

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Midwestern Regional Medical Center – Real Estate a/k/a Cancer Treatment Centers of America, Chicago		
Street Address:	2520 Elisha Avenue		
City and Zip Code:	Zion, IL 60099		
County:	Lake	Health Service Area:	VIII Health Planning Area: A-09

Legislators

State Senator Name:	Melinda Bush
State Representative Name:	Joyce Mason

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

Exact Legal Name:	Midwestern Regional Medical Center, LLC*
Street Address:	2520 Elisha Avenue
City and Zip Code:	Zion, IL 60099
Name of Registered Agent:	Cogency Global Inc.
Registered Agent Street Address:	600 South Second St, Suite 404
Registered Agent City and Zip Code:	Springfield, IL 62704
Name of Chief Executive Officer:	Anthony "Pete" Govorchin
CEO Street Address:	2520 Elisha Avenue
CEO City and Zip Code:	Zion, IL 60099
CEO Telephone Number:	847/872-6309

*On or around October 1, 2022, Midwestern Regional Medical Center, LLC will be converted from an Illinois limited liability company to an Illinois not-for-profit corporation, Midwestern Regional Medical Center, Inc. (see below section on Site Ownership after the Project is Complete).

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	
<ul style="list-style-type: none"> Corporations and limited liability companies must provide an Illinois certificate of good standing. Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner. 	
APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Monica Hon
Title:	Vice President & Director of Client Solutions
Company Name:	Advis, Inc.
Address:	7840 Graphics Dr, Ste 100, Tinley Park, IL 60477
Telephone Number:	708/478-7030
E-mail Address:	mhon@advis.com
Fax Number:	708/478-7094

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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Facility/Project Identification

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Street Address:	2520 Elisha Avenue		
City and Zip Code:	Zion, IL 60099		
County:	Lake	Health Service Area:	VIII Health Planning Area: A-09

Legislators

State Senator Name:	Melinda Bush
State Representative Name:	Joyce Mason

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

Exact Legal Name:	Northeast Illinois Medical Properties, LLC
Street Address:	2520 Elisha Avenue
City and Zip Code:	Zion, IL 60099
Name of Registered Agent:	Angela S. Minshall
Registered Agent Street Address:	2610 Sheridan Rd
Registered Agent City and Zip Code:	Zion, IL 60099
Name of Chief Executive Officer:	Gillian Leene, Secretary*
CEO Street Address:	5901 Broken Sound Parkway NW, Suite 200
CEO City and Zip Code:	Boca Raton, FL 33487
CEO Telephone Number:	561/923-3287

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	
<ul style="list-style-type: none"> Corporations and limited liability companies must provide an Illinois certificate of good standing. Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner. 	
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Name:	Monica Hon
Title:	Vice President & Director of Client Solutions
Company Name:	Advis, Inc.
Address:	7840 Graphics Dr, Ste 100, Tinley Park, IL 60477
Telephone Number:	708/478-7030
E-mail Address:	mhon@advis.com
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Facility/Project Identification

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Street Address:	2520 Elisha Avenue		
City and Zip Code:	Zion, IL 60099		
County:	Lake	Health Service Area:	VIII Health Planning Area: A-09

Legislators

State Senator Name:	Melinda Bush
State Representative Name:	Joyce Mason

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

Exact Legal Name:	COH HoldCo Inc.
Street Address:	1500 East Duarte Road
City and Zip Code:	Duarte, CA 91010
Name of Registered Agent:	The Corporation Trust Company
Registered Agent Street Address:	1209 Orange Street
Registered Agent City and Zip Code:	Wilmington, DE 19801
Name of Chief Executive Officer:	Robert Stone
CEO Street Address:	1500 East Duarte Road
CEO City and Zip Code:	Duarte, CA 91010
CEO Telephone Number:	626/256-4673

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	
<ul style="list-style-type: none"> ○ Corporations and limited liability companies must provide an Illinois certificate of good standing. ○ Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner. 	
APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Monica Hon
Title:	Vice President & Director of Client Solutions
Company Name:	Advis, Inc.
Address:	7840 Graphics Dr, Ste 100, Tinley Park, IL 60477
Telephone Number:	708/478/7030
E-mail Address:	mhon@advis.com
Fax Number:	708/478-7094

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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Facility/Project Identification

Facility Name:	Midwestern Regional Medical Center – Real Estate a/k/a Cancer Treatment Centers of America, Chicago		
Street Address:	2520 Elisha Avenue		
City and Zip Code:	Zion, IL 60099		
County:	Lake	Health Service Area:	VIII Health Planning Area: A-09

Legislators

State Senator Name:	Melinda Bush
State Representative Name:	Joyce Mason

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

Exact Legal Name:	City of Hope
Street Address:	1500 East Duarte Road
City and Zip Code:	Duarte, CA 91010
Name of Registered Agent:	C T Corporation System
Registered Agent Street Address:	330 North Brand Blvd, Suite 700
Registered Agent City and Zip Code:	Glendale, CA 91203
Name of Chief Executive Officer:	Robert Stone
CEO Street Address:	1500 East Duarte Road
CEO City and Zip Code:	Duarte, CA 91010
CEO Telephone Number:	626/256-4673

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
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<ul style="list-style-type: none"> Corporations and limited liability companies must provide an Illinois certificate of good standing. Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner. 	
<p>APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>	

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Monica Hon
Title:	Vice President & Director of Client Solutions
Company Name:	Advis, Inc.
Address:	7840 Graphics Dr, Ste 100, Tinley Park, IL 60477
Telephone Number:	708/478/7030
E-mail Address:	mhon@advis.com
Fax Number:	708/478-7094

Additional Contact [Person who is also authorized to discuss the Application]

Name:	Preston Sisler
Title:	Vice President
Company Name:	Advis, Inc.
Address:	7840 Graphics Drive, Suite 100, Tinley Park, IL 60477
Telephone Number:	708/478-7030
E-mail Address:	psisler@advis.com
Fax Number:	708/478-7094

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:	Anthony "Pete" Govorchin
Title:	CEO
Company Name:	Midwestern Regional Medical Center, LLC
Address:	2520 Elisha Drive, Zion, IL 60099
Telephone Number:	847/872-6309
E-mail Address:	pete.govorchin@ctca-hope.com
Fax Number:	

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Midwestern Regional Medical Center, Inc.*
Address of Site Owner:	2520 Elisha Avenue, Zion, IL 60099
Street Address or Legal Description of the Site: 2520 Elisha Avenue, Zion, IL 60099	
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

*This contemplates transfer of the real estate at 2520 Elisha Avenue in Zion after the conversion of Midwestern Regional Medical Center, LLC to a not-for-profit corporation.

Current Operating Identity/Licensee

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

Exact Legal Name:	Midwestern Regional Medical Center, LLC		
Address:	2520 Elisha Avenue, Zion, IL 60099		
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input checked="" type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
<input type="checkbox"/>	Other		

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name:	Midwestern Regional Medical Center, Inc.		
Address:	2520 Elisha Avenue, Zion, IL 60099		
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. ○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. ○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 			
APPEND DOCUMENTATION AS <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 <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 change of ownership. 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.

Midwestern Regional Medical Center, Inc. will acquire the real estate at 2520 Elisha Avenue in Zion, Illinois, from Northeast Illinois Medical Properties, LLC.

At the time of submission of this Certificate of Exemption application, Midwestern Regional Medical Center, LLC is the operating/licensed entity of the facility at 2520 Elisha Avenue in Zion, Illinois. COH HoldCo Inc. is the sole member of both Midwestern Regional Medical Center, LLC and Northeast Illinois Medical Properties, LLC. On or around October 1, 2022, Midwestern Regional Medical Center, LLC will be converted from an Illinois limited liability company to an Illinois not-for-profit corporation, Midwestern Regional Medical Center, Inc. This action was approved by the Illinois HFSRB in E-040-22.

This Certificate of Exemption application contemplates transfer of the real estate at 2520 Elisha Avenue in Zion after the conversion of Midwestern Regional Medical Center, LLC to a not-for-profit corporation (see above section on Site Ownership after the Project is Complete). Upon completion of the transfer, Midwestern Regional Medical Center, Inc. will be both the operating/licensed entity of the facility and owner of the real estate at 2520 Elisha Avenue in Zion.

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 Midwestern Regional Medical Center, LLC 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

COH HoldCo Inc.
PRINTED NAME

PRINTED NAME

Sole Member by Robert Stone, its President
PRINTED TITLE

PRINTED TITLE

SEE ATTACHED CALIFORNIA JURAT

Notarization: _____

Subscribed and sworn to before me _____

this _____ day of _____

Notarization: _____

Subscribed and sworn to before me _____

this _____ day of _____

Signature of Notary

Signature of Notary

Seal _____

Seal _____

*Insert the EXACT legal name of the applicant

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

Subscribed and sworn to (or affirmed) before me

on this 26 day of September, 2022
 by Date Month Year

(1) Robert Stone

(and (2) n/g),
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature [Signature]
 Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Certification - Midwestern Regional Medical Center, LLC Document Date: n/g

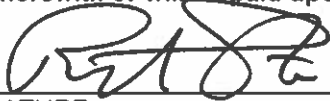
Number of Pages: n/g Signer(s) Other Than Named Above: n/g

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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 Northeast Illinois Medical Properties, LLC 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

COH HoldCo Inc.

PRINTED NAME

PRINTED NAME

Sole Member by Robert Stone, its President

PRINTED TITLE

PRINTED TITLE

SEE ATTACHED CALIFORNIA JURAT

Notarization:

Subscribed and sworn to before me

this _____ day of _____

Notarization:

Subscribed and sworn to before me

this _____ day of _____

Signature of Notary

Signature of Notary

Seal

Seal

*Insert the EXACT legal name of the applicant

CALIFORNIA JURAT WITH AFFIANT STATEMENT**GOVERNMENT CODE § 8202**

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☒ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

Subscribed and sworn to (or affirmed) before me

on this 26 day of September, 2022,
 by Robert Stone
 (1) _____
 (and (2) n/a),
 Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature _____
 Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

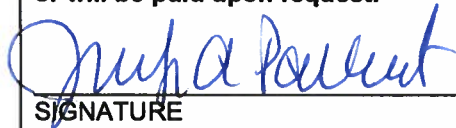
Title or Type of Document: Certification - Northeast Illinois Medical Properties, LLC Document Date: 7/9
 Number of Pages: 1/1 Signer(s) Other Than Named Above: 1/1

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;
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- 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 COH HoldCo 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

Jennifer Ann Parkhurst
PRINTED NAME

Treasurer
PRINTED TITLE

SIGNATURE

Robert William Stone
PRINTED NAME

President
PRINTED TITLE

SEE ATTACHED CALIFORNIA JURAT

Notarization: _____

Subscribed and sworn to before me
this _____ day of _____

Notarization: _____

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary_____
Signature of Notary

Seal _____

Seal _____

*Insert the EXACT legal name of the applicant

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

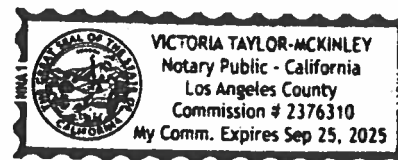
State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 27 day of September, 2022 by Jennifer Ann Parkhurst

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Victoria Taylor-McKinley
Signature (Seal)



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

Additional information

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- ☒ State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- ☒ Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- ☒ Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- ☒ Signature of the notary public must match the signature on file with the office of the county clerk.
- ☒ The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - ☒ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - ☒ Indicate title or type of attached document, number of pages and date.
- ☒ Securely attach this document to the signed document with a staple.

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);
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- 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 COH HoldCo 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

Jennifer Ann Parkhurst
PRINTED NAME

Treasurer
PRINTED TITLE



SIGNATURE

Robert William Stone
PRINTED NAME

President
PRINTED TITLE

SEE ATTACHED CALIFORNIA JURAT

Notarization: _____

Subscribed and sworn to before me

this _____ day of _____

Notarization: _____

Subscribed and sworn to before me

this _____ day of _____

Signature of Notary _____

Seal _____

Signature of Notary _____

Seal _____

*Insert the EXACT legal name of the applicant

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1
2
3
4
5
6

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

Subscribed and sworn to (or affirmed) before me

on this 26 day of September, 2022
 by Robert William Stone
 (1) Robert William Stone

(1) Robert William Stone

(and (2) n/a),
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature [Signature]
 Signature of Notary Public



Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Certification - Lox Holdings Inc. Document Date: 1/9

Number of Pages: 1 Signer(s) Other Than Named Above: n/a

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 City of Hope 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

Jennifer Ann Parkhurst
PRINTED NAME

Treasurer and Chief Financial Officer
PRINTED TITLE

SIGNATURE

Robert William Stone
PRINTED NAME

President and Chief Executive Officer
PRINTED TITLE

SEE ATTACHED CALIFORNIA JURAT

Notarization: _____

Subscribed and sworn to before me
this _____ day of _____

Notarization: _____

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary _____

Signature of Notary _____

Seal _____

Seal _____

*Insert the EXACT legal name of the applicant

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

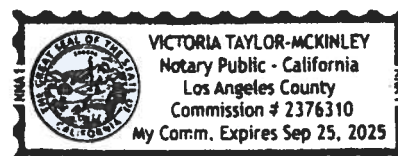
State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 27 day of September, 2022 by Jennifer Ann Parkhurst

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Victoria Taylor-McKinley
Signature (Seal)



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

Additional information _____

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- ☒ State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- ☒ Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- ☒ Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- ☒ Signature of the notary public must match the signature on file with the office of the county clerk.
- ☒ The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - ☒ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - ☒ Indicate title or type of attached document, number of pages and date.
- ☒ Securely attach this document to the signed document with a staple.

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 City of Hope 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

Jennifer Ann Parkhurst
PRINTED NAME

Treasurer and Chief Financial Officer
PRINTED TITLE



SIGNATURE

Robert William Stone
PRINTED NAME

President and Chief Executive Officer
PRINTED TITLE

SEE ATTACHED CALIFORNIA JURAT

Notarization: _____

Subscribed and sworn to before me
this _____ day of _____

Notarization: _____

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary _____

Seal _____

Signature of Notary _____

Seal _____

*Insert the EXACT legal name of the applicant

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1
2
3
4
5
6

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

Subscribed and sworn to (or affirmed) before me

on this 26 day of September, 2022
 by Date Month Year

(1) Robert William Stone

(and (2) n/a),
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature

Signature of Notary Public



Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached DocumentTitle or Type of Document: Certification - City of Hope Document Date: n/aNumber of Pages: n/a Signer(s) Other Than Named Above: n/a

SECTION II. BACKGROUND.**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 listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
4. 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.**
5. If, during a given calendar year, an applicant submits more than one Application, 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 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.

SECTION III. CHANGE OF OWNERSHIP (CHOW)**Transaction Type. Check the Following that Applies to the Transaction:**

- ☐ Purchase resulting in the issuance of a license to an entity different from current licensee.
- ☐ Lease resulting in the issuance of a license to an entity different from current licensee.
- ☐ Stock transfer resulting in the issuance of a license to a different entity from current licensee.
- ☐ Stock transfer resulting in no change from current licensee.
- ☐ Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity.
- ☐ Change of 50% or more of the voting members of a not-for-profit corporation's board of directors that controls a health care facility's operations, license, certification or physical plant and assets.
- ☐ Change in the sponsorship or control of the person who is licensed, certified or owns the physical plant and assets of a governmental health care facility.
- ☒ **Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee.**
- ☐ Change of ownership among related persons resulting in a license being issued to an entity different from the current licensee
- ☐ Change of ownership among related persons that does not result in a license being issued to an entity different from the current licensee.
- ☐ Any other transaction that results in a person obtaining control of a health care facility's operation or physical plant and assets and explain in "Narrative Description."

1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.
2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.
3. READ the applicable review criteria outlined below and **submit the required documentation (key terms) for the criteria:**

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X
1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X
APPEND DOCUMENTATION AS <u>ATTACHMENT 6</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION IV.CHARITY CARE INFORMATION**NOT APPLICABLE, APPLICATION IS LIMITED TO REAL ESTATE**

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 7.

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

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

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

INDEX OF ATTACHMENTS			
ATTACHMENT NO.		PAGES	
1	Applicant Identification including Certificate of Good Standing	26-29	
2	Site Ownership	30-31	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	32	
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5	Background of the Applicant	35-38	
6	Change of Ownership	39-73	
7	Charity Care Information		

ATTACHMENT 1

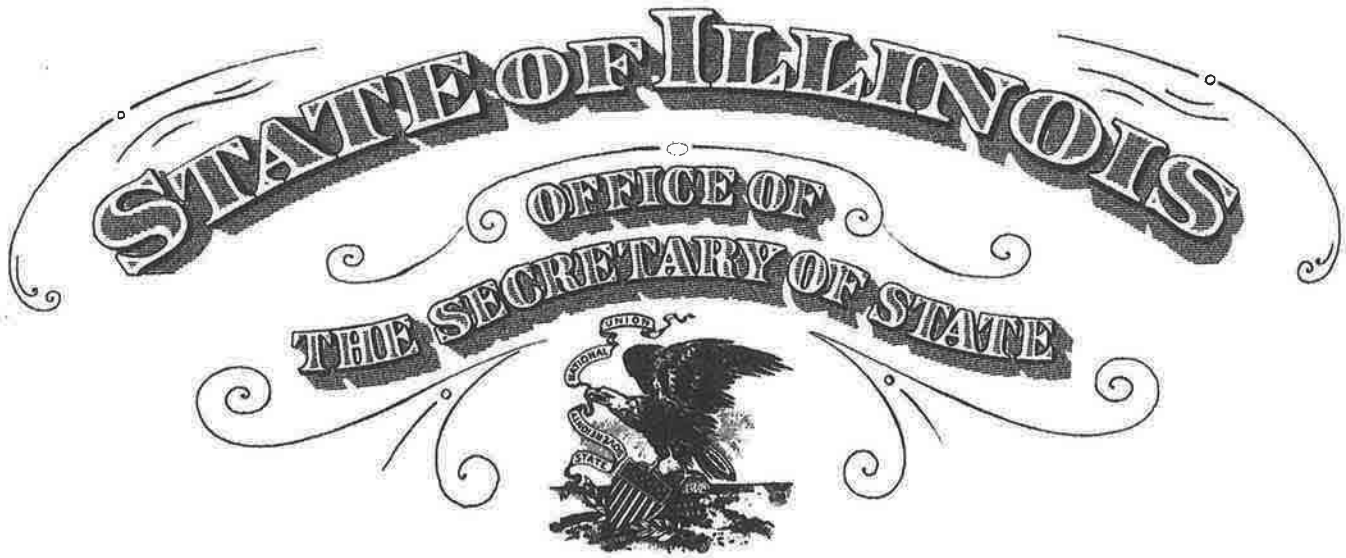
Section I: Identification, General Information, and Certification

Type of Ownership of Applicants

Certificates of Good Standing for Midwestern Regional Medical Center, LLC, Northeast Illinois Medical Properties, LLC, City of Hope, and COH HoldCo Inc. are attached as Attachment 1.

File Number

0948484-1



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

MIDWESTERN REGIONAL MEDICAL CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 31, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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 14TH
day of OCTOBER A.D. 2021 .***

Jesse White

Authentication #: 2128702072 verifiable until 10/14/2022

Authenticate at: <http://www.ilsos.gov>

SECRETARY OF STATE ATTACHMENT 1

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COH HOLDCO INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

6373565 8300C

SR# 20213858663

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204751088

Date: 11-19-21
ATTACHMENT 1



Secretary of State Certificate of Status

#E-063-22

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: CITY OF HOPE
File Number: C0948790
Registration Date: 01/01/1980
Entity Type: DOMESTIC NONPROFIT CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of November 10, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 11, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RG6V3GZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.

ATTACHMENT 1

ATTACHMENT 2

Section I: Identification, General Information, and Certification Site Ownership After the Project is Complete

A statement attesting to ownership of the site, located at 2520 Elisha Drive, Zion, Illinois, is attached as Attachment 2.

SITE OWNERSHIP

With the signatures on the Certification pages of this Certificate of Exemption application, the applicants attest to the fact that the site of Midwestern Regional Medical Center (“MRMC”), that being 2520 Elisha Avenue in Zion, Illinois, is currently owned by Northeast Illinois Medical Properties, LLC. Northeast Illinois Medical Properties, LLC, is owned by COH HoldCo Inc. Upon completion of the Change of Ownership, the site of MRMC will be owned by Midwestern Regional Medical Center, Inc. Midwestern Regional Medical Center, Inc., is owned by COH HoldCo Inc.

ATTACHMENT 3

Section I: Identification, General Information, and Certification

Operating Identity/Licensee after the Project is Complete

Midwestern Regional Medical Center, Inc. ("MRMC") will be the licensee after the project is completed. Currently, MRMC exists as an Illinois limited liability company. A Certificate of Good Standing is included in Attachment 1. An updated Certificate of Good Standing for MRMC, reflecting the not-for-profit conversion, will not be available until the conversion is completed (on or around October 1, 2022) and the certificate is issued by the Illinois Secretary of State.

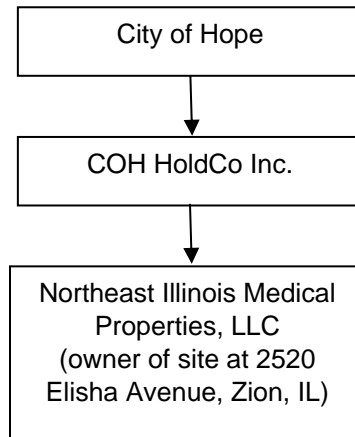
ATTACHMENT 4

Section I: Identification, General Information, and Certification Organizational Relationships

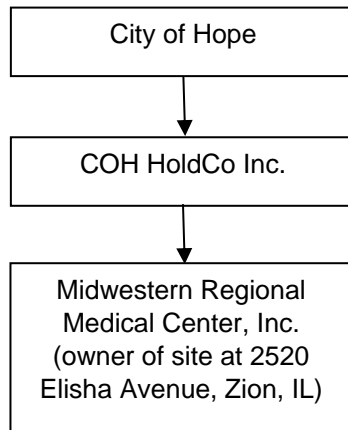
The organizational chart showing the current ownership structure and the post-CHOW ownership structure of the site located at 2520 Elisha Avenue, Zion, IL, is attached as Attachment 4.

**2520 Elisa Avenue, Zion, IL
Organizational Chart
Pre- and Post-CHOW**

Before acquisition



After acquisition



ATTACHMENT 5

Section II: Background
Background of Applicant

BACKGROUND OF APPLICANT

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

With the exception of Midwestern Regional Medical Center, no applicant owns and/or operates any hospitals, skilled care nursing facilities, ambulatory surgical treatment centers, or end stage renal dialysis facilities in Illinois.

- 2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.**

With the exception of Midwestern Regional Medical Center, no corporate officers or directors, LLC members, partners, or owners of at least 5% owns and/or operates any hospitals, skilled care nursing facilities, ambulatory surgical treatment centers, or end stage renal dialysis facilities in Illinois.

- 3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.**

With the signatures provided on the Certification pages of this Certificate of Exemption application, each of the applicants attest that, to the best of their knowledge, no adverse action has been taken against any Illinois health care facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.

- 4. 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.**

With the signatures provided on the Certification pages of this Certificate of Exemption application, each applicant authorizes the Health Facilities and Services Review Board and the Illinois Department of Public Health access to any 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, when applicable; and the records of nationally recognized accreditation organizations.

5. If, during a given calendar year, an applicant submits more than one Application, 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.

In December 2021, the applicants of this Certificate of Exemption application (and others) filed with the Illinois HFSRB two Certificate of Exemption applications in connection with COH HoldCo Inc.'s acquisition of Midwestern Regional Medical Center, LLC and Northeast Illinois Medical Properties, LLC. On January 14, 2022, the Illinois HFSRB granted Exemption #: E-060-21 and Exemption #: E-061-21.

In July 2022, some applicants of this Certificate of Exemption application filed with the Illinois HFSRB a Certificate of Exemption application for the conversion of Midwestern Regional Medical Center, LLC from an Illinois limited liability company to an Illinois not-for-profit corporation, Midwestern Regional Medical Center, Inc. The conversion will be effective on or around October 1, 2022. On August 18, 2022, the Illinois HFSRB granted Exemption #: E-040-22.



**Illinois Department of
PUBLIC HEALTH**

HF 125435

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.

Amaal V.E. Tokars
Acting Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
6/30/2023		0002956
General Hospital		
Effective: 07/01/2022		

Midwestern Regional Medical Center
2520 Elisha Ave
Zion, IL 60099

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

#E-063-22

← **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

Exp. Date 6/30/2023

Lic Number 0002956

Date Printed 4/26/2022

Midwestern Regional Medical Center

2520 Elisha Ave
Zion, IL 60099

FEE RECEIPT NO.

ATTACHMENT 5

ATTACHMENT 6

Section III: Change of Ownership (CHOW)

Background of Applicant

1130.520 Requirements for Exemptions Involving the
Change of Ownership of a Health Care Facility documentation

**REQUIREMENTS FOR EXEMPTIONS INVOLVING THE CHANGE OF OWNERSHIP
OF A HEALTH CARE FACILITY SECTION 1130.520**

1130.520(b)(1)(A) Names of the parties

The parties named as an applicant are:

- Midwestern Regional Medical Center, LLC (will convert to not-for-profit corporation, Midwestern Regional Medical Center, Inc. on October 1, 2022)
- Northeast Illinois Medical Properties, LLC
- COH HoldCo Inc.
- City of Hope

1130.520(b)(1)(B) Background of the parties

See ATTACHMENT 1 for Certificates of Good Standing for each applicant identified above.

See ATTACHMENT 5 for identification of each applicant's licensed health care facilities in Illinois and attestation that, to the best of the applicants' knowledge, no adverse action has been taken against any of the applicants' Illinois health care facilities in the past three years.

1130.520(b)(1)(C) Structure of transaction

The proposed transaction will be a change of ownership of the site located at 2520 Elisha Avenue, Zion, IL from Northeast Illinois Medical Properties, LLC, to Midwestern Regional Medical Center, Inc.

1130.520(b)(1)(D) Name of the person who will be licensed or certified entity after the transaction

Midwestern Regional Medical Center, Inc.

1130.520(b)(1)(E) List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organization structure with a listing of controlling or subsidiary persons

Northeast Illinois Medical Properties, LLC to Midwestern Regional Medical Center, Inc. See ATTACHMENT 4 for pre- and post-CHOW organizational charts.

1130.520(b)(1)(F) Fair market value of assets to be transferred

\$7,883,000. This amount is identified as the fair market value for purposes of this Certificate of Exemption application, exclusively.

1130.520(b)(1)(G) The purchase price or other forms of consideration to be provided for those assets

The transfer of real estate is between related entities under common ownership. Therefore, no consideration will be provided.

1130.520(b)(2) Affirmation that any projects for which Permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section

On or around October 1, 2022, Midwestern Regional Medical Center, LLC will be converted from an Illinois limited liability company to an Illinois not-for-profit corporation, Midwestern Regional Medical Center, Inc. This action was approved by the Illinois HFSRB in E-040-22 and will be completed on or around October 1, 2022. With the exception of the aforementioned project, by signature on the Certification pages of this Certificate of Exemption application, the applicants affirm that none of the applicants have any projects for which Permits have been issued that have not been completed.

1130.520(b)(3) If ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the charity care policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction

This Certificate of Exemption application is limited to the change of ownership of real estate. Please refer to E-040-22 and E-060-21.

1130.520(b)(4) A statement as to the anticipated benefits of the proposed changes in ownership to the community

This Certificate of Exemption application is limited to the change of ownership of real estate. Please refer to E-040-22 and E-060-21.

1130.520(b)(5) The anticipated or potential cost savings, if any, that will result for the community and facility because of the change in ownership

This Certificate of Exemption application is limited to the change of ownership of real estate. Please refer to E-040-22 and E-060-21.

1130.520(b)(6) A description of the facility's quality improvement mechanism that will be utilized to ensure quality control

This Certificate of Exemption application is limited to the change of ownership of real estate. Please refer to E-040-22 and E-060-21. See also the attached Cancer Treatment Centers of America (CTCA) FY 2022 Patient Safety and Quality Program.

1130.520(b)(7) A description of the selection process that the acquiring entity will use to select the facility's governing body

This Certificate of Exemption application is limited to the change of ownership of real estate. Please refer to E-040-22 and E-060-21.

1130.520(b)(9) A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition

This Certificate of Exemption application is limited to the change of ownership of real estate. Please refer to E-040-22 and E-060-21.



***Cancer Treatment Centers of America
(CTCA)
FY 2022 PATIENT SAFETY AND
QUALITY PROGRAM***

Enterprise Chief Medical Officer and Quality Team

Date: September 2021

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Disclaimer: This document is to serve as the standard reference for the execution of the Cancer Treatment Centers of America (CTCA) Quality program across the enterprise. As a foundational document, it reflects the commitment of CTCA to continuously improve the quality of treatment and services it provides patients. It is expected that both the enterprise and local quality teams comply with the expectations as outlined in this document and that any deviations from the plan shall include an approved justification from the enterprise quality program Chief Medical Officer and enterprise quality leaders.

Cancer Treatment Centers of America®

Our Mission

CTCA is the home of integrative and compassionate cancer care.

We never stop searching for and providing
powerful and innovative therapies
to heal the whole person,
improve quality of life and restore hope.

Cancer Treatment Centers of America®

Our Vision

To be recognized and trusted by people living
with cancer as the premier center for
healing and hope.

Cancer Treatment Centers of America®

Our Values

Hopeful

Compassionate

Empowering

Ethical Responsive

Innovative

Team-Spirited

A large, stylized tree with a person and a dog at its base. The tree is light green and has a thick trunk. The person is standing next to the tree, holding a cross-shaped object high in the air. A dog is sitting next to the person. The background is white.

Cancer Treatment Centers of America®

Our Promise

You and your healing are at the center of
our hearts, minds and actions,
every day.

We rally our team around you,
delivering compassionate, integrative cancer care
for your body, mind and spirit.

We offer clear information,
powerful and thorough treatment options,
all based on your needs.

We honor your courage, respect your decisions,
and offer to share your journey of
healing and hope.

CANCER TREATMENT CENTERS OF AMERICA VISION, MISSION AND VALUES

The CTCA Quality Program has been established to align with our company's, Mission, Vision, Values and Promise statements.

PURPOSE

Consistent with the Mission, Vision, Values and Promise of Cancer Treatment Centers of America, it is our commitment to create a healing environment where physicians, allied health professionals, Stakeholders, patients, and caregivers work together to provide individualized care in a high quality and safe environment. The purpose of the enterprise Patient Safety and Quality Program is to continually evaluate and improve patient safety and quality of care provided to our patients. This is completed through an environment that encourages:

- Recognition and acknowledgement of risks to patient safety and medical/health care errors
- Initiation of actions to reduce risks to patient safety and care provided
- Internal monitoring and reporting of safety risks and documentation of mitigating activities
- Minimization of individual blame or retribution for medical/health errors
- Organizational learning about medical/health care errors
- Sharing of knowledge across the enterprise to reduce likelihood of similar events and effect behavioral and cultural changes

CTCA embraces the Institute of Medicine definition of quality as care that is:

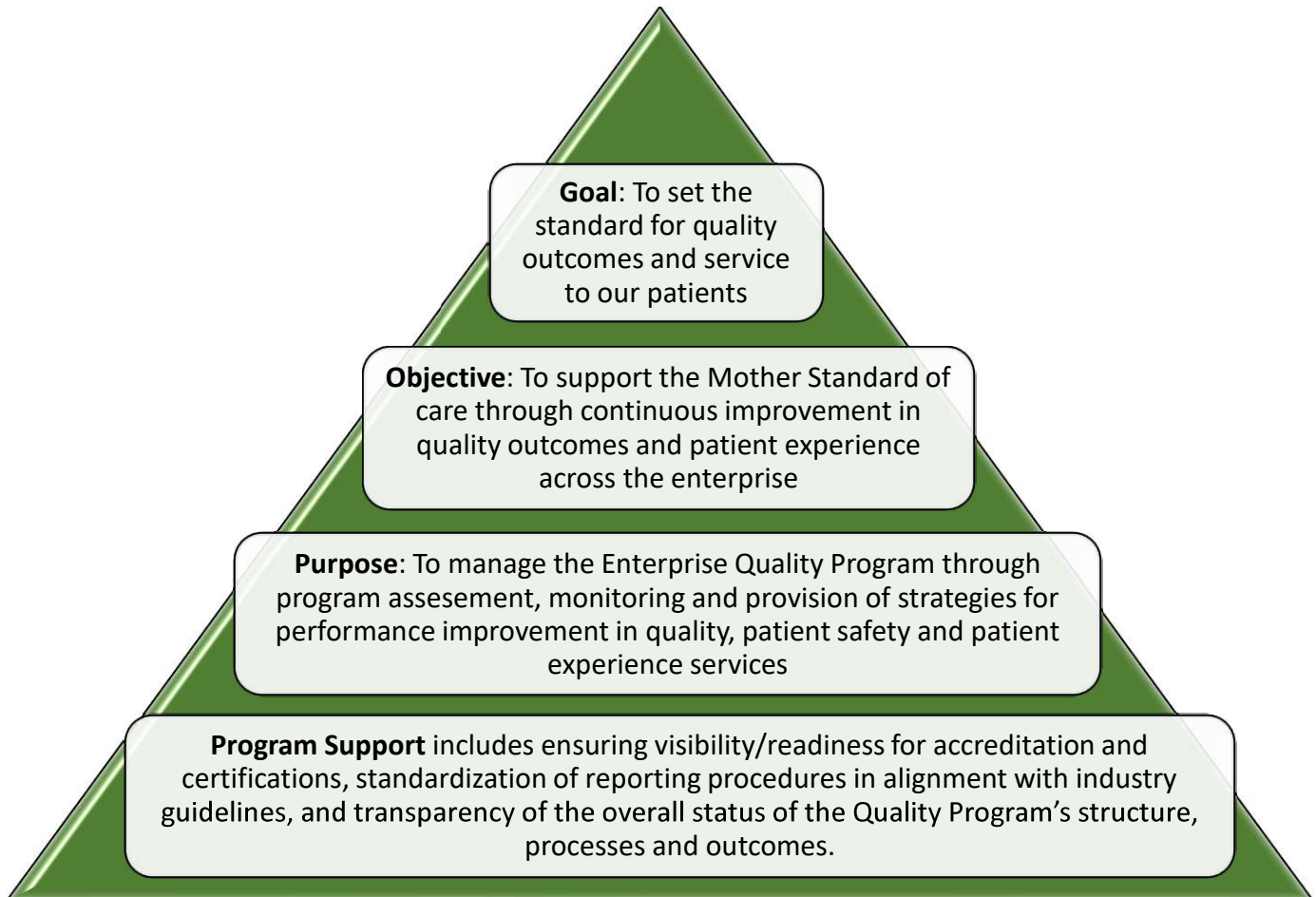
- **Safe:** Avoid injuries to patients from the care that is intended to help them
- **Effective:** Provide services based on scientific knowledge to those who would benefit, and refraining from providing services to those not likely to benefit
- **Patient Centered:** Provide care that is respectful of, and responsive to, individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions
- **Timely:** Reduce wait time and potentially harmful delays
- **Efficient:** Avoid waste, including waste of equipment, supplies, ideas, and energy
- **Equitable:** Provide care that does not vary in quality because of individual differences such as gender, ethnicity, geographic location, and socioeconomic status

OBJECTIVES

- Promote and maintain an organizational culture committed to continuous patient safety and quality improvement
- Enhance operational excellence including both clinical outcomes (quality) and perceptions of care (service)
- Systematically identify and prioritize quality improvement opportunities
- Create a 'Just Culture' of safety that supports the identification and submission of safety events and near misses and learning from these submissions to advance organization and Stakeholder accountability
- Apply external standards and references for benchmarking performance

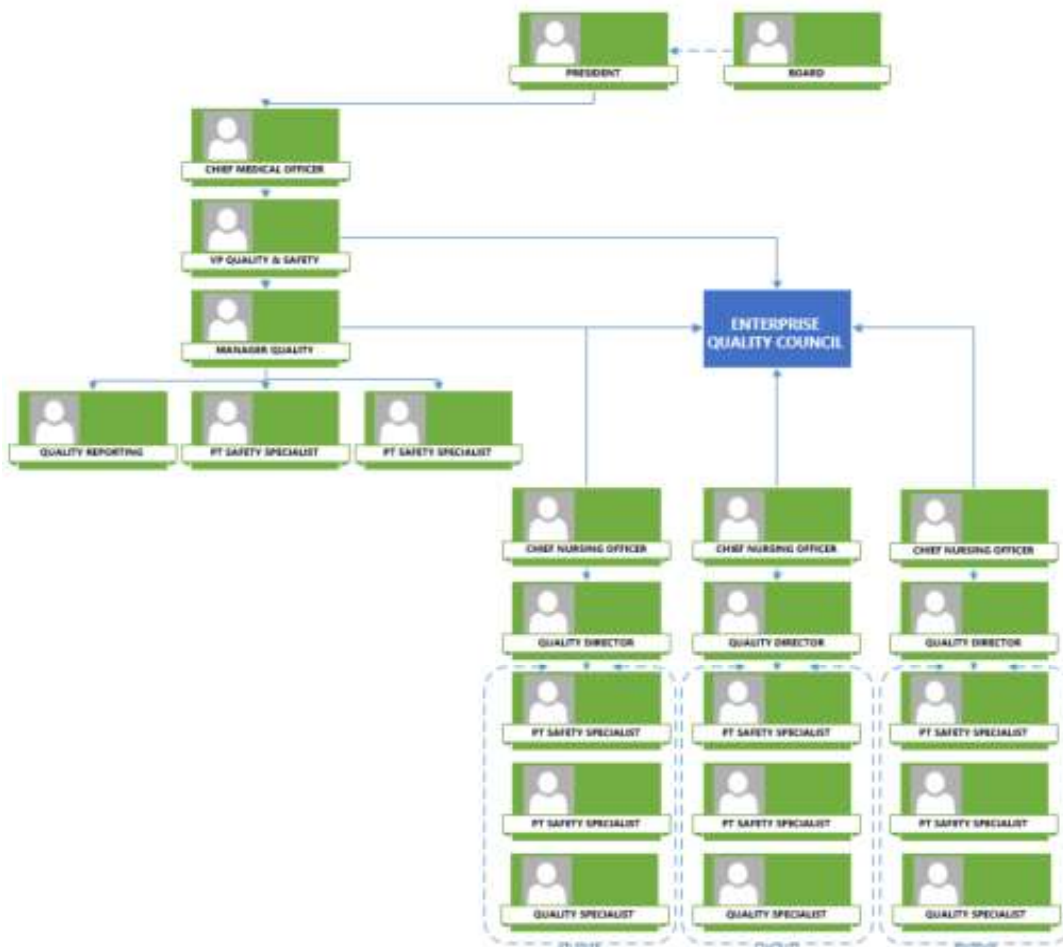
- Utilize assessment activities as the basis for developing and implementing action plans responsive to findings
- Communicate results of quality improvement activities to and across all levels of the organization that incorporates Stakeholder recognition of patient safety and quality improvement as an integral job responsibility

ROLE OF ENTERPRISE QUALITY TEAM



ORGANIZATIONAL LEADERSHIP STRUCTURE

CTCA Quality program is comprised of both enterprise and site based leaders and function subject matter experts.



LEADERSHIP ROLES/RESPONSIBILITIES

Board of Directors: Ultimately responsible for ensuring CTCA is performing at/above national standard benchmarks/metrics

President/CEO: Ultimately responsible for ensuring CTCA is performing at/above national standard metrics in conjunction with the Board of Directors

Chief Medical Officer (CMO): Owns/drives the overall CTCA Quality Program and strategic priorities as well as influence/manage physician behavior

VP, Quality & Safety: Ensures operational execution of patient safety and quality objectives, informing CMO & site CNO of opportunities and barriers to success

LEADERSHIP ROLES/RESPONSIBILITIES (continued)

Enterprise Service Line Chiefs and Chairs: Drives quality goals and initiatives that are applicable to their respective service lines across the enterprise

Enterprise Manager of Quality: Responsible for the coordination and execution of the enterprise quality program; a key supporting resource for each of the sites

Enterprise Specialists: Subject matter experts that provide direct support to the sites for safety, patient satisfaction and quality programs

Chief Nursing Officer (CNO): Responsible for the execution and performance of the quality program at their respective sites

Local Chief Executive Officer (Site CEO): Ultimate responsibility for their site quality program

Chief of Staff: Influence and manage physician behavior at direction of CMO

Site Quality Director: Site subject matter expert that manages the daily operations of the program at the site level.

Site Specialist: Site subject matter expert that provides support to the site quality director and department leaders.

COMMITTEE/TEAM CONSTRUCT

The CTCA Quality structure supports our mission of being the premier center of healing and hope through a holistic, comprehensive, team-based approach. The foundation of the quality program is supported by individual site Patient Safety and Quality Improvement Plans (PSQIP) which feed into an overall enterprise quality program strategy. A strong governance and leadership framework is paramount to the success of the overall CTCA Quality Program. Below outlines the three quality programs established to ensure top quality performance, patient safety, and patient satisfaction:



1. CLINICAL QUALITY PROGRAM

Enterprise Clinical Quality Council

CHAIR: Enterprise Quality Manager

EXECUTIVE SPONSOR: Vice President, Quality and Safety

REQUIRED MEMBERS: Site Quality Directors

OPTIONAL/PREFERRED: Chief Nursing Officers

PURPOSE: Provide site support and a system view of overall CTCA clinical quality performance while ensuring top tier quality performance reflective of the key dimensions of safe, effective, efficient, equitable, timely and person-centered care.

Key Responsibilities:

- Comprised of subject matter experts (SME) and acts as resource for both local site leaders and teams and enterprise departments
- Establish and track enterprise goals, ensure collaboration with each site quality programs and teams to reduce variation; review and approve any program deviation justifications
- Chair/facilitate Enterprise Quality Council meetings, and ensures timely execution of enterprise and site-specific action plans, develop sub/ad hoc teams when required to help drive results
- Create, modify as required, and distribute Quality Dashboards (Quality, Board and Payer Pay for Performance (P4P) Dashboards) and drive consistency in data/metrics; create reporting tools; audit/validate data; complete monthly site close report to executive leadership
- Identify enterprise-wide trends and recommend/initiate solutions at the site levels
- Ensure enterprise compliance with regulatory agencies (The Joint Commission (TJC), Centers of Medicare Services (CMS), and other provide regular updates/changes to regulatory requirements to site quality leaders and others, as requested

- Provide guidance/support in communication/education of quality initiatives and promote attendance/involvement from key site representatives
- Manage enterprise contracts and work with vendors on behalf of CTCA to support sites
- Compile and summarize site program minutes approved by local Medical Executive Committee and Executive Leadership Team

Additional Responsibilities :

- Manual data abstraction, validation, and submission of oncology-specific measures for each site
- On-site preparation and support for Certifications/Accreditations such as Quality Oncology Practice Initiative (QOPI)
- Merit-Based Incentive Payment System (MIPS) submission to CMS to ensure physician compliance
- Clinical metric data abstraction (Clinical Oncology Metrics) for review at monthly trend meetings
- Physician Contract Handbook Management – Metrics Dashboard
- Provide site support/education materials/content for on-boarding for new site quality leaders
- Partner with Enterprise Communications/Payor Relations to provide data and material, as requested
- Maintain records and meeting minutes, as required

Local/Site Clinical Quality Team

RESPONSIBLE LEADER: Site Quality Manager

EXECUTIVE SPONSOR: Site Chief Nursing Officer

ADDITIONAL SUPPORT PERSONNEL: Site department leaders based on goals and improvement initiatives

PURPOSE: Responsible for the administration/management quality program at site level. Ensure top tier quality performance reflective of the key dimensions of safe, effective, efficient, equitable, timely and person-centered care.

Key Responsibilities:

- Subject Matter Expert(s) and resource for local leaders, departments, and teams
- Complete/evaluate the annual PSQIP to include identification of top patient quality priorities and report progress towards improvement goals in monthly Enterprise Clinical Quality Council meetings
- Manage the components of quality as outlined in the site PSQIP
- Chair, schedule and manage the local interdepartmental Quality Committee Meetings as often as necessary to meet objectives of the site PSQIP and other initiatives as required through alignment with enterprise quality goals and ongoing local and enterprise trending of opportunities
- Required attendance/participation in Enterprise Quality Council, collaboration to share best practices and to cascade information locally and drive results internally – implement approved action plans at site level and provide regular updates; escalate barriers identified at site and provide justification on local program deviations
- Oversee/complete thorough investigations on significant performance variances, identify trends for potential risks, and where implemented improvements have not rectified the risk(s) ensure alternative and effective solutions are implemented; leads coordination of local response/teams when interventions are warranted

- Ensure site compliance with national and state regulatory agencies; provide regular updates/changes to regulatory requirements
- Lead/coordinate external accreditation surveys (The Joint Commission, Certified Outpatient Center (CoC)
- Populate dashboards w/in approved timeframe and provide inputs on measures/metrics/targets, discussion on performance as required by Medical Executive Committee, Medical Staff and Executive leadership (site close)
- Participate in Vendor Educational Offerings (Crimson, etc.)

2. PATIENT SAFETY PROGRAM

Enterprise Patient Safety Council

CHAIR: Enterprise Quality Manager

EXECUTIVE SPONSOR: Vice President, Quality and Safety

REQUIRED MEMBERS: Quality Directors; Designated Site Patient Safety Specialists

PURPOSE: Provide site support and a system view of overall CTCA patient safety performance while engaging in continuous improvement in patient safety while promoting an enterprise culture of safety to improve the safety our patients, visitors, and staff.

Key Responsibilities:

- Comprised of subject matter experts (SME) and acts as resource for site leaders and teams and enterprise internal departments
- Establish and track enterprise goals, ensure collaboration with each site patient safety programs and teams to reduce variation; review and approve any program deviation justifications
- Chair/facilitate Enterprise Patient Safety Council meetings and ensure timely execution of enterprise and site-specific action plans, develop sub/ad hoc teams when required to help drive results, reporting to executive leadership as requested
- Create, modify as required, and distribute Patient Safety Dashboards (SSE event reporting/follow-up, Top 5, Closed RL6) and drive consistency in data/metrics; create reporting tools; audit/validate data; identify enterprise-wide trends and recommend/initiate solution
- Provide guidance/support in communication/education of quality initiatives and promote attendance/involvement from key site representative
- Manage enterprise contracts and work with vendors and designated Patient Safety Organization (PSO) partner(s) on behalf of CTCA to maintain alignment to “zero harm” goal.

Additional Responsibilities:

- Development and review of Enterprise Safety Policy – Quality Safety Plan
- Consistent provision of PSO safety event information per regulatory requirements
- Provide site support and education materials/content for on-boarding new safety leaders including HJP information and coordinate enterprise safety training opportunities
- Partner with Enterprise communications team for safety education material

- Maintain record/meeting minutes

Local/Site Patient Safety Team

RESPONSIBLE LEADER: Site Quality Manager

EXECUTIVE SPONSOR: Site Chief Nursing Officer

ADDITIONAL SUPPORT PERSONNEL: Site department leaders based on goals and improvement initiatives

PURPOSE: Responsible for the administration and management of the patient safety program at the site level. Ensure top tier quality performance reflective of the key dimensions of safe, effective, efficient, equitable, timely and person-centered care.

KEY RESPONSIBILITIES:

- Subject Matter Expert(s) and resource for local leaders, departments, and teams
- Complete/evaluate the annual PSQIP to include identification of top patient safety priorities and report progress towards improvement goals in monthly Enterprise Patient Safety Council meetings
- Manage the components of patient safety program as outlined in the Site PSQIP
- Chair, schedule and manage the local interdepartmental Patient Safety Committee Meetings as often as required to meet objectives of the site PSQIP and other initiatives as required through alignment with enterprise quality goals and ongoing local and enterprise trending of opportunities
- Required attendance/participation in Enterprise Patient Safety Council, collaboration to share best practices and to cascade information and drive results internally – implement approved action plans at site level and provide regular updates; escalate barriers identified at site
- Oversee/complete thorough investigations on significant performance variances, identify trends for potential risks, and where implemented improvements have not rectified the risk(s); leads coordination of local response/teams when interventions are warranted
- Ensure site compliance with national and state regulatory agencies; provide regular updates/changes to regulatory requirements; provide justification on local program deviations
- Lead/coordinate external accreditation surveys (The Joint Commission, Certified Outpatient Center (CoC))
- Create, modify as required and distribute patient safety dashboards w/in approved timeframe and provide inputs on measures/metrics/targets, discussion on performance; conducting/sharing summaries of site Root Cause Analyses (RCA), Common Cause Analyses (CCA) and Apparent Cause Analyses (ACA) as required by Medical Executive Committee, Medical Staff and Executive leadership (site close)
- Participate in PSO led meetings

3. PATIENT SATISFACTION PROGRAM

Enterprise Patient Satisfaction Council

CHAIR: Enterprise Patient Satisfaction Senior Specialist

EXECUTIVE SPONSOR: Vice President, Quality and Safety

REQUIRED MEMBERS: Enterprise Quality Manager; Site Designated Patient Satisfaction Specialists

PURPOSE: Provide site support and a system view of overall CTCA Patient Satisfaction performance as an indicator of safe, effective, efficient, equitable, timely and person-centered care. The team will promote exceptional patient and caregiver satisfaction through common expectations and through design of core strategies contributing positively to safety and to both patient retention and growth objectives of the organization.

Key Responsibilities:

- Comprised of subject matter experts (SME) and acts as resource for site leaders and teams and enterprise internal departments
- Complete
- Establish and track enterprise goals, ensure collaboration with each site patient satisfaction programs and teams to reduce variation; review and approve any program deviation justifications
- Chair/facilitate Enterprise Patient Satisfaction meetings, and ensure timely execution of enterprise and site-specific action plans, develop sub/ad hoc teams when required to help drive results
- Create, modify as required, and distribute Quality Dashboards for Patient Satisfaction metrics and drive consistency in data/metrics; create reporting tools; audit/validate data; complete monthly site close report to executive leadership; identify enterprise-wide trends and recommend/initiate solution
- Ensure enterprise compliance with regulatory agencies (The Joint Commission (TJC), Centers of Medicare Services (CMS), etc.); provide regular updates/changes to regulatory requirements
- Provide guidance/support in communication/education of quality initiatives and promote attendance/involvement from key site representatives
- Partner w/CTCA IS and manage enterprise contracts and work with vendors on behalf of CTCA to support sites

Additional Responsibilities:

- Partner with Enterprise Communications and Payor Relations to provide data and material
- Manage Sit/PRO program and data reporting (SIT/PRO); provide site support as required
- Manage site EPR2/Health Grades Program
- Provide site support/education materials (PG/EPR2/SIT)
- Approval and change authority for patient surveys
- Maintain record/meeting minutes

Local/Site Patient Satisfaction Committee

RESPONSIBLE LEAD: Site Patient Satisfaction Specialist

EXECUTIVE SPONSOR: Site Chief Nursing Officer

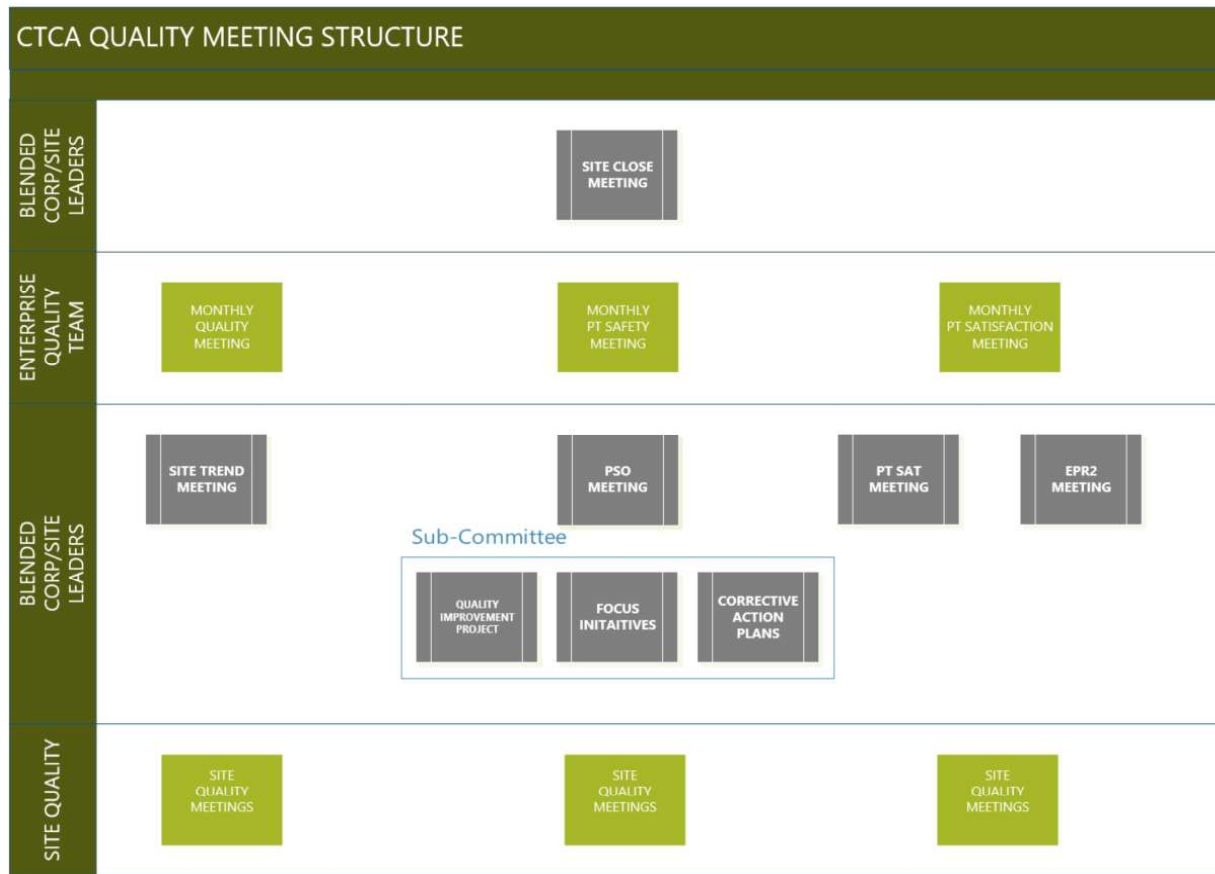
ADDITIONAL SUPPORT PERSONNEL: Site department leaders based on goals and improvement initiatives

PURPOSE: Responsible for the administration and management of the patient satisfaction program at the site level. Ensure top tier quality performance reflective of the key dimensions of safe, effective, efficient, equitable, timely and person-centered care.

Key Responsibilities:

- Subject Matter Expert(s) and resource for local leaders, departments, and teams
- Manage the components of patient satisfaction program as outlined in the Site PSQIP
- Chair, schedule and manage the local interdepartmental Patient Satisfaction Committee Meetings as often as required to meet objectives of the site PSQIP and other initiatives as required through alignment with enterprise patient satisfaction goals and ongoing local and enterprise trending of opportunities; provide justification on deviations from agreed upon actions
- Required attendance/participation in Enterprise Patient Satisfaction Council, collaboration to share best practices and to cascade information and drive results internally – implement approved action plans at site level and provide regular updates; escalate barriers identified at site
- Oversee/complete thorough investigations on significant performance variances, identify trends for potential risks, and where implemented improvements have not rectified the risk(s); leads coordination of local response/teams when interventions are warranted
- Provide inputs on measures/metrics/targets, discussion on performance
- Participate in PSO led meetings

QUALITY MEETING STRUCTURE



The Quality Meeting Structure is designed for top-down/bottom-up information flow and reporting to allow for flexible and agile response to quality, patient safety, and patient satisfaction concerns. This construct provides a full 360-view of quality across the enterprise and is key to the program success.

QUALITY PROGRAM MEETING DETAILS

Site Monthly Close Meeting – Quality Report

CHAIR: President, Cancer Treatment Centers of America

REQUIRED MEMBERS: Enterprise Leadership, including Chief Medical Officer, Site Executive Leadership

CADENCE: Monthly

Purpose/Charter: The objective of the quality report within the Site Close Meeting is to provide an overview on the overall health of the quality program at each site in terms of patient safety, clinical quality, and patient satisfaction. Each site CNO, or designee, will update executive leadership on current initiatives underway to address underperforming measures, prioritized quality indicators, contractual metrics and measures impacting CMS Star rating. Each site will also provide a summary of Serious Safety Events (SSE) to date and any mitigating actions taken to prevent recurrence.

Enterprise Quality Council Meeting**CHAIR:** Enterprise Quality Manager**EXECUTIVE SPONSOR:** Vice President, Quality and Safety**REQUIRED MEMBERS:** Site Quality Directors**OPTIONAL/PREFERRED:** Chief Nursing Officers**CADENCE:** Monthly

Purpose/Charter: The objective of the CTCA Enterprise Quality Council meeting is to review/ensure enterprise-wide top tier quality performance reflective of the key dimensions of safe, effective, efficient, equitable, timely and person-centered care. Expected outcomes below:

- Alignment and ownership of quality clinical goals (20-20, nurse sensitive, CMS Macra/MIPS, P4P, VBP, HAC, Oncology Specific, Star- Ratings)
- Oversee the development, maintenance and ongoing revision of the Quality Scorecard, content and format, including Board reporting of such performance, aligning with any local complimentary dashboards, disease specific scorecards, and corporate balanced scorecard activities
- Review data and develop activities/processes (design, implement, educate and train) to ensure sites are meeting fiscal year metrics
- Decrease variation by establishing standard materials and processes in response to evolving standards
- Share best practices for consideration and inclusion at site level
- Develop sub/ad hoc teams comprised of multidisciplinary/nursing shared governance, when needed to meet expected outcomes such as QOPI, Joint Commission readiness
- Serve as forum for Pay for Performance discussions post contract execution

Enterprise Patient Safety Council Meeting**CHAIR:** Enterprise Quality Manager**EXECUTIVE SPONSOR:** Vice President, Quality and Safety**REQUIRED MEMBERS:** All site Quality Directors; all site designated Site Patient Safety Specialists**OPTIONAL/PREFERRED:** Chief Nursing Officers**CADENCE:** Monthly

Purpose/Charter: The objective of the CTCA Enterprise Safety Council meeting is to review/ensure enterprise-wide top tier quality performance reflective of the key dimensions of safe, effective, efficient, equitable, timely and person-centered care. Expected outcomes below:

- Alignment and ownership of patient safety goals
- Conduct and promote Culture of Safety Survey per established schedule
- Review safety data, discuss gaps, develop enterprise solutions as applicable

- Standardize RCA, CCA, ACA process, sharing events and action plans
- Set, communicate and achieve goals relevant to SSE and SEC rates, using CTCA Case law
- Decrease variation, establish standard materials and processes in response to evolving standards
- Share best practices for consideration and inclusion at site level
- Design, Implement, educate, train, and reinforce high reliability practices/program components such as safety champion program and safety behaviors

Enterprise Patient Satisfaction Council Meeting

CHAIR: Enterprise Patient Satisfaction Senior Specialist

EXECUTIVE SPONSOR: Vice President, Quality and Safety

REQUIRED MEMBERS: Enterprise Quality Manager; Site Designated Patient Satisfaction Specialists

CADENCE: Monthly

Purpose/Charter: The objective of the Enterprise Patient Satisfaction (EPST) Meeting is to promote exceptional patient and caregiver satisfaction through common expectations and the design of core strategies contributing positively to both retention and growth objectives of the organization. This team will report out on a regular cadence to the Quality Governance Committee. Expected outcomes below:

- Alignment and ownership of satisfaction goals
- Review of satisfaction results, both quantitative and qualitative, discussion of gaps and development of enterprise solutions as applicable
- Sharing of best practices
- Designing, launching and maintaining core strategies, tools and tactics to drive performance.
- Oversee, maintain and socialize Living Our Promise (KWKTs, AIDET, HEAL, etc.) tools and training efforts
- Hardwiring agreed-to core processes considered CTCA best practices.
- Formation of sub-teams/work groups as needed (Leader Rounding, SIT/PRO, etc.)
- Driving Patient Satisfaction improvement action plans and associated tracking.
- Cascading information to local CCRC patient satisfaction teams to promote transparency and enhance communication
- Providing input into vendor relationship opportunities, survey instrument construct and data integrity issues

Site Trend Meeting

CHAIR: Enterprise Quality Manager

EXECUTIVE SPONSOR: Site CNO

REQUIRED MEMBERS: Enterprise data abstracters, QOPI Champions, Quality Directors, QCP leads

CADENCE: Monthly

Purpose/Charter: Provide trends and insights into the ongoing clinical abstraction data intended to provide a direction for local deep dives that will further drive top tier quality performance reflective

of the key dimensions of safe, effective, efficient, equitable, timely and person-centered care. Provides a venue for QOPI Certification updates and program management direction.

Patient Satisfaction Meeting (Press Ganey)

CHAIR: Enterprise Senior Analyst, Quality and Satisfaction

REQUIRED MEMBERS: Enterprise and site satisfaction leads, Press Ganey Representatives

CADENCE: Monthly

Purpose/Charter: Routine touchpoint with Press Ganey to educate and discuss areas of opportunities for improvement and to obtain input on how Press Ganey can assist in program improvement.

Site Medical Executive Committee Meeting

CHAIR: Site Chief Medical Officer

REQUIRED MEMBERS: Medical Staff Representatives including department chiefs, medical directors, chiefs of staff and members at large, members of executive leadership, CNO and nursing leadership, Quality Director, Patient Safety and Risk Management specialists.

CADENCE: Monthly

Purpose (As relates to Site Quality Program) : Ensure medical staff participation, direction and support of the Quality Program and the execution of the established annual PSQIP. Key responsibilities include ensuring:

- Data obtained through PSQI activities are aligned and cascaded with the hospital's strategic initiatives
- Well-defined metrics (key performance indicators or KPIs) are selected, data analyzed, recommendations made, and appropriate follow-up completed to drive improvements
- Incorporating internal and external sources of benchmarking data
- Identifying and ensuring that other sources of model practices such as those supported by the Agency for Healthcare Research and Quality, The Joint Commission, National Quality Forum and others are incorporated into the overall quality improvement efforts
- Identifying educational needs and assuring that physician education for quality improvement takes place
- Appointing or sponsoring subcommittees or multidisciplinary teams to work on specific issues, as necessary.

Site Medical Staff Quality Meeting

CHAIR: Physician Member as appointed by MEC Chair or their designee

REQUIRED MEMBERS: Include but not limited to: Physician members as appointed by the Chair, Director(s) of Quality, Risk Management, Medical Staff Services, and representation from the following areas: Patient Care Services, Infection Control, Patient Safety, Inpatient Services, Director of Pharmacy, Lean/Six Sigma, Director of Laboratory Services, and Nursing Staff and/or a designee for all areas outlined above.

ADDITIONAL MEMBERS: Site department leaders based on goals and improvement initiatives

CADENCE: Quarterly

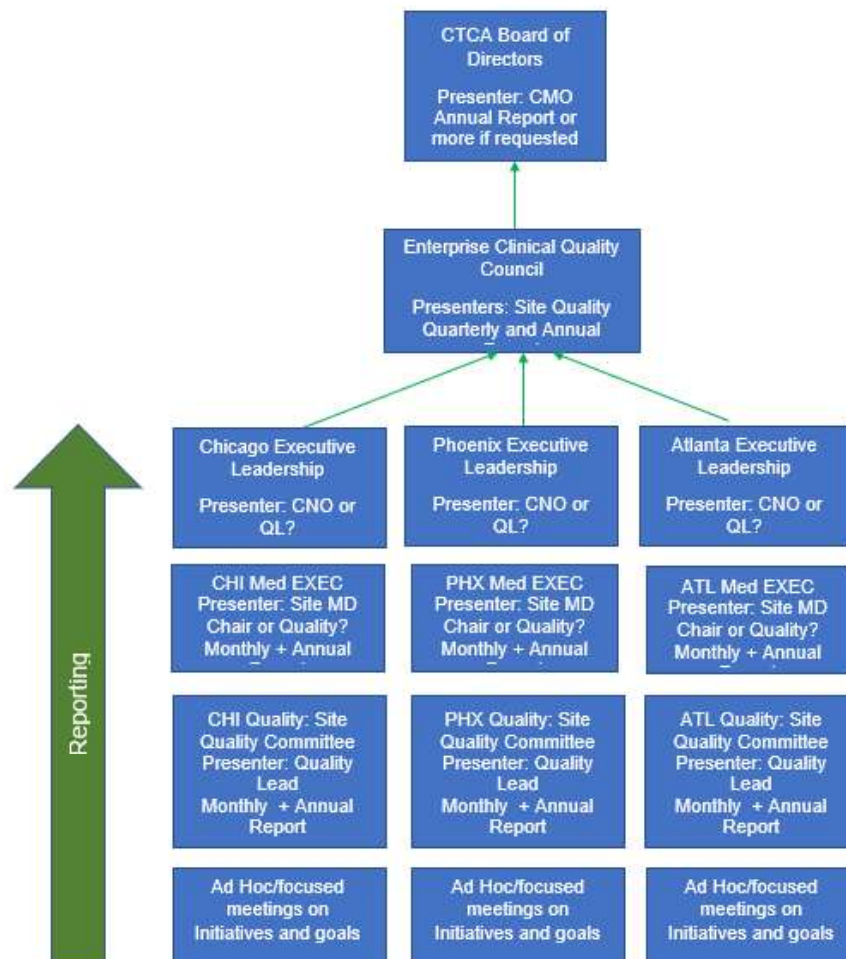
Purpose/Charter: Site-based Quality & Patient Safety Committee standing committee of the Medical Staff and shall consist of members as appointed by the Chair of the Quality Committee.

Sub-committee Meeting(s)

MEMBERS: SME's – Determined by project/initiative

CADENCE: Determined by project initiative

Purpose/Charter: The objective of the Sub-Committee meeting is to address specific projects or initiatives that focus on specific quality concerns. The intent is for these to be targeted working sessions with a definitive end in mind. These meetings can change as business needs and priorities shift and are not intended to be permanent fixture meetings.



Summary – Quality Information Flow

COMMITTEE RESPONSIBILITIES - SUMMARY

TITLE	PURPOSE	ATTENDEES	CADENCE
Site Close	Site Updates on overall health of Quality Program - CMS Star Readiness - Serious Safety Event Update - QOPI/Quality Measures (as applicable)	President, CMO, CEO, CNO	Monthly
Enterprise Quality	Review Trends in Quality Metrics (Dashboard) Program Updates Review dashboard methodology Updates on site action plans	Quality Directors, CNO's	Monthly
Enterprise Patient Satisfaction	Review Trends in Sat Metrics (PG/Sentact) Updates on site action plans (HCAHPS) Vendor Updates Leader Rounding Initiative Updates	Patient satisfaction leads, CNO's	Monthly
Enterprise Safety	Review SSE #'s Review RCA summary Review RL6 Closed Identify trends (site/enterprise) Update on Culture of Safety site actions Review Top5	Quality Directors, RL6 Experts	Monthly
Site Trend	Reviewing Clinical Oncology Metrics (Trends) Provide QCP Updates (QOPI) Trends in QOPI Dashboard Data Review corrective actions/make recommendations suggestions (consultative)	Site Quality Leads, QCP Physician Champion, QCP accreditation leads	Monthly (once per site)
Patient Satisfaction Meeting (Press Ganey)	Review Education Materials from PG Escalate issues/concerns with PG	Press Ganey Reps Enterprise/Site PT Sat Leads	Monthly
Patient Safety Organization meeting	Coordinate/Escalate concerns and issues to the Vendor Discuss new offerings/services Collaborate performance improvement methods for out of tolerance measures	Enterprise Safety Lead, Site Safety Leads	
Sub-committee Meetings (as needed)	Review/Address specific project actions (Fallouts, QOPI/CMS Measures, Utilization etc)	Project Dependent – Executive Champion, Team Members, Project Manager	Project Dependent - As Required

QUALITY PROGRAM DELIVERABLES

TYPE	NAME	OWNER	RECIPIENT	DUE
Handbook	CTCA Enterprise Quality Plan	ECL	CMO	Annual
Handbook	Physician Contract Handbook	OCL	CMO/PG	Annual
Handbook	Quality Safety Policies	All Quality	Compliance	Annual
Report	Physician Contracting Metric Report	Enterprise Quality	Physician Group	Quarterly
Report	Quality Scorecard	All Quality	Executive Leadership	Monthly
Report	Site Close Quality Scorecard	All Quality	Executive Leadership	Monthly
Report	Top Measures Board Report	Enterprise Quality	Executive Leadership	Monthly
Report	Clinical Measures Scorecard	Enterprise Quality	Site Quality Leaders	Monthly
Report	Crimson – Surgical Outliers Report	Enterprise Quality	Chiefs of Surgery	Monthly
Report	Satisfaction Report	Enterprise Quality	Site/Department Leaders	Monthly
Report	ClinPath Report	Enterprise Quality	Executive Leadership	Monthly
Data	Fallout Case Data (Morbidity/Mortality)	Enterprise Quality	Surgery Chiefs	Monthly
Data	CMS/Press Ganey Extractions	Enterprise Quality	Clinical and Quality Leaders	Monthly
Data	Vendor OPPE Clinical Data Extracts	Enterprise Quality	Crimson	Monthly
Data	SIT/PRO Tool Utilization	Enterprise Quality	Chief Operating Officers and Clinical Leaders	Weekly
Data	Serious Safety Event	Enterprise Quality	Site Patient Safety Leaders	Monthly
Data	Leader Rounding Compliance Metrics	Enterprise Quality	Chief Executives and Chief Nursing Officers	Weekly

PERFORMANCE MANAGEMENT

Performance management is the epicenter of what drives CTCA quality initiatives and activities. Understanding and reacting to our data in a standard, visual, trended, and “as close to real time as possible” manner ensures our rigor towards data-centered decision making. Managing performance to better than industry standards or “Top Box/Decile” illustrates our commitment to the relentless pursuit for top quality, patient safety and satisfaction. Striving for this level of performance as well as driving annual improvement initiatives across each of the sites puts CTCA in the best position for Joint Commission Accreditation purposes. CTCA Performance management is enabled through the regular review of metric dashboards, health information systems, policies, procedures, and data.

POLICIES:

- Medical Error Disclosure PI100
- Sentinel Event PI101
- Stop the Line PI102
- Event Reporting PI103
- Patient Complaints and Conflicts Resolution PI104

SCORECARDS

- Enterprise Quality Scorecard
- Site Close Quality Scorecard
- Clinical Data Scorecard

REPORTS

- Physician Contracting Metric Report
- Top Measures Board Report
- Crimson – Surgical Outliers Report
- Satisfaction Report
- ClinPath Report

DATA

- Fallout Case Data (Morbidity/Mortality)
- CMS/Press Ganey Extractions
- Serious Safety Event
- Vendor OPPE Clinical Data Extracts
- SIT/PRO Tool Utilization
- Leader Rounding Compliance Metric
- Data Abstraction for Clinical Measures

PERFORMANCE IMPROVEMENT

Continual Improvement is a pivotal component to how we operate and how we serve our patients. We never stop searching and innovating our practices to best heal the whole person, improve quality of life and restore hope. Through the utilization of standardized, peer-reviewed, best practice problem solving methodologies, CTCA remains nimble enough to respond to ever-evolving healthcare challenges.

MODEL FOR PERFORMANCE IMPROVEMENT

CTCA follows an industry leading, evidenced based Model for Improvement (see Figure 1). This structured problem-solving and quality improvement approach forms the foundation for how performance improvement is managed. As indicated in the Performance Management section, rigorous focus on performance metric monitoring allows for rapid response to gaps and improvement opportunities. Once identified, cross functional/multi-disciplinary teams are formed to perform Root Cause Analysis, CCA, ACA, or FMEA. PDSA cycles are then utilized to continually drive towards improvement. Improvement initiatives are captured via A3 document (SEE APPENDIX 5):

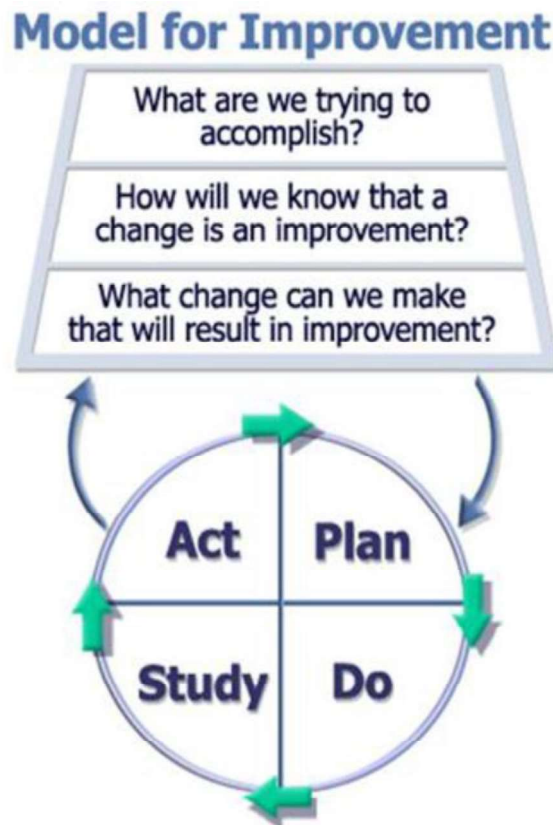


Figure 1: Source - Institute for Healthcare Improvement Whitepaper

In order to facilitate rapid learning and speed to design, CTCA also follows a structured Pilot Process (See Pilot Process Toolkit – APPENDIX 2 AND 3) – LINK: [Empowernet – Departments – Quality, Safety, & Outcomes – Pilot Process Toolkit](#)

SAFETY IMPROVEMENT METHODOLOGY

HPI defines a Serious Safety Event (SSE) as: *“a deviation from generally accepted performance standards that reaches the patient and results in moderate to severe harm or death.”*

The preferred methodology for CTCA to communicate, investigate and resolve an SSE is the Press Ganey – Healthcare Performance Improvement (HPI) “3-Meeting Model” (SEE APPENDIX 4). This is an industry proven, best practice that when utilized allows for true root cause analysis and lasting prevention remedies. The HPI toolkit can be accessed: [Empowernet – Departments – Quality, Safety, and Outcomes – RCA Toolkit](#)

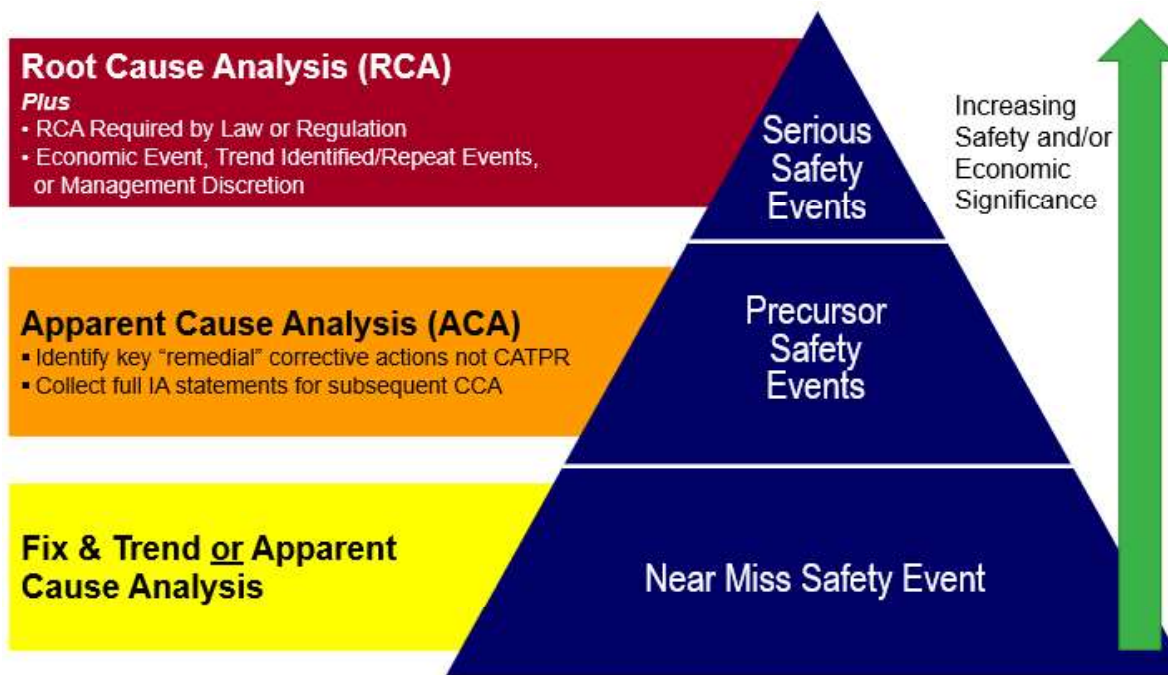


Figure 2: Source Healthcare Performance Improvement Training Deck\

INVESTIGATION PROCESS:

HPI – “3 Meeting Model”: USECASE: Serious Safety Events

MEETING 1: Fact Finding/Discovery Meeting

- 24-72 Hours Post Event
- Brief Meeting (no more than 30 minutes)
- Update on known facts
- Acknowledge/Affirm immediate risk mitigation
- Assign resources/plan for next steps; including 1:1 interview schedule
- Discuss need to sound enterprise wide “Safety Alert”
- **ATTENDEES:** Executive Sponsor, RCA Leader/Analyst or Quality Leader; Medical Staff; Content Experts/SME’s, Department Manager/Director of where event occurred

MEETING 2: Root Causes Analysis

- Working Session: generally, 90-120 minutes.
- Agree on facts and proximate causes
- Consensus on SOE, IFM, and SFM's
- Review investigation process and draft event/causal factor charts
- Discuss/clarify the issues
- Test theories or root causes
- Discuss next steps
- **ATTENDEES:** Executive Sponsor, RCA Leader/Analyst or Quality Leader; Medical Staff; Content Experts/SME's, Department Manager/Director of where event occurred

MEETING 3: Corrective Actions

- Consensus on root causes
- Identify corrective actions to prevent recurrence
- Develop action plan with appropriate action owners
- Identify generic implementations and determine how to share lessons learned internally (executive briefings)
- Summarize RCA for enterprise sharing
- **ATTENDEES:** Executive Sponsor, RCA Leader/Analyst or Quality Leader; Medical Staff; Content Experts/SME's, Department Manager/Director of where event occurred

REQUIRED SHARING OF SERIOUS SAFETY EVENTS

Information sharing and lessons learned is a pivotal component to preempting and avoiding “near miss” or serious safety events at sister sites. As such RCA summaries of Serious Safety events will be presented at the Monthly Enterprise Quality Patient Safety Meeting and provided to the Enterprise Chief Medical Officer, all site Chiefs of Staff, and the Enterprise Quality Manager upon completion.

HPI – “Apparent Cause Analysis” (ACA) (SEE APPENDIX 1): Common Cause Analysis Event Worksheet maintained on SharePoint: empowerNET– Departments – Quality, Safety, Outcomes – Root Cause Analysis Toolkit

PROGRAM EVALUATION

The contents of this document will be reviewed annually for pertinent updates and will be approved via the Enterprise Quality Council.

CONFIDENTIALITY

Confidentiality of all patient safety and quality improvement information will be observed according to the hospital policy and the Patient Safety and Quality Improvement Act of 2005, both of which define in detail the mechanism for collecting, managing, and analyzing data in a protected environment.

APPENDIX 1

Apparent Cause Analysis Report

Event Date		Event Type					
Report Date		Event Class					
Completed by		Level of Harm					
Description of Occurrence (What happened? What was the outcome?)							
Apparent Cause Statement (What was included in the investigation? WHO did/didn't do WHAT because WHY?)							
Inappropriate Acts or Issues			To be completed by Quality Improvement				
			Dept	Process	Activity	SFM	IFM
Significance and Possible Extent of Condition (What was the potential for harm in this case? What is the extent of condition? Are there any trends related to this event – is it a repeat event? Was the level of analysis appropriate or should this be escalated to a higher level of cause analysis?)							
Other Intermediate Corrective Actions to Consider (if any)?							

APPENDIX 2



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Pilot Checklist

1. Pilot Justification

- Scope and objectives
 - Testable statement or statements outlining the value the program/service is intended to provide (the hypothesis)
- Pilot of new program/service should test for the following:
 - Alignment with CTCA mission, vision and values
 - Advantage in comparison to the current state
 - Extend of (positive or negative) disruption to current systems
 - Compatibility with existing practices
 - Simplicity or complication of the proposed change
 - Trialability and reversibility of the idea

2. Business Requirements & Considerations

- Stakeholders involved
 - Include estimate of time commitments
- Technology or infrastructure needs (acknowledgement of new or existing resources)
- Anticipated impact
 - On existing processes
 - On existing services

3. Project Framework & Plan Instructions

- Timeframe
 - Start and end dates
- Sample size (how much data or experience is necessary)
- Training plan
 - Includes what stakeholders 'need to know' prior to initiating pilot
- Risks and contingencies
 - Potential risk factors
 - Resolution of problems (acknowledgement of how)
- Schedule
 - Milestones for which progress will be assessed
 - Time devoted to 'lessons learned' throughout pilot

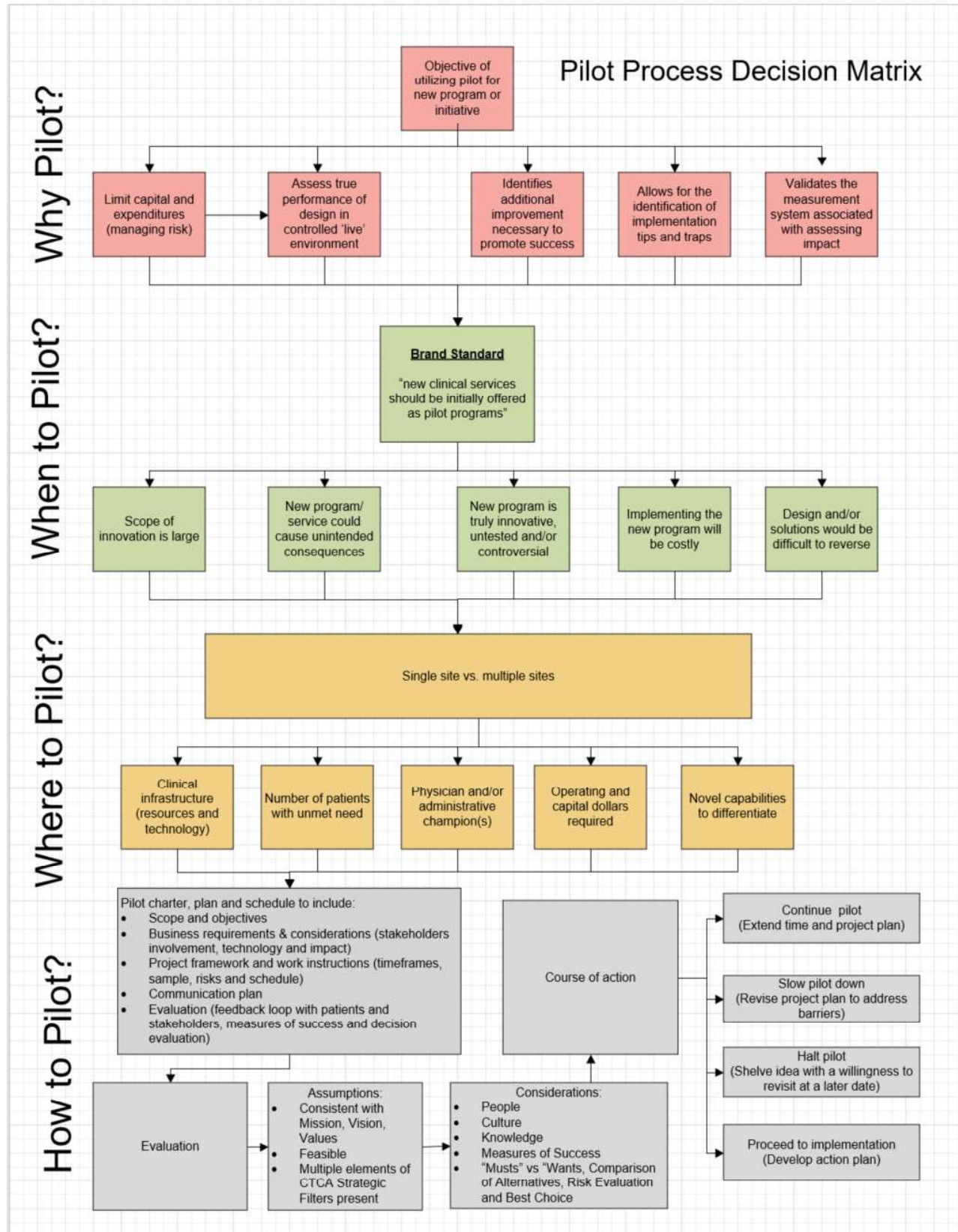
4. Communication

- Consideration as to who needs to know (cross department, cross center, cross enterprise impact)
- Explains how stakeholders will be continuously informed about the pilot

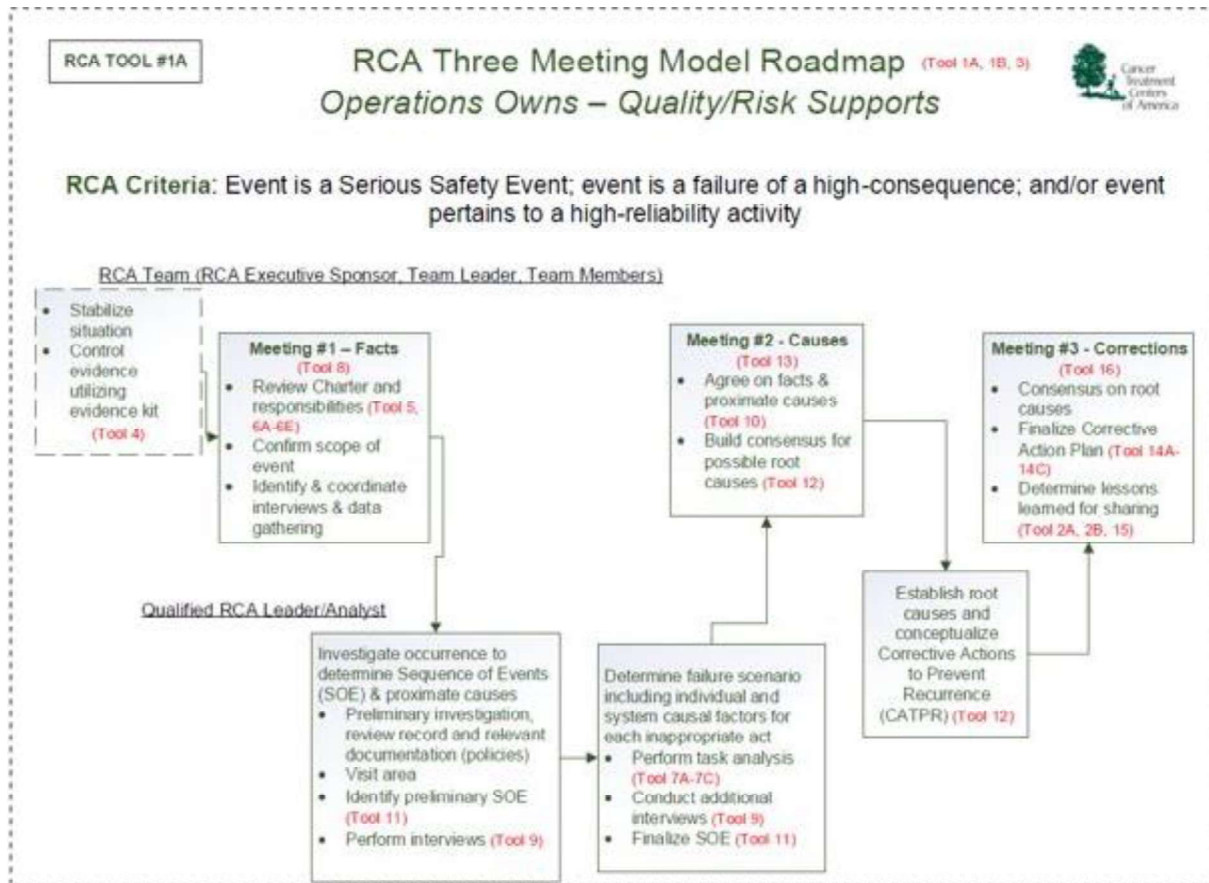
5. Evaluation (see also related tool)

- Feedback loop (for gathering input)
 - Patients/caregivers
 - Stakeholders
- Measures of success (how the pilot will be assessed; **see also related tool**)
 - Agreed upon metrics
 - Established targets for the agreed upon metrics


APPENDIX 3



APPENDIX 4



APPENDIX 5

Process: Project Leader:		CTCA A3 Problem Solving		Executive Sponsor: Date:	
					
1. Problem Statement: <i>What are we trying to accomplish?</i>		4. Corrective Actions: DO <i>What change(s) can we make that will result in improvement?</i>			
2. Background/Analysis: PLAN <i>How will we know that a change is an improvement?</i> <i>What are the root causes for the gaps?</i>		5. Implementation Plan: DO <i>Who is responsible for what actions and by when?</i>			
3. Target Performance PLAN : <i>What are we measuring?</i>		6. Progress Review/Evaluation: STUDY/ACT <i>KPI:</i> <i>KAI:</i> <i>What is the established review cadence?</i> <i>KAI:</i> <i>KAI:</i>			
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GLOSSARY

ACA: Apparent Cause Analysis
AIDET: Patient Communication: Acknowledge, Introduce, Duration, Explanation, Thanks
CATPR: Corrective Action to Prevent Recurrence
CCA: Common Cause Analysis
CCRC: Comprehensive Cancer Research Center
CEO: Chief Executive Officer
CHIP: Children's Health Insurance Program
CMS: Centers of Medicare Services
COC: Certified Outpatient Center
COS: Chief of Staff or Culture of Safety
EPR2: Electronic Physician Ratings and Reviews (e-PR²)
EPST: Enterprise Patient Safety Team
FMEA: Failure Mode Effects Analysis
HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems
HEAL: Have, Enhance, Absorb, Link
HPI: Healthcare Performance Improvement
IFM: Individual Failure Modes
KWKT: Patient Communication: Key Words, Key Times
MACRA: Medicare Access and CHIP Reauthorization Act
MIPS: Merit Based Incentive Payment System
MSoC: Mother Standard of Care
QCP: QOPI Certification Program
QOPI: Quality Oncology Practice Initiative
PG: Physicians Group or Press Ganey
PSO: Patient Safety Organization
P4P: Pay for Performance
PSQIP: Patient Safety and Quality Improvement Plan
RCA: Root Cause Analysis
RL6: RL-6 Solutions electronic event/incident reporting platform
SEC: Safety Event Communication
SFM: System Failure Modes
SIT/PRO: Symptom Indicator Tool/Patient Reported Outcomes
SME: Subject Matter Expert
SOE: Sequence of Events
SSE: Serious Safety Event
TJC: The Joint Commission