ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: Advocate South Suburban Hospital – Discontinuation of Inpatient Obstetric Service
Street Address: 17800 South Kedzie Avenue
City and Zip Code: Hazel Crest 60429
County: Cook Health Service Area: 7 Health Planning Area: A-04

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

Exact Legal Name: Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital
Street Address: 17800 South Kedzie Avenue
City and Zip Code: Hazel Crest 60429
Name of Registered Agent: Michael Kerns
Registered Agent Street Address:3075 Highland Parkway
Registered Agent City and Zip Code: Downers Grove 60515
Name of President: Rashard Johnson
President Street Address: 17800 South Kedzie Avenue
President City and Zip Code: Hazel Crest 60429
President Telephone Number: 708-213-3002

Type of Ownership of Applicants

☒ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other

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

APPEND DOCUMENTATION AS <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: Rashard Johnson
Title: President
Company Name: Advocate South Suburban Hospital
Address: 17800 South Kedzie Avenue Hazel Crest IL 60429
Telephone Number: 708-213-3002
E-mail Address: rashard.johnson@aah.org
Fax Number: 708-213-0300

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

Name: Myndee Gomberg Balkan
Title: Director, Health Facilities Planning
Company Name: Advocate Aurora Health
Address:
Telephone Number: 847-721-0376
E-mail Address: myndee.balkan@aah.org
Fax Number:

Name: Beth Boland
Title: Exec Dir, Women's Health Service Line IL
Company Name: Advocate Aurora Health
Address:
Telephone Number: 847-723-7214
E-mail Address: mary.boland@aah.org
Fax Number:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: Advocate South Suburban Hospital – Discontinuation of Inpatient Obstetric Service
Street Address: 17800 South Kedzie Avenue
City and Zip Code: Hazel Crest 60429
County: Cook Health Service Area: 7 Health Planning Area: A-04

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

Exact Legal Name: Advocate Health Care Network
Street Address: 3075 Highland Parkway
City and Zip Code: Downers Grove 60515
Name of Registered Agent: Michael Kerns
Registered Agent Street Address:3075 Highland Parkway
Registered Agent City and Zip Code: Downers Grove 60515
Name of Chief Executive Officer: James Skogsbergh
CEO Street Address: 3075 Highland Parkway Suite 600
CEO City and Zip Code: Downers Grove 60515
CEO Telephone Number: 630-572-9393

Type of Ownership of Applicants

☒ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
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Company Name: Advocate Aurora Health
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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: Advocate South Suburban Hospital – Discontinuation of Inpatient Obstetric Service
Street Address: 17800 South Kedzie Avenue
City and Zip Code: Hazel Crest 60429
County: Cook Health Service Area: 7 Health Planning Area: A-04

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

Exact Legal Name: Advocate Aurora Health Inc.
Street Address: 750 W. Virginia
City and Zip Code: Milwaukee WI 53204
Name of Registered Agent: The Corporation Trust Company
Registered Agent Street Address: Corporation Trust Center 1209 Orange Street
Registered Agent City and Zip Code: Wilmington DE 19801
Name of Chief Executive Officer: James Skogsbergh
CEO Street Address: 3075 Highland Parkway
CEO City and Zip Code: Downers Grove 60515
CEO Telephone Number: 630-572-9393

Type of Ownership of Applicants

☒ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other

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

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Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Rashard Johnson
Title: President
Company Name: Advocate South Suburban Hospital
Address: 17800 South Kedzie Avenue Hazel Crest IL 60429
Telephone Number: 708-213-3002
E-mail Address: rashard.johnson@aah.org
Fax Number: 708-213-0300

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

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Title: Director, Health Facilities Planning
Company Name: Advocate Aurora Health
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Title: Exec Dir, Women's Health Service Line IL
Company Name: Advocate Aurora Health
Address:
Telephone Number: 847-723-7214
E-mail Address: mary.boland@aah.org
Fax Number:

Post Exemption Contact

[Person to receive all correspondence subsequent to exemption issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]**

Name: Rashard Johnson
Title: President
Company Name: Advocate South Suburban Hospital
Address: 17800 South Kedzie Avenue Hazel Crest IL 60429
Telephone Number: 708-213-3002
E-mail Address: rashard.johnson@aah.org
Fax Number: 708-213-0300

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital
Address of Site Owner: 17800 South Kedzie Avenue Hazel Crest IL 60429
Street Address or Legal Description of the Site: 17800 South Kedzie Avenue Hazel Crest IL 60429 **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease**.
APPEND DOCUMENTATION AS <u>ATTACHMENT 2,</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital
Address: 17800 South Kedzie Avenue Hazel Crest IL 60429
☒ Non-profit Corporation ☐ Partnership ☐ For-profit Corporation ☐ Governmental ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**
APPEND DOCUMENTATION AS <u>ATTACHMENT 3</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

Narrative Description

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

The applicants, Advocate South Suburban Hospital, Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital, Advocate Health Care Network, and Advocate Aurora Health, Inc., seek to discontinue the 16-bed obstetrics inpatient bed unit at Advocate South Suburban Hospital (the "Hospital"). This closure is anticipated to take effect the later of August 1, 2022 or immediately following confirmation by the State Board of the State Board staff's ratification that this Certificate of Exemption application is complete. The Hospital is located at 17800 South Kedzie Avenue Hazel Crest, IL 60429.

Obstetrics cases at the Hospital have declined significantly. There were 1,228 OB admissions to the Hospital in 2020[1] and 899 OB admissions in 2021 demonstrating declining utilization. Following the national trend of decreasing OB deliveries, the Hospital has seen a decline in OB admissions and the Hospital utilization of this service has remained between 29% - 44% occupancy for the last 4 years.

While planned newborn deliveries will no longer occur at the Hospital following discontinuation, gynecologic services and outpatient obstetrics services including treatment in the emergency department when care is unable to be diverted to a hospital with an active labor and delivery program, will continue to be provided at the Hospital. Expanded obstetrics services will be provided at Advocate Christ and Advocate Trinity and these other hospitals have capacity to accommodate access for all the obstetric volume historically experienced at the Hospital.

As the inpatient obstetrics program space will be vacated, the Hospital is in a planning process to determine the best use for the bed unit based on other needed services. If a new category of service will be established, a Certificate of Need application will be submitted.

Until further categories of service are established at the Hospital, the remaining bed complement will be 197 medical surgical beds and 20 ICU beds. With the discontinuation of the obstetric category of service, the Hospital bed complement will decrease from 233 to 217 authorized CON authorized beds.

[1] A figure that includes deliveries shifted from Advocate Trinity Hospital due to a pandemic-related closure of Obstetric beds at Trinity for 4+ months.

There will be no cost associated with this project.

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes __ No X . 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.

Advocate South Suburban Hospital does not have any outstanding permits; however, Advocate Aurora Health has the following permits (none of which have any impact on the proposed exemption project)

Advocate Christ Medical Center # 14-057
Advocate Condell Medical Center # 20-004
Advocate Lutheran General Hospital # 21-003
Advocate Illinois Masonic Medical Center # 22-009

_____

_____

_____

Anticipated exemption completion date (refer to Part 1130.570): August 1, 2022 and upon approval of IHFSRB

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

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

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

CERTIFICATION

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

- 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 Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban 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.

James H. Skogsbergh
SIGNATURE
James H. Skogsbergh
PRINTED NAME
President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 23rd day of May, 2022
Michael E. Kerns
Signature of Notary

Seal

"OFFICIAL SEAL"
MICHAEL E. KERNS
Notary Public, State of Illinois
My Commission Expires on May 26, 2022

William P. Santulli
SIGNATURE
William P. Santulli
PRINTED NAME
Chief Operating Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 23rd day of May, 2022
Michael E. Kerns
Signature of Notary

Seal

"OFFICIAL SEAL"
MICHAEL E. KERNS
Notary Public, State of Illinois
My Commission Expires on May 26, 2022

*Insert the EXACT legal name of the applicant

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- 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 Advocate Health Care Network 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	SIGNATURE
James H. Skogsbergh	William P. Santulli
PRINTED NAME	PRINTED NAME
President and CEO	Chief Operating Officer
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 23rd day of May, 2022	Notarization: Subscribed and sworn to before me this 23rd day of May, 2022
Signature of Notary	Signature of Notary
Seal "OFFICIAL SEAL" MICHAEL E. KERNS Notary Public, State of Illinois My Commission Expires on May 26, 2022	Seal "OFFICIAL SEAL" MICHAEL E. KERNS Notary Public, State of Illinois My Commission Expires on May 26, 2022

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

- 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 Advocate Aurora Health, Inc. 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
James H. Skogsbergh
James H. Skogsbergh
PRINTED NAME
CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 23rd day of May, 2022
Michael E. Kerns
Signature of Notary

Seal

"OFFICIAL SEAL"
MICHAEL E. KERNS
Notary Public, State of Illinois
My Commission Expires on May 26, 2022

SIGNATURE
William P. Santulli
PRINTED NAME
Chief Operating Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 23rd day of May 2022
Michael E. Kerns
Signature of Notary

Seal

"OFFICIAL SEAL"
MICHAEL E. KERNS
Notary Public, State of Illinois
My Commission Expires on May 26, 2022

*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

Type of Discontinuation

☒	Discontinuation of a single category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

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

REASONS FOR DISCONTINUATION

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

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

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.

2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

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

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.

3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

SECTION IV. SAFETY NET IMPACT STATEMENT

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

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

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

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Charity (cost In dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			

Inpatient			
Outpatient			
Total			

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

SECTION V. CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

CHARITY CARE			
	Year	**Year**	**Year**
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

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

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

INDEX OF ATTACHMENTS

Type of Ownership of Applicants

☒	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

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

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

Attachment #1

File Number 1004-695-5

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

ADVOCATE HEALTH AND HOSPITALS CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 12, 1906, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 2213803568 verifiable until 05/18/2023
Authenticate at: http://www.ilsos.gov

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 18TH *day of* MAY *A.D.* 2022 .

Jesse White

SECRETARY OF STATE

Attachment #1, Exhibit #1

File Number 1707-692-2

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

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

ADVOCATE HEALTH CARE NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 14, 1923, 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.

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2213803670 verifiable until 05/18/2023
Authenticate at: http://www.ilsos.gov

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 18TH *day of* MAY *A.D.* 2022 .

Jesse White
SECRETARY OF STATE

Attachment #1, Exhibit #2

File Number 7155-851-7

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

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

ADVOCATE AURORA HEALTH, INC., INCORPORATED IN DELAWARE AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 03, 2018, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS 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* 18TH *day of* MAY *A.D.* 2022 .

Authentication #: 2213803798 verifiable until 05/18/2023
Authenticate at: http://www.ilsos.gov

Jesse White
SECRETARY OF STATE

Attachment #1, Exhibit #3

State Of Delaware

Entity Details

5/18/2022 5:51:20PM

File Number:	6645600	Incorporation Date / Formation Date:	12/4/2017
Entity Name:	ADVOCATE AURORA HEALTH, INC.		
Entity Kind:	Corporation	Entity Type:	Exempt
Residency:	Domestic	State:	DELAWARE
Status:	Good Standing	Status Date:	3/4/2019

Registered Agent Information

Name:	THE CORPORATION TRUST COMPANY		
Address:	CORPORATION TRUST CENTER 1209 ORANGE ST		
City:	WILMINGTON	Country:	
State:	DE	Postal Code:	19801
Phone:	302-658-7581		

Attachment #1, Exhibit #4

OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

APRIL 3, 2018 7155-851-7

CT CORPORATION SYSTEM
118 W EDWARDS #200
SPRINGFIELD IL 62704

RE ADVOCATE AURORA HEALTH, INC.

DEAR SIR OR MADAM:

ENCLOSED YOU WILL FIND THE AUTHORITY OF THE ABOVE NAMED CORPORATION TO CONDUCT AFFAIRS IN THIS STATE.

PAYMENT OF THE FILING FEE IS HEREBY ACKNOWLEDGED.

CERTAIN NOT FOR PROFIT CORPORATIONS ORGANIZED AS A CHARITABLE CORPORATION ARE REQUIRED TO REGISTER WITH THE OFFICE OF THE ATTORNEY GENERAL. UPON RECEIPT OF THE ENCLOSED AUTHORITY, YOU MUST CONTACT THE CHARITABLE TRUST DIVISION, OFFICE OF THE ATTORNEY GENERAL, 100 W. RANDOLPH, 3RD FLOOR, CHICAGO, ILLINOIS 60601, TELEPHONE (312) 814-2595.

SINCERELY,

JESSE WHITE
SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
CORPORATION DIVISION
TELEPHONE (217) 782-6961

FORM **NFP 113.15** (rev. Dec. 2003)
APPLICATION FOR AUTHORITY TO CONDUCT AFFAIRS IN ILLINOIS (Foreign Corporations)
General Not For Profit Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-1834
www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check payable to Secretary of State.

FILED
APR 03 2018
JESSE WHITE
SECRETARY OF STATE

File # 7155-8517 Filing Fee: $50 Approved: BC

---- Submit in duplicate ---- Type or Print clearly in black ink ---- Do not write above this line ----

1. a. Corporate Name: Advocate Aurora Health, Inc.

   b. Assumed Corporate Name (Complete only if the new corporate name is not available in this state.):

   By electing this assumed name, the Corporation hereby agrees NOT to use its corporate name in the transaction of business in Illinois. Form NFP 104.15 is attached.

2. a. State or Country of Incorporation: Delaware

   b. Date of Incorporation: December 4, 2017

   c. Period of Duration: Permanent

3. a. Address of Principal Office, wherever located: 3075 Highland Pkwy.,
   Downers Grove, IL 60515-1206

   b. Address of Principal Office in Illinois: 3075 Highland Pkwy.,
   Downers Grove, IL 60515-1206

4. Name and Address of Registered Agent and Registered Office in Illinois:

   Registered Agent: Earl J. Barnes II
   (First Name / Middle Name / Last Name)

   Registered Office: 3075 Highland Pkwy Suite 600
   (Number / Street / Suite # (P.O. Box alone is unacceptable))

   Downers Grove 60515 DuPage County
   (City / ZIP Code / County)

5. States and Countries in which Corporation is admitted or qualified to conduct affairs: Wisconsin (application pending)

6. Names and respective addresses of Corporation's officers and directors:

	Street Address	City	State	ZIP
President See attached				
Secretary				
Director				
Director				
Director				

If there are additional officers or more than three directors, please attach list.

Printed by authority of the State of Illinois. January 2015 - 1 - C 160.15

Attachment #1, Exhibit #4

7. Purpose(s) for which the Corporation is organized and proposes to pursue in the conduct of affairs in this State:
For more space, attach additional sheets of this size.

See attached.

8. This application must be accompanied by an originally certified copy of the Articles of Incorporation and any amendments or mergers, duly authenticated within the last 90 days by the proper officer of the state or country wherein the corporation is incorporated.

9. The undersigned Corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct. All signatures must be in **BLACK INK**.

Dated April 1, 2018 (Month, Day), 2018 (Year) — Advocate Aurora Health, Inc. (Exact Name of Corporation)

(Any Authorized Officer's Signature)

Michael Lappin, Secretary
Name and Title (type or print)

Legal

A Corporation that is to function as a club, as defined in Section 1-3.24 of the Liquor Control Act of 1934, must insert in its purpose clause a statement that it will comply with the State and local laws and ordinances relating to alcoholic liquors.

7155-8517

ATTACHMENT TO APPLICATION FOR AUTHORITY TO CONDUCT BUSINESS IN ILLINOIS (FORM NFP 113.15) FOR ADVOCATE AURORA HEALTH, INC.

Section 6: NAMES AND ADDRESSES OF DIRECTORS AND OFFICERS

Officers:

Office/Name	Address
Co-CEO - James H. Skogsbergh	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Co-CEO - Nick W. Turkal, M.D.	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Treasurer – Dominic Nakis	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Secretary – Michael Lappin	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Chair – Joanna Disch	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Chair Elect – Michele Baker Richardson	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515

4835-2888-4064.2

Attachment #1, Exhibit #4

7155 8517

Directors:

Name	Address
Michele Baker Richardson	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
John F. Timmer	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Lynn Y. Crump-Caine	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
K. Richard Jakle	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Mark M. Harris	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
David B. Anderson	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
James H. Skogsbergh	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Joanne Disch	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
John W. Daniels, Jr.	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Joanne B. Bauer	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Charles Harvey	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Rick Weiss	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Thomas Bolger	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Nick W. Turkal	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515

7155-8517

Section 7: PURPOSE(S) FOR WHICH THE CORPORATION IS ORGANIZED AND PROPOSES TO PURSUE IN THE CONDUCT OF AFFAIRS IN THIS STATE:

The Corporation is organized and shall be operated exclusively for charitable, scientific, religious and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue Law) (hereinafter the "**Code**"); and limited as further provided in its Certificate of Incorporation. Specifically, the Corporation is organized and shall be operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of its supported organizations, as listed below (the "**Supported Organizations**"). The Corporation is organized and operated as a Type III functionally integrated supporting organization as defined in section 509(a)(3) of the Code and Treas. Reg. Section 1.509(a)-4(i). The Corporation is organized for the purpose of serving as the parent organization of the Supported Organizations and shall exercise direction over the policies, programs and activities of the Supported Organizations. The Corporation shall engage in activities relating to the purposes described above, and invest in, receive, hold, use, and dispose of all property, real or personal, as may be necessary or desirable to carry into effect such purposes. The Corporation is formed as a result of the affiliation of Advocate Health Care Network, an Illinois nonprofit corporation ("**Advocate**") and Aurora Health Care, Inc., a Wisconsin nonstock corporation ("**Aurora**"), in accordance with the terms and conditions of that certain Affiliation Agreement between Advocate and Aurora dated December 4, 2017 (the "**Affiliation Agreement**").

The Corporation's Supported Organizations, which are described in Section 509(a)(1) or Section 509(a)(2) of the Code, are as follows:

- Advocate Health and Hospitals Corporation
- EHS Home Health Care Services, Inc.
- Advocate Charitable Foundation
- Advocate North Side Health Network
- Meridian Hospice
- Advocate Condell Medical Center
- Advocate Sherman Hospital
- Sherman West Court
- Visiting Nurse Association of Wisconsin, Inc.
- Aurora UW Academic Medical Group
- Aurora Health Care Central, Inc.
- Aurora Psychiatric Hospital, Inc.
- Aurora Medical Center of Washington County, Inc.
- Aurora Health Care North, Inc.
- West Allis Memorial Hospital, Inc.
- Aurora Family Service, Inc.
- Aurora Medical Center of Oshkosh, Inc.
- Aurora Medical Group, Inc.
- Kradwell School, Inc.
- Aurora Advanced Healthcare, Inc.

7155-8517

- Aurora Health Care Metro, Inc.
- Aurora Health Care Southern Lakes, Inc.
- AMG Illinois, Ltd.
- Aurora Medical Center Grafton

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital
Address of Site Owner: 17800 South Kedzie Avenue Hazel Crest IL 60429
Street Address or Legal Description of the Site: 17800 South Kedzie Avenue Hazel Crest IL 60429 **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease**.
APPEND DOCUMENTATION AS <u>ATTACHMENT 2,</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Attachment #2

AdvocateAuroraHealth

Advocate Aurora Health
3075 Highland Parkway
Suite 600
Downers Grove, IL 60515

T (630) 572-9393
F (630) 990-4752
advocateaurorahealth.org

June 7, 2022

Ms. Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

RE: Advocate South Suburban Hospital
Discontinuation of Obstetric Category of Service

Dear Ms. Savage:

This attestation letter is submitted to indicate that Advocate Health and Hospitals Corporation owns the Advocate South Suburban Hospital Site.

We trust this attestation complies with the State Agency Proof of Ownership requirement indicated in the Discontinuation Application for Exemption - August 2019 Edition.

Respectfully,

Bill Santulli
Chief Operating Officer
Advocate Health & Hospitals Corporation

Notarization:

(Seal of Notary)

"OFFICIAL SEAL"
MICHAEL E. KERNS
Notary Public, State of Illinois
My Commission Expires on May 26, 2022

Subscribed and sworn to before me
This 23rd day of May, 2022

Michael E. Kerns
Signature of Notary Public

Attachment #2, Exhibit #1

Operating Identity/Licensee

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

Exact Legal Name: Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital
Address: 17800 South Kedzie Avenue Hazel Crest IL 60429
☒ Non-profit Corporation ☐ Partnership ☐ For-profit Corporation ☐ Governmental ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**
APPEND DOCUMENTATION AS <u>ATTACHMENT 3</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Attachment #3

File Number 1004-695-5

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

ADVOCATE HEALTH AND HOSPITALS CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 12, 1906, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 2213803568 verifiable until 05/18/2023
Authenticate at: http://www.ilsos.gov

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 18TH *day of* MAY *A.D.* 2022 .

Jesse White
SECRETARY OF STATE

Attachment #3, Exhibit #1

File Number 1707-692-2

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

ADVOCATE HEALTH CARE NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 14, 1923, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 2213803670 verifiable until 05/18/2023
Authenticate at: http://www.ilsos.gov

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 18TH *day of* MAY *A.D.* 2022 .

Jesse White

SECRETARY OF STATE

Attachment #3, Exhibit #2

File Number 7155-851-7

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

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

ADVOCATE AURORA HEALTH, INC., INCORPORATED IN DELAWARE AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 03, 2018, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS 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* 18TH *day of* MAY *A.D.* 2022 .

Authentication #: 2213803798 verifiable until 05/18/2023
Authenticate at: http://www.ilsos.gov

Jesse White
SECRETARY OF STATE

State Of Delaware

Entity Details

5/18/2022 5:51:20PM

File Number:	6645600	Incorporation Date / Formation Date:	12/4/2017
Entity Name:	ADVOCATE AURORA HEALTH, INC.		
Entity Kind:	Corporation	Entity Type:	Exempt
Residency:	Domestic	State:	DELAWARE
Status:	Good Standing	Status Date:	3/4/2019

Registered Agent Information

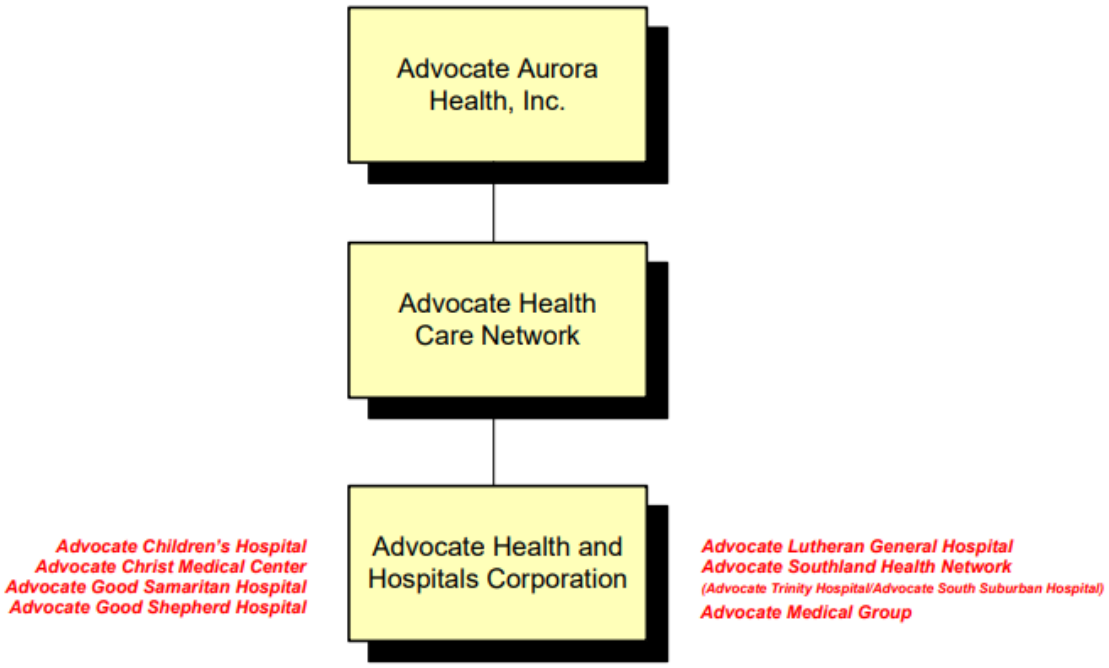
Name:	THE CORPORATION TRUST COMPANY		
Address:	CORPORATION TRUST CENTER 1209 ORANGE ST		
City:	WILMINGTON	Country:	
State:	DE	Postal Code:	19801
Phone:	302-658-7581		

Attachment #3, Exhibit #4

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.

Attachment #4



Attachment #4, Exhibit #1

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

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

1. This application relates to the discontinuation of the Advocate South Suburban Hospital Obstetric category of service including the closure of 16 authorized beds. Gynecologic and outpatient obstetric services will continue to be provided at the Hospital.

2. Clinical services that will be discontinued include:
    a. 2 C-Section rooms and adjacent recovery bays
    b. 16 LDRP rooms
    c. Level II nursery
    d. OB Triage

3. The Obstetric category of service and clinical services identified will be discontinued on August 1, 2022. If completion of the COE process goes beyond August 1, 2022, there will be a temporary closure of the program before it is permanently closed following State Board approval.

4. The Hospital is in the midst of a planning process to determine the use and need for these beds. If one of more new categories of service will be established, a Certificate of Need application will be submitted.

5. Going forward, inpatient Obstetrics services will be provided at Advocate Christ Medical Center and Advocate Trinity Hospital, both of which already have existing obstetrics programs, and which are within a 30-minute drive of Advocate South Suburban. Advocate Christ Medical Center offers a comprehensive set of tertiary maternal and neonatal services including a level III NICU, a high-risk maternity care service, and pediatric specialty care. Advocate Trinity Hospital provides another alternative for moms desiring a community hospital birthing experience. Other hospital-based Women's Health services such as ultrasound, mammography, gynecologic procedures, Dexa scans and pelvic floor therapy will continue to be offered at Advocate South Suburban. Existing physician OB/Gyn clinics in the market areas served by Advocate South Suburban Hospital will remain in place, providing prenatal and postpartum pregnancy care locally. Maternal Fetal Medicine clinics will also remain in place on the South Suburban campus, providing care for high-risk pregnancies close to home.

   The obstetrics equipment from Advocate South Suburban Hospital will be used at other Advocate hospitals with some equipment remaining for emergency situations in the Advocate South Suburban Hospital ED.

6. See Attachment 5, Exhibit 1 for the attestation about the required notice that was published in the *Chicago Tribune*.

#Classified Ad copy:

Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, IL 60429, intends to discontinue the authorized bed category of service for its sixteen (16) obstetric beds, pending approval by the Illinois Health Facilities and Services Review Board (HFSRB). The Hospital plans to submit the required Certificate of Exemption application to the HFSRB to be considered by June 16 2022. A copy of the application will be posted on the HFSRB website at https://www.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx. For additional information, contact Beth Boland 847-723-7214.


. Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, IL 60429, intends to discontinue the authorized bed category of service for its sixteen (16) obstetric beds, pending approval by the Illinois Health Facilities and Services Review Board (HFSRB). The Hospital plans to submit the required Certificate of Exemption application to the HFSRB to be considered by June 16, 2022. A copy of the application will be posted on the HFSRB website at https://www.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx. **For additional information, contact Beth Boland 847-723-7214.**

Source: Chicago Tribune

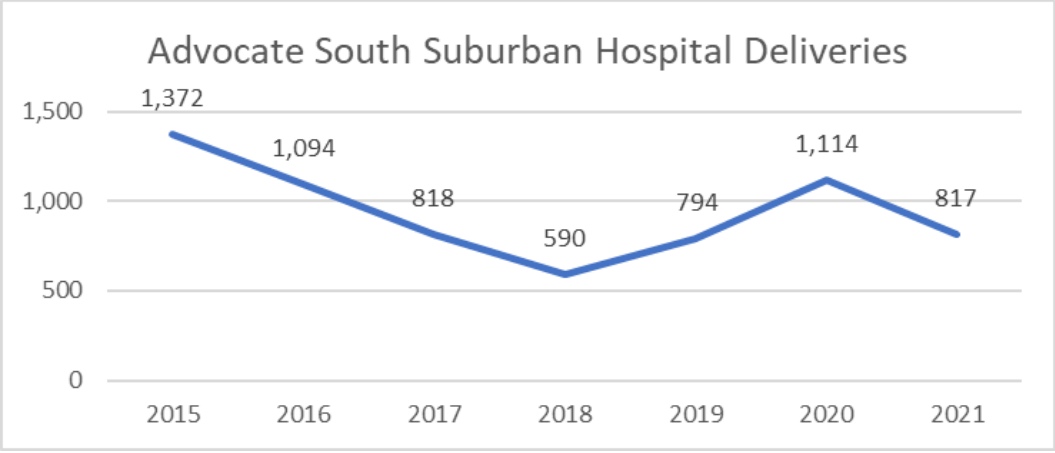
REASONS FOR DISCONTINUATION

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

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

The planned discontinuation of the inpatient obstetric category of service at Advocate South Suburban Hospital is due to the decreasing volume of deliveries in the service area and persistent challenges related to OB/Gyn physician on-call coverage which is an essential component of a safe program. The pandemic has taken a toll on clinicians generally and obstetricians have been especially vulnerable to burnout. The work environment for obstetricians who often have packed workdays, life and death decisions to manage, demanding pace, time pressures, and emotional intensity—can put physicians and other clinicians at high risk for burnout, a long-term stress reaction marked by emotional and physician exhaustion and a lack of sense of personal accomplishment. After assessing other ways to staff the Hospital's program, system leadership came to a consensus that the most successful program will involve consolidation of the acute care component of the Hospital inpatient obstetrics program with that of Advocate Christ Medical Center.

At a national level, birth rates have declined over 9% since 2015, while Illinois births have declined at a steeper rate of 18%. In the South Chicagoland service area, births have declined by 19% since 2015, however births at Advocate South Suburban Hospital have declined 40% during that same time period. The Advocate South Suburban Hospital delivery volume and obstetric admission and occupancy trends are below.



Year	Obstetric Admissions	CON Occupancy Rate %
2015	1,442	57.0%
2016	1,160	45.0%
2017	889	34.9%
2018	649	28.4%

2019	845	37.8%
2020	1,228	43.7%
2021	899	38.7%

Source: HFSRB profiles, 2015-2020, Advocate internal data 2021

Note: The Obstetrics unit at Advocate Trinity Hospital was closed from April 1, 2020 – August 17, 2020, resulting in a higher than typical number of Obstetrics patients at Advocate South Suburban Hospital during that timeframe.

The obstetric unit at Advocate South Suburban Hospital has been significantly lower than the State's occupancy target of 75% for the past seven years and has been under 50% occupancy for the last six years.

Although the overall female population in the South Suburban market is expected to remain flat over the next 5 years, the 18-35 childbearing age group will decline by 5%. The Obstetric volume in the service area is projected to continue to decline with this demographic shift.

As part of Advocate Aurora's mission to provide the highest level of clinical care and continued access for this service area it was determined that with this closure, expanded services will be provided for these patients at Advocate Christ and Advocate Trinity.

Clinical studies indicate that facilities with a higher volume of deliveries and procedures result in better clinical outcomes and lower complication rates. Advocate Christ Medical Center has the largest delivery program in the South Chicagoland market area with 4,151 deliveries in 2021. Advocate Christ also draws a higher number of patients from the South Suburban market area than any other facility. With a Level III NICU, a large complement of Maternal Fetal Medicine, Neonatology and pediatric specialists and a Fetal Care Center able to diagnose and treat fetal anomalies, Christ provides the safest care for mom and baby.

The OB/Gyn Department Chair at Advocate South Suburban Hospital provided over half of the on-call coverage at Advocate South Suburban Hospital and attended the majority of deliveries for the referral networks. When this physician unexpectedly left the market at the end of March 2022, the remaining OB/Gyn physicians did not have adequate capacity to cover the gaps in coverage, and it was determined that discontinuation of the OB unit at Advocate South Suburban would be the best option. Highly trained obstetric nurses have also been difficult to recruit and retain at Advocate South Suburban Hospital, resulting in staffing shortages and agency staff utilization.

An HFSRB analysis determined that the A-04 Planning area has a calculated bed excess of 60 Obstetric beds. With this discontinuation, an excess of 44 OB beds would remain in the area. With six other hospitals in the service area continuing to provide the inpatient Obstetric category of service, local access to high quality clinical care will continue to be available to women in the area following the proposed discontinuation.

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.

2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

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

1. It is not expected that the discontinuation of the inpatient obstetric service will have an adverse effect on access to care for residents of Planning Area A-4.

Advocate Trinity Hospital and Advocate Christ Medical Center have extensive Obstetric services and will continue to provide a comprehensive model of inpatient Obstetric and neonatal care for women in the service area. The services at Advocate Christ include a Level III NICU, Maternal Fetal Medicine physicians, Neonatology, Pediatric specialty care, and a Center for Fetal Care providing comprehensive multidisciplinary care for high-risk moms and babies. With a specialized Obstetric Emergency Department staffed around the clock by highly trained obstetric physicians, residents and nurses, Advocate Christ Medical Center can treat any urgent or emergent prenatal issue. Advocate Christ has the largest volume of OB deliveries in the South Suburban market area, illustrating that many women will travel there for their preferred delivery experience.

With the demographic changes in this market and the declining OB volume, providing Obstetric services at these hospitals will best provide access to highly skilled and experienced teams.

OB/Gyn physicians and Maternal Fetal Medicine physicians will continue to offer ambulatory clinics in the South Suburban area to provide prenatal and postpartum care locally.
Advocate South Suburban Hospital will maintain hospital-based services including gynecology procedures, outpatient obstetric services, ultrasound, mammography, Dexa scans, and pelvic floor therapy services. The ED staff at Advocate South Suburban Hospital will maintain competencies and be prepared to handle an obstetric emergency.

Advocate South Suburban will work closely with other facilities and partners in the community to ensure a smooth transition of care for moms who would like to deliver at another local facility.

2. There are 5 other hospitals within HSA A-04 that offer the Obstetric Category of service and they have been notified of this pending closing. They are as follows:

Advocate Christ Medical Center	4440 W 95th Street	Oak Lawn
Franciscan St. James Health-Olympia Fields	20201 South Crawford Ave	Olympia Fields
Ingalls Memorial Hospital	1 Ingalls Drive	Harvey
OSF Healthcare Little Company of Mary	2800 95th Street	Evergreen Park
NWM Palos Hospital	12251 South 80th Avenue	Palos Heights

A copy of the notification letters requesting any impact to this discontinuation are provided in Attachment 7, Exhibit 1. No expectation of any adverse impact was reported.

In addition, the A-04 Planning has a calculated bed excess of 60 Obstetric beds. With this discontinuation, an excess of 44 OB beds remain in the area.

The chart below outlines the % Occupancy and declining admission trend at each of these hospitals. Based on historic and projected utilization, Advocate Christ and Advocate Trinity have capacity to accommodate all of the Obstetric volume.

Hospital in A-04 Planning Area with OB Beds	Beds	2019 Admissions	2019 Patient Days	2019 Occupancy	2020 Admissions	2020 Patient Days	2020 Occupancy
Advocate Christ	56	4,746	13,911	68%	4,641	12,329	60%
Advocate South Suburban	16	845	2,205	38%	1,145	2,312	40%
Franciscan St. James Health - Olympia Field	12	1,889	4,540	104%	1,076	2,648	60%
Ingalls	21	731	2,023	26%	706	1,613	21%
OSF Healthcare Little Company of Mary	17	1,041	2,864	46%	958	2,273	37%
Palos Community Hospital	28	712	1,983	19%	704	1,519	15%
TOTAL	150	9,964	27,526	50%	9,230	22,694	41%
Total (with discontinuation of 16 beds at Advocate South Suburban)	**134**	**9,964**	**27,526**	**56%**	**8,085**	**20,382**	**42%**

Source: IHFSRB Hospital Profiles updated 10/25/21

Advocate Health Care
17800 S. Kedzie Avenue || Hazel Crest, IL 60429 || T 708-213-5555 || advocatehealth.com

June 15, 2022

Certified Mail

Ingalls Memorial
1 Ingalls Dr.
Harvey, IL 60426
Attn: Randy Neiswonger, President

Request for Impact Statement

Dear Administrator:

This letter is to inform you that Advocate South Suburban Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review Board to discontinue the Obstetric category of service with its 16 postpartum beds. The date of discontinuance will take effect August 1, 2022 and upon State Board approval.

Advocate Aurora's mission is to provide the highest quality clinical care and the safest facilities. This planning area has experienced decreasing Obstetric volume similar to that seen across the United States.

Over the past 4 years, the OB volume at Advocate South Suburban has remained below the target occupancy with less than 50% occupancy. In 2020, Advocate South Suburban had 1,114 OB deliveries (including delivery volume transferred as a result of the Advocate Trinity OB closure for 4+ months due to the pandemic) and in 2021, 817 OB deliveries.

For the Health Planning Area A-04, the state outlines an excess of 60 OB beds. Advocate Christ Medical Center and Advocate Trinity Hospital have capacity to accommodate all of Advocate South Suburban's OB deliveries.

The purpose of this letter is to inquire whether your hospital has or will have available capacity to accommodate a portion or all the experienced case load. In addition, please indicate whether any restrictions or limitations preclude providing service to the residents of Advocate South Suburban Hospital's market area.

Thank you for your consideration of this request.

Sincerely,

Rashard Johnson
President

A faith-based health system serving individuals, families and communities

Advocate Health Care
17800 S. Kedzie Avenue || Hazel Crest, IL 60429 || T 708-213-5555 || advocatehealth.com

June 15, 2022

Certified Mail

OSF Healthcare Little Company of Mary
2800 W. 95th St.
Evergreen Park, IL 60805
Attn: Kathleen Kinsella, President

Request for Impact Statement

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June 15, 2022

Certified Mail

Advocate Christ Medical Center
4440 W. 95th Street
Oak Lawn, IL 60453
Attn: Dominica Tallarico

Request for Impact Statement

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Rashard Johnson
President

A faith-based health system serving individuals, families and communities

Advocate Health Care
17800 S. Kedzie Avenue || Hazel Crest, IL 60429 || T 708-213-5555 || advocatehealth.com

June 15, 2022

Certified Mail

Franciscan St. James Health – Olympia Fields
20201 South Crawford Ave.
Olympia Fields, IL 60461
Attn: Allan M. Spooner, President and CEO

Request for Impact Statement

Dear Administrator:

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Sincerely,

Rashard Johnson
President

A faith-based health system serving individuals, families and communities

Advocate Health Care
17800 S. Kedzie Avenue || Hazel Crest, IL 60429 || T 708-213-5555 || advocatehealth.com

June 15, 2022

Certified Mail

Northwestern Medicine Palos Hospital
12251 S. 80th Ave.
Palos Heights, IL 60463
Attn: Jeff Good, President

Request for Impact Statement

Dear Administrator:

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Sincerely,

Rashard Johnson
President

A faith-based health system serving individuals, families and communities

Attachment #7, Exhibit 2

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

5. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

6. 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.

7. 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.**

8. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

1. Health Care Facilities Owned and Operated by Advocate Health and Hospitals Corporation.

Attachment 8 Exhibit 1 is the listing of all the facilities owned by Advocate Health Care Network.
Exhibit 2 is the current state hospital license for Advocate South Suburban Hospital. There are no other Illinois hospitals owned by Advocate Aurora Health, Inc. The most recent DNV accreditation certificate for the Hospital is included as Attachment 8, Exhibit 3.

2. Certified Listing of Any Adverse Action Against Any Facility Owned or Operated by the Applicant

By the signatures on the Certification pages, the applicants attest there have been no adverse actions against any facility owned and/or operated by Advocate Health Care Network and Advocate Aurora Health, Inc. as demonstrated by compliance with the CMS Conditions of Participation with Medicare and Medicaid, during the three years prior to the filing of this application.

3. **Authorization Permitting HFPB and DPH to Access Necessary Documentation**

Advocate Health Care Network, and Advocate Aurora Health, Inc. hereby authorize the Health Facilities and Services Review Board and the Department of Public Health to access information in order to verify any documentation or information submitted in response to the requirements of this subsection, or to obtain any documentation or information which the State Board or Department of Public Health find pertinent to this subsection.

4. **Attestation for Filing Multiple Certificates of Exemption in One Year 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.**

Not applicable. This is first Certificate of Exemption application filed by Advocate South Suburban Hospital in 2022.

Facility	Location	License No.	DNV Accreditation No.
Advocate South Suburban Hospital	17800 South Kedzie Ave Hazel Crest, IL 60429	0004697	PRJC-409982-2012-MSL-USA

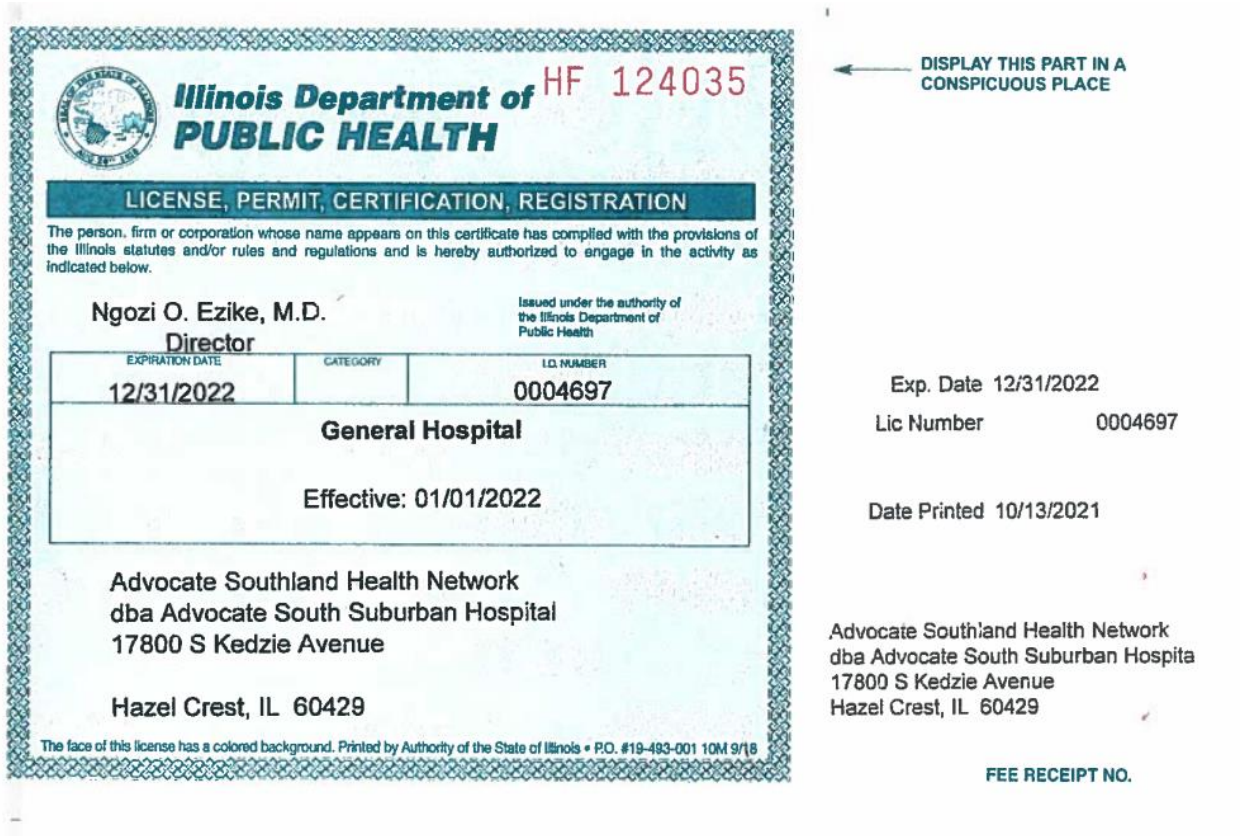
Additional Hospitals owned and operated as part of Advocate Health Care Network

Facility	Location	License No.	DNV Accreditation No.
Advocate Condell Medical Center	801 South Milwaukee Ave Libertyville, IL 60048	0000315	PRJC-492361-2013-AST-USA
Advocate Christ Medical Center	4440 West 95th St Oak Lawn, IL 60453	0005654	PRJC-435588-2012-MSL-USA
Advocate Good Samaritan Hospital	3815 Highland Ave Downers Grove, IL 60515	0005652	PRJC-369029-2012-MSL-USA
Advocate Good Shepherd Hospital	450 West Highway 22 Barrington, IL 60010	0003384	PRJC-369027-2012-MSL-USA
Advocate Illinois Masonic Medical Center	836 West Wellington Ave Chicago, IL 60657	0005165	PRJC-529782-2015-AST-USA
Advocate Lutheran General Hospital	1775 Dempster St Park Ridge, IL 60068	0004796	PRJC-369033-2012-MSL-USA
Advocate Sherman Hospital	1425 North Randall Rd Elgin, IL 60123	0005884	PRJC-496379-2013-MSL-USA
Advocate Trinity Hospital	2320 East 93rd Street Chicago, IL 60617	0004176	PRJC-408213-2012-MSL-USA

Additionally, AHHC has ownership interest of 50% or more in the following licensed health care facilities

Facility	Location	License No.	Joint Commission Accreditation No/ Accreditation Association for Ambulatory Health Care, Inc.
Dreyer Ambulatory Surgery Center	1220 N. Highland Ave, Aurora, IL	7001779	AAAHC

Attachment #8, Exhibit 1



Illinois Department of PUBLIC HEALTH

HF 124035

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2022		0004697

General Hospital

Effective: 01/01/2022

Advocate Southland Health Network
dba Advocate South Suburban Hospital
17800 S Kedzie Avenue

Hazel Crest, IL 60429

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

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2022

Lic Number 0004697

Date Printed 10/13/2021

Advocate Southland Health Network
dba Advocate South Suburban Hospita
17800 S Kedzie Avenue
Hazel Crest, IL 60429

FEE RECEIPT NO.

Attachment #8, Exhibit 2

DNV

HEALTHCARE CERTIFICATE

Certificate no.:
10000426828-MSC-CMS-USA

Initial certification date:
11 December, 2012

Valid:
11 December, 2021 – 11 December, 2024

This is to certify that the management system of

Advocate Trinity Hospital
2320 East 93rd Street, Chicago, IL, 60617, USA

has been found to comply with the requirements of the:

NIAHO® Hospital Accreditation Program

Pursuant to the authority granted to DNV Healthcare USA Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).

Place and date:
Milford, OH, 12 January, 2022

ACCREDITED
Hospital

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

For the issuing office:
DNV Healthcare USA Inc.
400 Techne Center Drive, Suite 100,
Milford. OH. 45150. USA

Patrick Horine
Management Representative

Lack of fulfilment of conditions as set out in the Certification Agreement may render this Certificate invalid.
ACCREDITED UNIT: DNV Healthcare USA Inc., 400 Techne Center Drive, Suite 100, Milford, OH, 45150, USA - TEL: +1 513-947-8343. www.dnvhealthcare.com

DNV

January 12, 2022

Rashard Johnson
Chief Executive Officer
Advocate Trinity Hospital
2320 East 93rd Street
Chicago, IL 60617

Program: Hospital
CCN: 140048
Survey Type: Medicare Recertification/DNV Reaccreditation
Certificate #: 10000426828-MSC-CMS-USA
Survey Dates: October 26-29, 2021
Accreditation Decision: Full accreditation
Date Acceptable Plan of Correction Received: 12/20/2021
Method of Follow-up: Acceptable Plan of Correction, Self- Attestation, Document Review
Effective Date of Accreditation: 12/11/2021
Expiration Date of Accreditation: 12/11/2024
Term of Accreditation: Three (3) years

Dear Mr. Johnson:

Pursuant to the authority granted to DNV Healthcare USA Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Advocate Trinity Hospital is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482) and awarded full accreditation for a three (3) year term effective on the date referenced above DNV Healthcare USA Inc. is recommending your organization for continued deemed status in the Medicare Program.

This accreditation is applicable to all facilities operating under the above-referenced CCN number at the following address(es):

Advocate Trinity Hospital - 2320 East 93rd Street - Chicago, IL 60617
Advocate Trinity Hospital Wound Care Center - 8751 S. Greenwood Avenue Suite 100 – Chicago, IL 60019
Advocate South Suburban Hospital - 17800 S Kedzie Avenue – Hazel Crest, IL 60429

This accreditation requires an annual survey and the organization's continual compliance with the DNVHC Accreditation Process. Failure to complete these actions or otherwise comply with your Management System Certification/Accreditation Agreement may result in a change in your organization's accreditation status.

Congratulations on this significant achievement.

Sincerely,

Patrick Horine
President
cc: CMS CO and CMS RO V (Chicago)

SECTION IV. SAFETY NET IMPACT STATEMENT

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

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

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

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Charity (cost In dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			

Inpatient			
Outpatient			
Total			

The discontinuation of obstetric services at Advocate South Suburban Hospital will not impact essential safety net services (e.g., patients that may have received services at South Suburban can deliver at Advocate Christ Medical Center or Advocate Trinity Hospital, or another underutilized obstetrics program in that geographic area.)

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**2018**	**2019**	**2020**
Inpatient	130	118	148
Outpatient	1,891	2,574	2,498
Total	2,021	2,692	2,646
Charity (cost In dollars)			
Inpatient	$1,280,000	$2,221,000	$760,000
Outpatient	$2,057,000	$4,777,000	$1,430,000
Total	$3,337,000	$6,998,000	$2,190,000
MEDICAID			
Medicaid (# of patients)	**2018**	**2019**	**2020**
Inpatient	1,558	1,867	2,200
Outpatient	32,884	35,197	29,765
Total	34,442	37,064	31,965
Medicaid (revenue)			
Inpatient	$10,795,362	$12,649,045	$20,438,168
Outpatient	$8,306,595	$11,050,140	$12,451,445
Total	$19,101,957	$23,699,185	$32,889,613

Advocate South Suburban Hospital (ASSH), in Hazel Crest, Illinois, takes great pride in providing high-quality, compassionate care in more than 50 subspecialties, to residents living in Chicago's Far South suburbs. The hospital provides a wide range of comprehensive inpatient and outpatient services for medical/surgical, cardiac, and orthopedic patients.

Advocate South Suburban Hospital, provides equitable care to all adults, serving over 10,000 inpatients annually. The hospital's patient population is multicultural and multiracial including people with roots in Africa, Europe, India, Latin America, and the Middle East. The surrounding neighborhoods and communities are among the most well integrated communities in Chicagoland. The hospital takes great pride in its relationships with the neighborhood, communities, organizations, and the agencies it serves. The following illustrates how ASSH addresses the needs of the residents in their service area.

US News and World Report recognizes ASSH as one of the top performing hospitals in Illinois. According to the publications 2021 rankings, ASSH ranks 24th among all Illinois facilities. The hospital has also received public recognition for health care excellence in stroke care, heart care, diabetes care, knee and hip care, maternity care, elderly care, surgical safety, and LGBTQ Health.

Advocate South Suburban Hospital continues to assess the unique needs of the diverse populations in the hospital's service area and provide culturally competent care and programs to support these communities. ASSH conducts a Community Health Needs Assessment (CHNA) every three years to identify health needs for the hospital's primary service area (PSA) including low income, and underserved communities. The CHNA also supports the creation of effective community programming that meets the needs of the community through measurable impact. The 2019 CHNA identified diabetes, mental health, and the social determinants of health with a focus on workforce development as its three-year strategy to address for the 2020-2022 implementation plan.

In response to the high incidence of diabetes, stroke and cardiovascular disease in Chicago's south suburbs, the hospital offers community outreach programs aimed at improving health outcomes and reducing the need for hospitalizations. The Diabetes Prevention Program (DPP) is a Centers for Disease Control and Prevention program, organized in partnership with public and private community organizations to make it easier for area residents to access. Through this program, people at risk for type 2 diabetes receive evidence-based lifestyle change support to help reduce their risk of this disease. The program also offers education classes, nutritional counseling, meal planning, grocery shopping classes; glucose meter training; weight loss counseling; smoking cessation; and understanding diabetes medications. ASSH has partnered with several community organizations on this program including Calvary Church in Lynwood and Victory Apostolic Church in Matteson.

Recognizing the challenges some food insecure patient's face in managing diabetes and other metabolic diseases, ASSH offers a Food Farmacy – which provides fresh produce and healthy food supplies, as well as cooking and nutrition education to patients in-need. The hospital partnered with Food Smart and Partnership for a Healthier America as part of a pilot program to provide fresh fruits and vegetables to Diabetes Prevention Program participants.

ASSH is also committed to addressing mental health needs in the community. The hospital also partnered with Advocate Trinity, AAH's Faith and Health Partnerships and the Sertoma Center to host virtual webinars focused on managing stress during the holiday season, loss of a loved one, loneliness, self-care, and a variety of other topics.

Lack of reliable transportation can often stand in the way of getting needed health care. Therefore, ASSH provides transportation for community members with low income to and from physician appointments, cardiac rehab, physical therapy, and other critical services offered at the hospital. This transportation assistance is also made available to patients with special needs caused by mobility issues. In addition, transportation services will be provided for patients and family members that require transportation assistance between the Advocate South Suburban Hospital and Advocate Christ Medical Center campuses.

ASSH places a high value on community education, prevention and promotion of COVID-19 vaccinations, as well as addressing other key issues exacerbated by the pandemic, such as food insecurity, housing and the need for connecting people to vital resources in the community. Early in the pandemic, ASSH committed to educating the surrounding community about COVID-19 and the importance of getting the vaccine. The hospital entered an ongoing partnership with the Cook County Department of Public Health to address Covid-19 education needs in the community. ASSH hosted a COVID-19 vaccine clinic for community residents and administered more than 20,000 COVID-19 vaccinations. Additionally, the hospital supported COVID-19 protective measures by providing reusable masks to churches and schools in the service area.

ASSH maintains a strong relationship with educational partners to ensure a strong pipeline of students who reflect the diverse population of the hospital's service area. Through these partnerships, the hospital provides training and ultimately employment opportunities to fill the heavy demand for a variety of positions, including nurses, pharmacists, respiratory therapists, and business administration. ASSH's educational partners include Prairie State College, Trinity Christian College, Lewis University, Moraine Valley Community College, Joliet Jr. College, College of DuPage, Chamberlain College of Nursing, Governors State University, and University of Illinois College of Pharmacy.
In 2022, Advocate South Suburban entered a partnership with St. Xavier University to address the ongoing national nursing shortage. Through this partnership, the hospital's licensed practical nurses have an opportunity to pursue a bachelor's degree in nursing and advance to the rank of registered nurse in a shortened time frame.

Advocate South Suburban Hospital's impact in the community is far reaching and is a critical organization supporting the residents of Chicago's Far South suburbs. The communities have come to rely on the programs outlined to meet the special needs of the population. Advocate South Suburban's team members focus on the changes in health care and in the community and have been developing new partnerships and services to support the health and wellbeing of residents living in this service area.

2020 Community Benefits Summary: This report does not include other expenses accrued by Advocate South Suburban, reportable for community benefit, such as bad debt, cost of unreimbursed Medicaid and Medicare, charity care, and other reportable expenses as documented by AAH's Tax and Finance team. Below outlines other community services provided by Advocate South Suburban Hospital in 2020 that are relevant to safety net service include the following:

Advocate South Suburban - 2020 Community Benefits	
Language Services	$70,335.00
In-Kind Donations	$22,290.00
Volunteer Services	$34,571.00
Health Professional Education	$784,440.00
Subsidized Health Services (events, screenings, programs, subsidized health services and community health operations)	$1,937,586.00
Total Site Costs for 2020	**$2,849,222.00**

Source: Community Benefit Report FY2020 (2021 report will be finalized Q3 2022).

The discontinuation of the Inpatient Obstetric category of service is not expected to impact the essential safety net services provided to the community.

Attachment #9, Exhibit #2

SECTION V. CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

CHARITY CARE			
	2018	**2019**	**2020**
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

Source: Hospital Records

Attachment #10

CHARITY CARE			
	2018	**2019**	**2020**
Net Patient Revenue	$223,593,781	$220,604,105	$216,138,790
Amount of Charity Care (charges)	$15,001,510	$29,425,318	$8,023,875
Cost of Charity Care	$3,336,519	$6,998,059	$2,189,300