tomography (PET)

Hospital Profile - C		General Inform		ledical Cer		Patients by I	Belvio		Patients by Et	Page 1
OWNERSHIP, MAR ADMINISTRATOR NAM	_	pringman	auon		w	•).9% H	•	•
ADMINISTRATOR NAM					Bla				lispanic or Latino lot Hispanic or La	
OWNERSHIP:		iAmerican Hospit	al			erican Indian			lot Hispanic of La Inknown:	uno: 97.0
OPERATOR:		namerican Hospit			Asi			0.0% -	riknown.	0.0
MANAGEMENT:		Profit Corporation				waiian/ Pacific		0.0%	IDPH Number:	5504
CERTIFICATION:	1401 101 1	Florit Corporation				known		0.0%	HPA	B-01
FACILITY DESIGNATIO	N:				0		•		HSA	1
ADDRESS		uth State Street	CI	TY: Belvidere		COUNTY:	Boone (County		
			Facility Utiliz	ation Data by	Category	of Service				
	Authorize	d Peak Beds					Average	Average	CON	Staffed Bed
Clinical Service	CON Bed 12/31/201		Peak Census	Admissions	Inpatient Days	Observation Days	Length of Stay	Daily Census	Occupancy Rate %	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 75 Years +				11 12	24 37					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
ntensive Care	0	0	0	0	0	0	0.0	0.0		0.0
Direct Admission	U			0	0	•	0.0	0.0	0.0	0.0
Transfers				ō	o					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity	U	U	0	0	0	0	0.0	0.0	0.0	0.0
Clean Gynecology				0	0					
Veonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
ong Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		0.0
Total AMI	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
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0		0.0
Dedicated Observation	0					0	0.0	0.0		
Facility Utilization	34			33	87	6	2.8	0.3	0.7	
			(Includes ICU	Direct Admiss	ions Only)					
			Inpatie	-		rved by Payor	Source			
	Medicare		Other Public	Private Ins		Private Pay		Ch	arity Care	Totals
Inpatients	6.1%	0.0%	87.99	-	6.1%	0.0%			0.0%	
IIIputotitis	2	0	29	9	2	0			0	33
Outpatients	27.9%	27.6%	3.1%		36.1%	4.9%			0.4%	00 507
E B	7967	7907	873		10330	1401			119	28,597 Total Charity
Financial Year Reported						Revenue by Pa				Care Expense
Inpatient	Medicare	Medicaid	Other Public			Private Pay		Totals	Expense	123,837
Revenue (\$)	23.5%	3.2%	52.3%		21.0%	0.0%		00.0%		Total Charity
	35,781	4,902	79,867		32,033	0	1	52,583		Care as % of
Outpatient	13.6%	10.9%	6.1%		69.1%	0.3%	1	00.0%		Net Revenue
Revenue (\$)	2,618,016	2,094,197	1,179,383	13,2	96,383	63,752	19,25	51,731	123,837	0.6%
Bir	thing Data			Newb	orn Nurse	ery Utilization			Organ Tran	splantation
Number of Total Births:			0		Level I	Level II	Lev	el II+	Kidney:	0
Number of Live Births:			0 Beds		0) 0)	0	Heart	0
Birthing Rooms:			0 Patien	t Days	() 0)	0	Lung:	0
Labor Rooms:			0 Total I	Newborn Patie	nt Days			0	Heart/Lung:	0
Delivery Rooms: Labor-Delivery-Recove	ny Roome:		0	1.0	aboratory	Studies			Pancreas: Liver:	0
Labor-Delivery-Recove	-	Poome:		ent Studies	y	Causes		85		
Labor-Delivery-Recove	y-r-osiparium	rvottis.		and Ottobies					Total:	0
C-Section Rooms:			 Outpa 	tient Studies			3	3,673		

Hospital Profile - 0	CY 2018	:	Swedish				nter - Bel		Belvider	re		Page 2
Surgical Specialty		Operating	Rooms	Su		Operatin Surgical C	g Room Util		urgical Hours		Hours	per Case
our options	Inpatient (d Total	-		utpatient	Inpatient	Outpatient To	tal Hours		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	2	0	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	2	0	486	0	692	692	0.0	1.4
SURGICAL RECOVI	ERY STATI	ONS	Sta	ge 1 Re	covery Sta	tions	3	Stag	ge 2 Recovery	Stations	6	
			Dec	dicated a	and Non-D	edicated	Procedure F	Room Utilza	ation			
			ocedure R			_	al Cases		Surgical Hours			per Case
Procedure Type	Inp		tpatient Co			Inpatient	Outpatient	Inpatient			Inpatient	Outpatient
Gastrointestinal		0	0	0	0	0	0	0	0	0	0.0	0.0
aser Eye Procedures		0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management		0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy		0	0	0	0	0	0	0	0	0	0.0	0.0
				Mu	ultipurpos		dicated Roo		_			
						0	0	0	0	0	0.0	0.0
						0	0	0	0	0	0.0	0.0
						0	0	0	0	0	0.0	0.0
	Emergenc	y/Trauma	Care						Cardiac Cathe	eterization l	Labs	
Certified Traum						No	Total C	ath Labs (D	edicated+Nond	ledicated lab	os):	0
Level of Traum	a Service		L	evel 1	Le	evel 2			d for Angiograp			0
Operating Room	me Dedicat	ad for Tra	uma Cara			0		-	nostic Catheter			0
Number of Trai		ed for Trai	uma Care			3,179			ventional Cath		abs	0
Patients Admit		auma				64	Dec	dicated EP (Catheterization	Labs		U
Emergency Se		Juliu				Basic		Car	diac Catheteria	zation Utiliz	ation	
Number of Em		om Station	ns			4	Total C		Procedures:	Lution ounz		0
Persons Treate						9,986			neterizations (0	-14)		0
Patients Admit						1,114			neterizations (1			0
Total ED Visits	(Emergend	y+Trauma	a):		1	13,165		_	atheterizations			ō
	Free-Star	ding Em	ergency C	enter			Inte	erventional (Catheterization	(15+)		0
Beds in Free-S	tanding Cer	nters				0	EP	Catheteriza	tions (15+)			0
Patient Visits in	n Free-Stan	ding Cent	ers			0			Cardiac Surg	ery Data		
Hospital Admis	sions from	Free-Stan	ding Cente	er		0	Total C	ardiac Surg	ery Cases:			0
	Outpatier	nt Service	Data					diatric (0 - 14				0
Total Outpatier	nt Visits				3	35,133			and Older):			0
Outpatient \		Hospital/	Campus:			35,133	Cor		y Bypass Grafts			
Outpatient \	/isits Offsite	off camp	us			0		periorined	of total Cardia	G Gases :		0
Diagnostic/Interventi	ional Equip	ment			Ex	amination	ns	Therape	utic Equipmen	ı <u>t</u>		Therapies
			Owned Co			Outpt	Contract				Contract	Treatment
General Radiography	//Fluoroscop	oy .	6	0	0	8,091	0	Lithotripsy		0		0
Nuclear Medicine			0	0	0	0		Linear Acc		0	0	0
Mammography			1	0	0	2,308		_	Suided Rad The			0
Ultrasound			5	0	0	3,537	0		Modulated Ra			0
Angiography			0	0					Brachytherapy			0
Diagnostic Angiogi					0	0			am Therapy	0		0
Interventional Angi			_	_	0	0		Gamma Ki		0		0
Positron Emission To			0	0	0	0		Cyber knife	•	0	0	0
Computerized Axial T Magnetic Resonance		(CAI)	1 0	0 1	0	7,469 0						
magnetic resonance	anaging		v	_ '	U	U	700					

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

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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

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

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Sincerely,

Amy Bradshaw

Director of Legal Services Mercy Health Corporation

ATTACHMENT 7 IMPACT ON ACCESS NOTIFICATION LETTER CERTIFIED MAIL RECEIPTS





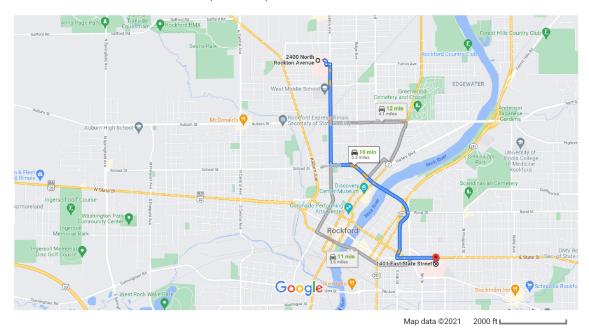
ATTACHMENT 7

MAP REFLECTING DISTANCE OF AREA PROVIDERS

Distance from Javon Bea Hospital-Rockton Campus to Swedish American

Google Maps

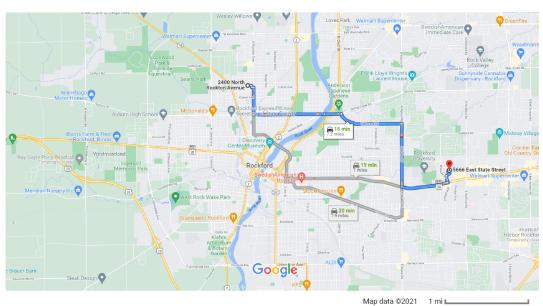
2400 N Rockton Ave, Rockford, IL 61103 to 1401 East Drive 3.3 miles, 10 min State Street, Rockford, IL



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

Google Maps

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



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

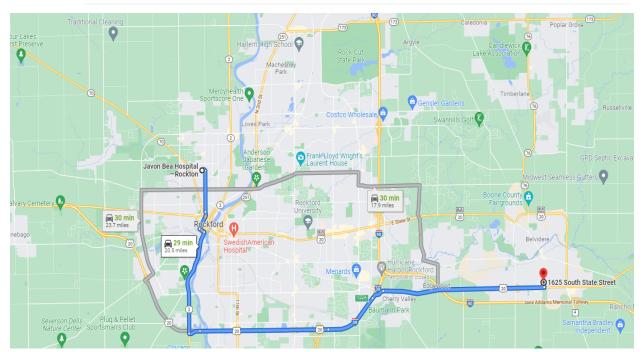
ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Google Maps

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

You can enter notes here.

Drive 20.5 miles, 29 min



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:

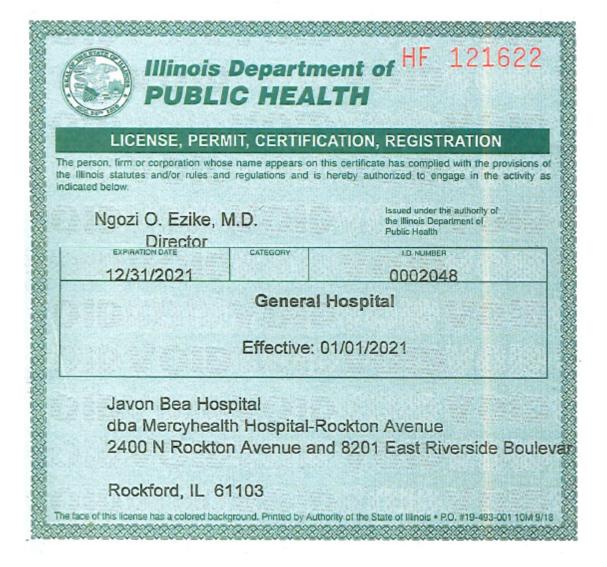
- Javon Bea Hospital
- Mercy Harvard Hospital
- Van Matre Rehabilitation Hospital (through Javon Bea Hospital).

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

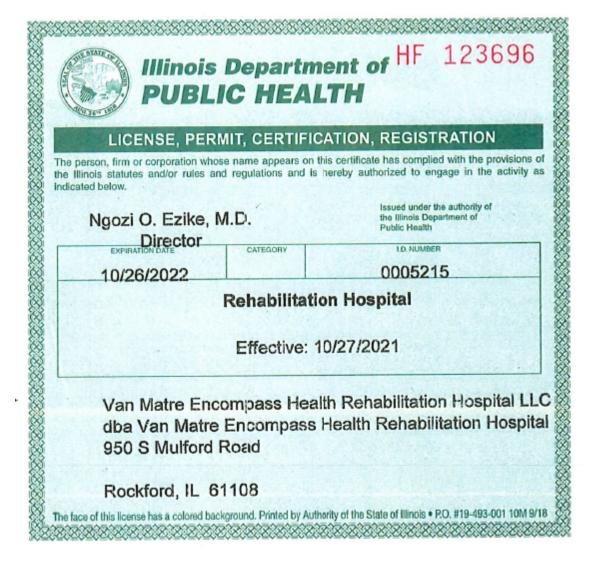
A copy of a letter certifying that no adverse action has been taken against any of the facilities in the three years prior to the filing of the application.

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.

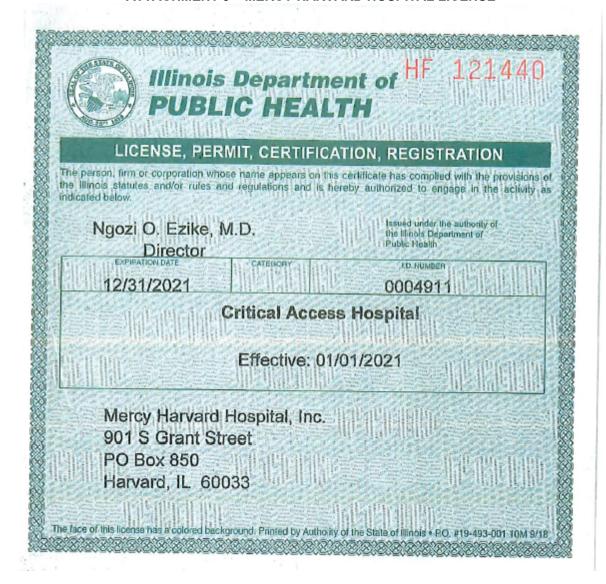
ATTACHMENT 8 - JAVON BEA HOSPITAL LICENSE



ATTACHMENT 8 - VAN MATRE REHABILITATION HOSPITAL



ATTACHMENT 8 - MERCY HARVARD HOSPITAL LICENSE



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 I	nformation 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			
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			
ATTACHMEI NO.	NT	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	

are advised that attorney to be a debt collector ng to collect a debt anv Information will be used for that

019 CH 554

ublic Notices

TE OF ILLINOIS E CIRCUIT COURT E 17TH JUDICIAL CIRCUIT **EBAGO COUNTY** /ah Janelle Fricks

vs. iinic K Williams ase Number: 121-OP-0002277 ICATION NOTICE inic K Williams tice that a Petition r of Protection was the Circuit Court of County, Rock

ter has been set on December 00 AM in Courtro at Winnel ted ourthouse, 400 Rockford, IL 6

ovember 12, 2021 A. Klein he Circuit Cou aussee

CIRCUIT OURT CIRCUIT BAGO COUNTY, ILLINOIS KHAWK LANK Plaintiff,

O PEREZ CAMA-CHO et al Defendant

1019 CH 554 ICE OF SA NOTICE GIVEN to a Judgr that ent of re and Sale entered above cause on 4, 2019, an agent ill at 12:30 F orpo-1 on the 6885 21, 2021, at E, LLC., Way, RCCK-61107, sell and Way, to the highe set forth below ing described real

known αs 1722 COURT, ROCK-61108 Index No. 12-32-128-

estate is improved idence.

s: 25% down of the 1 by certified funds ose of the sale The Judicial Sales n. No third party I be accepted. The ncluding the Judi-fee for the Aban-sidential Property Relief Fund, alculated on resi-il estate at the rate ach \$1,000 or fracof of the amount e purchaser not to in certified

cial Sales Corporation at www.tisc.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: pleadings@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 deemed to be a debt collector attempting to collect a debt and any information obtained will be used for that rpose.

case # 2019 CH 554 13181855

Mercy Health Corporation has filed a Certificate of Exemption application with the Illinois Health Facilities and Services Review Board discontinue inpatient medical/surgical services at the Javon Bea Hospital — Rockton Avenue Campus located at 2400 North Rockton Avenue, Rockford, Illi-nois in the first quarter of 2022 with an anticipated effective date of January 12, 2022. It is important to note the medical/surgical category of service will remain unmodified at the Riverside campus. 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 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 Concidid 2021JA0003 MINOR(S)

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

Now unless you appear at the hearing and show cause against the petition, the allegations 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

ION: HOME OWNER

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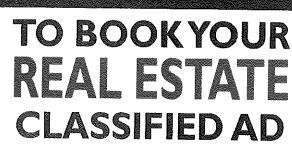
appliances

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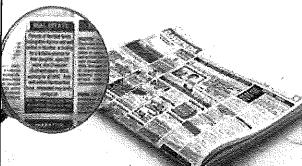
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