

25-002

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JAN 24 2025

HEALTH FACILITIES & SERVICES REVIEW BOARD

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Advocate Trinity Hospital		
Street Address: 2320 E. 93 rd Street		
City and Zip Code: Chicago 60617		
County: Cook	Health Service Area: 6	Health Planning Area: A-03

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

Exact Legal Name: Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital	
Street Address: 2320 E. 93 rd Street	
City and Zip Code: Chicago 60617	
Name of Registered Agent: The Corporation Company	
Registered Agent Street Address: 600 2 nd St., Suite 104	
Registered Agent City and Zip Code: Springfield, IL 62704	
Name of Chief Executive Officer: Michelle Y. Blakely, PhD (President)	
CEO Street Address: 2320 E. 93 rd Street	
CEO City and Zip Code: Chicago 60617	
CEO Telephone Number: 773-967-5001	

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	<input type="checkbox"/>

- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o Partnerships must provide the name of the state in which 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: Dr. Michelle Y. Blakely, PhD
Title: President
Hospital Name: Advocate Trinity Hospital
Address: 2320 E. 93 rd Street Chicago, IL 60617
Telephone Number: 773-967-5001
E-mail Address: michelle.blakely@aah.org
Fax Number: 773-967-4191

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

Name: Myndee Gomberg Balkan
Title: Director, Health Facilities Planning
Company Name: Advocate Health
Address: c/o Administration Dept. Advocate Condell Medical Center 801 S. Milwaukee Ave. Libertyville, IL 60048
Telephone Number: 847-721-0376
E-mail Address: myndee.balkan@aah.org
Fax Number: N/A

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

Name: Laura Parisi
Title: Director, Design and Construction
Company Name: Advocate Health
Address: 4440 W. 95th Street Oak Lawn, IL 60453
Telephone Number: 773-304-6068
E-mail Address: laura.parsi@aah.org
Fax Number: N/A

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

Name: Dan Lawler
Title: Owner
Company Name: Lawler Law Office
Address: 1251 N. Eddy Street, South Bend, IN 46617
Telephone Number: 708-668-3832
E-mail Address: dan@lawler.law
Fax Number: N/A

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City and Zip Code: Chicago 60617		
County: Cook	Health Service Area: 6	Health Planning Area: A-03

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

Exact Legal Name: Advocate Aurora Health, Inc.
Street Address: 2025 Windsor Drive
City and Zip Code: Oak Brook, IL 60523
Name of Registered Agent: The Corporation Company
Registered Agent Street Address: 600 S. 2 nd Street Suite 104
Registered Agent City and Zip Code: Springfield, IL 62704
Name of President: Gabrielle Finley-Hazle
President Street Address: 2025 Windsor Drive
President City and Zip Code: Oak Brook, IL 60523
President Telephone Number:

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	<input type="checkbox"/>

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Address: c/o Administration Dept. Advocate Condell Medical Center 801 S. Milwaukee Ave. Libertyville, IL 60048
Telephone Number: 847-721-0376
E-mail Address: myndee.balkan@aah.org
Fax Number: N/A

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County: Cook	Health Service Area: 6	Health Planning Area: A-03

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

Exact Legal Name: Advocate Health, Inc.
Street Address: 1000 Blythe Boulevard
City and Zip Code: Charlotte, NC 28203
Name of Registered Agent: The Corporation Company
Registered Agent Street Address: 600 S. 2nd Street Suite 104
Registered Agent City and Zip Code: Springfield, IL 62704
Name of Chief Executive Officer: Eugene Woods
CEO Street Address: 1000 Blythe Boulevard
CEO City and Zip Code: Charlotte, NC 28203
CEO Telephone Number:

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		<input type="checkbox"/>

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E-mail Address: dan@lawler.law
Fax Number: N/A

Post Permit Contact

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

Name: James Kokaska
Title: Vice President, Planning, Design & Construction
Company Name: Advocate Health, Inc
Address: 2025 Windsor Drive, Oak Brook IL, 60523
Telephone Number: 708-473-4692
E-mail Address: james.kokaska@aah.org
Fax Number: N/A

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Advocate Health and Hospitals Corporation
Address of Site Owner: 2025 Windsor Drive, Oak Brook, IL 60523
Street Address or Legal Description of the Site: Advocate Trinity Hospital, 2320 E 93rd St, Chicago, IL 60617
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Advocate Health and Hospitals Corporation
Address: 2025 Windsor Drive, Oak Brook, IL 60523
<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 organized and the name and address of each partner specifying whether each is a general or limited partner.○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>). **NOTE: A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM** has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

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

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification :

- Substantive
- Non-substantive

2. Narrative Description

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

Advocate Health and Hospitals Corporation (“AHC”) d/b/a Advocate Trinity Hospital, Advocate Aurora Health, Inc. and Advocate Health, Inc. (together, the “Applicants”) propose to discontinue the existing health care facility, Advocate Trinity Hospital, located at 2320 E. 93rd Street, Chicago, Illinois 60617. The existing hospital is proposed to be replaced by a new hospital in the same Health Planning Area (A-03). The proposed new hospital is the subject of a separate permit application.

Notice of this proposed discontinuation was provided by letter dated December 20, 2024, and sent to the City of Chicago, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. A copy of the notice letter is included with Attachment 10.

The Categories of Service that will be discontinued include:

- 158 Medical-Surgical beds
- 24 Intensive Care Unit beds
- 23 Obstetric/Gynecology beds
- 2 Cardiac Catheterization labs.

The Other Clinical Services that will be discontinued are listed in Attachment 10 and include Emergency Department Stations, Operating Rooms, Procedure Rooms, Recovery Stations, Imaging Services, Lab and Pharmacy.

The discontinuation of the existing facility and its replacement with a modern, efficient and right-sized hospital are part of a broader strategic vision and plan to improve access to care and health care outcomes on the South Side through an expansive ambulatory program in the area referred to as the Ambulatory Forward model which is addressed in detail in Attachment 10. Only the discontinuation of the existing hospital is the subject of this permit application.

There is no cost associated with this discontinuation project.

The project is classified as substantive because it involves the discontinuation of an entire health care facility under 20 IL CS 3690/3 and 77 Ill. Adm. Code 1110.20(c)(1)(B)(ii).

Project Costs and Sources of Funds

Note: This is a discontinuation project with no project costs.

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.</p> <p>Estimated start-up costs and operating deficit cost is \$ _____.</p>

Project Status and Completion Schedules

<p>For facilities in which prior permits have been issued please provide the permit numbers.</p> <p>Indicate the stage of the project’s architectural drawings:</p> <p style="text-align: center;"><input checked="" type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary</p> <p style="text-align: center;"><input type="checkbox"/> Schematics <input type="checkbox"/> Final Working</p>
<p>Anticipated project completion date (refer to Part 1130.140): June 26, 2029</p> <p>Project discontinuation will occur upon the establishment completion of the replacement hospital.</p>
<p>Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): No costs are associated with the discontinuation.</p> <p><input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.</p> <p><input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent “certification of financial commitment” document, highlighting any language related to CON Contingencies</p> <p><input type="checkbox"/> Financial Commitment will occur after permit issuance.</p>
<p>APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>

State Agency Submittals [Section 1130.620(c)]

<p>Are the following submittals up to date as applicable?</p> <p><input checked="" type="checkbox"/> Cancer Registry</p> <p><input checked="" type="checkbox"/> APORS</p> <p><input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted</p> <p><input checked="" type="checkbox"/> All reports regarding outstanding permits</p> <p>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</p>
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Cost Space Requirements

Note: This is a discontinuation project with no project costs.

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the departments or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Not Reviewable Space [i.e., non-clinical]: means an area for the benefit of the patients, visitors, staff, or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON-REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available**. **Include observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Advocate Trinity Hospital			CITY: Chicago		
REPORTING PERIOD DATES: From: January 1, 2023 to: December 31, 2023					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	158	3,572	29,563	-158	0
Obstetrics	23	758	2,096	-23	0
Pediatrics					
Intensive Care	24	1,356	3,074	-24	0
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:	205	5,686	34,733	-205	0

Source: 2023 Hospital Profile (includes observation days).

CERTIFICATION

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

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

This Application is filed on the behalf of Advocate Health and Hospitals Corporation* 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

Dia Nichols
PRINTED NAME

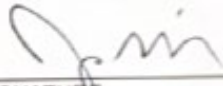
President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant




SIGNATURE

Jim Slinkman
PRINTED NAME

Assistant Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 5th day of December 2024



Signature of Notary

Seal



CERTIFICATION

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

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SIGNATURE

Dia Nichols

PRINTED NAME

President

PRINTED TITLE

SIGNATURE

Jim Slinkman

PRINTED NAME

Assistant Secretary

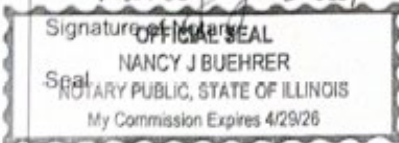
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 6 day of December

Notarization:
Subscribed and sworn to before me
this ___ day of _____



Signature of Notary



*Insert the EXACT legal name of the applicant

CERTIFICATION

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SIGNATURE

Dia Nichols
PRINTED NAME

Vice President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

Brett J. Denton
SIGNATURE

Brett J. Denton
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 9th day of December, 2024

Wendy Ruth Paxton
Signature of Notary - Expires 1-28-2028
State of North Carolina
County of Mecklenburg

Seal

*Insert the EXACT legal name of the applicant

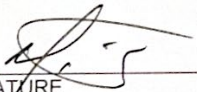


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SIGNATURE

Dia Nichols

PRINTED NAME

Vice President

PRINTED TITLE

SIGNATURE

Brett J. Denton

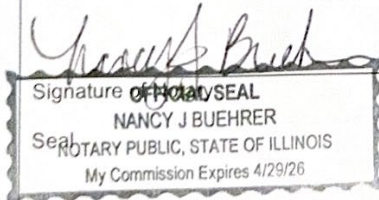
PRINTED NAME

Secretary

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 6 day of December

Notarization:
Subscribed and sworn to before me
this ____ day of _____



Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

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

SIGNATURE

Brett J. Denton

PRINTED NAME

Secretary

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

SIGNATURE

Bradley A. Clark

PRINTED NAME

Treasurer

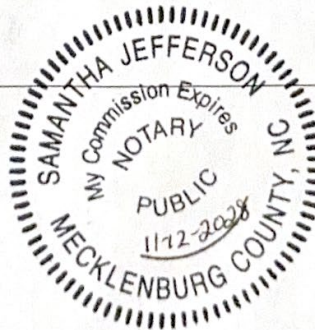
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 13 day of Dec. 2024

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant



CERTIFICATION

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

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

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

Brett J. Denton
SIGNATURE

Brett J. Denton
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 9th day of December, 2024

Wendy Ruth Payton
Signature of Notary

Seal
Expires 1.28.28
State of NC
County of Mecklenburg

*Insert the EXACT legal name of the applicant

SIGNATURE

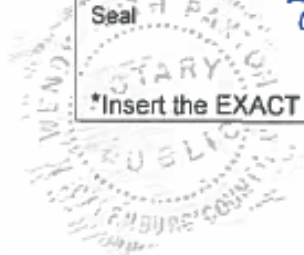
Bradley A. Clark
PRINTED NAME

Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal



SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility or the discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s) and Purpose of Project MUST** be addressed. **A copy of the Notices listed in Item 7 below MUST be submitted with this Application for Discontinuation <https://www.ilga.gov/legislation/ilcs/documents/002039600K8.7.htm>**

Criterion 1110.290 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
7. **For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.**
8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

IMPACT ON ACCESS

1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.

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

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A 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. For the following questions, 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.
 - a. 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.
 - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.
 - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
 - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
 - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
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 for permit, 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 can submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

SECTION X. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

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

Safety Net Impact Statements shall also include all the following:

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

A table in the following format must be provided as part of Attachment 37.

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

	Outpatient			
	Total			
	Medicaid (revenue)			
	Inpatient			
	Outpatient			
	Total			

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

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 39.

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

APPEND DOCUMENTATION AS ATTACHMENT 39, 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	27-30
2	Site Ownership	31-32
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	33
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	34-35
6	Historic Preservation Act Requirements	36-46
10	Discontinuation	47-121
11	Background of the Applicant	122-125
12	Purpose of the Project	126-150
37	Safety Net Impact Statement	151-162
38	Charity Care Information	163
Appendix A	Attachment 19 to Advocate Trinity Hospital Establishment Application	164-204
Appendix B	Attachment 23 to Advocate Trinity Hospital Establishment Application	205-249
Appendix C	Attachment 31 to Advocate Trinity Hospital Establishment Application	250-275

ATTACHMENT 1
TYPE OF OWNERSHIP OF APPLICANTS

Illinois Certificates of Good Standing for the Applicants are provided with Attachment 1, below:

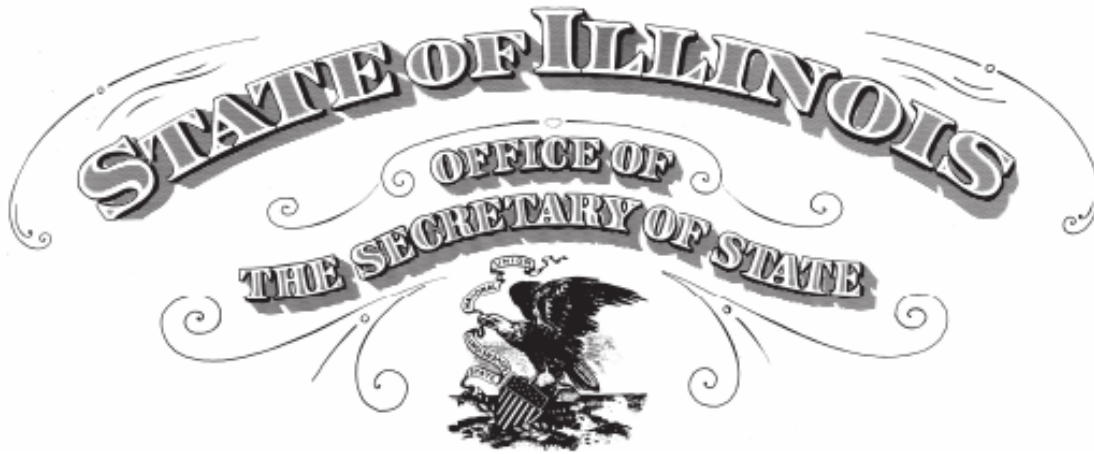
Advocate Health and Hospitals Corporation
IL Certificate of Good Standing

Advocate Aurora Health, Inc.
IL Certificate of Good Standing

Advocate Health, Inc.
IL Certificate of Good Standing

File Number

1004-695-5



To all to whom these Presents Shall Come, Greeting:

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

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



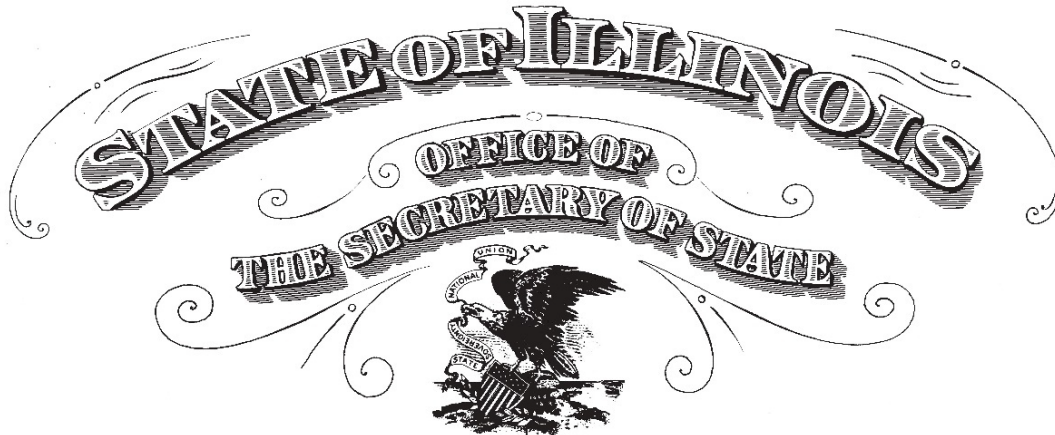
Authentication #: 2433002084 verifiable until 11/25/2025
Authenticate at: <https://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of NOVEMBER A.D. 2024 .


SECRETARY OF STATE

File Number

7155-851-7



To all to whom these Presents Shall Come, Greeting:

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

ADVOCATE AURORA HEALTH, INC., INCORPORATED IN DELAWARE AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 03, 2018, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



Authentication #: 2433001820 verifiable until 11/25/2025

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

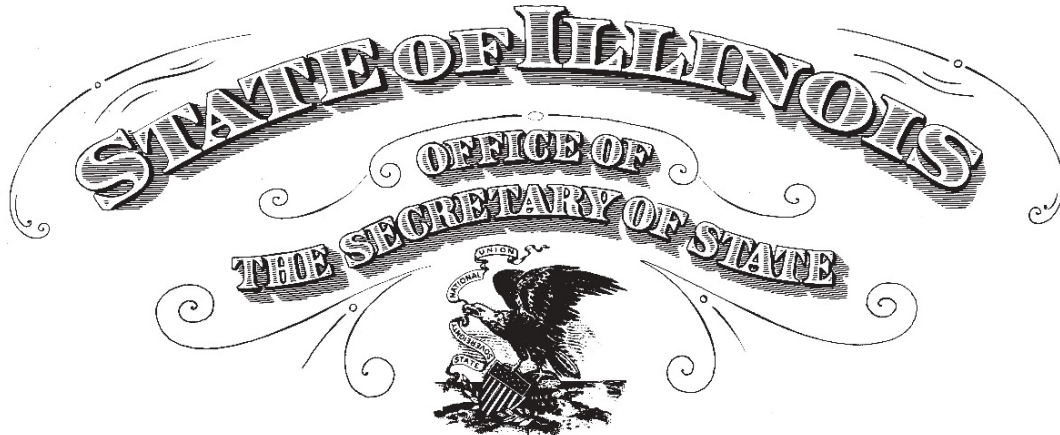
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of NOVEMBER A.D. 2024 .

Alexi Giannoulis

SECRETARY OF STATE

File Number

7376-313-4



To all to whom these Presents Shall Come, Greeting:

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

ADVOCATE HEALTH, INC., INCORPORATED IN DELAWARE AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 28, 2022, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of NOVEMBER A.D. 2024 .

Authentication #: 2433002054 verifiable until 11/25/2025
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 2
ATTESTATION OF SITE OWNERSHIP

Included with this Attachment 2 is a signed letter attesting that the site of the licensed applicant facility is owned by Advocate Health and Hospitals Corporation.

December 23, 2024

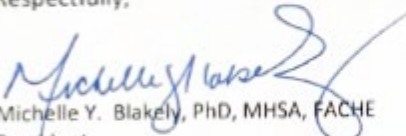
Mr. John Kniery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Advocate Trinity Hospital Discontinuation at the location - 2320 E. 93rd Street, Chicago, IL 60617

Dear Mr. Kniery:

This letter is to attest that Advocate Health and Hospitals Corporation owns the Advocate Trinity Hospital Site at 2320 E. 93rd Street, Chicago, IL 60617.

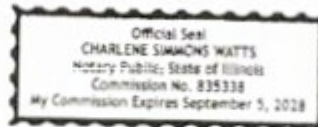
Respectfully,



Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital
Advocate South Suburban Hospital

Notarization:
Subscribed and sworn to before me

This 23rd day of December, 2024

(Seal of Notary)




Signature of Notary Public

**ATTACHMENT 3
OPERATING ENTITY/LICENSEE**

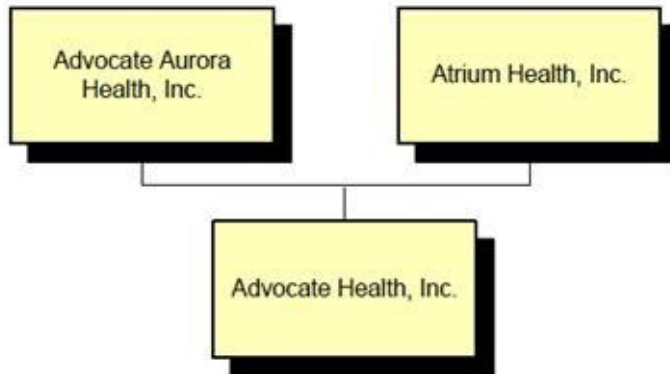
Illinois Certificates of Good Standing for the Applicants are provided in Attachment 1 and are incorporated in Attachment 3 by reference.

The licensee of Advocate Trinity Hospital is the applicant Advocate Health and Hospitals Corporation, which operates Advocate Trinity Hospital under the name Advocate Southland Health Network d/b/a Advocate Trinity Hospital. Both Advocate Southland Health Network and Advocate Trinity Hospital are registered with the Illinois Secretary of State as a d/b/a of Advocate Health and Hospitals Corporation.

ATTACHMENT 4
ORGANIZATIONAL CHARTS



*Note because Advocate Health, Inc. has certain governance, management and operation oversight of Advocate Aurora Health, Inc. through a Joint Operating Agreement structure, it is also included as a co-applicant. Advocate Aurora Health, Inc. and Atrium Health, Inc. are the Corporate Members of Advocate Health, Inc.



 - Not for Profit

100% Ownership Unless Otherwise Noted.

January 25, 2023


Advocate Aurora Health, Inc.

Advocate Health Care Network

Advocate Health and Hospitals Corporation

*Advocate Children's Hospital
Advocate Christ Medical Center
Advocate Good Samaritan Hospital
Advocate Good Shepherd Hospital*

*Advocate Lutheran General Hospital
Advocate Southland Health Network
(Advocate Trinity Hospital/Advocate South Suburban Hospital)
Advocate Medical Group*

 = Not for Profit

Red = Operating Divisions

100% Ownership Unless Otherwise Noted.

November 9, 2022

ATTACHMENT 6
HISTORIC PRESERVATION ACT REQUIREMENTS

The Historic Preservation Act clearance letter from the Illinois Department of Natural Resources, dated January 6, 2025, is included with this Attachment, along with the Historic Preservation Act request letter submitted to the Illinois State Historic Preservation Office, dated 1/3/2025.



Illinois
Department of
**Natural
Resources**

JB Pritzker, Governor • Natalie Phelps Finnie, Director
One Natural Resources Way • Springfield, Illinois 62702-1271

www.dnr.illinois.gov

Cook County
Chicago
CON - Discontinuation of Advocate Trinity Hospital
2320 E. 93rd St.

IHFSRB, SHPO Log #006010325

January 6, 2025

Ernesto Barraza
Advocate Trinity Hospital
2320 E. 93rd St.
Chicago, IL 60617

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact Steve Dasovich, Cultural Resources Manager, at 217/782-7441 or at Steve.Dasovich@illinois.gov.

Sincerely,

Carey L. Mayer, AIA
Deputy State Historic Preservation Officer

01/03/2025

Carey Mayer, Deputy State Historic Preservation Officer
Illinois State Historic Preservation Office
Attn: Review & Compliance
1 Old State Capital Plaza
Springfield, IL 62701

RE: Historic Preservation Act Determination
Advocate Trinity Hospital CON request for approval for discontinuation

Dear Ms. Mayer,

Per the Certificate of Need, the guidance is to provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act. Identified as Attachment 6 to the CON application form; below is the following information provided with supporting documentation:

1. Project Description and Address

Advocate Health Care seeks an approval from the Illinois Health Facilities and Services Review Board for to discontinue the existing Advocate Trinity Hospital, contingent upon approval and establishment of a replacement Hospital. The facility is located at 2320 E 93rd St Chicago, IL 60617.

2. Name, email address, phone, and mailing address of the project contact

Ernesto Barraza, Ernesto.barraza@aah.org, 312-805-9922, 4440 West 95th Street, Oak Lawn, IL 60617.

3. Topographical or Metropolitan Map

A metropolitan map showing the location of the Proposed Project is attached as Attachment 1.

4. Historic Architectural Resources Geographic Information System

A map from the Historic Architectural Resources Geographic Information System is attached as Attachment 2. The property is not listed on the (i) National Register, (ii) within a local historic district, or (iii) within a local landmark.

5. Photographs of Site

Photographs of the hospital are attached as Attachment 3.

6. Address for Building/Structure

The facility is located at 2320 E 93rd St Chicago, IL 60617.

Thank you for your time and consideration of our request for Historic Preservation Determination. If you have any questions, please contact me at Ernesto.barraza@aah.org

Sincerely,

Ernesto Barraza
Design Manager, Planning, Design and Construction
Advocate Health Care

Attachment 1



Attachment 2



Attachment 3



Picture Looking East at the intersection of S Crandon Ave and E 93rd Street



Picture Looking West at the intersection of S Yates BLVD and E 93rd Street



Picture looking West on S Yates Blvd



Picture Looking East on E 92nd Place



Picture Looking West in the alley between S Luella Ave and S Yates Blvd

**ATTACHMENT 10
DISCONTINUATION**

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.

Advocate Trinity Hospital has 205 authorized beds. The categories of service to be discontinued are:

- Medical/Surgical, 158 beds
- Intensive Care Unit, 24 beds
- Obstetrics/Gynecology, 23 beds
- Cardiac Catheterization, 2 cath labs*
 - *A letter was submitted with temporary notification to reduce to 1 cath lab with no decrease of cardiac cath volumes.

2. Identify all the other clinical services that are to be discontinued.

Other clinical services that will be discontinued at the current hospital location include:

- LDRP Rooms: 9 (included in 23 OB beds)
- C-Section Rooms: 2
- Normal Newborn Nursery: 18 Level 1 Beds
- Operating Rooms: 6
- Recovery Rooms: Stage 1, 7 stations; Stage 2, 7 stations
- Procedure Rooms: 4 GI, 1 Cystoscopy
- Emergency Service: 27 Stations
- Imaging:
 - General Radiology/Fluoroscopy: 4
 - Nuclear Medicine: 2
 - Mammography: 3
 - Ultrasound: 6
 - Angiography: 2
 - CT: 2
 - MRI: 1
- Laboratory
- Pharmacy
- Hemodialysis
- Physical Therapy
- Occupational Therapy

3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.

The anticipated date of discontinuation for the entire facility is June 25, 2029. This date coincides with the project completion date for the proposed replacement hospital for Advocate Trinity

Hospital, submitted in a contemporaneously filed permit application with this discontinuation application. The existing facility will remain in operation until the new replacement Advocate Trinity Hospital is operational.

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

The physical plant will be decommissioned and demolished and returned to an open site for future use. Advocate Health Care will collaborate with community leaders and stakeholders to determine an appropriate use for the site and land. The existing equipment will be evaluated for reuse at the replacement hospital or another facility, if possible. Remaining equipment will be either traded in, sold, donated, or discarded.

5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.

The medical records will be maintained in the facility's current electronic medical record system in accordance with the facility's records retention policy for a minimum period of 10 years, in accordance with Illinois law. A copy of the record retention policy is attached.

Paper medical records are stored at an offsite storage facility. If these records are needed, they can be requested from the offsite storage facility, which delivers the records to the requesting site. Electronic records are stored on the Epic system and will continue to be accessible to Advocate Trinity Hospital at the new replacement facility after the discontinuation of the existing facility.

6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.

Included with this Attachment 10 is a copy of the notice provided to the local media that would routinely be notified about facility events.

7. For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.

Included with this Attachment 10 are copies of the notices sent to the municipality in which the facility is located, State Representative, State Senator, Director of Public Health, and Director of Healthcare and Family Services.

8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

Included with this Attachment 10 is certification by an authorized representative of the licensed facility that all questionnaires and data required by HFSRB or DPH will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The primary reasons for discontinuation are that there is insufficient volume and demand to sustain a hospital of this size in the planning area; the facility's infrastructure is outdated and incapable of being efficiently modernized; and the community is better served by a new, right-sized replacement acute care hospital combined with a comprehensive ambulatory program. Additionally, maintaining the aging, oversized, and underutilized infrastructure of the facility is no longer fiscally responsible, when those dollars could be better invested into a new facility and patient care. The specific rationale and justification for the reduction in size of the Medical-Surgical, ICU, and Cardiac Catheterization Categories of Service, and the discontinuation of the Obstetrics Category of Service are more fully set forth in Attachment 12, Purpose of the Project.

This discontinuation application is part of a broad health care vision for the South Side that includes the proposed new, replacement hospital in the same planning area, and an integrated ambulatory program for the South Side that is designed to improve health care outcomes and significantly reduce hospital admissions and stays. As the development of this vision is central to the proposed project, an introductory statement explaining the context and scope of the vision is set forth below.

Introductory Statement of Context of Proposed Project within Advocate Health Care's Broader Health Equity Vision for Chicago's South Side Community

Advocate Health Care believes that health equity is achieved when every person can attain their full health potential, where inequity in both social drivers and health system engagement is eliminated.

To that end, Advocate Health Care is making a significant strategic investment in our community, aiming to enhance access to preventive care, better manage chronic conditions, and create healthier outcomes. For more than 125 years, Advocate Health Care has been proudly serving our patients and communities on Chicago's South Side. Now more than ever, we are keenly aware of the profound and deep-rooted health inequities faced by so many. This moment offers an opportunity to innovate and invest in our community – envisioning new ways to deliver care and promote wellness, tackling the lower life expectancies and higher rates of chronic disease South Side residents endure.

Advocate Health Care's commitment will uplift and improve our communities' overall health and wellness, ensuring that we keep patients out of the hospital. Meeting patients where they are - in their homes and across their communities - is desired and their preferences have been central to reimagining our care delivery. Improving access to clinical care and social health resources will be the crux of how Advocate Health Care will deliver care differently in Advocate Trinity's community.

The Status Quo is Not Working

Despite serving the community for more than a century, the South Side continues to experience the widest life expectancy gap in the nation—a 30 year gap between residents of the South Side (60 years), and the North Side (90 years)¹. This is the time to act. Our community needs a transformative and sustainable approach to care that is designed for needs now and in the future. As other organizations leave the community, we will invest and are committed to caring for the community. To close the dramatic life expectancy gap, we must solve for:

- A striking 84% of resident inpatient stays involve at least 1 or more chronic conditions considered ambulatory care sensitive, such as hypertension, COPD, diabetes, obesity, heart failure, mental health issues, substance use disorders, and renal failure.²
- Preventable hospitalizations occur at a rate 3.6 times higher than in other parts of the city³.
- This service area faces a shortage of over 200 primary care physicians and more than 50 pediatricians.⁴
- Nearly 60% of Emergency Department visits on the South Side are non-emergent, treatable by primary care, or avoidable through primary care and outpatient chronic disease management.⁵
- Residents on the South Side have four times the number of diabetes-related deaths than North Side residents, and experience disproportionately more heart disease, cancer and strokes.⁶
- Residents in this community have a 15.7% food insecurity rate, and 48.3% low food access rate.⁷

In 2024, we engaged more than 400 members of the community through listening sessions, focus groups and conversations. Below reflects the insights/feedback from the residents of our community.

- Increased access to primary care, specialty care, immediate care, and other options besides the Emergency Department. This access should have shorter wait times for appointments, be closer to home, and provide financial assistance to ease co-pay and cost fears.
- Proactive vs. reactive care that offers timely and accurate screenings, diagnostic services, and chronic condition management.
- A new modern, state-of-the art replacement hospital on the Southeast Side, to replace the current aging Advocate Trinity Hospital.
- Focus on patient interactions—respect, listening, compassion, and empathy.
- Focus on patient experience—health care system navigation and patient follow up.
- Not to have to make hard choices between medications vs paying rent, bills.
- Not to have to struggle with copays, deductibles--no upfront cost.

¹ Illinois Department of Public Health- via Chicago Health Atlas

² 2019 South Side Resident Adult Inpatient Encounters by Comorbidity Count

³ CDC statistics for PQI 92 for North Side and South Side zip codes accessed via Metopio

⁴ Internal Physician Supply-Demand Study

⁵ Analysis by The Chartis Group

⁶ Diabetes related deaths per 100k residents, IDPH 2015

⁷ Chicago Health Atlas. Low Food Access is defined as the percent of residents who have low access to food, defined solely by distance: further than 1/2 mile from the nearest supermarket in an urban area, or further than 10 miles in a rural area.

Additionally, Advocate conducted a secondary research study with our academic partners through the Advocate National Center for Health Equity and the Wake Forest University School of Medicine and found that by increasing primary care access points, residents can impact these outcomes below:

- Decrease avoidable Emergency Department utilization.
- Improve chronic disease conditions.
- Lower likelihood of chronic disease.

A subsequent review of published literature shows that health services research demonstrates that increased utilization of preventive and primary care services significantly improves chronic disease prevention and management while reducing Emergency Department visits and hospitalizations. By focusing on preventive measures and regular management of conditions such as hypertension, diabetes, and hyperlipidemia, primary care contributes to better health outcomes and reduced strain on emergency and inpatient services. The research consistently supports the role of primary care and preventive services in improving chronic disease outcomes, reducing Emergency Department utilization and preventing hospitalizations. By providing continuous and coordinated care, primary care providers help patients manage chronic conditions more effectively, leading to better health outcomes and reduced healthcare costs.

A New Way Forward

On December 17, 2024, Advocate Health Care announced that it will invest \$1B to expand access to primary care, specialty care and wellness services on the South Side of Chicago. The plan calls for more locations across the South Side, more preventative programs and services, a new, state-of-the-art community hospital and more. This is one of the largest, long-term community-focused health care investments in the nation aimed at closing the 30-year life expectancy gap between individuals who reside on the South Side, and those residing and living longer on the North Side.⁸ The expansive investment in a wellness model is the direct result of an extensive community input process over much of 2024, which included more than 20 listening sessions and engaged hundreds of South Side residents. During these sessions, participants shared ideas and suggestions for improving access to outpatient and specialty care, using technology to improve care, providing robust health education and support for chronic conditions such as diabetes and high blood pressure, and building a state-of-the-art hospital to modernize inpatient care.

This new model, which was co-developed by the community, will help address the significant health inequities faced by so many on the South Side, including the fact that 84% of hospitalized South Side residents have one or more chronic conditions⁹ such as hypertension, diabetes, congestive heart failure, mental health needs, substance use issues and renal failure. The sad reality is that there are four times as many diabetes-related deaths on the South Side than on the North Side.¹⁰

⁸ New York University School of Medicine 2019.

⁹ 2019 South Side Resident Adult Inpatient Encounters by Comorbidity Count

¹⁰ Diabetes related deaths per 100k residents, IDPH 2015

In addition to the application to establish a new replacement hospital, the core of Advocate Health Care's \$1B investment creates new primary care access points, expands our provider base and footprint in the community directed toward the reduction of preventable hospital admissions, and improves health and wellness for the community.

It is important to note that the \$1B investment is a combination of capital and operating investment over a 10-year period. Approximately \$334M of the \$1B is for capital projects, of which the hospital is \$319.5M, and \$15M will support several ambulatory expansion projects. The remaining \$700M+ of the \$1B investment is operating investment to fund hospital and medical group programs and services, community benefit programs, and workforce initiatives.

Highlights of the 10-year investment include:

Over \$500 million is devoted to expanding outpatient care, embedded in the community.

- Adding new providers and services in the community projecting an additional 85,000 new appointments each year, making it easier for patients to access primary care providers, specialists and ancillary services.
- Establishing Advocate Health Care Neighborhood Care locations – ten accessible locations to serve the whole family; the first one opening in early 2025 and a few more by the end of 2025. These conveniently located care sites will virtually connect patients to Advocate providers in familiar places – churches, community centers and more – to handle everyday health services like treating the flu, common cold, asthma, sore throat, yearly physicals, lab testing, chronic disease management, contraception and medication refills. The onsite medical staff will connect patients to primary care providers and needed social services like food, housing and transportation to medical appointments.
- As part of this commitment, Advocate's financial assistance program is designed so no one goes without care due to financial barriers. Patients who cannot afford to pay can automatically qualify for free or discounted care through presumptive eligibility – no application required. Advocate is committed to health care affordability, and our financial advocates will help patients navigate and understand if they will incur any out-of-pocket costs prior to their appointment.
- Expand the Imani Village outpatient clinic to add immediate care with more doctors, more services, more appointments and shorter waiting times.
- Add a mobile medicine vehicle that will provide primary care access at sites across the community – taking medical care directly to where it is needed.

More than \$200 million will be invested in hospital and outpatient programs and services, expanding management of chronic disease and addressing social factors that affect health, like access to healthy food, housing, transportation and prescriptions. Services include:

- Expanding access to pharmacy services with free prescription programs for patients in financial need and medication home delivery for patients with limited access to a retail

pharmacy. Additionally, Advocate is adding pharmacy kiosks at select locations to increase access to over-the-counter and prescription medications.

- Growing Advocate’s Food Farmacy program that distributes fresh produce and healthy staples to patients with metabolic conditions such as heart disease and diabetes by doctors’ orders.
- To address black maternal and fetal health, Advocate will greatly expand access to pre- and post-natal care by adding 5,000 annual OB-GYN visits plus a robust new set of programs and wrap-around services that address the entire pregnancy journey, including patient navigation, education for the mother and family, medication, connection to midwives and social workers.

Spending over \$300 million to acquire land and build a new state-of-the-art hospital at the former U.S. Steel South Works site near the lakefront that will replace the current Advocate Trinity Hospital building, which is more than 115 years old.

- Advocate has an agreement to purchase 23 acres of land to build a hospital with 36 medical surgery beds, four ICU beds, eight dedicated observation beds, a four-bed dialysis unit, operating and procedure rooms and an emergency room with 16 beds/bays. This will enable Advocate to expand services and beds if community need warrants, but currently there is an excess of hospital beds on the South Side. Data from the Illinois Department of Public Health show that less than 50% of hospital beds on the South Side are being used, on average.¹¹
- In addition to providing inpatient care, the new hospital will have a cardiac catheterization lab, an enhanced Emergency Department and leading-edge diagnostic testing and imaging, including new services like robotic surgical procedures. It will utilize the latest medical technology to assess, triage and connect with specialty physicians more quickly and effectively.
- The cutting-edge technology in the new facility represents much more than health equity; it also symbolizes progress towards environmental justice for the community. For decades, South Side communities have had to live with the effects of disproportionately high levels of pollution and inadequate green space. The new hospital will be LEED certified and carbon neutral, a leader in environmental sustainability.
- The design will embrace environmental design considerations such as bird-safe technology to deter collisions, native and adapted plantings supportive of migratory birds, butterflies and other pollinator species, and stormwater management systems to integrate green infrastructure solutions to prevent pollutants from entering Lake Michigan and the Calumet River.
- Prior to constructing the new facility, Advocate will use remediation efforts to transform the currently vacant property into a state-of-the-art healing environment with green spaces and access to surrounding parks and the lake.

¹¹ IDPH 2022, Inventory of Health Care Facilities and Services and Need Determinations

- The current Advocate Trinity Hospital on 93rd Street will continue serving patients until the new hospital is built and has opened, ensuring a seamless transition of care. Once the new hospital opens and the current hospital closes, Advocate will demolish the site and create green space while working with local elected officials, the City of Chicago and the community to determine the best use of the property.

Another part of the \$1 billion investment is \$25 million focused on workforce development because disrupting the root causes of health inequities on the South Side also requires having a good paying job with good benefits.

- Advocate plans to keep every one of its teammates currently working in the South Side and is committed to hiring more than 1,000 new teammates within the next three years in a variety of roles and levels of expertise throughout the South Chicagoland service area to care for the community and support this work.
- Advocate will be hosting job forums and deploying a new state-of- the-art *recruitment on wheels* van that allows it to connect with students and potential teammates one-on-one to assess skills, interests and talents and connect them with employment opportunities.

At the heart of this strategy lies the understanding that hospitals are not designed to manage and prevent chronic diseases. To elevate health and wellbeing for community members, we need to transition care into the community, treating chronic conditions outside hospital walls and bolstering prevention across various settings.

Advocate Health Care’s new care model emphasizes the 4 C’s of Primary Care: Contact, Coordination, Continuous, and Comprehensive Services. Engaging patients in their wellbeing is key to improving their health. Coordinating services will help close care gaps, while continuous care with frequent touchpoints and digital engagement will maintain a stable health journey. Finally, comprehensive care will ensure all patient needs are met. Our new care model aims to create new primary care access points, reducing the reliance on hospitals for routine care.

This new care model supports a different type of hospital, one that is designed to be a lower acuity care facility with emergency, diagnostic and procedural capabilities and one that coordinates care with other Advocate hospitals that offer tertiary and quaternary services in the region. The following three initiatives will be the driving force behind the shift of acute care to the appropriate setting:¹²,

Initiative 1: Increase Access to Primary Care to Decrease Inpatient Admissions

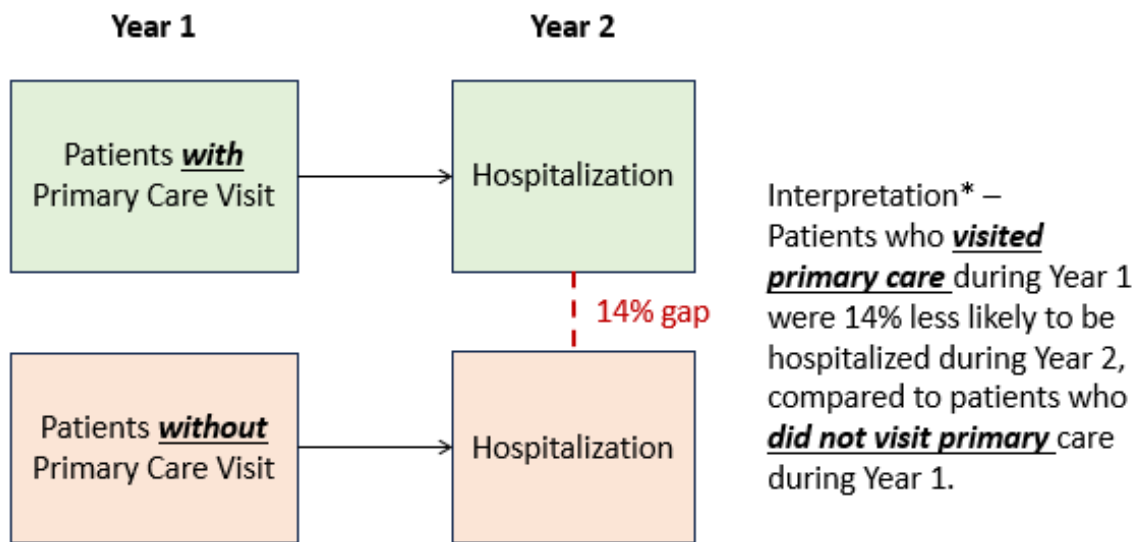
Advocate epidemiologists and researchers conducted a secondary research analysis that reviewed 2 years of data for a group of patients who were served in a facility located on the South Side of Chicago. Patients who visited primary care had better clinical utilization, fewer new chronic disease diagnoses and better managed chronic disease during the following year (compared to patients who had not visited primary care).

¹² Medical/Surgical and ICU Bed needs are explained in greater detail in Attachment 19 of the new hospital establishment application, appended hereto as Appendix A.

The research found patients who visited primary care during Year 1 were 14% less likely to be hospitalized during Year 2 (compared to patients who did not visit primary care during Year 1), in addition to:

- 33% decrease in uncontrolled diabetes
- 24% decrease in uncontrolled high cholesterol
- 21% decrease in uncontrolled hypertension
- 23% less likely to have avoidable Emergency Department visits

See the figure below for a visualization of the results for reduced hospitalization.



*Note – results were adjusted for confounding demographic factors using regression modeling

Results were adjusted for gender, age, race, insurance, CCI (Charlson Comorbidity Index) and the indicator of an Inpatient/Emergency Room event in the previous year using regression modeling. The interaction effect of race/ethnicity as part of the larger association is complex but results also demonstrated that the long-term impact of primary care on reducing ED visits was even stronger among our Black patients.

In our projections for the new hospital facility, we have taken this 14% reduction in hospitalization into account. First, Advocate is increasing primary care access through multiple means. Our first initiative expands the AMG Imani Village clinic to include new primary care and specialty clinics, an immediate care center, a remote pharmacy, and diagnostic imaging. We're also introducing Neighborhood Care, a network of local primary care sites designed for easy access within communities.

Neighborhood Care facilities/programs offer medical services staffed by on-site professionals and connect patients virtually to Advocate providers and specialists. The objective is to increase primary care access to arrest escalating conditions and invest in care that is upstream. These sites will be located in trusted community organizations like places of worship and community centers. These facilities cover preventive care such as vaccinations, chronic disease management, and treatment of minor illnesses like flu and strep throat. These will provide point of care testing, asthma care,

physicals, medication refills, and virtual specialist consultations when needed. Additionally, these sites can triage patients, directing them to immediate care or hospitals for more serious conditions.

Neighborhood Care patients will be able to access these clinics by walk-in or scheduling an appointment. In addition to seeing a healthcare provider, patients will be connected to needed SDOH programs, health system navigation assistance, follow up scheduling, pharmaceutical resources, and point of care testing. With the establishment of these 10 Neighborhood Care locations, they will be able to provide over 50,000 visits annually.

As part of our Emergency Department analysis of low acuity visits, the scope of services offered at the Neighborhood Care Sites would support 3,949 ambulatory sensitive visits currently seen in the Emergency Department in year 1 alone, with the ability to provide proactive care for chronic disease management, primary care visits, specialty care visits, and more.

Projected Neighborhood Care Site Volumes						
	2025	2026	2027	2028	2029	2030
Neighborhood Care Sites	10,584	19,584	28,200	38,376	45,864	50,544

Source: Advocate Trinity Hospital Finance Department.

Initiative 2: Increased Access to Chronic Condition Care Reduces Inpatient Admissions

Our epidemiology research indicates that patients who see a Primary Care Provider (MD, DO, NP, APN) have improved health outcomes due to earlier diagnoses and treatment of chronic conditions, and better access to educational resources. Specifically, chronic disease patients saw decreases in uncontrolled hypertension (21%), diabetes (33%), and high cholesterol (24%) the following year. Those without chronic diseases experienced reductions in new cases of hypertension (43%), type II diabetes (45%), and hyperlipidemia (37%).

At Advocate Trinity Hospital, approximately 86% of inpatient admissions come through the Emergency Department, with 55% of these via Emergency Medical Services and 43% self-arrivals. Of these Emergency Department admissions, 28% are for chronic diseases like COPD (2%), chronic heart failure (6%), and diabetes (2.7%), 54% for episodic medical care, and 15% for procedural care. Thirty five percent of Advocate Trinity Hospital’s admissions have been determined to be preventable and avoidable, as 84% of patients who were admitted to Advocate Trinity Hospital have one or more chronic conditions. Providing preventative and primary care to these patients will decrease the need for Emergency Department visits and hospital admissions.

To increase primary care and chronic disease access and address the provider shortages in the community, Advocate Health Care has introduced a virtual chronic disease management program and new in-person services in the Advocate Trinity Service Area to meet chronic care needs of residents. The goal of these ambulatory expanded programs is to provide the appropriate location and expanded providers to support these patients and prevent the need for admissions for exacerbation of these chronic diseases.

The development of Chronic Disease Programs that include: Cardiometabolic, cardio-obstetrics, and CV fast track will provide preventive and comprehensive care to patients with chronic diseases. Descriptions for these programs can be found in Attachment 10, Exhibit 1.

Initiative 3: Transfer of Higher Acuity Patients to other Advocate Health Care Facilities

Advocate Trinity Hospital is the short stay community hospital for the city's far South Side, sharing a tax ID, Medicare provider number, medical staff, and administration with Advocate South Suburban Hospital. Advocate South Suburban Hospital offers comprehensive inpatient, outpatient, diagnostic, and ambulatory services, including ICU and acute mental illness care. As a not-for-profit, Advocate South Suburban Hospital also provides free screenings and various community outreach services.

Advocate Christ Medical Center, a leading 788-bed teaching hospital, has over 1,500 physicians on staff. It is a key referral center in the South Chicago Service Area for specialties like Level III NICU, cancer care, cardiovascular services, organ transplants, neurosciences, orthopedics, and women's health. The hospital handles over 105,000 emergency visits each year and operates one of Illinois' busiest Level I trauma centers.

Together these facilities will work in collaboration with each other and with over a dozen Advocate Medical Group clinics, our Neighborhood Care network, and virtual services to provide the continuum of services to patients within the Advocate Trinity service area. When the new hospital opens, Advocate Health Care will transfer patients to another hospital based on clinical need as is done now.

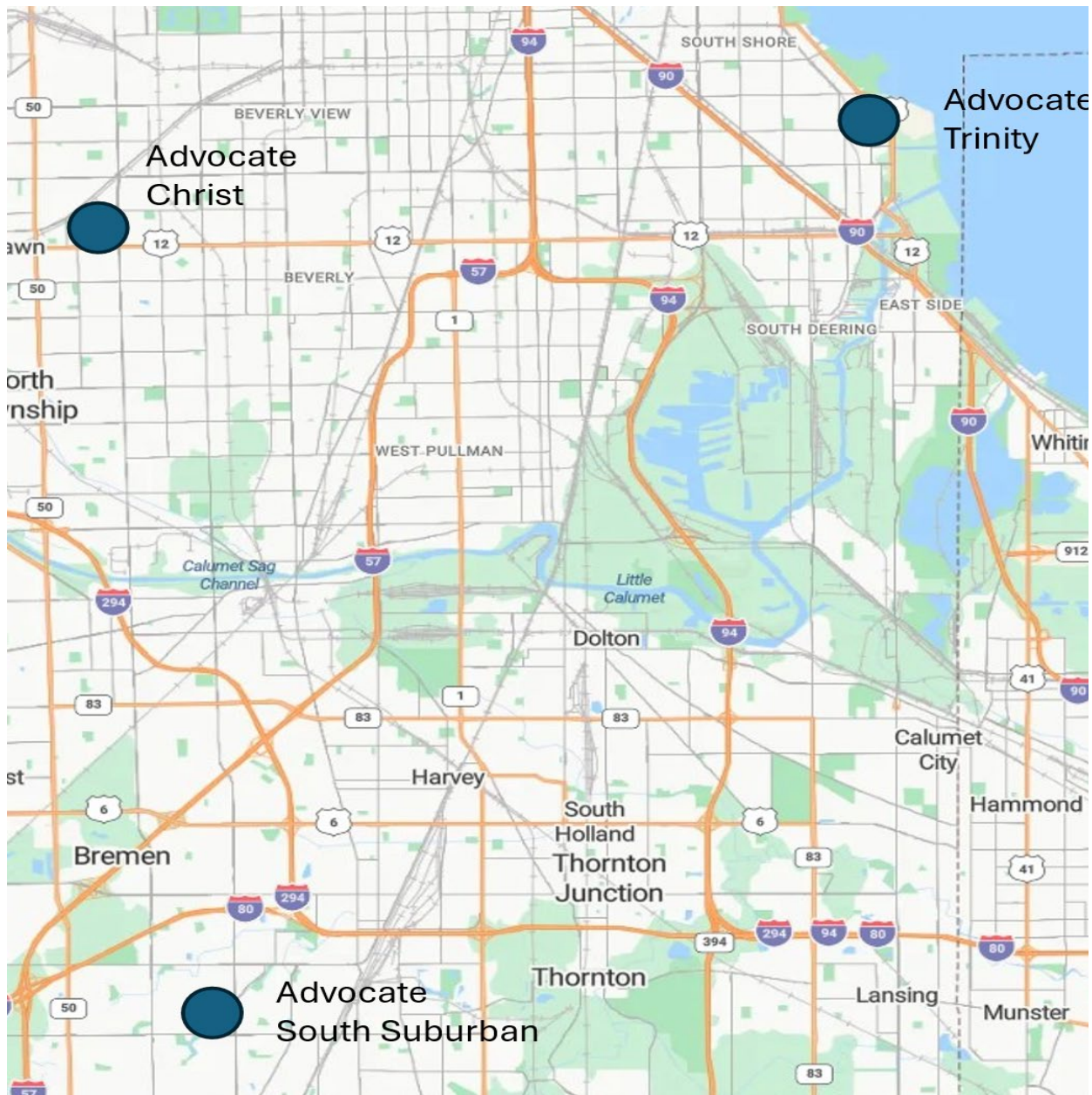
To accommodate this new care model, Advocate Health Care is launching new operating model initiatives at Advocate Christ Medical Center and Advocate South Suburban Hospital to improve patient throughput, create new efficiency workflows and shift care to the most appropriate clinical settings. These initiatives and others to be launched will ensure that when the new Advocate Trinity Hospital opens in 2029 there will be capacity at these acute care facilities to handle high acuity transfers, labor & delivery and other needs that may arise.

The new Advocate Trinity facility is designed as a community hospital offering short-term, low acuity hospital care for patients. The goal is to maintain a target CMI of 1.5 for patients at this location. If a patient needs higher acuity or more specialized care, they would be transferred to another Advocate Health Care hospital in the South Chicagoland region.

According to the CMI (Case Mix Index) chart below, about 13.7% of patients had a CMI over 2.0 in 2023. It is projected that approximately 10% of patients will be transferred to other Advocate hospitals for advanced care.

Advocate Trinity Hospital Inpatient Discharges 2023	
CMI	% of Total
0.0-0.5	0.0%
0.51-.99	22.6%
1.0-1.5	30.3%
1.51-1.99	33.4%
2.0-2.5	4.8%
2.51-2.99	2.8%
3.0-3.5	1.4%
3.51-3.99	0.4%
4.0+	4.1%
Total	100.0%

Source: Advocate Trinity Hospital Finance Department.



Outdated, Inefficient Facility

Architectural inefficiencies in older hospitals, particularly those which have grown over decades through building additions, can significantly impact the quality of care, patient satisfaction, and operational efficiency. Addressing these issues often requires comprehensive renovations or phased replacements, which aim to create modern, patient-centered environments that facilitate efficient healthcare delivery. As medical standards and technologies continue to evolve, updating these outdated facilities becomes increasingly crucial to meet the demands of contemporary healthcare practices.

A renovation of the existing Advocate Trinity Hospital would not address the architectural inefficiencies and campus layout for several reasons:

- Selective demolition of the existing campus buildings to reduce the campus footprint to the new right-sized program is not feasible. The mechanical and electrical infrastructure is interconnected throughout the campus with critical requirements dispersed across the facility, making consolidation impractical while maintaining continuous operations. Key programs and infrastructure such as Surgery, the Data Center, Materials Management and Pharmacy are isolated in areas which would not allow for an approach to align services to site needs.
- Major renovations to an operational hospital would significantly impact patient care due to the extensive, phase construction and capital expenditure required. This approach would require an inefficient capital investment due to the elongated schedule and use of capital allocations which could be better spent on direct patient care through modern equipment, technologies and space needs.
- Existing floor to floor heights, structural floor plate sizes and structural grid layout would prohibit the final condition from meeting the requirements of new technology and patient department sizes.

Advocate Trinity Hospital's outdated design has made it increasingly difficult to implement modern patient-centered care models. Narrow hallways, shared patient rooms, and restricted access to natural light do not align with the evidence-based standards for improving patient outcomes and satisfaction. The physical layout also presents challenges for incorporating new technologies and innovations. Investing and maintaining the existing building is to invest in outdated technology and systems.

It was determined that the level of investment required to correct all of these known deficiencies would be significant and take many years to address fully. The age of these systems would require the building to be replaced in its entirety and be cost-prohibitive.

This extensive analysis determined that the current Advocate Trinity Hospital building can no longer operate and withstand the extensive investment needed to continue to provide the high-level clinical care for residents of this service area into the future. This means that the current hospital building is at the end of its useful life and is no longer appropriate for continued investment. This building, when built approximately 100 years ago, was never designed to accommodate the advanced technology, patient volume, or modern care practices of today.

Given the current state of the hospital, over \$120M in facility investment is needed over the next 15 years to sustain the critical infrastructure on the campus. However, given the advanced age of the building, numerous critical issues would remain unaddressed. Issues like patient privatization, bed

and operating room size, IT connectivity, and the replacement of critical mechanical components would still exist. A certificate of need application has been submitted to construct a replacement hospital that would include private inpatient beds, modern surgical/interventional suite, Emergency Department, imaging suite and other related services replacing outdated infrastructure at the current Advocate Trinity Hospital.

Attachment 10, Exhibit 1

Cardiometabolic Program

The Cardiometabolics Program is a specialized healthcare initiative that focuses on managing and preventing conditions that simultaneously affect the cardiovascular system and metabolic health. These conditions typically include heart disease, diabetes, high blood pressure (hypertension), obesity, and dyslipidemia (abnormal cholesterol levels). Benefits of a Cardiometabolics Program are plentiful and include improved overall health by addressing multiple risk factors simultaneously, thus reducing cardiovascular events (e.g., heart attack, stroke) and complications related to metabolic disorders (e.g., kidney disease, neuropathy). The ultimate goal of a Cardiometabolics Program is to provide an integrated, proactive approach to managing and reducing the risks associated with cardiovascular and metabolic diseases, improving both quality of life and longevity for individuals affected by these conditions.

Cardio-obstetrics program

Cardio-obstetrics is specialized healthcare that focuses on the cardiovascular health of pregnant individuals, aiming to manage and prevent cardiovascular complications during pregnancy and postpartum. It integrates obstetric care with cardiology, addressing the unique physiological changes and challenges that occur in pregnancy, as well as the cardiovascular risks that may be exacerbated by pregnancy. Multidisciplinary Collaboration: Cardiologists, Obstetricians, Maternal-Fetal medicine specialists, and other healthcare providers work together to deliver coordinated care tailored to the needs of each individual. The goal of a cardio-obstetrics program is to ensure a safe pregnancy and delivery for both the mother and the baby, while reducing the risk of cardiovascular events during and after pregnancy.

CardioVascular (CV) fast track

The CV Fast Track will be a “one stop shop” providing evaluation and clinical services for low-risk chest pain patients in an outpatient location. These patients will be evaluated by an advanced clinical provider and receive the necessary cardiac diagnostic and ancillary testing as part of this visit and receive results before they leave. A cardiologist will also be onsite to read testing and consult with the patient.

The Fast Track program is for patients with non-life-threatening heart conditions such as palpitations, chest pain, hypertension, and indigestion or patients with a family history that want a comprehensive quick workup. These patients can be sent from another physician office, a program such as Advocate’s South Asian Community Outreach program or patients discharged from an emergency room for low-risk chest pain or palpitations and need further workups. The patient can be seen the next day for a complete work up, testing and answers. Many of these patients never follow up due to the complexities in navigating care. Improving the patient experience by making it easy and quick will help them navigate the testing and provide the answers they need for peace of mind and have their fears addressed quickly. Patients that need higher level procedures at the hospital will be navigated and scheduled quickly to provide a comprehensive, positive experience.

IMPACT ON ACCESS

- 1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility’s market area.**

The discontinuation of this facility will not have an adverse effect upon access to care for residents of the facility’s service area. Other area hospitals currently provide all categories of service being discontinued in this application, and there are currently excess beds in all bed categories of service in the planning area. In addition, Advocate Trinity Hospital will continue to provide Medical-Surgical, ICU and Cardiac Catheterization services at the proposed replacement hospital in units that are more appropriately sized for service area need. There will be no lack of facilities or shortage of categories of service as a result of this project.

Medical-Surgical Service:

Planning Area A-03 includes nine hospitals with 1,739 Medical-Surgical beds and 110 Pediatric beds. There is a calculated need for only 1,189 beds based on the 2023 Inventory, resulting in an excess of 660 Medical-Surgical beds. All nine of the existing area facilities are operating significantly below target utilization. The proposed discontinuation of 158 Medical-Surgical beds at Advocate Trinity Hospital and addition of 36 beds at the proposed replacement hospital will reduce the calculated bed excess to 538. There will remain ample Medical-Surgical beds in the Planning Area, including 36 beds at the proposed replacement hospital for Advocate Trinity Hospital, to meet area need.

Hospital	Med/Surg Beds	Peak Beds Set Up & Staffed	Peak Census	Admissions	Patient Days	Utilization
Advocate Trinity Hospital	158	107	89	3,572	29,563	51.3%
Holy Cross Hospital	204	0*	0*	3,315	19,194	25.8%
Insight Hospital & Medical Center	289	0*	0*	2,334	10,526	10.0%
Jackson Park Hospital	144	58	46	1,891	9,681	18.4%
Provident Hospital of Cook County	79	28	19	756	6,897	23.9%
Roseland Community Hospital	77	0*	0*	1,535	14,395	51.2%
South Shore Hospital	114	114	56	1,338	12,886	31.0%
St. Bernard Hospital	104	104	33	1,840	15,037	39.6%
University of Chicago Medical Center	570	473	450	22,458	155,237	74.6%
TOTAL	1,739	912	713	42,516	277,747	43.8%

Source: 2023 Hospital Profiles

* Hospital reported zero Peak Beds Set Up & Staffed, and zero Peak Census

Intensive Care Unit Service:

Planning Area A-03 includes nine hospitals with 278 ICU beds. There is a calculated need for 260 beds based on the 2023 Inventory, resulting in an excess of 18 ICU beds. Only two of the nine area hospitals are operating above the 60% utilization target for ICU, and all of the others are significantly below that level. The proposed discontinuation of 24 ICU beds at Advocate Trinity Hospital and addition of 4 beds at the proposed replacement hospital will result in a calculated need of two ICU beds.

However, as shown below, all of the area providers have excess capacity. Even the two facilities operating above target utilization are still both below 70% utilization for their ICU services. There will remain more than enough ICU beds in the Planning Area, including 4 beds at the proposed replacement hospital for Advocate Trinity Hospital, to meet the area need.

Hospital	ICU Beds	Peak Beds Set Up & Staffed	Peak Census	Admissions	Patient Days	Utilization
Advocate Trinity Hospital	24	12	12	1,356	3,074	35.1%
Holy Cross Hospital	20	0*	0*	267	1,782	24.4%
Insight Hospital & Medical Center	30	10	10	85	357	3.3%
Jackson Park Hospital	8	8	8	167	1,460	50.0%
Provident Hospital of Cook County	6	6	4	149	412	18.8%
Roseland Community Hospital	10	0*	0*	318	2,461	67.4%
South Shore Hospital	8	8	8	127	1,877	64.3%
St. Bernard Hospital	10	10	10	196	1,634	44.8%
University of Chicago Medical Center	162	104	101	4,282	32,574	55.1%
TOTAL	278	158	153	6,947	45,631	45.0%

Source: 2023 Hospital Profiles

* Hospital reported zero Peak Beds Set Up & Staffed, and zero Peak Census

Obstetrics Service:

Planning Area A-03 includes four hospitals with 112 OB beds. There is a calculated need for 59 beds based on the 2023 Inventory, resulting in an excess of 53 OB beds. None of the area facilities are operating at the State’s target utilization level of 75% for units with more than 26 beds, and 60% for units with 11 to 25 beds. The proposed discontinuation of 23 OB beds at Advocate Trinity Hospital will still leave a calculated excess of 30 OB beds in Planning Area A-03. In addition, as the other area providers all have excess capacity, this project will not result in a shortage of OB beds.

Hospital	OB Beds	Peak Beds Set Up & Staffed	Peak Census	Admissions	Patient Days	Utilization
Advocate Trinity Hospital	23	12	12	758	2,096	25.0%
Insight Hospital & Medical Center	30	0*	0*	0	0	0.0%
Roseland Community Hospital	17	0*	0*	142	369	5.9%
University of Chicago Medical Center	42	32	46	3,005	9,504	62.0%
TOTAL	112	44	58	3,905	11,969	29.3%

Source: 2023 Hospital Profiles

* Hospital reported zero Peak Beds Set Up & Staffed, and zero Peak Census

Cardiac Catheterization Service:

The Planning Area for Cardiac Catheterization is HSA 6, which includes the City of Chicago. The 2023 Inventory shows the Planning Area has 18 hospitals with 40 Cardiac Catheterization labs. There is no calculated need for this service. The discontinuation of two cath labs at the existing Advocate Trinity Hospital, and addition of one cath lab at the proposed replacement hospital will result in a reduction

of Planning Area cath labs from 40 to 39. There will remain 18 hospitals in the area providing this service. The project, therefore, will not result in a shortage of services or facilities.

2. **Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the geographic service area.**

Included with this Attachment 10 are copies of the notification letters sent to area facilities within the geographic service area.

Hospitals within a 10-mile radius			
Jackson Park Hospital & Medical Center	7531 S Stony Island Ave	Chicago	60649
Roseland Community Hospital	45 West 111th St	Chicago	60628
St. Bernard Hospital	326 W 64th St	Chicago	60621
South Shore Hospital Corporation	8012 S Crandon Ave	Chicago	60617
The University of Chicago Medical Center	5841 S. Maryland Ave	Chicago	60637
Provident Hospital of Cook County	500 East 51st St	Chicago	60615
Insight Chicago	2525 S Michigan Ave	Chicago	60616
Holy Cross Hospital	2701 W 68th St	Chicago	60629
Christ Medical Center	4440 W 95th St	Oak Lawn	60453
OSF Little Company of Mary Medical Center	2800 W. 95th St	Evergreen Park	60805

ASTCs within a 10-mile radius

Chicago Children's Surgery Center	8658 S. Sacramento Ave	Chicago	60652
Hyde Park Same Day Surgicenter	1644 E 53rd St	Chicago	60615
Midwest Eye Center	100 E West Rd	Calumet City	60409
NANI Vascular South	12250 South Cicero Ave	Alsip	60803
Novamed Surgery Center of Oak Lawn	6311 W.95th St	Oak Lawn	60453
Oak Lawn Endoscopy Center	9921 Southwest Hwy	Oak Lawn	60453
Premier Cardiac Surgery Center	11560 S. Kedzie Ave	Merrionette Park	60803
South Loop Endoscopy & Wellness Center	2340 S Wabash Ave	Chicago	60616
Surgery Center of Illinois	6701 W. 95th St	Oak Lawn	60453
Surgicore	10547 S Ewing Ave	Chicago	60617
Vascular Access Centers of Illinois at Morgan Park	1701 W Monterey Ave	Chicago	60643



**ATTACHMENT 10
DISCONTINUATION**

Media Notice

Sun Jan 19, 2025 - Sat Jan 25, 2025

Chicago Sun-Times

All Zones

Advocate Trinity Hospital (Hospital), located at 2320 E. 93rd Street, Chicago, IL 60617, subject to approval by the Illinois Health Facilities and Services Review Board (HFSRB), will discontinue the existing Hospital and all categories of services, and will establish a replacement hospital located and bounded by DuSable Lake Shore Dr to the north and east, Brandon St to the west and 81st St. to the south. The categories of service to be discontinued at the existing Hospital are: Medical/Surgical (158 beds); Intensive Care Unit (24 beds); Obstetric/Gynecology (23 beds) and; Cardiac Catheterization (two labs). The discontinuation of the existing Hospital and the opening of the new, replacement hospital are anticipated to occur in Q3 of 2029. The Hospital will submit to the HFSRB the required Certificate of Need applications to discontinue the existing Hospital and to establish the new, replacement hospital. After the applications are submitted, copies of the applications will be publicly posted and available for review on the HFSRB website at <https://www.illinois.gov/sites/hfsrb/Projects/Pages/CompApp.aspx>. For additional information, contact Dr. Michelle Y. Blakely at trin-president@aah.org

**ATTACHMENT 10
DISCONTINUATION**

Notices

December 20th, 2024

Honorable Curtis Tarver Illinois House of Representatives 1303 E. 53rd St. Chicago, IL 60615	Honorable Robert Peters Illinois State Senate 1304 E. 47th Street, Suite 205 Chicago, IL 60615
Mayor Brandon Johnson 121 N. LaSalle Street Chicago City Hall, 4 th Floor Chicago, IL 60602	Sameer Vohra, MD, Director Illinois Department of Public Health 525-535 West Jefferson Street Springfield, IL, 62761
Elizabeth Whitehorn, Director Department of Healthcare & Family Services 201 South Grand Ave., East Springfield, IL 62763	John Kniery, Administrator Health Facilities & Services Review Board 525 West Jefferson St., Second Floor Springfield, IL 62761

Notice of Discontinuation of Hospital – Advocate Trinity Hospital, Chicago

In accordance with Section 8.7(a) of the Illinois Health Facilities Planning Act (20 ILCS 3960/8.7(a)), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board (“HFSRB”) to discontinue Advocate Trinity Hospital located at 2320 E. 93rd Street, Chicago, Illinois 60617 (“Facility”). Please be aware that we will also be filing an application with HFSRB for a new replacement hospital in the area.

We are aware of no adverse impacts upon patient access as a result of the proposed discontinuation of the existing 115 year old Facility and establishment of the new replacement hospital. Subject to HFSRB approval, the existing Facility will continue in operation until the replacement hospital is operational which is expected to be June 25, 2029.

Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to the municipality in which the Facility is located, the State Representative and State Senator of the district in which the Facility is located, the Administrator of HFSRB, the Director of Public Health, and the Director of Healthcare and Family Services.

Sincerely,


Michelle Y. Blakely, PhD, MHA, FACHE
President
Advocate Trinity Hospital



17952 Halsted St
Homewood, IL 60430
708.799.5323

December 20, 2024 11:43 AM
Receipt #: JDTKNU0702657

FedEx Express \$57.20
FedEx Priority Overnight
770941569831

Recipient Address
Honorable Curtis Tarver
IL House of Representatives
1303 E 53rd St
CHICAGO, IL 60615, US
000-000-0000
Scheduled Delivery Date: 12/21/2024
Pricing Option: One Rate
Package Information: FedEx Envelope
Additional Services:
FEDEX_ONE_RATE
SATURDAY_DELIVERY
EMAIL_NOTIFICATION
Package Weight: 1.00 lb (M)
Declared Value: \$1

FedEx Express \$57.20
FedEx Priority Overnight
770941702642

Recipient Address
Honorable Robert Peters
IL State Senate
1304 E 47th St
Suite 205
CHICAGO, IL 60615, US
708-213-3001
Scheduled Delivery Date: 12/21/2024
Pricing Option: One Rate
Package Information: FedEx Envelope
Additional Services:
FEDEX_ONE_RATE
SATURDAY_DELIVERY
EMAIL_NOTIFICATION
Package Weight: 1.00 lb (M)
Declared Value: \$1

RECIPIENT ADDRESS

Mayor Brandon Johnson
121 N La Salle St
Chicago City Hall, 4th Floor
CHICAGO, IL 60602, US
708-213-3001

Scheduled Delivery Date: 12/21/2024

Pricing Option: One Rate

Package Information: FedEx Envelope

Additional Services:

FEDEX_ONE_RATE

SATURDAY_DELIVERY

EMAIL_NOTIFICATION

Package Weight: 1.00 lb (M)

Declared Value: \$1

FedEx Express \$71.05

FedEx Priority Overnight

770941801627

Recipient Address

Sameer Vohra, MD, Director
IL Dept. of Public Health
525-535 West Jefferson Street
SPRINGFIELD, IL 62761, US
708-213-3001

Scheduled Delivery Date: 12/21/2024

Pricing Option: One Rate

Package Information: FedEx Envelope

Additional Services:

FEDEX_ONE_RATE

SATURDAY_DELIVERY

EMAIL_NOTIFICATION

Package Weight: 1.00 lb (M)

Declared Value: \$1

FedEx Express \$71.05

FedEx Priority Overnight

770941877242

Recipient Address

Elizabeth Whitehorn, Director
Dept. of Healthcare & Family Serv.
201 S Grand Ave E
SPRINGFIELD, IL 62763, US
708-213-3001

Scheduled Delivery Date: 12/21/2024

Pricing Option: One Rate

Package Information: FedEx Envelope

Additional Services:

FEDEX_ONE_RATE

SATURDAY_DELIVERY

EMAIL_NOTIFICATION

Package Weight: 1.00 lb (M)

Declared Value: \$1

Express Subtotal \$313.70

Tax \$0.00

Total \$313.70

Approval Code: 02061F

Total Tender \$313.70

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Manually Weighed = (M), Weighed by Scale = (S), Taxable Item = 1.


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Or call 1.800.GoFedEx
(1.800.463.3339)



**ATTACHMENT 10
DISCONTINUATION**

Certification

I certify that all questionnaires and data required by HFSRB or IDPH will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.



Michelle Y. Blakely PhD, MHSA, FACHE
President
Advocate Trinity Hospital

17 January, 2025
Date

**ATTACHMENT 10
DISCONTINUATION**

Notice to Area Healthcare Facilities

The following notification letters were sent to area healthcare facilities within the Planning Area A-03 and a 10-mile radius of Advocate Trinity Hospital.

Hospitals within a 10-mile radius			
Jackson Park Hospital & Medical Center	7531 S Stony Island Ave	Chicago	60649
Roseland Community Hospital	45 West 111th St	Chicago	60628
St. Bernard Hospital	326 W 64th St	Chicago	60621
South Shore Hospital Corporation	8012 S Crandon Ave	Chicago	60617
The University of Chicago Medical Center	5841 S. Maryland Ave	Chicago	60637
Provident Hospital of Cook County	500 East 51st St	Chicago	60615
Insight Chicago	2525 S Michigan Ave	Chicago	60616
Holy Cross Hospital	2701 W 68th St	Chicago	60629
Christ Medical Center	4440 W 95th St	Oak Lawn	60453
OSF Little Company of Mary Medical Center	2800 W. 95th St	Evergreen Park	60805

ASTCs within a 10-mile radius			
Chicago Children's Surgery Center	8658 S. Sacramento Ave	Chicago	60652
Hyde Park Same Day Surgicenter	1644 E 53rd St	Chicago	60615
Midwest Eye Center	100 E West Rd	Calumet City	60409
NANI Vascular South	12250 South Cicero Ave	Alsip	60803
Novamed Surgery Center of Oak Lawn	6311 W.95th St	Oak Lawn	60453
Oak Lawn Endoscopy Center	9921 Southwest Hwy	Oak Lawn	60453
Premier Cardiac Surgery Center	11560 S. Kedzie Ave	Merrionette Park	60803
South Loop Endoscopy & Wellness Center	2340 S Wabash Ave	Chicago	60616
Surgery Center of Illinois	6701 W. 95th St	Oak Lawn	60453
Surgicore	10547 S Ewing Ave	Chicago	60617
Vascular Access Centers of Illinois at Morgan Park	1701 W Monterey Ave	Chicago	60643

January 15, 2025

Via Certified mail

Jeffrey Wheeler
 Chicago Children’s Surgery Center
 8658 S. Sacramento Avenue
 Chicago, IL 60652

Re: Request for Impact Statement

Dear Administrator,

This letter is to inform you that Advocate Trinity Hospital is seeking a Certificate of Need from the Illinois Health Facilities and Services Review Board to discontinue all services located at 2320 E. 93rd Street, Chicago IL. Subject to HFSRB approval, the existing Facility will continue in operation until the replacement hospital is operational which is expected to be September 30, 2029.

Advocate Health Care’s mission is to provide the highest quality clinical care and the safest facilities. At Advocate Trinity Hospital, all clinical bed categories have been operating below target occupancy. The new hospital will be designed to provide the appropriate number of beds to meet the needs of the current Advocate Trinity Hospital patients. The Medical Surgical volume has remained less than 54% occupancy, the Obstetrics volume has remained at 25% occupancy, and the Intensive Care Unit volume has remained less than 36% occupancy. The discontinuation and establishment of a new hospital will continue to provide IP services at Advocate Trinity Hospital and other Advocate hospitals in the service area.

For the Health Planning Area A-03, the state outlines an excess of 660 Med Surg beds, 53 OB beds, and 18 ICU beds. The plan including a replacement facility for Advocate Trinity Hospital, includes enhanced Trinity Service Area ambulatory access, and partnership with Advocate Christ Medical Center and Advocate South Suburban Hospital for OB or tertiary level services.

The Categories of Services to be discontinued, and the patient admissions/procedures in 2022 and 2023 are listed below:

Category of Service	Beds/Units	2022	2023
Medical-Surgical	158 beds	3,822 admissions	3,572 admissions
Intensive Care Unit	24 beds	1,992 admissions	1,356 admissions
Obstetric/Gynecology	23 beds	624 admissions	758 admissions
Cardiac Catheterization	2 labs	721 procedures	593 procedures



Now part of  ADVOCATE HEALTH

Pursuant to Section 1110.290 of the HFSRB rules in the CON application, we are to notify all providers in the area. We also ask that you respond to us and quantify any adverse impact you anticipate any impact to your facility. We do not anticipate that this will adversely impact your facility's services.

Please direct any response or questions to me at michelle.blakely@ahh.org.

Thank you for your consideration of this request.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michelle Y. Blakely".

Michelle Y. Blakely PhD, MHA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Mark Miller
 Advocate Christ Medical Center
 4440 W. 95th Street
 Chicago, IL 60453

Re: Request for Impact Statement

Dear Administrator,

This letter is to inform you that Advocate Trinity Hospital is seeking a Certificate of Need from the Illinois Health Facilities and Services Review Board to discontinue all services located at 2320 E. 93rd Street, Chicago IL. Subject to HFSRB approval, the existing Facility will continue in operation until the replacement hospital is operational which is expected to be September 30, 2029.

Advocate Health Care’s mission is to provide the highest quality clinical care and the safest facilities. At Advocate Trinity Hospital, all clinical bed categories have been operating below target occupancy. The new hospital will be designed to provide the appropriate number of beds to meet the needs of the current Advocate Trinity Hospital patients. The Medical Surgical volume has remained less than 54% occupancy, the Obstetrics volume has remained at 25% occupancy, and the Intensive Care Unit volume has remained less than 36% occupancy. The discontinuation and establishment of a new hospital will continue to provide IP services at Advocate Trinity Hospital and other Advocate hospitals in the service area.

For the Health Planning Area A-03, the state outlines an excess of 660 Med Surg beds, 53 OB beds, and 18 ICU beds. The plan including a replacement facility for Advocate Trinity Hospital, includes enhanced Trinity Service Area ambulatory access, and partnership with Advocate Christ Medical Center and Advocate South Suburban Hospital for OB or tertiary level services.

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Cardiac Catheterization	2 labs	721 procedures	593 procedures



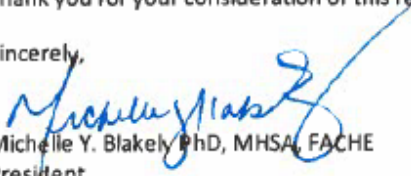
Now part of  ADVOCATEHEALTH

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Thank you for your consideration of this request.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michelle Y. Blakely".

Michelle Y. Blakely PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Jeen-Soo Chang
 Holy Cross Hospital
 2701 W. 68th Street
 Chicago, IL 60629

Re: Request for Impact Statement

Dear Administrator,

This letter is to inform you that Advocate Trinity Hospital is seeking a Certificate of Need from the Illinois Health Facilities and Services Review Board to discontinue all services located at 2320 E. 93rd Street, Chicago IL. Subject to HFSRB approval, the existing Facility will continue in operation until the replacement hospital is operational which is expected to be September 30, 2029.

Advocate Health Care’s mission is to provide the highest quality clinical care and the safest facilities. At Advocate Trinity Hospital, all clinical bed categories have been operating below target occupancy. The new hospital will be designed to provide the appropriate number of beds to meet the needs of the current Advocate Trinity Hospital patients. The Medical Surgical volume has remained less than 54% occupancy, the Obstetrics volume has remained at 25% occupancy, and the Intensive Care Unit volume has remained less than 36% occupancy. The discontinuation and establishment of a new hospital will continue to provide IP services at Advocate Trinity Hospital and other Advocate hospitals in the service area.

For the Health Planning Area A-03, the state outlines an excess of 660 Med Surg beds, 53 OB beds, and 18 ICU beds. The plan including a replacement facility for Advocate Trinity Hospital, includes enhanced Trinity Service Area ambulatory access, and partnership with Advocate Christ Medical Center and Advocate South Suburban Hospital for OB or tertiary level services.

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Sincerely,

A handwritten signature in blue ink, appearing to read "Michelle Y. Blakely".

Michelle Y. Blakely PhD, MHA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Stuart Gimble
 Hyde Park Same Day
 1644 E. 53rd Street
 Chicago, IL 60615

Re: Request for Impact Statement

Dear Administrator,

This letter is to inform you that Advocate Trinity Hospital is seeking a Certificate of Need from the Illinois Health Facilities and Services Review Board to discontinue all services located at 2320 E. 93rd Street, Chicago IL. Subject to HFSRB approval, the existing Facility will continue in operation until the replacement hospital is operational which is expected to be September 30, 2029.

Advocate Health Care’s mission is to provide the highest quality clinical care and the safest facilities. At Advocate Trinity Hospital, all clinical bed categories have been operating below target occupancy. The new hospital will be designed to provide the appropriate number of beds to meet the needs of the current Advocate Trinity Hospital patients. The Medical Surgical volume has remained less than 54% occupancy, the Obstetrics volume has remained at 25% occupancy, and the Intensive Care Unit volume has remained less than 36% occupancy. The discontinuation and establishment of a new hospital will continue to provide IP services at Advocate Trinity Hospital and other Advocate hospitals in the service area.

For the Health Planning Area A-03, the state outlines an excess of 660 Med Surg beds, 53 OB beds, and 18 ICU beds. The plan including a replacement facility for Advocate Trinity Hospital, includes enhanced Trinity Service Area ambulatory access, and partnership with Advocate Christ Medical Center and Advocate South Suburban Hospital for OB or tertiary level services.

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Sincerely,

A handwritten signature in blue ink, appearing to read "Michelle Y. Blakely".

Michelle Y. Blakely PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Ali Madha
 Insight Chicago
 2525 S. Michigan Avenue
 Chicago, IL 60616

Re: Request for Impact Statement

Dear Administrator,

This letter is to inform you that Advocate Trinity Hospital is seeking a Certificate of Need from the Illinois Health Facilities and Services Review Board to discontinue all services located at 2320 E. 93rd Street, Chicago IL. Subject to HFSRB approval, the existing Facility will continue in operation until the replacement hospital is operational which is expected to be September 30, 2029.

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For the Health Planning Area A-03, the state outlines an excess of 660 Med Surg beds, 53 OB beds, and 18 ICU beds. The plan including a replacement facility for Advocate Trinity Hospital, includes enhanced Trinity Service Area ambulatory access, and partnership with Advocate Christ Medical Center and Advocate South Suburban Hospital for OB or tertiary level services.

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Thank you for your consideration of this request.

Sincerely,


Michelle Y. Blakely PhD, MHA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Business Filings, Inc.
 South Loop Endoscopy
 2340 S. Wabash Avenue
 Chicago, IL 60616

Re: Request for Impact Statement

Dear Administrator,

This letter is to inform you that Advocate Trinity Hospital is seeking a Certificate of Need from the Illinois Health Facilities and Services Review Board to discontinue all services located at 2320 E. 93rd Street, Chicago IL. Subject to HFSRB approval, the existing Facility will continue in operation until the replacement hospital is operational which is expected to be September 30, 2029.

Advocate Health Care’s mission is to provide the highest quality clinical care and the safest facilities. At Advocate Trinity Hospital, all clinical bed categories have been operating below target occupancy. The new hospital will be designed to provide the appropriate number of beds to meet the needs of the current Advocate Trinity Hospital patients. The Medical Surgical volume has remained less than 54% occupancy, the Obstetrics volume has remained at 25% occupancy, and the Intensive Care Unit volume has remained less than 36% occupancy. The discontinuation and establishment of a new hospital will continue to provide IP services at Advocate Trinity Hospital and other Advocate hospitals in the service area.

For the Health Planning Area A-03, the state outlines an excess of 660 Med Surg beds, 53 OB beds, and 18 ICU beds. The plan including a replacement facility for Advocate Trinity Hospital, includes enhanced Trinity Service Area ambulatory access, and partnership with Advocate Christ Medical Center and Advocate South Suburban Hospital for OB or tertiary level services.

The Categories of Services to be discontinued, and the patient admissions/procedures in 2022 and 2023 are listed below:

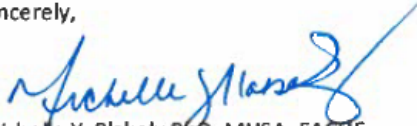
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Thank you for your consideration of this request.

Sincerely,



Michelle Y. Blakely PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

CT Corporation
 Midwest Eye Center
 100 E. West Road
 Calumet City, IL 60409

Re: Request for Impact Statement

Dear Administrator,

This letter is to inform you that Advocate Trinity Hospital is seeking a Certificate of Need from the Illinois Health Facilities and Services Review Board to discontinue all services located at 2320 E. 93rd Street, Chicago IL. Subject to HFSRB approval, the existing Facility will continue in operation until the replacement hospital is operational which is expected to be September 30, 2029.

Advocate Health Care’s mission is to provide the highest quality clinical care and the safest facilities. At Advocate Trinity Hospital, all clinical bed categories have been operating below target occupancy. The new hospital will be designed to provide the appropriate number of beds to meet the needs of the current Advocate Trinity Hospital patients. The Medical Surgical volume has remained less than 54% occupancy, the Obstetrics volume has remained at 25% occupancy, and the Intensive Care Unit volume has remained less than 36% occupancy. The discontinuation and establishment of a new hospital will continue to provide IP services at Advocate Trinity Hospital and other Advocate hospitals in the service area.

For the Health Planning Area A-03, the state outlines an excess of 660 Med Surg beds, 53 OB beds, and 18 ICU beds. The plan including a replacement facility for Advocate Trinity Hospital, includes enhanced Trinity Service Area ambulatory access, and partnership with Advocate Christ Medical Center and Advocate South Suburban Hospital for OB or tertiary level services.

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Thank you for your consideration of this request.

Sincerely,


Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Jennifer Baldock
 Novamed Surgery
 6311 W. 95th Street
 Oak Lawn, IL 60453

Re: Request for Impact Statement

Dear Administrator,

This letter is to inform you that Advocate Trinity Hospital is seeking a Certificate of Need from the Illinois Health Facilities and Services Review Board to discontinue all services located at 2320 E. 93rd Street, Chicago IL. Subject to HFSRB approval, the existing Facility will continue in operation until the replacement hospital is operational which is expected to be September 30, 2029.

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Now part of  ADVOCATEHEALTH

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Thank you for your consideration of this request.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michelle Y. Blakely".

Michelle Y. Blakely PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Douglas B. Swill
 Oak Lawn Endoscopy
 9921 Southwest Street
 Oak Lawn, IL 60453

Re: Request for Impact Statement

Dear Administrator,

This letter is to inform you that Advocate Trinity Hospital is seeking a Certificate of Need from the Illinois Health Facilities and Services Review Board to discontinue all services located at 2320 E. 93rd Street, Chicago IL. Subject to HFSRB approval, the existing Facility will continue in operation until the replacement hospital is operational which is expected to be September 30, 2029.

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Sincerely,



Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Kathleen Kinsella
 OSF Little Company of Mary Medical Center
 2800 W. 95th Street
 Chicago, IL 60805

Re: Request for Impact Statement

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Thank you for your consideration of this request.

Sincerely,



Michelle Y. Blakey PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Arnold Turner
 Provident Hospital of Cook County
 500 East 51st Street
 Chicago, IL 60615

Re: Request for Impact Statement

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Michelle Y. Blakely PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Leslie Rogers
 South Shore
 8012 S. Crandon Avenue
 Chicago, IL 60617

Re: Request for Impact Statement

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President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Charles Holland
 St. Bernard Hospital
 326 W. 64th Street
 Chicago, IL 60621

Re: Request for Impact Statement

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Michelle Y. Blakely PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Daniel Troy M.D.
 Surgery Center of Illinois
 6701 W. 95th Street
 Oak Lawn, IL 60453

Re: Request for Impact Statement

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Michelle Y. Blakey PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

John A. Roberts
 Surgicore
 10547 S. Ewing Avenue
 Chicago, IL 60617

Re: Request for Impact Statement

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President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Thomas Jackiewicz
 The University of Chicago Medical Center
 5841 S. Maryland Avenue
 Chicago, IL 60637

Re: Request for Impact Statement

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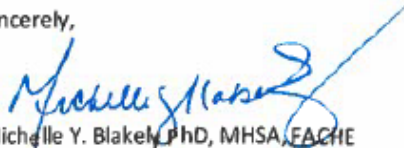
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Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Cogency Global Inc.
 Vascular Access
 1701 W. Monterey Avenue
 Chicago, IL 60643

Re: Request for Impact Statement

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President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Tim Egan
 Roseland Community Hospital
 45 W. 111th Street
 Chicago, IL 60628

Re: Request for Impact Statement

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Michelle Y. Blakely PhD, MHA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Dr. William Dorsey
 Jackson Park Hospital
 7531 S. Stony Island Avenue
 Chicago, IL 60649

Re: Request for Impact Statement

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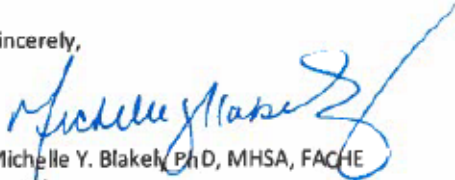
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President
Advocate Trinity Hospital

January 20th, 2025

Via Certified mail

Brian O’Dea
 NANI Vascular South
 12250 South Cicero Ave
 Alsip, IL 60803

Re: Request for Impact Statement

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Michelle Y. Blakely PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 20th, 2025

Via Certified mail

Ronald Stella, MD
 Premier Cardiac
 11560 S. Kedzie Ave
 Merrionette Park, IL 60803

Re: Request for Impact Statement

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Intensive Care Unit	24 beds	1,992 admissions	1,356 admissions
Obstetric/Gynecology	23 beds	624 admissions	758 admissions
Cardiac Catheterization	2 labs	721 procedures	593 procedures



Now part of  ADVOCATEHEALTH

Pursuant to Section 1110.290 of the HFSRB rules in the CON application, we are to notify all providers in the area. We also ask that you respond to us and quantify any adverse impact you anticipate any impact to your facility. We do not anticipate that this will adversely impact your facility's services.

Please direct any response or questions to me at michelle.blakely@aah.org.

Thank you for your consideration of this request.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michelle Y. Blakely".

Michelle Y. Blakely PhD, MHSA, FACHE
President
Advocate Trinity Hospital

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 Advocate Christ Medical Center
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OSF Little Company of Mary Medical
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Provident Hospital of Cook County
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St. Bernard Hospital
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Surgery Center of Illinois
6701 W. 95th Street
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Surgicore
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The University of Chicago Medical
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Vascular Access
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Roseland Community Hospital
45 W. 111th Street
Chicago, IL 60628

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Jackson Park Hospital
7531 S. Stony Island Avenue
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NANI Vascular South
12250 South Cicero Ave.
Alsip, IL 60803

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Premier Cardiac
11560 S. Kedzie Ave.
Merrionette Park, IL 60803

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**ATTACHMENT 11
BACKGROUND OF THE APPLICANT**

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

Attachment 11, Exhibit 1 is the listing of all Illinois licensed health care facilities owned by the Applicants. Attachment 11, Exhibit 2 is the current state hospital license for Advocate Trinity Hospital. Beyond those listed in Attachment 11, Exhibit 1, there are no other Illinois hospitals owned by Advocate Aurora Health, Inc. in Illinois. The most recent DNV accreditation certificate for Advocate Trinity Hospital is included as Attachment 11, Exhibit 3.

- 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.**

Beyond those listed in Attachment 11, Exhibit 1, there are no other Illinois hospitals owned by Advocate Aurora Health, Inc. 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.**

By the signatures on the Certification pages of this application, the Applicants attest there has been no “adverse action” (as that term is defined in Section 1130.140 of the Illinois Health Facilities and Services Review Board (HFSRB) rules) against any Illinois health care facility owned and/or operated by the applicants, during the three-year period immediately prior to the filing of this application.

- 4. Authorization permitting HFSRB and DPH access to any documents necessary.**

The Applicants hereby authorize the HFSRB and the Illinois Department of Public Health to access information that may be required in order to verify any documentation or information submitted in response to the requirements of this subsection, or to obtain any documentation or information which the HFSRB or Illinois Department of Public Health find pertinent to this subsection.

- 5. If, during a given calendar year, an applicant submits more than one application for permit, 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.**

All licensure and accreditation information required with this Attachment 11 is attached and the Applicants are not relying on a previously filed application.

Attachment 11, Exhibit 1

Illinois Hospitals owned and operated by the Applicants.			
Facility	Location	License No.	DNV Accreditation No.
Advocate Christ Medical Center	4440 West 95th St Oak Lawn, IL 60453	315	PRJC-435588-2012-MSL-USA
Advocate Condell Medical Center	801 South Milwaukee Ave Libertyville, IL 60048	5579	PRJC-492361-2013- AST-USA
Advocate Good Samaritan Hospital	3815 Highland Ave Downers Grove, IL 60515	3384	PRJC-369029-2012-MSL-USA
Advocate Good Shepherd Hospital	450 West Highway 22 Barrington, IL 60010	3475	PRJC-369027-2012-MSL-USA
Advocate Illinois Masonic Medical Center	836 West Wellington Ave Chicago, IL 60657	5165	PRJC-529782-2015-AST-USA
Advocate Lutheran General Hospital	1775 Dempster St Park Ridge, IL 60068	4796	PRJC-369033-2012-MSL-USA
Advocate Sherman Hospital	1425 North Randall Rd Elgin, IL 60123	5884	PRJC-496379-2013-MSL-USA
Advocate South Suburban Hospital	17800 South Kedzie Ave Hazel Crest, IL 60429	4697	PRJC-409982-2012-MSL-USA
Advocate Trinity Hospital	2320 East 93rd Street Chicago, IL 60617	4176	PRJC-408213-2012-MSL-USA
Additionally, AHHC has ownership interest of 50% or more in the following licensed health care facilities			
Facility	Location	License No.	Joint Commission Accreditation No/ Accreditation Association for Ambulatory Health Care, Inc.
Dreyer Ambulatory Surgery Center	1220 N. Highland Ave, Aurora, IL	7001779	AAAHC

Attachment 11, Exhibit 2

ILLINOIS DEPARTMENT OF PUBLIC HEALTH **HF130594**

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.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE 6/30/2025	CATEGORY General Hospital	LICENSE NUMBER 0004176
-------------------------------------	-------------------------------------	----------------------------------

Effective: 07/01/2024

Advocate Southland Health Network
dba Advocate Trinity Hospital
2320 E 93rd St

Chicago, IL 60617

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4422001 10M 3/22

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

Exp. Date 6/30/2025

Lic Number 0004176

Date Printed 4/11/2024

Advocate Southland Health Network
dba Advocate Trinity Hospital
2320 E 93rd St
Chicago, IL 60617

FEE RECEIPT NO.

Attachment 11, Exhibit 3



HEALTHCARE CERTIFICATE

Certificate no.:
10000426828-MSC-CMS-USA

Initial certification date:
11 December, 2012

Valid:
11 December, 2021 – 11 December, 2024

This is to certify that the management system of
Advocate Trinity Hospital
2320 East 93rd Street, Chicago, IL, 60617, USA

has been found to comply with the requirements of the:
NIAHO® Hospital Accreditation Program

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

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



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



Patrick Horine
Management Representative

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

**ATTACHMENT 12
PURPOSE OF PROJECT**

1110.110(b) – Purpose of Project

READ THE REVIEW CRITERION and provide the following required information:

<p>PURPOSE OF PROJECT</p> <ol style="list-style-type: none">1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.2. Define the planning area or market area, or other, per the applicant's definition.3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project.4. Cite the sources of the documentation.5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate. <p>For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.</p> <p>NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report. APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.</p>

This project and the contemporaneously filed new replacement hospital project are parts of a broader Advocate vision and strategy for improving health care access and outcomes on the South Side, which are addressed in detail in the Introductory Statement provided in Attachment 10. Both this discontinuation project and the replacement hospital project share the same purposes, which are addressed below. The justification for the reduced number of Medical-Surgical and Intensive Care Unit ("ICU") beds, the reduction in Cardiac Catheterization labs, and the proposed Clinical Services other than Categories of Service are addressed in Attachments 19, 23 and 31 of the replacement hospital application. Those three Attachments are also included in the Appendices to this application, as they are relevant to the discontinuation of services at the existing facility. The discontinuation of the Obstetrics category of service is addressed below.

1. Document that the Project will provide health services that improve the health care or well-being of the market area population to be served.

The discontinuation of the existing facility allows for the establishment of a modern, state-of-the-art replacement Advocate Trinity Hospital. The new Advocate Trinity facility is meant to be a community hospital that provides short stay, low acuity care for patients. The target CMI for patients at this facility would be 1.5. If a patient requires higher levels of care or subspecialty services, we would transfer that patient to one of the other Advocate Health Care hospitals in the South Chicagoland area.

This new hospital will be designed to include the acuity appropriate community hospital services needed to support the residents of this area while continuing to provide access to the continuum of care of Advocate Health Care services through the Advocate South Chicagoland service area that includes Advocate Trinity Hospital, Advocate Christ Medical Center, and Advocate South Suburban Hospital. Patients will continue to have access to the continuum of services across the three hospitals for high acuity complex care and the broad array of expanding ambulatory services.

Residents living in the Advocate Trinity service area will continue to have access to the community hospital acute care services and ambulatory care services, and access to the continuity of care of tertiary and quaternary services at the most appropriate locations throughout the service area.

This newly built, Advocate Trinity Hospital will replace the 115-year-old outdated facility that has reached the end of its useful life to maintain for current health care services. The Advocate Trinity Hospital will continue to provide 24-hour emergency care services, surgical services and acute care services to this community and provide Inpatient, Observation and Outpatient care in specialties such as General Surgery, Orthopedics, Gastroenterology, Podiatry, Urology, Pain Management, and Oncology.

Over the last year, Advocate Trinity Hospital developed--in conjunction with community input--a broader health equity vision for Chicago's South Side community (referenced in the introduction to this attachment). Annual major investments in regard to facilities infrastructure, clinical technology replacement and renovations have been made to fulfill the strategy toward the facility master plan and needs assessment such as major medical equipment replacement and the Emergency Department renovation, but these efforts are not sufficient to provide the full scope of needs at the facility.

In addition to the infrastructure repairs, the plans identified the services needed for the Advocate Trinity Hospital community and the appropriate space and number of rooms needed for each clinical service based on current and projected utilization. The most recent high-level facility needs assessment identified significant needs for the Advocate Trinity Hospital campus and determined the best way to continue to support these services was to develop construction of a new hospital building designed for current and future health care services and the right-sized number of beds and services needed in the Community hospital.

This new hospital project includes:

- Medical Surgical and Intensive Care beds
- A dedicated Observation unit
- Emergency Services
- A Procedural Floor including ORs, GI Endoscopy and Cardiac Catheterization
- Ancillary services to support an Acute care Hospital including Imaging, Lab, Pharmacy, Dialysis

M/S and ICU and Observation Care

The replacement hospital will be designed to include 36 Medical/Surgical private beds, 4 Intensive Care beds and 8 Observation Stations. This will replace the outdated and undersized rooms in the current Trinity Hospital and provide updated infrastructure and technology needed to deliver modern patient care. These private inpatient beds will be designed with an efficient layout to deliver quality care in updated sized rooms that meet the current Advocate standards, allowing space needed for the clinicians delivering care and for family visitation.

The appropriate number of inpatient beds was determined based on the current and projected patient days for each category of service. As outlined in Appendix A (Attachment 19 to the

establishment application), the number of patient days is projected to continue to decrease over the next 5 years due to a continued decline in population, changes in the site of care where health care services will be located, and expanded access to ambulatory and primary care services. Access for higher acuity and more complex inpatient hospital care will be provided as part of the comprehensive system of care to Advocate Health Care's Tertiary level hospital for the best outcomes.

Obstetrics/Gynecology: Addressing Maternal Health Access

Advocate Health Care recognizes that maternity care, especially for underserved communities, during pregnancy and postpartum is critical for the health of both mother and baby, and Advocate will continue offering extensive resources and support to patients during every step of their pregnancy and postpartum journey. The only thing that will change is the hospital where they deliver. Enhanced pre-natal care and postpartum care will continue to be delivered in the community. This change is driven by the following factors:

- Advocate Trinity Hospital **averaged 1.47 deliveries** per day in 2024, a **decline of 17.7%** from 2023¹³ despite significant growth efforts to the program on our own, and in partnership with the South Side Healthy Community Organization.
- Utilization of Advocate Trinity's Hospital's obstetrics beds remains at a very low **25% of available beds**.¹⁴
- There is an **excess of 53 OB beds** based on demand for service in HFSRB Planning Area A-03.¹⁵
- There has been a **30% decrease in births** over the last 7 seven years from the Advocate Trinity Service Area.¹⁶
- Illinois Department of Public Health projects an additional **decline of 16.6% in births through 2035** in Chicago at large.¹⁷
- **92.5% of patients** from the Advocate Trinity Service Area are **choosing other facilities** for care, only 7.5% of patients choose Advocate Trinity Hospital.⁴
- **79.3% of patients** in the Advocate Trinity Service Area **seek care at facilities that have Level III NICU** services.⁴

¹³ Internal Data

¹⁴ 2023 Annual Hospital Questionnaire

¹⁵ HFSRB 2023 Hospital Inventory

¹⁶ IHA COMPData

¹⁷ IDPH, https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/data-and-statistics/vital-statistics/illinois-population-data/population-projections_202035.pdf

- **66.1% of patients utilize facilities outside HSFRB Planning Area A-03** for obstetrics services.³
- Nationally, Black mothers have the **highest rate of Cesarean delivery at 37%** and **highest rate of preterm delivery at 14.6%**, (under 37 weeks gestational age) compared to other mothers,¹⁸ leading to a higher need for NICU services.

While Advocate Trinity Hospital has been recognized for its obstetrics services and is proud of its obstetrics outcomes, the declining birth rate trends (Attachment 12, Exhibit 1) are cause for concern as research consistently demonstrates (Attachment 12, Exhibit 2) that hospitals with lower birth and labor delivery volumes may lead to lower-quality maternal and neonatal outcomes, potentially resulting in higher rates of severe obstetric complications, maternal morbidity, and neonatal mortality.

Advocate Health Care believes that to preserve the best experience and quality of care for maternal & infant patients is to have obstetrics delivery services provided at Advocate Christ Medical Center which has capacity, a dedicated obstetrical Emergency Department, the highest level neonatal intensive care unit, and delivers more than 4,000 babies per year.

While planned newborn deliveries will no longer occur at Advocate Trinity Hospital following discontinuation, gynecologic services and outpatient obstetrics services will be available at the new hospital facility. Transportation assistance will be made available to help Advocate Trinity patients give birth at Advocate Christ Medical Center.

It is important to note that all pre- and post-natal care will remain in the Advocate Trinity Service Area, only the delivery will shift to Advocate Christ Medical Center. We are excited to better serve moms at every step of their pregnancy and during critical post-partum days because the outcomes are shaped by access to comprehensive pre-natal and post-partum services. Advocate Health Care's new Ambulatory Forward Care Model will improve access to care for expecting mothers within Advocate Trinity's service area.

Maternal and fetal health disparities are a key focus for our ambulatory model. According to the March of Dimes, Black infants are 2.5 times more likely to die within the first year of life compared to other ethnicities in Illinois. Advocate Health Care desires to impact these outcomes for Black and Hispanic mothers and babies by ensuring access to comprehensive pre-natal and post-partum care in a clinic or outpatient setting. Early access to comprehensive pre-natal and post-partum care contributes to improved outcomes for both mothers and babies, thereby reducing the pregnancy-related death rates in our community.

To address the specific challenges this community faces, our goal is to support expectant moms ensuring they have access to clinical care, social health resources, educational programs, and parenting guidance for a healthy pregnancy, delivery and postpartum support.

¹⁸ CDC, National Center for Health Statistics (NCHS). [Births: Provisional Data for 2023](#)

Advocate's investment includes a robust set of new programs and wrap-around services that address the entire pregnancy journey, including patient navigation, education, medication, and connection to doulas and social workers. Additional elements include:

- Addition of 5,000 OB-GYN appointments annually to reduce wait times and improve access to care through additional providers and clinics.
- Creation of a robust patient navigation program to ensure expectant moms have a dedicated care navigator to support and connect them to resources from inception to 12-weeks postpartum.
- Comprehensive offering of hypertension and diabetes prevention and management programs during pregnancy, as one in four moms on the South Side are impacted by these pregnancy-related conditions which may lead to adverse effects on maternal and fetal health.
- Launch of a Mother's Group Care program to create social connections and to build resiliency. In 2023, nearly half of our pregnant patients reported that social connections were a gap and left mothers feeling disconnected. As a direct response, we are launching this group-based program to create community through meaningful connections as moms enter a new stage in life empowered by peer support, education for self and baby, and mental resiliency. Elements of a group care model will include health assessments by clinicians, interactive learning and community building.
- Facilitation of transportation for eligible patients to and from pre- and post-natal appointments.

Emergency Care

The replacement hospital will include an emergency services department with 16 Emergency Stations. This unit will be designed with the most current standards to provide appropriately sized treatment spaces for evaluating, triaging, and providing emergency care. The new unit will be designed with efficient patient flow, enabling rapid triage and faster access to care. Improved triage systems reduce wait times and ensure that patients will promptly receive the right level of care. The proposed Emergency Department will be designed with advanced infection control measures, including improved ventilation systems, isolation units, and layouts to minimize cross-contamination. The Emergency Department units will have integrated smart room technology, streamlining processes to enhance patient care and safety. The use of telemedicine will allow for virtual consultations to a multi-disciplinary provider network and expedited care plans for appropriate admission, transfer, or discharge decisions. Additionally, the new Emergency Department will include two safe rooms designed for patients that may present with Behavioral Health needs.

The Emergency Department will be focused on a Patient-Centered Design to include larger, private treatment rooms with more comfortable spaces for family. The physical layout will be designed to optimize patient flow and throughput which can significantly decrease wait times and infection risks. The Emergency Department will develop comprehensive safety and transfer protocols to Advocate Christ Medical Center to expedite care delivery to a tertiary care center

for the Trinity Service Area for higher acuity patients if needed. Overall, these advancements create a safer, more efficient Emergency Department environment conducive to high-quality patient care.

The number of Emergency Department stations was based on the current and projected Emergency Department volume at Advocate Trinity Hospital. As outlined in Appendix C (Attachment 31, Exhibit 1 to the establishment application), the number of Emergency Department visits has declined by 20% over the last 5 years and is projected to decline due to the population changes and Advocate Health's expansion of immediate care locations, ambulatory care sites and primary care services in this service area.

The dedicated Observation service will be located adjacent to the Emergency Department to provide beds for patients to receive consistent and coordinated evaluation if there is the need for an inpatient admission. Dedicated observation clinical teams can more effectively manage these patients' stay, and the close proximity of units allows physician collaboration with the Emergency Department providers.

Procedural floor including ORs, GI Endoscopy and Cardiac Cath

The replacement hospital will provide a comprehensive procedural floor, co-locating the Operating rooms, cardiac catheterization and GI procedure rooms to create a surgical platform on one floor. The modernized comprehensive surgical suite design will provide flexibility to support the current and future demand for the interventional procedures.

The newly designed procedural floor will include:

- 3 Operating Rooms
- 2 GI Procedure Rooms
- 1 Cardiac Cath room
- 17 Pre/Post Op Rooms

The larger, state-of-the-art operating rooms (ORs) will accommodate the increasing technology and equipment required for surgical procedures. These procedural rooms will be designed with updated room sizes and standards to support the latest technology, equipment, and support space to foster efficiencies and clinical staff collaboration. The existing Advocate Trinity Hospital operating rooms are undersized, and current operating room standards require larger space to support the technology and increased number of staff within each operating room to manage the procedures and modern surgical equipment. The newly designed OR and GI procedure rooms will be updated to improve the operating and procedure rooms to address the deficiencies in size and functionality. Surgical services will now be equipped with technical capacity to accommodate new procedures and technology, and for cases that require larger OR rooms such as Robotic/Minimally Invasive cases, Orthopedic, and General Surgery procedures. The rooms will be designed with flexibility to support procedures that are now limited to specific rooms.

The Recovery Suite will be included on this floor and will contain the Post Anesthesia Care unit (PACU) and the Phase II Recovery stations to support the 3 Operating Rooms, 2 Procedure Rooms, and the Cardiac Cath lab. The prep/recovery bed capacity, configuration, and adjacency will be designed to optimize the workflow and efficiency and meet current standards of privacy and infection control.

The co-location with Cardiac Catheterization, Procedure Rooms, and the Operating Rooms create an interventional and surgical platform that provides efficiencies and coordination of care in one location. This feature creates improved efficiencies for anesthesia support all located on one floor and staffing efficiencies, as current staff supports cases in an inefficient architectural layout.

The number of OR, GI and Cath rooms was determined based on the current and projected surgical hours and procedure volume presented in Appendices B and C (Attachments 23 and 31 to the establishment application).

Ancillary Services to Support an Acute Care Hospital including Imaging, Lab, Pharmacy, and Dialysis

The imaging and other ancillary services were designed to support this new acute care community hospital's patients, providing critical access to needed services. As shown in the Appendix C (Attachment 31 to the establishment application), the categories and number of ancillary services were identified based on supporting the projected inpatient and outpatient utilization at the new Advocate Trinity Hospital.

Note of Explanation

Out of a desire for transparency within our community and the general public around what will be in the new replacement hospital, in the public announcement of this project on December 17, 2024, Advocate Health Care announced a 52-bed facility, including 36 medical surgical beds, 4 ICU beds, 8 dedicated observation beds, and 4 dialysis beds. For the purposes of this application, and in accordance with Illinois Health and Facilities Review Board definition, this equates to 40 licensed beds: 36 medical surgical beds and 4 ICU beds.

Attachment 12, Exhibit 1

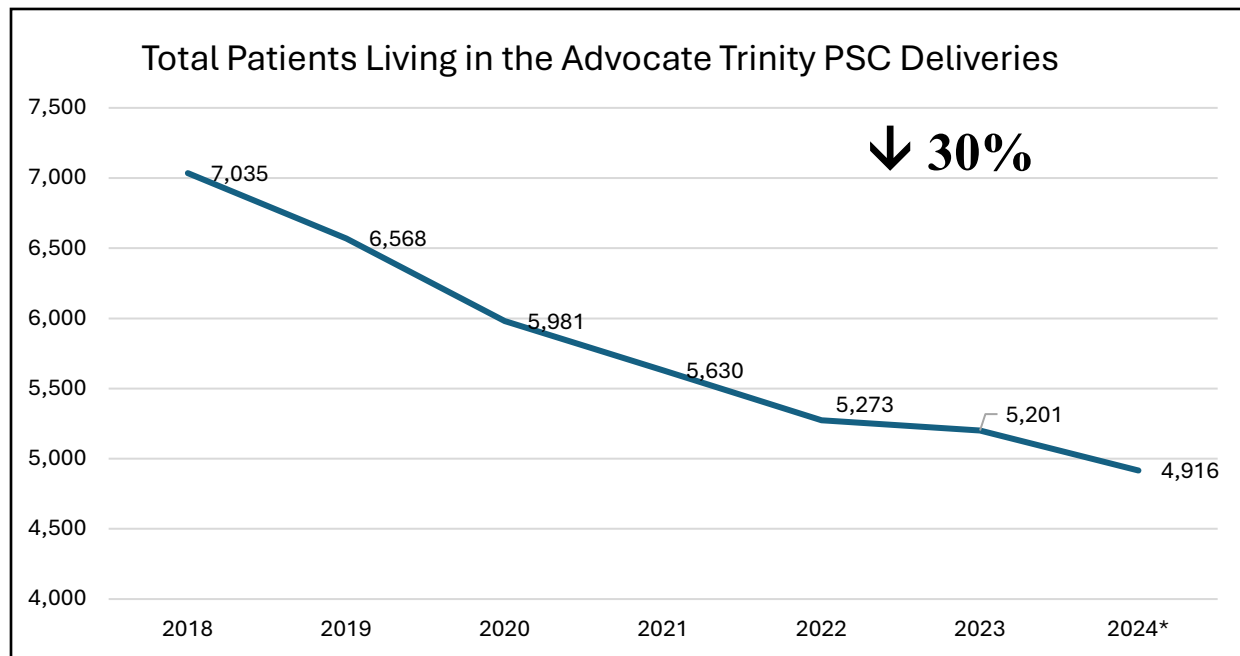
Birth Volumes from the Community have Significantly Declined

Between 2018 and 2024 (annualized), Labor & Delivery volumes from the Advocate Trinity Service Area have declined by approximately 30%. The Illinois Department of Public Health projects an additional 16.6% decline between 2025 and 2035.¹⁹

Projected Number of Births for Chicago: 2020-2025, 2025-2030, and 2030-2035				
	2020-2025	2025-2030	2030-2035	% Change 2025-2035
Chicago	175,255	142,326	118,736	-16.6%

Source: IDPH Population Projections Illinois, Chicago and Illinois Counties by Age and Sex: July 1, 2020 to July 1, 2035 (2023 Edition)

In 2018²⁰ there was a total of 7,035 labor and delivery cases originating from the Advocate Trinity Service Area (PSC) going to all facilities. In 2024 (annualized) there were 4,916 labor and delivery cases from the same zip codes going to all facilities, demonstrating declining utilization.

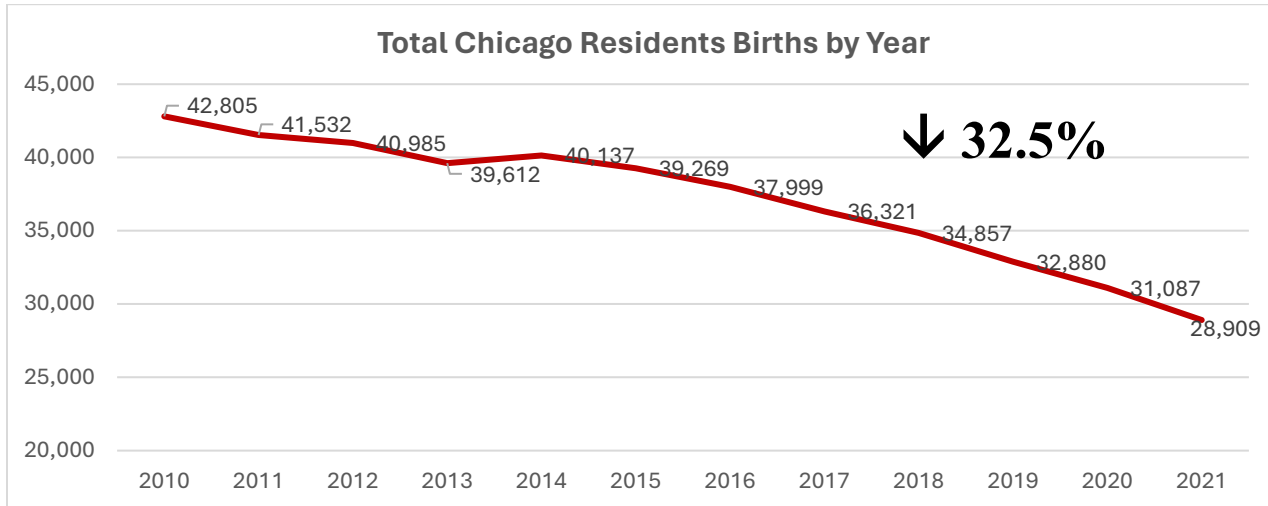


Source: IHA COMPData

¹⁹ IDPH, https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/data-and-statistics/vital-statistics/illinois-population-data/population-projections_202035.pdf

²⁰ IHA COMPData

This mirrors the decreasing birth rate. Chicago’s birth rate declined 32.5% between 2010 and 2021.²¹



Source: Chicago Health Atlas

Population forecasts for the groups of child-rearing ages in the Advocate Trinity Service Area are projected to significantly decline over the next 5 years.

Advocate Trinity PSC Population					
Age Group	2024 Population	2029 Population	2024 % of Total	Population Change	% Population Change
0-19	130,912	121,740	23%	-9,172	-7.00%
20-44	199,786	192,319	36%	-7,467	-3.70%
TOTAL	330,698	314,059	100%	-16,639	-5.03%

Source: Esri 2024 AAH South Chicago PSC ** IL population only

²¹ Chicagohealthatlas.org

Attachment 12, Exhibit 2

Research consistently demonstrates that hospitals with lower birth and labor delivery volumes provide lower-quality maternal and neonatal care with higher rates of severe obstetric complications, maternal morbidity, and neonatal mortality. Studies by Snowden et al. (2015) and Bailit et al. (2016) highlight increased maternal complications, including cesarean deliveries and postpartum hemorrhage in low-volume hospitals, while Kozhimannil et al. (2019, 2023) emphasize the disproportionate risks faced by rural hospitals with fewer deliveries. Pibbs et al. (2007) further establish that neonatal mortality rates are higher in low-volume NICUs, reinforcing the need for regionalized care models. Moreover, findings by Friedman et al. (2016) and Janakiraman et al. (2011) suggest that failure to rescue rates are significantly higher in low-volume facilities, supporting the argument that higher delivery volumes correlate with improved maternal and neonatal outcomes.

Friedman AM, Ananth CV, Huang Y, D'Alton ME, Wright JD. Hospital delivery volume, severe obstetrical morbidity, and failure to rescue. *Am J Obstet Gynecol.* 2016;215(6):795.e1-795.e7. doi:10.1016/j.ajog.2016.07.039.

This study analyzed the association between hospital delivery volume and severe obstetrical morbidity, as well as failure to rescue rates. Findings indicate that lower-volume hospitals had higher rates of severe maternal complications and increased failure to rescue incidents. The authors suggest that higher delivery volumes may contribute to improved maternal outcomes.

Snowden JM, Cheng YW, Emeis CL, Caughey AB. The impact of hospital obstetric volume on maternal outcomes in term, non-low-birthweight deliveries. *Am J Obstet Gynecol.* 2015;212(3):380.e1-9. doi:10.1016/j.ajog.2014.09.014

This study examines the relationship between hospital obstetric volume and maternal outcomes in term, non-low-birthweight deliveries. Findings indicate that lower-volume hospitals are associated with increased maternal complications such as cesarean delivery and postpartum hemorrhage. The study suggests that policies to regionalize maternity care may improve maternal outcomes.

Bailit JL, Landon MB, Thom EA, et al. Hospital care of obstetric patients: Does volume matter? *Am J Obstet Gynecol.* 2016;214(5):611.e1-611.e17. doi:10.1016/j.ajog.2015.11.022

This research investigates whether hospital obstetric volume influences maternal and neonatal outcomes across various birth settings. Results show that hospitals with lower delivery volumes have higher rates of maternal morbidity and neonatal complications. The authors recommend volume-based policies to ensure high-quality perinatal care.

Kozhimannil KB, Hung P, Prasad S, Casey MM, Lorch SA. Association between hospital delivery volume and maternal morbidity among low-risk pregnancies in rural US hospitals. *JAMA.* 2019;321(4):404-413. doi:10.1001/jama.2018.20862

This study focuses on rural U.S. hospitals, evaluating whether delivery volume affects maternal morbidity in low-risk pregnancies. The findings indicate that low-volume hospitals have a significantly higher rates of maternal morbidity, suggesting that these facilities may lack

resources for optimal care. The study emphasizes the need for improving rural obstetric care to mitigate poor outcomes.

Phibbs CS, Baker LC, Caughey AB, Danielsen B, Schmitt SK, Phibbs RH. Level and volume of neonatal intensive care and mortality in very-low-birth-weight infants. *N Engl J Med.* 2007;356(21):2165-2175. doi:10.1056/NEJMsa065029

This study assesses the impact of neonatal intensive care unit (NICU) level and hospital volume on mortality rates in very-low-birth-weight infants. Higher-level, high-volume NICUs were associated with lower mortality rates compared to lower-level, low-volume facilities. The results support regionalizing neonatal care to improve survival rates in vulnerable infants.

Janakiraman V, Ecker J, Kaimal A, Cheng YW, Caughey AB. Comparing perinatal outcomes of care at academic medical centers, hospital networks, and community hospitals. *Am J Obstet Gynecol.* 2011;204(6):491.e1-8. doi:10.1016/j.ajog.2011.02.055

This study compares perinatal outcomes across academic medical centers, hospital networks, and community hospitals. It finds that hospitals with higher delivery volumes and academic affiliations tend to have improved maternal and neonatal outcomes. The authors recommend considering hospital type and volume in policy decisions to optimize perinatal care.

2. Define the planning area or market area, or other, per the applicant’s definition.

Advocate Trinity Hospital is a community hospital that serves the south-east section of Chicago in the Pill Hill Area. The hospital is located in the IHFSRB Planning Area A-03 (see Attachment 12, Exhibit 3).

Advocate Trinity Hospital’s service area extends north along Lake Michigan to include South Shore, Woodlawn neighborhoods, west to Chatham and Pullman, and south to Calumet Heights and Hegewisch (see Attachment 12, Exhibit 4).

Population projections for the Advocate Trinity Patient Service Community (PSC) are provided in the table below. The total population in the Advocate Trinity service area is projected to decline by 2.4%. While the 65+ population is projected to grow, we believe that our care model will have the greatest impact on this age cohort.

Trinity PSC Population					
Age Group	2024 Population	2029 Population	2024 % of Total	Population Change	% Population Change
0-19	130,912	121,740	23%	-9,172	-7.0%
20-44	199,786	192,319	36%	-7,467	-3.7%
45-64	135,575	128,354	24%	-7,221	-5.3%
65+	92,414	102,924	17%	10,510	11.4%
TOTAL	558,687	545,337	100%	-13,350	-2.4%

Source: Esri 2024 AAH South Chicago PSC ** IL population only

The population for the broader Advocate South Chicagoland Patient Service Area (PSA) is provided below. Similar to the Advocate Trinity PSC, the population is projected to decline over the next 5 years. Once again, while the 65+ population is projected to grow, we believe that our care model will have the greatest impact on this age cohort.

South Chicagoland PSA Population					
Age Group	2024 Population	2029 Population	2024 % of Total	Population Change	% Population Change
0-19	448,424	408,895	24%	-39,529	-8.8%
20-44	621,398	605,412	33%	-15,986	-2.6%
45-64	466,499	436,347	25%	-30,152	-6.5%
65+	322,586	356,094	17%	33,508	10.4%
TOTAL	1,858,907	1,806,748	100%	-52,159	-2.8%

Source: Esri 2024 AAH South Chicago PSA ** IL population only

The race and ethnicity projections are reflective of this community and differ significantly from the National percentages. Population decreases are projected for most ethnicities and races in both the Advocate Trinity PSC and the Advocate South Chicagoland PSA service area. The Hospital has a strong pattern of providing care to a diverse population with multilingual staff in many areas. As the multicultural aspects of the community change, the Hospital is committed to meeting the social and medical needs of the population.

Trinity PSC Demographics					
Ethnicity/Race	2024 Population	2029 Population	2024 % of Total	Population Change	% Population Change
White	44,140	39,621	8%	-4,519	-10.2%
Black	366,687	356,763	66%	-9,924	-2.7%
Asian	33,523	33,867	6%	344	1.0%
Other	16,344	16,113	3%	-231	-1.4%
Hispanic	97,993	98,973	18%	980	1.0%
TOTAL	558,687	545,337	100%	-13,350	-2.4%

Source: Esri 2024 AAH South Chicago PSC ** IL population only

South Chicagoland PSA Demographics					
Ethnicity/Race	2024 Population	2029 Population	2024 % of Total	Population Change	Population Change
White	492,908	454,849	27%	-38,059	-7.7%
Black	783,435	760,779	42%	-22,656	-2.9%
Asian	59,937	61,193	3%	1,256	2.1%
Other	49,963	49,634	3%	-329	-0.7%
Hispanic	472,664	480,293	25%	7,629	1.6%
TOTAL	1,858,907	1,806,748	100%	-52,159	-2.8%

Source: Esri 2024 AAH South Chicago PSA ** IL population only

As the population ages, those living in the Advocate Trinity Hospital Service area (PSC) have continued to seek more tertiary services at facilities outside the service area, as seen in the table below, with patients going to our sister facility Advocate Christ and other tertiary facilities north of the community.

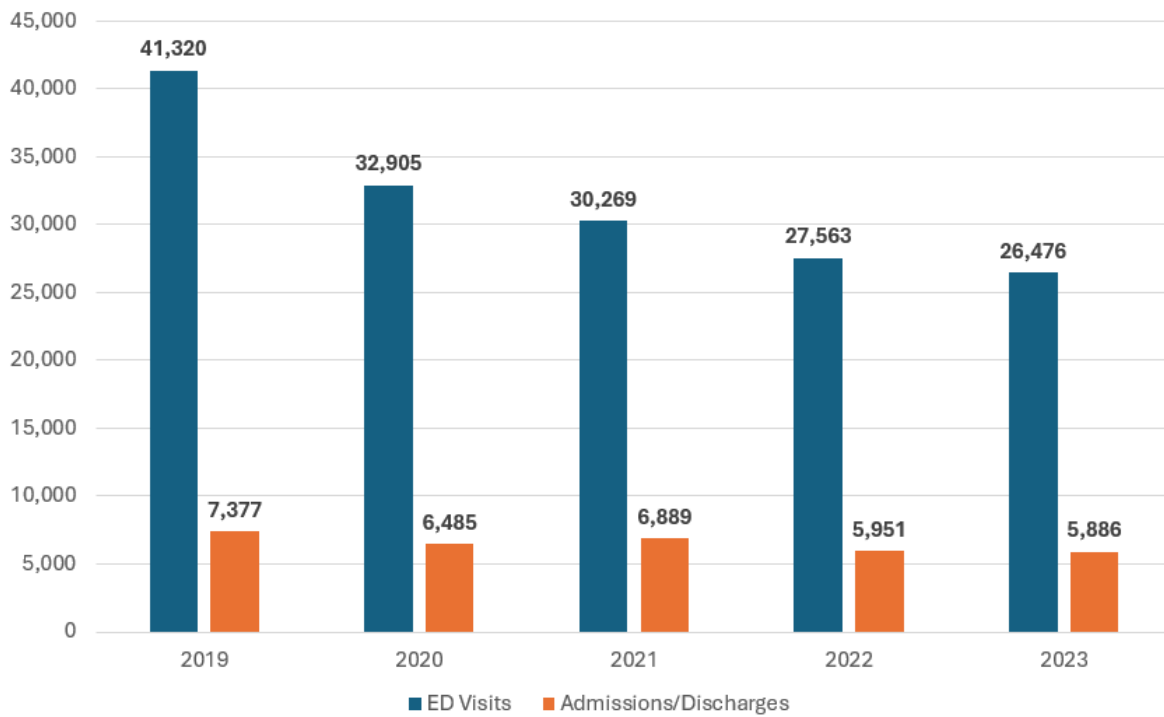
Patients 65+ Facility Selection for Care					
Facility	2022	2023	2024AY	% Var	Patient Selection
UChicago Medicine	5,034	5,402	5,596	11%	19%
Advocate Christ	4,499	4,890	5,340	19%	18%
OSF Little Company of Mary	3,790	4,132	4,136	9%	14%
Advocate Trinity	3,919	3,876	3,896	-1%	13%
Northwestern Memorial	1,522	1,672	1,608	6%	5%
Rush University Medical Center	1,034	1,110	1,200	16%	4%
UI Health	763	765	964	26%	3%
John H. Stroger Hospital of Cook County	759	797	744	-2%	3%
All Others	14,721	16,669	17,332	18%	21%
Total	36,041	39,313	40,816	13%	100%

Source: IHA CompData 2022 – 2024AY (Q1-Q2)

In the Advocate Trinity PSC, community members are selecting Advocate Trinity Hospital only 13% of the time for inpatient care. Patients are increasingly seeking care outside their immediate service area at tertiary or academic institutions for advanced level of care that is needed. This trend is driven by a combination of factors, needed tertiary level care and access to specialized services. Larger academic medical centers and tertiary level centers have advanced treatments and technologies that are not readily available at smaller, community hospitals.

For patients 65 years and older, 47% leave the hospital planning area A-03 for higher levels of care. This trend highlights the value patients place on quality, as well as the strength of regional medical networks in connecting individuals to the resources they require. By seeking care at these advanced facilities, patients are taking proactive steps to ensure they receive the best possible outcomes. Our replacement facility will serve as a connecting point as needed for this community with tertiary centers and enhance the continuity of care, and ultimately benefit the broader community.

Trinity Year-Over-Year Volumes



Source: 2019-2023 Advocate Trinity Hospital Profile

Advocate Trinity Hospital’s inpatient admissions have continued to decline as 54% of the inpatient patients from the Advocate Trinity PSC chose inpatient care at facilities that are outside of the Advocate Trinity community.

Inpatient Admissions - Patients living in the Advocate Trinity PSC service area	2021	2022	2023
UCHICAGO MEDICINE	18,494	17,305	17,222
ADVOCATE TRINITY	6,284	5,500	5,366
ST BERNARD HOSPITAL AND HEALTH CARE CENTER	2,647	2,218	2,396
INSIGHT HOSPITAL AND MEDICAL CENTER	492	264	2,195
ROSELAND COMMUNITY HOSPITAL	2,273	1,757	1,696
SOUTH SHORE	493	892	1,318
HOLY CROSS HOSPITAL	1,562	1,238	1,133
JACKSON PARK HOSPITAL AND MEDICAL CENTER	1,692	1,125	988
PROVIDENT HOSPITAL OF COOK COUNTY	218	412	479
Total -Hospitals located in A-03	34,155	30,711	32,793
Total inpatient Admissions -All Hospitals	74,419	67,814	70,852
	46%	45%	46%

Source: IHA COMPData

In 2023, only 8% of Advocate Trinity PSC patients chose Advocate Trinity Hospital, and 8% chose Advocate Christ Medical Center.

Patients in this service area have indicated their preference by choosing to have their higher acuity needs served by Advocate Christ Medical Center and other facilities that specialize in care for higher acuity needs. This is specifically true for patients living in this service area that are choosing Academic Medical Centers for complex care such as Oncology, Neuroscience and Cardiovascular services.

3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]

As noted in the Introductory Statement in Attachment 10, the status quo is not adequately addressing the community's health care and preventative needs, and Advocate is undertaking both outpatient and inpatient initiatives to improve the overall health of the community. A major focus of these initiatives is to address the dislocation of high Emergency Department utilization by patients better served and cared for in an ambulatory environment. Advocate's significant investment in the expanded ambulatory programs described in the Introductory Statement is specifically designed to better treat these patients in ambulatory settings rather than the hospital's acute care Emergency Department, which is a level of care these patients do not require.

For those patients in need of inpatient and acute services, the replacement hospital proposed by this application will provide a state-of-the-art, right-sized community hospital with seamless connections to nearby tertiary medical centers for optimum care delivery and outcomes.

Advocate Trinity Hospital has a long history of caring for people in the South Side of Chicago dating back to 1895. In 1995, Trinity Hospital, South Suburban Hospital and Christ Medical Center were incorporated into Advocate Health Care. Advocate merged with Aurora Health Care in Wisconsin in 2018 to become Advocate Aurora Health. In 2022, Advocate Aurora Health became part of Advocate Health.

As the system continues to carry out its mission to be the best place for patients to receive care and physicians to practice, there is a continuous evaluation of all hospital assets and the infrastructure. This project and the replacement hospital project address the need to provide a new updated community hospital that is state-of-the-art with enhanced facility technology and services to replace the existing Advocate Trinity Hospital. The new hospital will replace an outdated facility and will provide the types of services, and the number of services projected to meet the needs for residents of this area into the future. With new state-of-the-art equipment and advanced medical technology, the new facility will be designed to meet industry standards to accommodate current procedures, technology, and privatization of the inpatient beds.

A facility assessment of Advocate Trinity Hospital was completed in 2021 to determine appropriateness for continued investment on the campus. This assessment recommended the following with respect to future facility planning:

- Develop an integrated, highly-visible and easily accessible **ambulatory PSC network**
- Locate services in most **appropriate setting** & ensure clinical space is optimized for patient care
- Create **100% private bed model** and modernize units to contemporary standards
- **Right-sized bed complement** with focus on specialty critical care, step-down and observation
- Enhance **procedural platform & diagnostics** support to meet standards & optimize patient flows

- Provide fully **functional Emergency Department** with adequate capacity to meet PSC needs
- Support growth of destination programs on- & off-campus to be a “**high-touch, high-tech**” leader

The proposed project will also partially address the operating deficit at Advocate Trinity Hospital. At the new replacement hospital, operating losses are projected to continue, but at reduced levels, enabling Advocate Health Care to invest in ambulatory programs and services to address primary, specialty and chronic disease needs in the community over time.

The replacement hospital will create a more efficient and patient-centered healthcare environment with the most updated technology and infrastructure. The new patient rooms replace rooms in the existing building that are outdated and undersized and no longer support the infrastructure or technology needed. The need for private rooms has become critical with the acuity and infection demands highlighted over the last two years. The patient rooms will be sized and designed to provide the latest equipment and improved collaboration among the clinical team to care for patients into the future.

This new hospital building will also address the electronic and technological barriers of the current Advocate Trinity Hospital including smart room technology, and telemedicine capabilities. The project will upgrade and install more energy-efficient and sustainable HVAC systems, lighting, and insulation, reducing operational expenditures and designing for the future.

The existing facility has grown through building additions over the last century as the neighborhood census and health care delivery modalities grew. The result is a facility out of alignment with the current and future community needs. The existing building is oversized from an occupancy standpoint and has areas which can no longer be utilized for their original purpose, but is undersized in areas related to advanced technologies and floor-to-floor spacing to allow for most current medical equipment and facility upgrades.

In addition to privatizing and updating the inpatient beds, the project realigns the inpatient bed configuration with the number of licensed beds supported by utilization trends and the calculated bed need for the current services and long-term needs for the Advocate Trinity community.

As outlined in Appendix C (Attachment 31 to the establishment application), the types of clinical services and the number of rooms and square footage in this new hospital were developed based on current utilization and projected needs.

The new hospital project is being designed to target LEED Certification for Healthcare to improve indoor environmental quality, energy efficiency, the use of sustainable materials and keep staff and patients healthier. Advocate Health has made deep commitments to address Climate and Sustainability through recognizing the link between human and environmental health and the disproportionate impact of climate change on vulnerable populations.

4. Cite the sources of the information provided as documentation.

- Clinical, administrative, and financial data from Advocate Health and Hospitals Corporation and Advocate Trinity Hospital
- Advocate Trinity Hospital Facility Assessment
- Community Engagement Process
- Illinois Department of Public Health Hospital Licensing Code
- Illinois Health Facilities and Services Review Board (HFSRB) Administrative Rules
- IHA COMPdata
- AIA/FGI Guidelines for Design and Construction of Health Care Facilities
- Illinois Administrative Code, Title 77, Chapter I, Subchapter b, Part 250, Section 250.2440 General Hospital Standards
- Esri and the US Census Bureau demographic reports
- Sg2 Market Estimates and Projections
- HFSRB Hospital Profiles
- HFSRB Inventories and Data
- City of Chicago Building Code, International Building Codes, National Electrical Code, State of Illinois Plumbing Code, Accessibility Code and State Hospital Licensing Standards

5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

The primary purpose of this discontinuation project and the replacement hospital project is to provide a state of the art, replacement Community Hospital that is designed with the services and configuration needed in the Advocate Trinity service area.

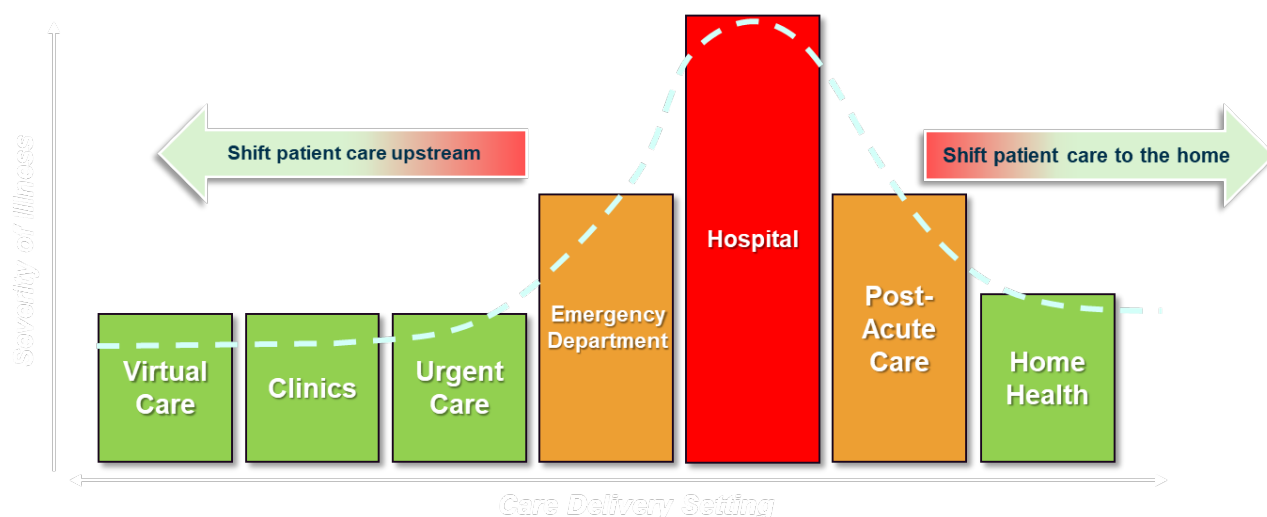
The new hospital will continue to provide access for inpatient and outpatient hospital services to support the health services to improve the healthcare and wellbeing of the population in the service area. The development of a system of care within the South Chicagoland Service area will continue to provide community hospital services at Advocate Trinity Hospital, with higher acuity and complex care to be coordinated and provided within the system at Advocate Christ Medical Center, along with ambulatory service in locations throughout the service area.

Advocate Health's epidemiology research indicates that patients who see a PCP have improved health outcomes due to earlier diagnoses and treatment of chronic conditions, and better access to educational resources. Specifically, chronic disease patients saw decreases in uncontrolled hypertension (21%), diabetes (33%), and high cholesterol (24%) the following year. Those without chronic diseases experienced reductions in new cases of hypertension (43%), type II diabetes (45%), and hyperlipidemia (37%).

In addition to the construction of this new community hospital, there will be continued significant investment of needed ambulatory services in the South Chicagoland and Advocate Trinity service area. This investment is an opportunity to innovate and invest in our community – to reimagine all the ways we might deliver care and promote wellness to help address the lower life expectancies and higher rates of chronic disease that South Side residents face. The expanded collaboration with the other Advocate hospitals in the South Chicagoland Service area for tertiary services will provide increase access for specialized care and higher acuity services.

Advocate Health’s focus is not only on treating the sick, but also to help people improve their overall health and wellness, ultimately keeping them out of the hospital. Advocate Health knows that meeting patients where they are - in their homes and across their communities - is important to them, so we are looking at ways to innovate and deliver health care differently.

Central to our strategy is the principle that hospitals are not built to manage and prevent chronic conditions. To improve health and wellness for community members, Advocate Health must shift care into the community and treat chronic conditions beyond the hospital and enhance prevention in various settings.



Over the past several months, we have engaged over 400 members of the community through listening sessions, focus groups and conversations. Additionally, we conducted an epidemiology study with our academic partners at Wake Forest – Baptist Health and found that by increasing primary care access points we can:

Decrease Avoidable ED Utilization

Patients who visited a primary care during Year 1 had **fewer visits to inpatient and the ED and fewer ED visits for non-urgent or avoidable care** needs during Year 2.

Improve Chronic Disease Conditions

Patients visiting primary care during Year 1 also had a **reduced burden of uncontrolled chronic disease** during Year 2.

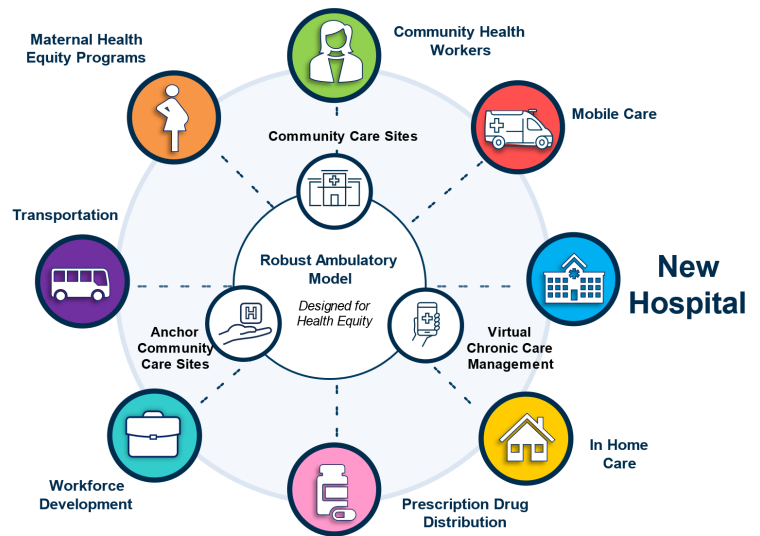
Lower Likelihood of Chronic Disease

Patients without chronic disease who visited primary care during Year 1 had a **lower likelihood of developing new chronic disease** during Year 2

To improve outcomes for our patients, we are implementing a new strategic care model to reimagine care on the South Side focused on the initiatives described in the Introductory Statement in Attachment 10. The care will be comprehensive in order to allow patients to have the full spectrum of their needs met. This model focuses on creating new primary care access points and other ambulatory care so that patients are not seeking to use the hospital for their everyday care.

This model includes:

- **Anchor Community Care Sites**
Destination site for primary, urgent and specialty care, screening & diagnostics, and community programming. Our Advocate Medical Group Imani Village location will be expanded to offer these services.
- **Neighborhood Care**
Community-embedded primary care access points that offer a broad range of everyday care services and support chronic care management.
- **Virtual Chronic Care**
Robust digital health program that integrates digital medicine, care coordination, longitudinal condition management, and patient navigation.



This model also includes investments and partnerships for:

- Continuum of transportation services to help patients access destinations in a timely manner.
- Clinics on wheels to overcome transportation barriers to access and allow care access to be nimble based on shifting community needs.
- Comprehensive set of maternal health programs that address inequities in birth outcomes.
- Robust plan for access to free drugs and home deliveries.
- Array of services delivered in the comfort of patients' homes.
- Workforce development and training for our approximately 1,000 teammates and hiring initiatives from the community.

The holistic model aims to serve as a transformative national example, advancing health equity with a focus on disease prevention and connection to clinical and social health resources. With this new model of care based off our co-creation with the community we will be able to:

- Improve health outcomes by shifting care to outpatient settings and innovative chronic disease management programs.
- Provide new and convenient access points outside of the hospital and in the community for primary, specialty and immediate care.
- Reduce the friction of primary, specialty and prescription drug access through a new all-payer strategy, an evolved financial assistance model and a new drug distribution program tailored to South Side residents.
- Integrate the latest technology and therapeutics to a historically underserved community.
- Foster coordinated care so community members will have full access to the spectrum of Advocate Health services.

- Ensure continuity of current jobs, increase employment opportunities, and support upward career mobility in the South Side community, aligning with our pledge to build the next generation workforce.

These discontinuation and replacement hospital projects, like other hospital initiatives, support the underlying goal of Advocate's diversity, equity, and inclusion strategy; anchored by the purpose to help people live well and fueled by a commitment to transform our workplace and our communities. This is due to the belief that a diverse workforce and strong community partnerships allow Advocate to deliver equitable care for all. Advocate is working to close gaps, foster a thriving and inclusive environment, and ensure outcomes that are consistent and fair.

6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

The principal goals for this project and the replacement hospital project are to invest in and develop a modern and updated infrastructure, to allow Advocate Trinity to continue to provide access for the highest level of care to residents in the community, including:

- A medical/surgical bed unit that includes the appropriate number and sized Inpatient rooms based on community need.
- An interventional procedural suite that provides right-sized operating and procedural rooms and includes pre/post recovery to support the needed number of rooms.
- An Emergency Department that provides modern-sized and appropriate number of bays with closely located ancillary services such as imaging and procedural suite to enhance efficiencies and facilitate patient healing.
- An observation unit adjacent to the Emergency Department, designed to provide short-term treatment, assessment, and monitoring for patients.
- Ancillary services critical to inpatient and outpatient hospital services including MRI, Nuclear Medicine, CT Scanning, X-Ray, and Ultrasound.

Advocate Health Care is looking at establishing a robust community partnership as part of our next major capital project on the South Side of Chicago. We plan to engage in wide-ranging outreach to community members and qualified construction contractors who have a demonstrated commitment to serving the local community to help further our aspirational goals of having a construction contracting spend of 40% with Minority Business Enterprises (MBEs) and 10% with Women Business Enterprises (WBEs). We also aspire to have 20% of design professional services, including project architectural design and engineering service, provided by diverse businesses. Generating interest on the part of qualified and available businesses and ensuring all businesses are encouraged to apply will help advance our efforts towards these goals and ensure the successful completion of the project overall. Finally, we are establishing two goals associated with residency: 50% of hours worked by City of Chicago residents and 7.5% of hours worked by Project Area Residents as defined by the City of Chicago, according to zip codes.

The timeline of this project was well thought out to provide the safest, high-quality care for patients and clinicians. The current Advocate Trinity Hospital will remain open until the new replacement is operational.

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board Illinois
Department of Public Health

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MEDICAL-SURGICAL and PEDIATRIC Categories of Service

Hospital Planning Area: A-03

Hospital	City	2021 Admissions	2021 Patient Days	Beds		
CATEGORY OF SERVICE: Medical-Surgical						
Advocate Trinity Hospital	Chicago	3,898	30,306	158		
Holy Cross Hospital	Chicago	4,340	22,690	204		
Insight Hospital & Medical Center	Chicago	300	1,834	289		
Jackson Park Hospital	Chicago	2,496	13,467	144		
Provident Hospital of Cook County	Chicago	328	2,576	79		
10/22/2019 19-037	Received permit for replacement hospital; replacement hospital will have 42 Medical-Surgical beds, a reduction of 37 Medical-Surgical beds.					
8/16/2022 19-037	Hospital relinquished permit to discontinue 37 Medical-Surgical beds; hospital now has 79 authorized Medical-Surgical beds.					
Roseland Community Hospital	Chicago	2,369	13,196	77		
South Shore Hospital	Chicago	1,111	11,438	114		
St. Bernard Hospital	Chicago	2,216	15,528	104		
The University of Chicago Medical Center	Chicago	19,409	150,154	570		
6/30/2023 23-011	Received permit to add 64 Medical-Surgical beds to existing category of service; hospital will have 570 Medical-Surgical beds.					
Medical-Surgical TOTAL				1,739	36,467	261,189

CATEGORY OF SERVICE: Pediatrics

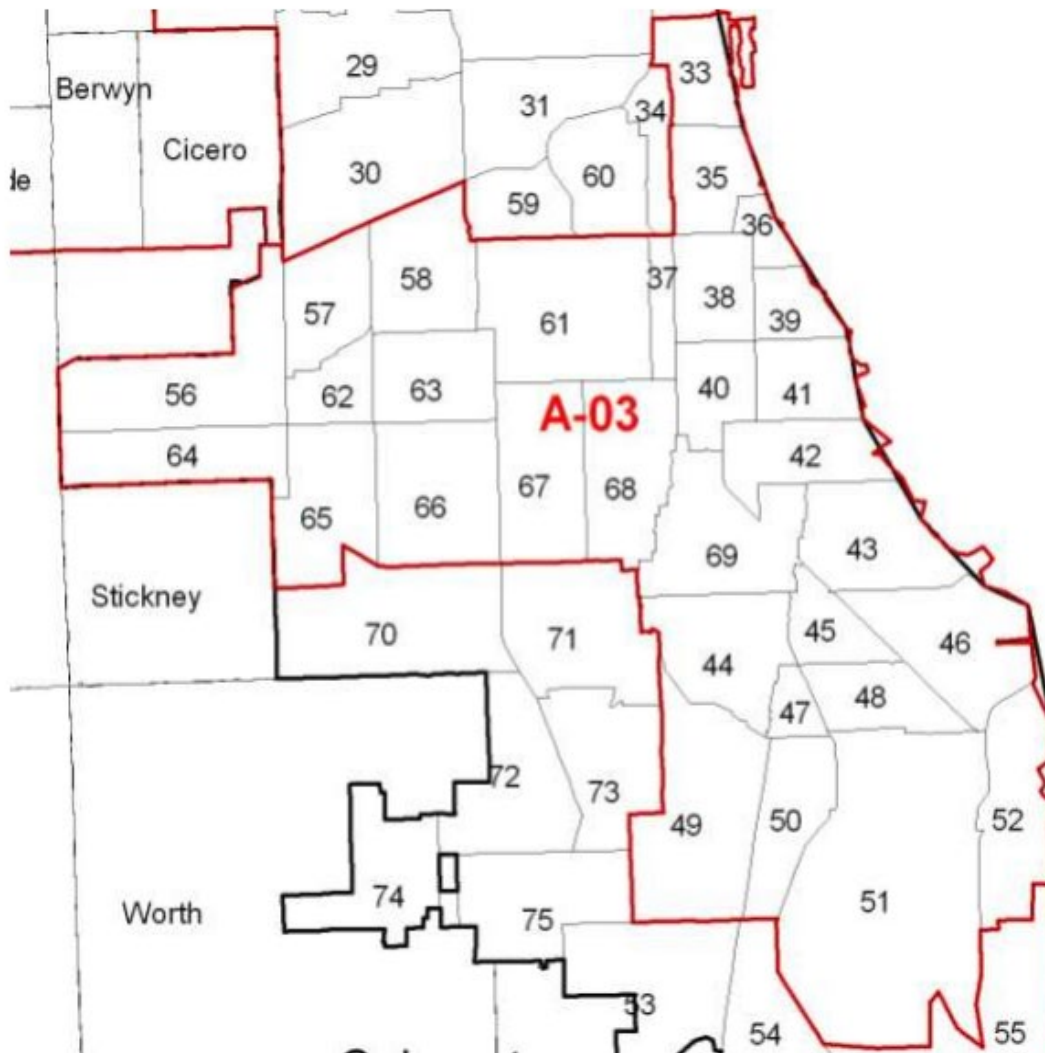
Jackson Park Hospital	Chicago	0	0	1		
La Rabida Children's Hospital	Chicago	265	10,240	49		
The University of Chicago Medical Center	Chicago	3,303	16,497	60		
Pediatrics TOTAL				110	3,568	26,737

Medical-Surgical/Pediatrics Planning Area Totals

Patient Days by Age	2019	2020	2021	TOTAL	3 Year Average	2021 Population	Use Rates	2026 Population	Projected Days
0-14 Years Old	28,060	25,814	27,383	81,257	27,086	147,580	0.1835	131,180	24,076
15-44 Years Old	50,563	50,763	50,472	151,798	50,599	331,450	0.1527	316,310	48,288
45-64 Years Old	109,038	98,633	94,101	301,772	100,591	188,720	0.5330	184,540	98,363
65-74 Years Old	66,150	65,292	63,375	194,817	64,939	64,180	1.0118	66,780	67,570
75-up Years Old	63,981	58,554	52,595	175,130	58,377	42,140	1.3853	56,230	77,896
Out-Migration				18,065	25,337	148,728	0.50	316,192	390,556
In-Migration				365	1,070	0.90	1,189	1,849	660
Net Migration				18,065	25,337	148,728	0.50	316,192	390,556
Days in Year 2026				390,556	365	0.90	1,189	1,849	660
Adjusted Days				390,556	365	0.90	1,189	1,849	660

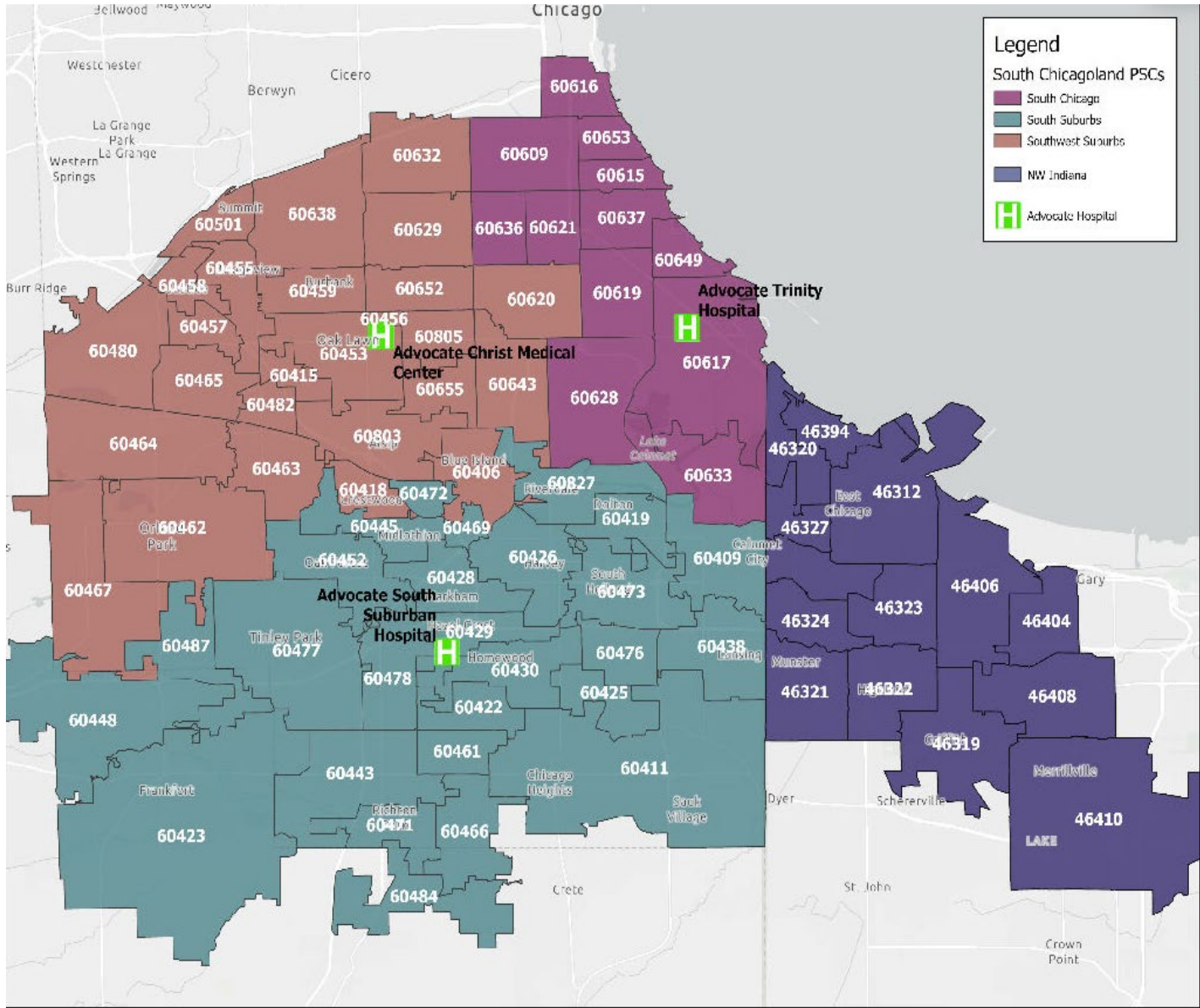
* If ADC less than 100 in Planning Area, Occupancy Target is 80%; if the Planning Area has ADC of 100-199, the Occupancy Target is 85%; if ADC is 200 or more, 90%.

Attachment 12, Exhibit 3



Attachment 12, Exhibit 4

Advocate Trinity Hospital: Patient Service Area



Disclaimer: This map depicts service area information based on inpatient admissions by zip code. Its use should not be understood as a representation concerning a relevant geographic area of competition or concerning the actual extent of competition between or among providers in any given zip code or area.

**ATTACHMENT 37
SAFETY NET IMPACT STATEMENT**

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

No material impact on essential safety net services in the community, including the impact on racial and health care disparities, are known or anticipated given that the existing hospital will remain in operation until the proposed replacement hospital for Advocate Trinity Hospital becomes operational. In addition, this project, the replacement hospital project, and Advocate Health's Ambulatory Forward programs, detailed in Attachment 12, are specifically designed to improve health equity and health outcomes within the South Side community.

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

For the reasons stated above under paragraph 1, the project will not adversely impact the ability of any other provider or health care system to cross-subsidize safety net services.

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

For the reasons stated above under paragraph 1, the project will not adversely impact the safety net providers in the community.

Charity Care and Medicaid Services

The applicant facility's Charity Care and Medicaid services for the last three years are shown in the table immediately following this page.

Advocate Trinity Hospital's Charity Care and Medicaid Information

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2021	2022	2023
Inpatient	168	123	134
Outpatient	2,388	1,357	1,365
Total	2,556	1,480	1,499
Charity (cost in dollars)			
Inpatient	\$978,000	\$783,000	\$1,064,000
Outpatient	\$2,207,000	\$1,163,000	\$1,479,000
Total	\$3,185,000	\$1,946,000	\$2,543,000
MEDICAID			
Medicaid (# of patients)	2021	2022	2023
Inpatient	2,494	1,941	1,083
Outpatient	31,401	23,857	29,551
Total	33,895	25,798	30,634
Medicaid (revenue)			
Inpatient	\$32,095,127	\$27,357,618	\$30,731,689
Outpatient	\$10,511,301	\$14,172,130	\$16,229,003
Total	\$42,606,428	\$41,529,748	\$46,960,692

Safety Net Relevant Services

Advocate Health Care believes that health equity is achieved when every person can attain their full health potential, where inequity in both social drivers and health system engagement is eliminated.

To that end, Advocate Trinity Hospital is proposing a significant strategic investment in our community, aiming to enhance access to health care and preventive care and boost healthier outcomes. For more than 125 years, we have been proudly serving our patients and communities on Chicago's South Side. Now more than ever, we are keenly aware of the profound and deep-rooted health inequities faced by so many, and we are dedicated to reversing this trend. This moment offers an opportunity to innovate and invest in our community – envisioning new ways to deliver care and promote wellness, tackling the lower life expectancies and higher rates of chronic disease South Side residents endure.

Advocate Trinity Hospital takes great pride in the relationship it has with the neighborhoods, communities, organizations, and agencies its services. The following illustrates some of the ways that Advocate Trinity Hospital addresses the needs of the people in its service area.

- **Primary Care** Advocate opened a walk-in clinic across the street from Advocate Trinity Hospital to help patients with non-life-threatening conditions find easier access to care and shorter wait times.
- **Cardiac and Vascular Care** recognized²² as high-performing in administering adult procedures for heart failure. Fully equipped cardiac catheterization lab, heart failure clinic and accredited Cardiac Rehabilitation Program.²³
- **Pulmonary Care** Advanced lung cancer diagnosis, screening and treatment of lung conditions, including cancer. Named a Lung Screening Center of Excellence by the GO2 Foundation. Critical Care Around the clock monitoring of intensive care unit patients provided by on-premise critical care physicians, with support from eICU®
- **Diabetes Prevention & Management** CDC Full Plus accredited Diabetes Prevention program offers classes in both English and Spanish with a certified Lifestyle Health Coach. Diabetes wellness program offers one-on-one patient education on medication management, diet planning and physical activity strategies with a Certified Diabetes Educator.
- **Women's Health** accredited by the American College of Radiology for breast imaging, MRI breast exams and MRI-guided breast biopsies, same-day mammography results, and multidisciplinary pelvic health rehabilitation services.
- **Interpretation services and translation services** in almost every language through one of several methods including in person services for Spanish, Polish, Vietnamese, Cantonese, and Mandarin; translation services through registry agencies and video conferencing and dedicated lines.

²² Silver award from Get With the Guidelines for 2023 for Heart Failure

²³ Accredited by American Association of Cardiovascular and Pulmonary Rehabilitation

These services will be complemented with new clinical services as part of our strategic investment:

- **Anchor Community Care** Sites Destination site for primary, urgent and specialty care, screening & diagnostics, and community programming. Imani Village will include urgent care.
- **Neighborhood Care** Sites are community-embedded primary care access points that offer a broad range of everyday care services and support chronic care management.
- **Virtual Chronic Care** Robust digital health program that integrates digital medicine, care coordination, longitudinal condition management, and patient navigation.

Recent Accolades for Community Health Efforts

U.S. News & World Report announced that Advocate Trinity Hospital made its inaugural list of “Best Regional Hospitals for Equitable Access” which is based on “success in caring for patients in historically underserved communities.” Advocate Trinity was the only Chicago area hospital in 2024 to receive this prestigious recognition.

“This recognition is a testament to the incredible efforts of our dedicated medical staff and team members, who work tirelessly to care for our patients and community,” said Advocate Trinity Hospital President Michelle Y. Blakely, PhD. “South Side residents live an estimated 30 years less than North Side residents. This is the largest wellness gap in the country, due to a variety of social challenges that often stand in the way of wellness.”

The Best Regional Hospitals for Equitable Access recognition comes on the heels of several recent steps taken by Advocate Health Care to address health equity on the South Side. This Spring, Advocate held community listening sessions in which more than 400 South Side residents participated and shared their ideas on how to improve health and wellness. This community input will help inform a major investment Advocate plans to make to help address health disparities on the South Side.

Advocate Trinity has also been recognized by being included in the 2025 Best Hospitals for Black America list announced by BlackDoctor.org (BDO). This distinction “recognizes hospitals that provide exceptional care to Black patients, an achievement of significance in today’s healthcare landscape according to BlackDoctor.org (<https://blackdoctor.org/best-hospitals-2025/>).

Community Health Initiatives

Every three years, Advocate Trinity Hospital (Advocate Trinity) completes a comprehensive Community Health Needs Assessment (CHNA). For the 2022 CHNA cycle, Advocate Trinity convened a Community Health Council (CHC) to review the significant health issues impacting the primary service area (PSA). In addition, Advocate Trinity worked in alignment with local community leaders, hospital leaders and the Chicago Department of Public Health and the Alliance For Health Equity a public health collaboration of over 30 health and public health entities, to collectively address the top health priorities and develop the 2023-2025 Implementation Plan. Advocate Trinity is an active member of the Alliance for Health Equity’s

collaboration meetings. The 2023 Community Health Progress Report (Attachment 37, Exhibit 1) is a reference to the hospital's Community Health Implementation Strategies; this 2023 progress report summarizes the selected priorities, annual program outcomes and additional accomplishments for Advocate Trinity Hospital.

National Diabetes Prevention Program—Advocate Trinity maintained its recognition status as a Centers for Disease Control and Prevention (CDC) National Diabetes Prevention Program (DPP). The National Diabetes Prevention Program (DPP) is a Centers for Disease Control and Prevention program organized as a partnership of public and private organizations working to prevent or delay type 2 diabetes.

- In 2023, three DPP cohorts were established with 62 registered participants, 55 qualified participants enrolled, 36 participants were currently active and will complete in 2024.
- A total of 14 participants successfully completed the year long program on May 4, 2023.
- Eleven participants achieved 5% weight loss and reduced their A1C by at least 0.2 percent.
- Advocate Trinity maintained its CDC Full Plus Recognition status – National Diabetes Prevention Program host site in December 2023.
- Since 2022, a weekly online Zoom fitness session has been administered by an AmeriCorps member to provide additional support for participants to meet their weekly average of 150 minutes of physical activity for weight loss. Over 40 participants from the DPP and Food Farmacy program have enrolled in the weekly fitness sessions.

Advocate Trinity partnered with team members from the AAH Faith and Health Partnerships to conduct mental health educational workshops and trainings in the community.

- Fifty-eight participants completed the Mental Health First Aid Training held at two non-for-profit organizations in the community.
- Thirty-seven older adults from two senior housing centers completed a six-week Loneliness program.
- A total of 92 adults attended six Healing Toxic Relationships workshops at the Pilsen South East Wellness center.
- One hundred teens completed four sessions of the Teen Loneliness program.
- Over 280 community residents participated in the 4th district police faith-based committee prayer walk.

Advocate Trinity's Healthy Living Food Farmacy continued to make huge strides in the community. Highlights of the year for the Food Farmacy includes:

- In 2023, 2,683 patient visits were served through the Healthy Living Food Farmacy.
- A total of 79,555 pounds of food was distributed to program participants.
- Live June news report coverage WBBM-TV CBS2 CHICAGO WLS-TV ABC CHICAGO.

The mobile health team in IL continued to provide outreach services to Illinois' most vulnerable communities by working with several community partners across the state.

- In 2023, the Mobile health team conducted screenings at 46 community events servicing 1,272 people and providing a total of 327 flu and COVID-19 vaccines.
- The mobile unit continues to support the Protect Chicago At Home vaccination program with the City of Chicago in providing in-home and mobile vaccinations to the Far South Community area in Chicago.
- In 2023, the protect Chicago at Home Program provided 1,056 COVID-19 and Flu vaccinations to in-home and mobile community.

Other Community programs include:

- Partnership in the South Side Healthy Community Organization. The South Side Healthy Community Organization (SSHCO) is comprised of 13 healthcare organizations – safety net hospitals, health systems and Federally Qualified Health Centers — on the South Side of Chicago. Supported by generous state funding, the SSHCO aims to build a healthcare system that will prioritize community needs, intervene earlier and respond better. Our model, driven by community input, will better connect existing health organizations, increase access to care, address some of the most challenging health issues we face, and ultimately, build health equity and ensure stronger, healthier communities across the South Side of Chicago.
- AMG Imani Village ‘Love Your Heart’ Program with over 146 participants enrolled in the program received self-monitoring blood pressure devices. Over 340 produce boxes distributed to support access to healthy food and reinforce healthy eating habits.
- Mobile Health Outreach partners with community organizations and businesses to provide health screenings, address SDOH, provide referrals to care, align with local community events or educational seminars, and establish a routine point of contact in zip codes with challenged with access to services.
- Trinity Food Farmacy Program provides healthy fresh fruits and vegetables to patients who have health conditions or circumstances that impact their health. Over 1,500 patients access the Food Farmacy with over 48,000 pounds of food distributed in 2022.
- Violence Prevention & Mitigation Programs collaborative programs uniting trauma recovery programs from Advocate Health Care & University of Chicago Medicine. We work with community partners to improve long-term trauma recovery care and mitigate violence-related injury in South Chicago and beyond.
- Recruitment and Workforce Development Program.

Advocate Health Care is taking a significant step to address disparities in medication access through a vital collaboration with Dispensary of Hope. The non-profit organization provides free, essential medications to chronically ill, uninsured patients facing financial difficulties. The launch of this new program at Advocate Trinity Hospital and Advocate Illinois Masonic Medical Center reflects the health system’s ongoing commitment to advancing health equity and improving patient care across the communities it serves.

“We are on a quest to find ways to make it easy for our patients to receive the care and support they need, regardless of their income level,” said Vincent E. Jackson, chief pharmacy officer of Advocate Health. “This collaboration with Dispensary of Hope is a testament to how we are

breaking down barriers to medication access and expanding our pharmacy footprint in communities where patients might otherwise go without the medicine they need.”

Physicians, nurses, and care management teams across both hospitals work to identify patients who qualify for the assistance program. Eligible patients must be uninsured or have incomes at or below 300% of the federal poverty level. Once enrolled, they can receive up to a 90-day supply of free prescriptions delivered to their home using Advocate Health Care’s in-house courier service. For patients who need additional resources, the care team will work to help them find local community health centers to provide continuity of care.

“For many patients, having access to affordable life-saving medications is unfortunately out of reach, increasing their health risks,” said Tasha Williams, Pharm.D., M.J., manager of pharmacy and chronic disease management for Advocate Health Care in Illinois. “By incorporating this program, we can ensure that patients have the necessary prescriptions upon discharge, reducing the likelihood of frequent hospital and emergency visits, reducing long-term health care costs.”

In addition to the Dispensary of Hope program, patients have access to Advocate Health Care’s Essential Medication Voucher, which gives them up to a 10-day supply of their medications at no charge. The voucher system has existed at all Advocate Health Care sites for several years and will continue to serve as a resource for patients needing medication.

Advocate Trinity also ensures that inpatients at every income level are equipped to maintain their health and avoid hospital readmissions due to medication non-compliance through its new Meds to Bed service. The new tele-pharmacy program, which started rolling out in August 2024, delivers new prescriptions directly to the patient’s bedside at discharge. Through this program, patients receive new medications ordered by their doctor, which may include a 30-day supply of maintenance medications. Many of Advocate Trinity’s South Side patients live in communities with little or no access to retail pharmacies where prescriptions are filled. Patients who are not able to pay their out-of-pocket cost at the time of discharge are able to use an essential medication voucher at the time of service.

Advocate Health Care intends to expand the Dispensary of Hope free prescription program throughout its footprint in Illinois and Wisconsin by 2025 to ensure thousands of patients have access to life-saving medications, reduce their financial barriers to care, and improve overall health outcomes.

Workforce Training & Development Initiatives

The system Diversity, Equity, & Inclusion (DE&I) strategy honors differences in patients, builds diverse and inclusive teams, and helps communities thrive from within. Advocate Health advances health equity through ensuring clinical operations are inclusive and accessible, protecting civil rights, and promoting business diversity and inclusion, and providing language services. Together, these services enhance access to care, foster an inclusive workplace, and strengthen community partnerships.

Additionally, Advocate Trinity Hospital’s Inclusion Council works on addressing racial prejudice and bias with a series of events to build allyship with Latino/Hispanic employees and other communities that have historically been marginalized or faced discrimination. The Inclusion Council developed a program to address racial prejudice and bias with two other hospitals

within the Advocate Health network surveying employees' perceptions and sentiments, engaging in conversations on findings through open forums and defining action plans based on the surveys and forums.

In 2020, unconscious bias training became mandatory for all team members, and over 1,000 team members participated in REAL Talk listening sessions that offered a safe space to discuss feelings and experiences in the wake of COVID-19 and civil unrest. Within the community, 55 flu clinics were established with multiple community partners, including faith-based organizations across South and Central Chicagoland, to reach neighborhoods with the greatest gaps in immunization coverage.

ADVOCATE TRINITY HOSPITAL 2023 COMMUNITY HEALTH PROGRESS REPORT

A PROGRESS REPORT ON OUR 2023-2025 IMPLEMENTATION STRATEGIES

Every three years, Advocate Trinity Hospital (Advocate Trinity) completes a comprehensive Community Health Needs Assessment (CHNA). For the 2022 CHNA cycle, Advocate Trinity convened a Community Health Council (CHC) to review the significant health issues impacting the primary service area (PSA). In addition, Advocate Trinity worked in alignment with local community leaders, hospital leaders and the Chicago Department of Public Health and the Alliance For Health Equity, a public health collaboration of over 30 health and public health entities, to collectively address and the top health priorities and develop the 2023-2025 Implementation Plan. Advocate Trinity is an active member of the Alliance for Health Equity's collaboration meetings.

The 2023 Community Health Progress Report is a reference to the hospital's Community Health Implementation Strategies; this 2023 progress report summarizes the selected priorities, annual program outcomes and additional accomplishments for Advocate Trinity Hospital.

Priority: Diabetes

Program Outcomes for 2023



National Diabetes Prevention Program—Advocate Trinity maintained its recognition status as a Centers for Disease Control and Prevention (CDC) National Diabetes Prevention Program (DPP). The National Diabetes Prevention Program (DPP) is a Centers for Disease Control and Prevention program organized as a partnership of public and private organizations working to prevent or delay type 2 diabetes.

- In 2023, three DPP cohorts were established with 62 registered participants, 55 qualified participants enrolled, 36 participants were currently active and will complete in 2024.
- A total of 14 participants successfully completed the year long program on May 4, 2023
- Eleven completers achieved 5% weight loss and reduced their A1C by at least 0.2 percent.
- Advocate Trinity maintained its CDC Full Plus Recognition status – National Diabetes Prevention Program host site in December 2023
- Since 2022, a weekly online Zoom fitness session has been established by an AmeriCorps member to provide additional support for participants to meet their weekly average of 150 minutes of physical activity for weight loss. Over 40 participants from the DPP and Food Farmacy program have enrolled in the weekly fitness sessions.

Partners Involved:
LKC Health & Wellness, Centers for Disease Control and Prevention

Priority: Mental Health

Program Outcomes for 2023



Partners Involved:

AAH Faith and Health Partnerships, Claretian and Associates, Compassion Baptist Church, Pilsen South East Center, 4th district police faith based committee

Advocate Trinity partnered with team members from the AAH Faith and Health Partnerships to conduct mental health educational workshops and trainings in the community.

- Fifty-eight participants completed the Mental Health First Aid Training held at two non-for-profit organizations in the community.
- Thirty-seven older adults from two senior housing centers completed a six week Loneliness program.
- A total of 92 adults attended six Healing Toxic Relationships workshops at the Pilsen South East Wellness center
- One hundred teens completed four sessions of the Teen Loneliness program.
- Over 280 community residents participated in the 4th district police faith based committee prayer walk.

ADVOCATE TRINITY HOSPITAL 2023 COMMUNITY HEALTH PROGRESS REPORT

A PROGRESS REPORT ON OUR 2023-2025 IMPLEMENTATION PLANS

Accomplishments in 2023

Food Security: Healthy Living Food Farmacy

Advocate Trinity's Healthy Living Food Farmacy continued to make huge strides in the community. Highlights of the year for the Food Farmacy includes:

- In 2023, 2,683 patient visits were served through the Healthy Living Food Farmacy.
- A total of 79,555 pounds of food was distributed to program participants.
- Live June news report coverage [WBBM-TV CBS2 CHICAGO](#)
[WLS-TV ABC CHICAGO](#)



ADVOCATE TRINITY HOSPITAL COMMUNITY HEALTH PROGRESS REPORT

A PROGRESS REPORT ON OUR 2023-2025 IMPLEMENTATION PLANS

Accomplishments in 2023

SDOH/Live Well Mobile Health

The mobile health team in IL continued to provide outreach services to Illinois' most vulnerable communities by working with several community partners across the state.

- In 2023, the Mobile health team conducted screenings at 46 community events servicing 1,272 people and providing a total of 327 flu and COVID-19 vaccines.
- The mobile unit continues to support the Protect Chicago At Home vaccination program with the City of Chicago in providing in-home and mobile vaccinations to the Far South Community area in Chicago.
- In 2023, the protect Chicago at Home Program provided 1,056 COVID-19 and Flu vaccinations to in-home and mobile community.



Stories from the Community

On November 29th, the Mobile Health (MH) team provided assistance to a man at a health fair who had recently become homeless, had his car towed, and needed a medication refill. This all happened while Chicago was experiencing temperatures below zero. The team acted quickly by connecting the patient with the Community Health Worker (CHW) team to help him find temporary housing, transportation, and assistance with his medication.

Diabetes Prevention Program:

"I changed my eating habits and started avoiding processed foods. I began reading food labels and realized their importance. The Diabetes Prevention program was excellent, and I enjoyed it thoroughly. Thanks to the program, I was able to prevent type 2 diabetes. I completed the program from start to finish." –DPP Participant

Primary Care Connection- CHW Program

The Advocate Trinity Community Health Workers (CHW) assist patients in the emergency room and the community by connecting them to local resources such as utility assistance, food pantries, and primary care homes. They evaluate patients' needs and provide appropriate support.

- In 2023, the CHW served 2,780 patients in the ED, 1,346 appointments scheduled and provided 3,362 referrals given. More than 14 percent of the referrals were for food resources.
- More than 10,000 patients received care, support and resources from CHWs located in the emergency rooms across three IL Advocate hospitals- Trinity, Christ, and Sherman.

Hospital CHNA Reports |
Implementation Plan |
Progress Reports |

Website:
www.advocatechna.com

ADVOCATE TRINITY HOSPITAL 2023 COMMUNITY HEALTH PROGRESS REPORT

A FORECAST INTO ADVOCATE TRINITY'S 2024 PROGRAM PLANS

Advocate hospitals in Illinois reserve the right to redirect resources to address emerging public health threats even if doing so slows the ability to implement plans for addressing key priorities selected through the CHNA process. The community health team will focus on the selected health priorities, but will remain attentive to public health threats, prevention and promoting programs that address other key issues. Advocate Trinity Hospital is working in alignment with the Advocate Health Community Strategy. The AAH Community Strategy includes, but not limited to, the following six focus areas: access to primary medical homes, access to behavioral health services, workforce development, community safety, housing and food security.

Live Well Mobile Health

Year: 2024

Advocate Live Well Mobile team continues its outreach activities in the Southland PSA to address Covid-19 education, vaccinations, and hypertension awareness programs in the community. The mobile unit also fosters partnerships with community-based non-profits to bring needed health screenings to the most vulnerable communities. The Mobile Health team works with local churches, federally qualified health centers, community centers, local YMCAs, food pantries and others to provide services that address the health and social needs of the communities it serves.



Diabetes

Year: 2024

The National Diabetes Prevention Program (DPP) is a Centers for Disease Control and Prevention program organized as a partnership of public and private organizations working to prevent or delay type 2 diabetes. Partnerships with community organization sponsors make it easier for people at risk for type 2 diabetes to participate in evidence-based, lifestyle change programs to reduce their risk of type 2 diabetes. Advocate Trinity will continue to offer diabetes prevention education using the Prevent Type2 curriculum in 2024.

Mental Health

Year: 2024

Advocate Trinity is dedicated to improving the mental health of the community by preventing mental health issues and ensuring access to behavioral and mental health services. As part of this commitment, Trinity will maintain its partnership with Advocate Faith and Health Partnerships and NAMI Chicago to provide additional support and programming for the 2022 CHNA cycle. The community will have access to Mental Health First Aid and behavioral health education, ensuring that they receive the necessary support and knowledge to manage their mental health.

We Help People Live Well.

**ATTACHMENT 38
CHARITY CARE INFORMATION**

The amount of charity care provided by the applicant facility and Advocate Health's other affiliated Illinois hospitals are included in the tables below.

ADVOCATE TRINITY - CHARITY CARE			
	2021	2022	2023
Net Patient Revenue	\$ 148,182,482	\$ 146,669,848	\$ 145,465,965
Amount of Charity Care (charges)	13,733,593	7,778,847	9,429,507
Cost of Charity Care	3,185,000	1,946,000	2,543,000

	2021	2022	2023
Net Patient Revenue			
IP	\$ 88,679,803	\$ 84,160,610	\$ 81,839,518
OP	\$ 59,502,679	\$ 62,509,238	\$ 63,626,447
TOTAL	\$ 148,182,482	\$ 146,669,848	\$ 145,465,965

APPENDIX A

**ATTACHMENT 19
MEDICAL SURGICAL AND ICU**

A. Criterion 1110.200 - Medical/Surgical, Obstetric, Pediatric and Intensive Care

Category of Service	# Existing Beds	# Proposed Beds
Medical/Surgical	158*	36
Obstetric	0	0
Pediatric	0	0
Intensive Care	24*	4

*Existing Advocate Trinity Hospital Inventory

READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.200(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.200(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.200(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.200(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.200(b)(5) - Planning Area Need - Service Accessibility	X		
1110.200(c)(1) - Unnecessary Duplication of Services	X		
1110.200(c)(2) - Maldistribution	X	X	
1110.200(c)(3) - Impact of Project on Other Area Providers	X		
1110. 200(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.200(d)(4) - Occupancy			X
1110.200(e) - Staffing Availability	X	X	
1110.200(f) - Performance Requirements	X	X	X
1110.200(g) - Assurances	X	X	

APPEND DOCUMENTATION AS ATTACHMENT 18, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

A. MEDICAL-SURGICAL BEDS

Category of Service	
Medical Surgical Beds	
Replacement on a New Site – Establishment of Services or Facility	(b)(1) – Planning Area Need – 77 Ill. Adm. Code 1100
	(b)(2) – Planning Area Need – Service to Planning Area Residents
	(b)(3) – Planning Area Need – Service Demand - Establishment of Category of Service
	(b)(5) – Planning Area Need – Planning Area Need - Service Accessibility
	(c)(1) – Unnecessary Duplication of Services
	(c)(2) – Maldistribution
	(c)(3) – Impact of Project on Other Area Providers
	(e) – Staffing Availability
	(f) – Performance Requirements
	(g) – Assurances

(b)(1) Planning Area Need – Review Criterion

The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (formula calculation)

- A) The number of beds to be established for each category of service is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.***
- B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.***

The proposed project will decrease excess bed capacity in the planning area. The proposed beds are also justified based on the historical utilization of medical-surgical beds at Advocate Trinity Hospital. As shown in Attachment 19, Exhibit 1, there is an excess of 660 medical-surgical beds in Planning Area A-03 according to the Illinois Health Facilities and Services Review Board’s “Health Facilities Inventory Data” and most recent monthly update. This bed excess will be reduced to 538 following the discontinuation of 158 beds at the existing Advocate Trinity hospital and the addition of 36 medical-surgical beds at the proposed replacement hospital. Notwithstanding the continued excess capacity in the planning area, the need for the proposed beds is demonstrated by the historical medical-surgical patient days at the existing Advocate Trinity hospital.

A 36-bed Medical-Surgical unit is appropriately sized. Planning Area A-03 includes nine hospitals with 1,783 Medical-Surgical beds and 110 Pediatric beds. There is a calculated need for only 1,189 beds based on the 2023 Inventory resulting in an excess of 660 Medical-Surgical beds. All nine of the existing area facilities are operating significantly below target utilization. The proposed

discontinuation of 158 Medical-Surgical beds at Advocate Trinity Hospital and addition of 36 beds at the proposed replacement hospital will reduce the calculated bed excess to 538. There will remain sufficient Medical-Surgical beds in the Planning Area, including 36 beds at the proposed replacement hospital for Advocate Trinity Hospital, to meet area need and provide access to the community to Medical-Surgical services.

Hospital	Med/Surg Beds	Peak Beds Set Up & Staffed	Peak Census	Admissions	Patient Days	Utilization
Advocate Trinity Hospital	158	107	89	3,572	29,563	51.3%
Holy Cross Hospital	204	0*	0*	3,315	19,194	25.8%
Insight Hospital & Medical Center	289	0*	0*	2,334	10,526	10.0%
Jackson Park Hospital	144	58	46	1,891	9,681	18.4%
Provident Hospital of Cook County	79	28	19	756	6,897	23.9%
Roseland Community Hospital	77	0*	0*	1,535	14,395	51.2%
South Shore Hospital	114	114	56	1,338	12,886	31.0%
St. Bernard Hospital	104	104	33	1,840	15,037	39.6%
University of Chicago Medical Center	570	473	450	22,458	155,237	74.6%
TOTAL	1,739	912	713	42,516	277,747	43.8%

Source: 2023 Hospital Profiles

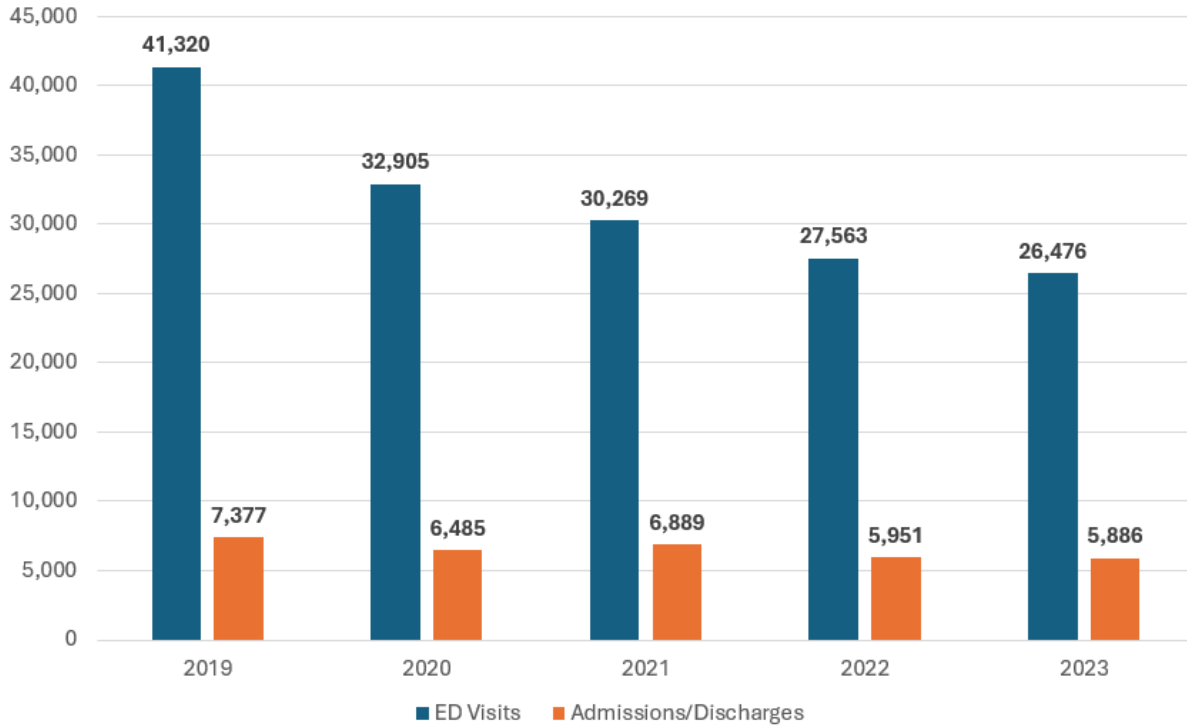
* Hospital reported zero Peak Beds Set Up & Staffed, and zero Peak Census

The proposed project will also improve Advocate Trinity Hospital’s operational efficiency as the reduced bed complement will result in the utilization of the medical-surgical unit achieving and exceeding the Review Board’s target occupancy rate. The purpose of the occupancy standards is to “provide a measure of service capability and efficient operation.” 77 Ill. Adm. Code 1100.370(a). This objective will be promoted by the replacement hospital. For the last three years (2020-2022), the Hospital Profiles show that Trinity’s 158-bed medical-surgical unit’s occupancy ranged from 46.5% to 52.6%, which is well below the target occupancy rate of 85% for a medical-surgical unit of 100 to 199 beds. As shown below, the projected utilization of the proposed 36-bed medical-surgical unit will be 83% in the second full year of operation, which is above the target occupancy rate of 80% for a unit of that size.

Although there is not a calculated medical-surgical bed need in Planning Area A-03, the historical utilization of Advocate Trinity Hospitals existing beds demonstrates need, the proposed project will result in a significant reduction of excess capacity in the planning, and the project will result in Advocate Trinity Hospital being able to achieve operational efficiency through operating at and above the State’s target utilization rate.

As outlined in the chart below, inpatient admissions and Emergency Department visits at Advocate Trinity Hospital have decreased year over year.

Trinity Year-Over-Year Volumes



Source: 2019-2023 Advocate Trinity IDPH Hospital Profile

Advocate Trinity Hospital’s inpatient admissions have continued to decline as 54% of the inpatient patients from the Advocate Trinity PSC chose inpatient care at facilities that are outside of the Advocate Trinity community.

Inpatient Admissions - Patients living in the Trinity PSC service area	2021	2022	2023
UCHICAGO MEDICINE	18,494	17,305	17,222
ADVOCATE TRINITY	6,284	5,500	5,366
ST BERNARD HOSPITAL AND HEALTH CARE CENTER	2,647	2,218	2,396
INSIGHT HOSPITAL AND MEDICAL CENTER	492	264	2,195
ROSELAND COMMUNITY HOSPITAL	2,273	1,757	1,696
SOUTH SHORE	493	892	1,318
HOLY CROSS HOSPITAL	1,562	1,238	1,133
JACKSON PARK HOSPITAL AND MEDICAL CENTER	1,692	1,125	988
PROVIDENT HOSPITAL OF COOK COUNTY	218	412	479
Total -Hospitals located in A-03	34,155	30,711	32,793
Total inpatient Admissions -All Hospitals	74,419	67,814	70,852
	46%	45%	46%

Source: IHA Compdata

In 2023, only 8% of patients living in the Advocate Trinity service area (PSC) had their inpatient admission at Advocate Trinity Hospital; 38% received their inpatient admission at another hospital in the Planning area and 54% chose to leave the Planning Area for inpatient care.

Patients in this service area have indicated their preference by choosing to have their higher acuity needs served by Advocate Christ Medical Center and other facilities that specialize in care for higher acuity needs. This trend is evident for patients living in this service area that are choosing academic medical centers for complex care such as Oncology, Neuroscience and Cardiovascular services.

While medical-surgical patient days have been declining at Advocate Trinity Hospital, and are projected to continue to decline, there remains a need for the 36-medical surgical beds requested by this project.

For the three-year period from 2021 to 2024 (annualized), Advocate Trinity Hospital’s medical-surgical patient days declined from 23,700 to 21,245 (excluding observation days), and the occupancy rates based on these patient days were 41% and 36.8%, respectively, for the 158-bed medical-surgical unit.

A number of factors contribute to further projected declines in patient days through the second year of operation of the proposed replacement hospital in 2030. These factors include population decline of 1% per year, and the institution by Advocate Health of a comprehensive ambulatory care program in the community designed reduce inpatient admissions by 14%; the impact of a Chronic Disease Clinic which is projected to reduce admissions by 10%; provision of

a dedicated Observation unit that will reduce medical-surgical patient days by 10%; transfer of higher acuity patients to Advocate Health Sister facilities with corresponding reduction in Case Mix Index and Average Length of Stay resulting in 10% reduction of patient admissions. The Tables below contain historical and projected medical-surgical utilization for the existing Advocate Trinity Hospital and the proposed replacement hospital. The Tables document that historical patient days justify the proposed 36-bed medical-surgical unit and that with projected further declines in patient days, the proposed unit will be adequately sized to meet the anticipated needs of the community for the service.

Advocate Trinity Hospital AHQ				
Medical/Surgical Utilization 2021-2024 AY				
	2021	2022	2023	2024 AY
Beds	158	158	158	158
Inpatient Days	23,700	23,289	21,158	21,695
Observation Days	6,606	8,028	8,405	7,277
ALOS	7.8	8.2	8.3	6.5
ALOS w/o Observation	6.1	6.1	5.9	4.9
Average Daily Census	83.0	85.8	81.2	79.7
ADC w/o Observation	64.9	63.8	58.0	59.4
Utilization	54%	49%	45%	45%

Source: Advocate Trinity Hospital AHQ 2020-2023

Source: 2024 AY Advocate Trinity Hospital Finance Department. (Jan-Oct AY)

Advocate Trinity Hospital						
Medical/Surgical Utilization Projected 2025-2030						
	2025	2026	2027	2028	2029	2030
Beds	158	158	158	158	36	36
Inpatient Days	20,173	17,321	15,137	13,111	10,675	10,570
Observation Days	6,347	5,164	4,461	3,749	2,830	2,802
ALOS	5.5	5.2	5.0	4.7	3.9	3.9
ALOS w/o Observation	4.2	4.0	3.9	3.7	3.1	3.1
ADC w/Observation	85.5	79.3	73.5	68.1	40.3	39.9
ADC w/o Observation	55.2	47.4	41.4	35.8	29.2	28.9

Source: Advocate Trinity Hospital Finance Department.

As outlined in the charts above:

Average Length of Stay (ALOS)

- In 2024 AY, the ALOS for Med/Surg Inpatients of 6.5 is calculated to combine the Med/Surg Inpatient Days with the Observation days for Obs patients on the Medical Surgical units in the current Advocate Trinity Hospital divided by admissions.
- Excluding observation days, the ALOS for the Med/Surg Inpatients based on only the Med/Surg Inpatients is 4.9 and is projected to decrease to 3.9 in the replacement hospital.

Average Daily Census (ADC)

- The ADC is calculated to include the Obs days for Obs patients that are provided care on the Med/Surg units in the current Advocate Trinity Hospital. This calculation is based on patient days divided by 365 days in the year.
- The calculation of ADC for Med/Surg Inpatients (excluding the Obs patients) over the number of licensed beds in 2024 AY of 59.4 provides an accurate picture of the average daily census on these units.
- In the replacement hospital, Observation patients will receive care in the dedicated Observation unit and only Medical Surgical inpatients will be placed in the licensed beds.
- The ADC for the Med/Surg unit in the replacement hospital is projected to be 28.9.

Based on the projected Med/Surg ADC, it was determined that 36 Med/Surg CON authorized beds would support the number of Med/Surg beds needed at the replacement Advocate Trinity Hospital at the time of establishment and into the future.

As noted above, the proposed 36-bed medical-surgical unit will be above the 80% target utilization rate in the project's first and second year of operation. Through 2028, observation patients will be placed in a licensed bed. Starting in 2029 with the opening of the new hospital, observation patients will be placed in the dedicated 8 observation beds.

2) Service to Planning Area Residents

A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project

The project’s primary purpose will be to provide necessary health care to the residents of the Advocate Trinity’s primary service area and the Planning Area in which the project is physically located.

As shown in the table below, in 2023 90% of the Medical-Surgical inpatients at the current Advocate Trinity Hospital resided in the Hospital’s primary service area (PSC) and 97% within the broader Advocate South Chicagoland Patient Service Area.

Medical Surgical IP Patient Origin 2023	
Service Area	
Primary – Patient Service Community (PSC)	90%
Secondary – Patient Service Area (South Chicago PSA)	7%
Other	3%
TOTAL	100%

Source: Advocate Trinity Hospital Finance Department.

Medical surgical patient origin by zip code for 2023 is shown in Attachment 19, Exhibit 4.

In addition, over 50% of Advocate Trinity Hospital’s admissions reside within Planning Area A-03, which is where the proposed replacement hospital will be located. See, Attachment 19, Exhibit 4.

The Advocate Trinity replacement hospital will be a newly constructed community hospital that will continue to provide inpatient and outpatient hospital services to the south-east section of Chicago. The hospital will replace the outdated infrastructure and services with a replacement hospital designed to meet the hospital needs of this service area. In partnership with the residents and stakeholders in this community, it was determined that an acute care hospital providing inpatient medical surgical and intensive care beds was needed in addition to the need for expanded comprehensive ambulatory services and additional providers in the market.

The proposed hospital project will include 36 medical surgical beds adjacent to the 4 intensive care beds. The medical surgical beds will continue to provide inpatient care for the community level services for general acute care needs, as well as orthopedics, surgery, gastroenterology, podiatry, urology, otolaryngology, and ophthalmology. In addition to these comprehensive services, the replacement hospital will be part of an integrated healthcare network with seamless connections to Advocate Christ Medical Center and Advocate South Suburban Hospital for more advanced treatments and specialized procedures. This integrated network ensures that patients who require higher levels of care are quickly and easily referred to a tertiary hospital, minimizing delays and enhancing continuity of care. Through this strong

connection, the Advocate Trinity replacement hospital will not only provide essential specialty services locally but also offer the community peace of mind, knowing they have access to an extended network of advanced care to support their health at every stage.

The medical surgical unit will be designed with the current standards of care, supporting patient safety and quality, enhancing the patient experience, improving staff efficiency, and reducing unnecessary costs. The patient rooms will be right sized and designed in the Advocate Health standard developed by a team of clinicians and hospital facility experts from throughout the Advocate Health system. The medical-surgical rooms will replace the existing undersized semi-private beds at the current Advocate Trinity Hospital that are outdated and inefficient unit configurations with staffing challenges. This new hospital will provide the modern infrastructure for more integrated and advanced technology, offering appropriate space for patients and their families.

The new units will be designed to support clinicians, nurses and physicians spending more time with the patient at their bedside. The larger patient room provides improved workspace for multidisciplinary health care teams. The rooms will provide comfortable designated space for family members to stay with the patient, improved safety with the newest technologic solutions for alarms, nurse call systems and computers in each room for ease of access to the electronic medical record (EMR). These medical surgical units will have large storage areas for medical supplies and patient care equipment for a variety of patients. A key principle in the design is flexibility to meet the changing needs of patients and respond to changes in the delivery of health care. This flexibility will include the infrastructure for future implementation of Smart Room technology.

B) Applicants proposing to add beds to an existing category of service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.

This criterion is not applicable as the applicants are not proposing to add beds to an existing category of service.

C) Applicants proposing to expand an existing category of service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

This criterion is not applicable as the applicants are not proposing to expand an existing category of service.

3) Service Demand – Establishment of Bed Category of Service

The number of beds proposed to establish a new category of service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest 2-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new hospital, the applicant shall submit projected referrals. The applicant shall document subsection (b)(3)(A) and either subsection (b)(3)(B) or (C):

A) Historical Referrals

If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for each proposed category of service, for each of the latest 2 years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient hospital.

The applicants are proposing a replacement hospital at a new location within the planning area. The medical-surgical category of service is currently provided at the existing Advocate Trinity Hospital. That existing service will be discontinued at the current location with the discontinuation of the existing facility, and a smaller, right-sized medical-surgical unit will be re-established at the new location of the replacement hospital. The applicants are relying solely on existing patient volume at the current facility and are not relying on any patient referrals to any other facilities. As these patients are currently being referred to Advocate Trinity Hospital by their physicians and they justify the number of beds being requested, no additional referrals or referral letters are needed to document patient volume for the proposed service. The patients are already patients of Advocate Health physicians and presenting to the existing hospital. These patients are included in the current and projected utilization. Physicians on Advocate Trinity Medical Staff will continue to send their patients to the appropriate hospital and site of care within the Advocate Hospital system.

Advocate Trinity Hospital's existing patient origin information by zip code is included in Attachment 19, Exhibit 4.

As shown in the Tables below, the medical-surgical occupancy at Advocate Trinity Hospital has declined consistently year over year. The inpatient medical-surgical patient days had been decreasing prior to the pandemic and is projected to continue to decrease over the next five years. In the first year for the replacement hospital, patient days are projected to be 10,675.

B) Projected Referrals

This criterion is not applicable as the applicants are not relying on future physician referrals of patients currently being referred to other facilities in the area. All referrals for the proposed replacement hospital are based on historical utilization at Advocate Trinity Hospital's existing facility. The medical-surgical category of service is currently provided at the existing Advocate Trinity Hospital. That existing service will be discontinued at the current location with the discontinuation of the existing facility, and a smaller, right-sized medical-surgical unit will be re-established at the new location of the replacement hospital. The applicants are relying solely on existing patient volume at the current facility and are not relying on any patient referrals to any other facilities. As these patients are currently being referred to Advocate Trinity Hospital by their physicians and they justify the number of beds being requested, no additional referrals or referral letters are needed to document patient volume for the proposed service. The patients are already patients of Advocate Health physicians and presenting to the existing hospital. These patients are included in the current and projected utilization. Physicians on Advocate Trinity Medical Staff will continue to send their patients to the appropriate hospital and site of care within the Advocate Hospital system.

C) Projected Service Demand – Based on Rapid Population Growth:

If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period).

This criterion is not applicable as the projected demand is not based on rapid population growth. Rather, projected demand is based on the historical utilization of Advocate Trinity Hospital's medical-surgical unit, and the historical utilization justifies the number of beds that are requested.

5) Service Accessibility

The number of beds being established or added for each category of service is necessary to improve access for planning area residents. The applicant shall document the following:

A) Service Restrictions

The applicant shall document that at least one of the following factors exists in the planning area:

- i) The absence of the proposed service within the planning area;***
- ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;***
- iii) Restrictive admission policies of existing providers;***
- iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;***

- v) *For purposes of this subsection (b)(5) only, all services within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.*

B) *Supporting Documentation*

The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

- i) *The location and utilization of other planning area service providers;*
- ii) *Patient location information by zip code;*
- iii) *Independent time-travel studies;*
- iv) *A certification of waiting times;*
- v) *Scheduling or admission restrictions that exist in area providers;*
- vi) *An assessment of area population characteristics that document that access problems exist; and*
- vii) *Most recently published IDPH Hospital Questionnaire.*

The number of medical-surgical beds proposed is necessary to improve access to planning area residents. Multiple factors affecting service accessibility exist in the planning area. The area population exhibits indicators of medical care problems including:

- (1) an average family income level below the State average poverty level;
- (2) designation by the Secretary of HHS as a Health Professional Shortage Area, and;
- (3) designation by the Secretary of HHS as a Medically Underserved Area.

The above factors are documented below.

1. *Average family income below the State average poverty level.*

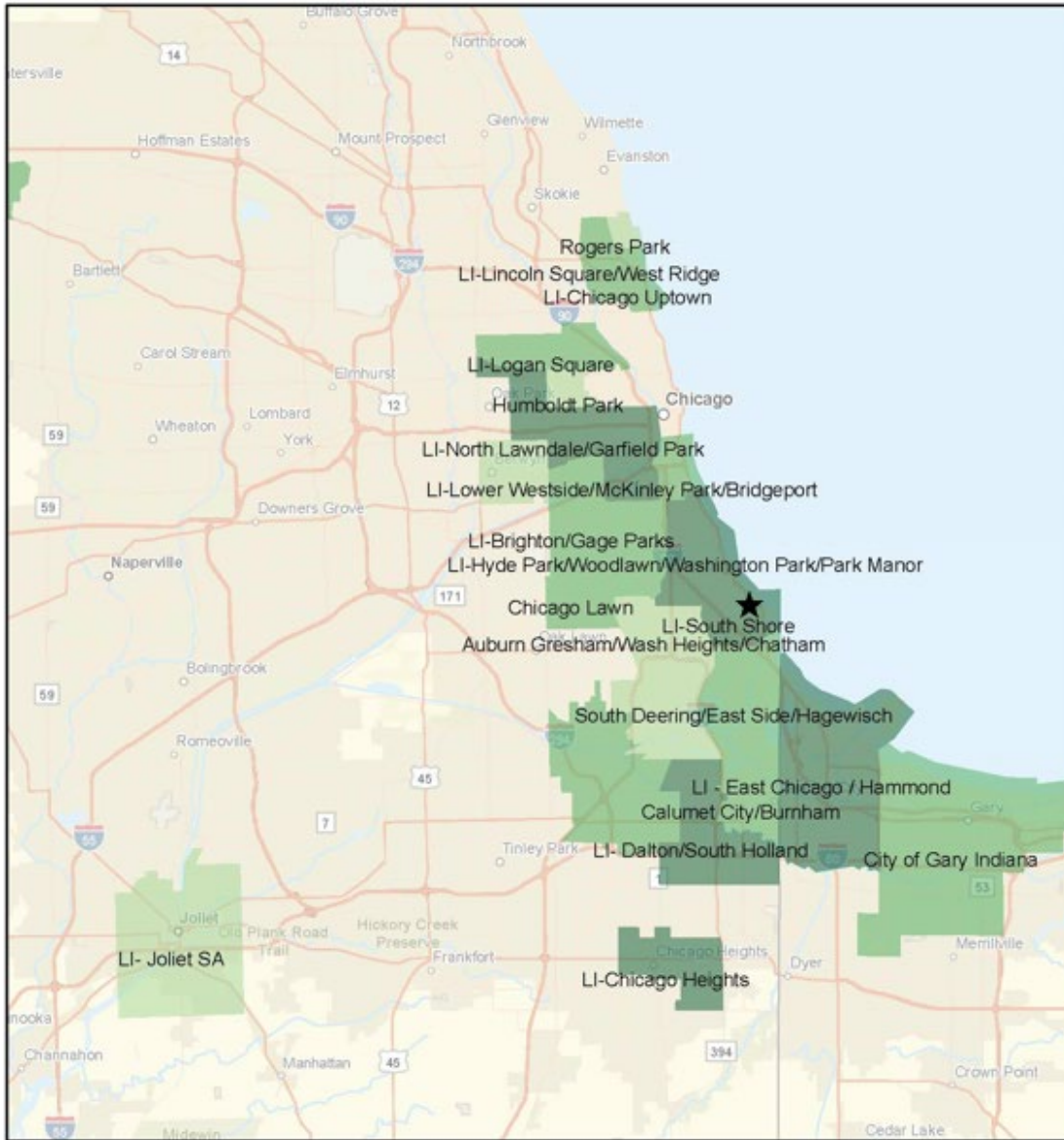
The average family income within the Advocate South Chicagoland service area is below the State Average poverty level. In 2023, the percentage of households below the poverty level in Illinois was 11.8%, compared to 17% of families below the poverty level within the Advocate South Chicagoland service area.

Source: 2020 U.S Census bureau data, Esri forecasted for 2024.

2. *Designation as Health Professional Shortage Area (HPSA): Below is a map from Health Resources & Services Administration of the U.S. Department of Health & Human Services showing that the planning area consists largely of designated HPSAs.*

The map below shows that the proposed site of the new Advocate Trinity Hospital is located within and surrounded by designated Health Professional Shortage Areas.

HRSA Map



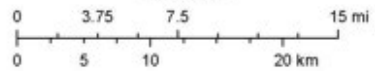
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Primary Care Area HPSAs (HPSA Score)

- 1 - 13
- 14 - 17
- 18 and above

★ Proposed Hospital

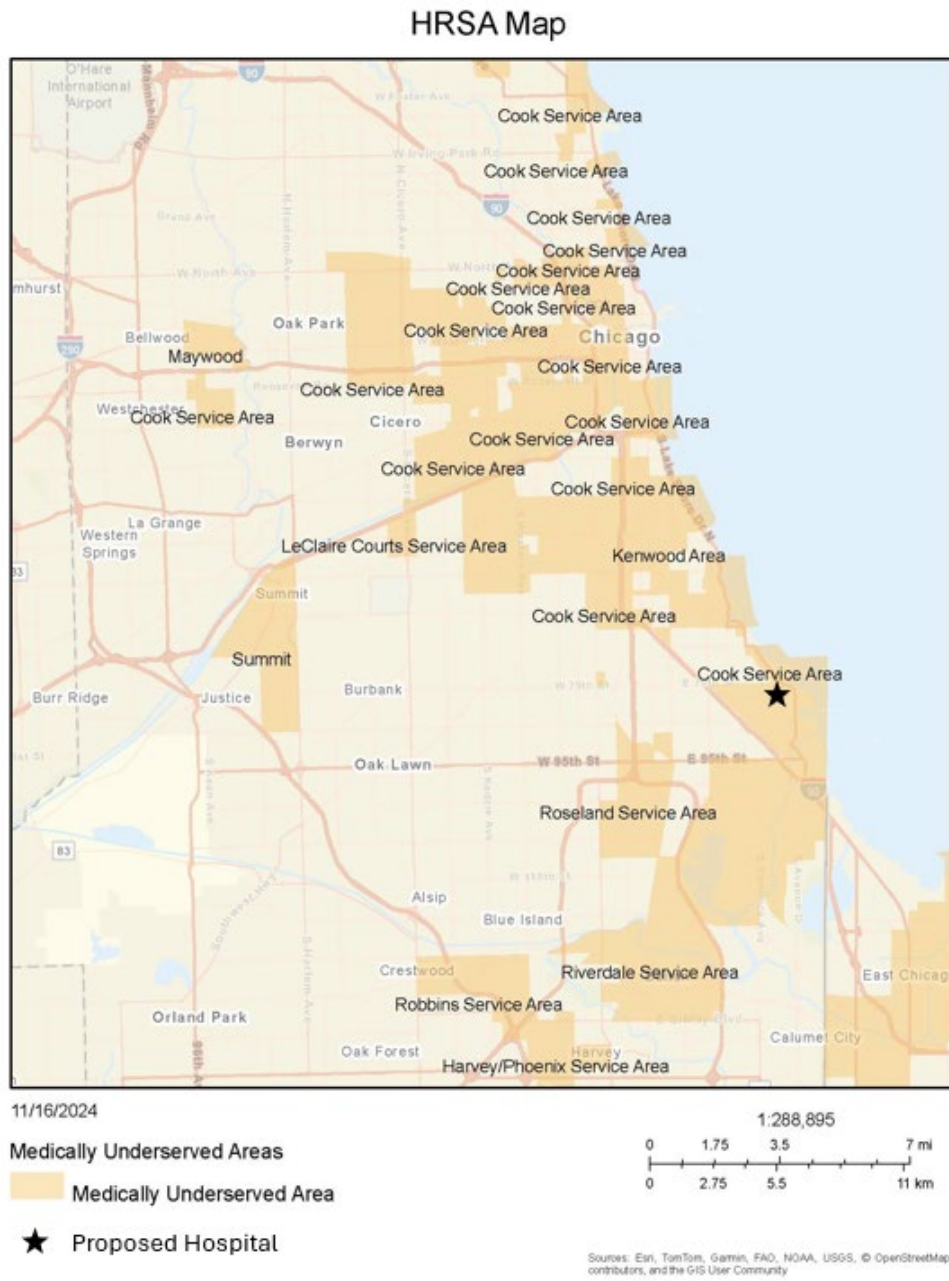
1:577,791



Sources: Esri, TomTom, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community

3. **Designation as Medically Underserved Area (MUA):** Below is a map from Health Resources & Services Administration of the U.S. Department of Health & Human Services showing that the planning area contains a number of designated MUAs.

The map below shows that the proposed site of the new Advocate Trinity Hospital is located within and surrounded by designated Medically Underserved Areas.



In addition to the above four factors of restrictive access, the need for the proposed 36-bed medical-surgical unit is also demonstrated by historical utilization at the existing Advocate Trinity Hospital and projected utilization at the proposed replacement hospital. As documented above, the existing Trinity Hospital had an average daily census in its medical-surgical unit for 2022 and 2023 of 63.8 and 58.2, respectively. For the first two years of operation of the replacement hospital, 2029 and 2030, the medical-surgical average daily census is projected to be 30.3 and 30.0, respectively. This corresponds to projected utilization of the 36-bed medical-surgical of 84% and 83%, respectively, which exceeds the 80% target utilization for a new medical-surgical unit of this size (see, 77 Ill. Adm. Code 1100.520(c)(2)(A), and demonstrates a need for the beds.

c) Unnecessary Duplication/Maldistribution – Review Criterion

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

A) A list of all zip code areas that are located, in total or in part, within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the project's site;

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and

C) The names and locations of all existing or approved health care facilities located within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the project site that provide the categories of bed service that are proposed by the project.

The project will not result in an unnecessary duplication of services. To the contrary, this project, with 36 medical-surgical beds, together with the discontinuation of the existing Advocate Trinity Hospital with 158 medical-surgical beds will result in the net reduction of 122 medical surgical beds, which will reduce the bed excess in the planning area of 660 beds to 478 beds. In addition, the proposed 36-medical surgical beds at the replacement hospital are justified by Advocate Trinity’s historical and projected bed utilization. The proposed beds do not rely on patient volume from other area providers. The chart below provides the zip codes of the communities located in the Advocate Trinity PSC and the current and projected population.

Advocate Trinity Patient Service Community		
Patient Zip code	2024 Total Population	2029 Total Population
60609	61,996	60,086
60615	43,444	42,533
60616	53,166	52,115
60617	74,787	72,757
60619	60,870	59,384
60621	29,019	28,607
60628	59,065	57,083
60633	12,957	12,702
60636	31,986	31,028
60637	52,189	51,252
60649	46,666	45,527
60653	32,542	32,263
TOTAL	558,687	545,337

Source: Esri 2024

Hospitals in the Advocate Trinity Primary Service Area						
Hospital	Street Address	City	Zip Code	Health Service Area	Hospital Planning Area	County
Jackson Park Hospital	7531 S Stony Island Ave	Chicago	60649	6	A-03	Cook
Roseland Community Hospital	45 West 111th Street	Chicago	60628	6	A-03	Cook
La Rabida Children's Hospital (Pediatrics only)	6501 S. Promontory Dr.	Chicago	60649	6	A-03	Cook
South Shore Hospital	8012 S Crandon Ave.	Chicago	60617	6	A-03	Cook
The University of Chicago Medical Center	5841 S. Maryland Ave.	Chicago	60637	6	A-03	Cook
Advocate Trinity Hospital	2320 East 93rd Street	Chicago	60617	6	A-03	Cook
Provident Hospital - Cook County	500 East 51st Street	Chicago	60615	6	A-03	Cook
Insight Chicago	2525 S Michigan Ave	Chicago	60616	6	A-03	Cook

Source: IDPH Hospital Inventory 2023

- 2) *The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:*
- A) *A ratio of beds to population that exceeds one and one-half times the State average;*
 - B) *Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or*
 - C) *Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.*

As shown, there is an excess number of medical surgical beds in the Health Planning Area. This replacement hospital proposed less beds and will not be adding to the excess in the service area.

- 3) ***The applicant shall document that, within 24 months after project completion, the proposed project:***
- A) ***Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and***
 - B) ***Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.***

This replacement hospital will not lower the utilization of other area providers below the occupancy standards and will not lower, to a further extent, the utilization of other area hospitals that are currently operating below the occupancy standards. The proposed project does not rely on patient volume from any existing facility other than Advocate Trinity and will therefore not have any adverse impact on the utilization of other existing facilities.

Moreover, the project will significantly improve the utilization of Advocate Trinity Hospital. By reducing the number of medical-surgical beds, the project will allow the hospital to operate above target utilization compared to recent utilization that has been far below the target. In 2021 and 2022, Advocate Trinity's CON Occupancy Rate (including observations days) was 52.6% and 54.3%, respectively, compared to a target occupancy rate of 85% for a 158-bed medical-surgical unit. The proposed replacement hospital will exceed target occupancy of 80% for a 36-bed medical-surgical unit.

e) Staffing Availability – Review Criterion

The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and The Joint Commission staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing a narrative explanation of how the proposed staffing will be achieved.

Advocate Trinity Hospital has evaluated the staffing needs and does not expect any issues meeting the licensure and accreditation staffing requirements as a result of the proposed project.

Nursing and other clinical and non-clinical staff in areas that will no longer be located at Advocate Trinity Hospital will be provided with comparable opportunities at other Advocate Locations in the area.

f) Performance Requirements – Bed Capacity Minimum

1) Medical-Surgical

The minimum bed capacity for a new medical-surgical category of service within a Metropolitan Statistical Area (MSA), as defined by the U.S. Census Bureau, is 100 beds.

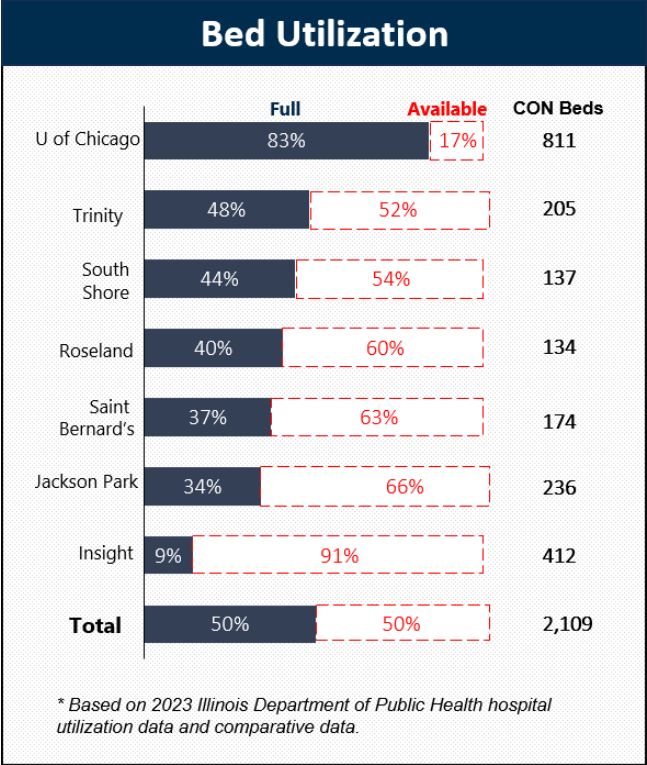
The above general rule relating to bed capacity in a new medical-surgical category of service does not apply to replacement hospitals as the Review Board has a specific medical-surgical bed capacity rule for replacement hospitals. Section 1110.200(a)(4) states:

“If the proposed project involves the replacement of a hospital or service (onsite or new site), the number of beds being replaced shall not exceed the number justified by historical occupancy rates for each of the latest 2 years, unless additional beds can be justified per the criteria for Expansion of Existing Services.”

As the proposed project is a replacement hospital on a new site, Section 1110.200(a)(4) requires that the number of beds shall not exceed the number justified by historical occupancy rates for each of the latest two years. This rule imposes a maximum limit on medical-surgical beds in a replacement hospital, which may be less than 100 beds. The historical inpatient days for Advocate Trinity Hospital’s medical-surgical unit in 2021, 2022, and 2023 justified 77 beds, 75 beds, and 68 beds respectively, based on inpatient days and excluding observation days. Moreover, patient days are projected to substantially decline.

Based on the analysis of historical and projected inpatient medical surgical inpatient utilization it was determined that 36 medical-surgical beds at Advocate Trinity Hospital would be the number of beds needed to support this community hospital into the future. The current Advocate Trinity Hospital has been underutilized, operating at less than 48% facility utilization over the last 2 years. A larger number of medical surgical beds would remain unused.

As outlined in Attachment 19, Exhibit 1 and the table below, the Health Planning Area has a significant number of available medical surgical beds in the area. With a replacement hospital of 36 medical-surgical beds, the Planning Area would have sufficient capacity and would continue to have an excess capacity of medical surgical beds in the Planning Area.



g) Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

The letter required by this criterion is provided as Attachment 19, Exhibit 6.

B. INTENSIVE CARE UNIT BEDS

Category of Service	
Intensive Care Beds	
Replacement on a New Site – Establishment of Services or Facility	(b)(1) – Planning Area Need – 77 Ill. Adm. Code 1100
	(b)(2) – Planning Area Need – Service to Planning Area Residents
	(b)(3) – Planning Area Need – Service Demand - Establishment of Category of Service
	(b)(5) – Planning Area Need – Planning Area Need - Service Accessibility
	(c)(1) – Unnecessary Duplication of Services
	(c)(2) – Maldistribution
	(c)(3) – Impact of Project on Other Area Providers
	(e) – Staffing Availability
	(f) – Performance Requirements
	(g) – Assurances

(b)(1) Planning Area Need – Review Criterion

The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (formula calculation)

- A) The number of beds to be established for each category of service is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.***
- B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.***

The proposed four-bed ICU service is appropriately sized. As shown in Attachment 19 Exhibit 1, Planning Area A-03 currently has nine hospitals with a total of 278 ICU beds and a calculated need for 260 ICU beds, creating an excess of 18 ICU beds.

Only two of the nine area hospitals are operating above the 60% utilization target for ICU, and all of the others are significantly below that level. The proposed discontinuation of 24 ICU beds at Advocate Trinity Hospital and addition of 4 beds at the proposed replacement hospital will result in a calculated need of two ICU beds. However, as shown below, all of the area providers have excess capacity. Even the two facilities operating above target utilization are still both below 70% utilization for their ICU services. There will remain more than enough ICU beds in the Planning Area, including 4 beds at the proposed replacement hospital for Advocate Trinity Hospital, to meet the area need.

Hospital	ICU Beds	Peak Beds Set Up & Staffed	Peak Census	Admissions	Patient Days	Utilization
Advocate Trinity Hospital	24	12	12	1,356	3,074	35.1%
Holy Cross Hospital	20	0*	0*	267	1,782	24.4%
Insight Hospital & Medical Center	30	10	10	85	357	3.3%
Jackson Park Hospital	8	8	8	167	1,460	50.0%
Provident Hospital of Cook County	6	6	4	149	412	18.8%
Roseland Community Hospital	10	0*	0*	318	2,461	67.4%
South Shore Hospital	8	8	8	127	1,877	64.3%
St. Bernard Hospital	10	10	10	196	1,634	44.8%
University of Chicago Medical Center	162	104	101	4,282	32,574	55.1%
TOTAL	278	158	153	6,947	45,631	45.0%

Source: 2023 Hospital Profiles

* Hospital reported zero Peak Beds Set Up & Staffed, and zero Peak Census

2) Service to Planning Area Residents

A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project

The proposed Advocate Trinity Hospital will include the Intensive Care category of service with 4 intensive care beds adjacent to the medical surgical bed unit. Advocate Health Care leadership determined that continuing to offer intensive care services at the replacement Advocate Trinity Hospital would be an important component of the continuum of care needed for residents of the community.

The 4-bed unit will provide care for patients that need the “step up care” and those that need a higher level of care as part of their admission. If a patient deteriorates on the Med/Surg Unit, the patient will be transferred to the ICU capable/Step down room. Our ICU/Step Down trained clinical staff will be well equipped/trained to provide appropriate medical treatment. It will also be used as an intermediate step down/ICU unit until a patient is stabilized and transferred to a higher level of care.

Advocate patients that require intensive care services will continue to have access to Advocate Health Care services through the Advocate South Chicagoland service area that includes the new Advocate Trinity Hospital and the continuum of services for high acuity complex care at Advocate Christ Medical Center.

The intensive care beds in this new hospital will also be designed with the current standard of care, supporting patient safety and quality, enhancing the patient experience, improving staff efficiency, and reducing unnecessary costs. The patient rooms will be right sized and designed

in the Advocate Health standard developed by a team of clinicians and hospital facility experts from throughout the Advocate Health system. The ICU rooms will replace the existing undersized beds at the current Advocate Trinity Hospital that are outdated and in inefficient unit configurations with staffing challenges. This new hospital will provide the modern infrastructure for more integrated and advanced technology, offering appropriate space for patients and their families.

The new unit will be designed to support clinicians, nurses and physicians spending more time with the patient at their bedside. The larger patient room provides improved workspace for the multidisciplinary health care teams. The rooms will provide comfortable designated space for family members to stay with the patient, and improved safety with the newest technologic solutions for alarms, nurse call systems and computers in each room for ease of access to the electronic medical record (EMR). The ICU unit will have large storage areas for medical supplies and patient care equipment for a variety of patients. A key principle in the design is flexibility to meet the changing needs of the patients and respond to changes in the delivery of health care. This flexibility will include the infrastructure for future implementation of Smart Room technology.

When the new facility opens our various initiatives will enable baseline volumes of 400 ICU admissions with a target ALOS of 2.3. It is important to note that most Advocate Trinity patients that are admitted into the ICU eventually are transferred to a Med/Surg bed as their condition improves. The ALOS of 2.3 represents the portion of a patient's stay that is only in the ICU. Extremely ill patients that require specialized procedures and/or subspecialty care are transferred to Advocate Christ, our tertiary center for the region. Based on these projected volumes, we expect to have an average daily census of 2.5 out of 4 ICU beds for an occupancy rate of 63% in 2029.

B) Applicants proposing to add beds to an existing category of service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.

In 2023, similar to Medical Surgical patients, 90% of the Intensive Care inpatients at the current Advocate Trinity Hospital resided in the Hospital's primary service area PSC and 97% within the broader Advocate South Chicagoland Patient Service Area. The table below outlines the Intensive Care IP patient origin.

Intensive IP Patient Origin 2023	
Service Area	
Primary – Patient Service Community (PSC)	90%
Secondary – Patient Service Area (South Chicago PSA)	7%
Other	3%
TOTAL	100%

Source: Advocate Trinity Hospital Finance Department.

Intensive Care patient origin by zip code for 2023 is shown in Attachment 19, Exhibit 5.

C) Applicants proposing to expand an existing category of service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

The new Advocate Trinity Hospital expects that the Intensive Care patients will have similar patient origin as the current Hospital.

3) Service Demand – Establishment of Bed Category of Service

The number of beds proposed to establish a new category of service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest 2-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new hospital, the applicant shall submit projected referrals. The applicant shall document subsection (b)(3)(A) and either subsection (b)(3)(B) or (C):

A) Historical Referrals

If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for each proposed category of service, for each of the latest 2 years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient hospital.

As outlined in the Tables below, the Intensive Care occupancy had declined year over year. The inpatient Intensive Care patient days for the Advocate Trinity Hospital is projected to continue to decrease over the next five years. In the first year for the replacement hospital, patient days are projected to be 1,200.

Advocate Trinity Hospital AHQ				
Intensive Care Utilization 2021-2024 AY				
	2021	2022	2023	2024 AY
Beds	24	24	24	24
Inpatient Days	5,666	3,147	3,000	2,832
Admissions	2,285	1,505	1,356	941
ICU Transfer	732	487	430	414
Observation Days	84	40	74	43
ALOS	2.52	2.12	2.27	3.06
ALOS w/o Observation	2.48	2.09	2.21	3.01
ADC	15.8	8.7	8.4	8.1

Source: Advocate Trinity Hospital AHQ 2020-2023
Source: 2024 AY Advocate Trinity Hospital Finance Department. (Jan-Oct AY)

Advocate Trinity Hospital						
Intensive Care Utilization Projected 2025-2030						
	2025	2026	2027	2028	2029	2030
Beds	24	24	24	24	4	4
Inpatient Days	2,961	2,829	2,637	2,454	1,200	1,188
Admissions	987	943	879	818	400	396
ICU Transfer	434	415	387	360	50	45
Observation Days	-	-	-	-	-	-
ALOS	3.0	3.0	3.0	3.0	3.0	3.0
ALOS w/o Observation	3.0	3.0	3.0	3.0	3.0	3.0
ADC	8.1	7.7	7.2	6.7	3.3	3.2

Source: Advocate Trinity Hospital Finance Department

The current and projected utilization determined the number of intensive care beds needed for this new community hospital. As stated earlier in this attachment, the 4-bed unit will provide care for patients that need the “step up care” and those that need a higher level of care as part of their admission. If a patient deteriorates on the Med/Surg Unit, the patient will be transferred to the ICU capable/Step down room. Our ICU/Step Down trained clinical staff will be well equipped/trained to provide appropriate medical treatment. It will also be used as an

intermediate step down/ICU unit until a patient is stabilized and transferred to a higher level of care.

Advocate patients that require intensive care services will continue to have access to Advocate Health Care services through the Advocate South Chicagoland service area that includes the new Advocate Trinity Hospital and the continuum of services for high acuity complex care at Advocate Christ Medical Center.

B) *Projected Referrals*

An applicant proposing to establish a category of service or establish a new hospital shall submit the following:

- i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;***
- ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload;***
- iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address, and the physician's specialty; and***
- iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.***

The applicant did not include letters of referral from physicians. The patients are already presenting to the hospital and included in the current and projected utilization. Physicians on Advocate Trinity Medical Staff will continue to send their patients to the appropriate hospital for intensive care services within the Advocate Health system. Therefore, criteria i) to iv) are not included.

C) *Projected Service Demand – Based on Rapid Population Growth:*

If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period).

This criterion is not applicable as the projected demand is not based on rapid population growth. Rather, projected demand is based on the historical utilization of Advocate Trinity Hospital's medical-surgical unit, and the historical utilization justifies the number of beds that are requested.

5) Service Accessibility

The number of beds being established or added for each category of service is necessary to improve access for planning area residents. The applicant shall document the following:

A) Service Restrictions

The applicant shall document that at least one of the following factors exists in the planning area:

- i) The absence of the proposed service within the planning area;***
- ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;***
- iii) Restrictive admission policies of existing providers;***
- iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;***

The number of ICU beds proposed is necessary to improve access to planning area residents. Multiple factors affecting service accessibility exist in the planning area. The area population exhibits indicators of medical care problems including:

- (1) an average family income level below the State average poverty level;
- (2) designation by the Secretary of HHS as a Health Professional Shortage Area, and;
- (3) designation by the Secretary of HHS as a Medically Underserved Area.

These factors are documented above under Service Accessibility criterion for the Medical-Surgical category of service.

In addition to the above four factors of restrictive access, the need for the proposed 4-bed ICU is also demonstrated by historical utilization at the existing Advocate Trinity Hospital and projected utilization at the proposed replacement hospital. As documented above, the existing Advocate Trinity Hospital had an average daily census in its ICU for 2022 and 2023 of 8.7 and 8.4, respectively. The Table also shows that for the first two years of operation of the replacement hospital, 2029 and 2030, the ICU average daily census is projected to be 2.5 in both years. Based on project patient days of 920 in 2029 and 911 in 2030, this corresponds to projected utilization of the 4-bed ICU of 63% and 62%, respectively, which exceeds the 60% target utilization for an ICU (see, 77 Ill. Adm. Code 1100.540(c), and demonstrates a need for the beds.

c) Unnecessary Duplication/Maldistribution – Review Criterion

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

A) A list of all zip code areas that are located, in total or in part, within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the project's site;

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and

C) The names and locations of all existing or approved health care facilities located within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the project site that provide the categories of bed service that are proposed by the project.

The project will not result in an unnecessary duplication of services. To the contrary, this project, with 4 ICU beds, together with the discontinuation of the existing Advocate Trinity Hospital with 28 ICU beds, will result in a net reduction of 4 ICU beds. In addition, the proposed 4 bed ICU at the replacement hospital is justified by Advocate Trinity’s historical and projected bed utilization. The proposed beds do not rely on patient volume from any other area providers.

The chart below provides the zip codes of the communities located in the Advocate Trinity PSC and the current and projected population.

Advocate Trinity Patient Service Community		
Patient Zip Code	2024 Total Population	2029 Total Population
60609	61,996	60,086
60615	43,444	42,533
60616	53,166	52,115
60617	74,787	72,757
60619	60,870	59,384
60621	29,019	28,607
60628	59,065	57,083
60633	12,957	12,702
60636	31,986	31,028
60637	52,189	51,252
60649	46,666	45,527
60653	32,542	32,263
TOTAL	558,687	545,337

Source: Esri

Hospitals in the Advocate Trinity Primary Service Area						
Hospital	Street Address	City	Zip Code	Health Service Area	Hospital Planning Area	County
Jackson Park Hospital	7531 S Stony Island Ave	Chicago	60649	6	A-03	Cook
Roseland Community Hospital	45 West 111th Street	Chicago	60628	6	A-03	Cook
South Shore Hospital	8012 S Crandon Ave.	Chicago	60617	6	A-03	Cook
The University of Chicago Medical Center	5841 S. Maryland Ave.	Chicago	60637	6	A-03	Cook
Advocate Trinity Hospital	2320 East 93rd Street	Chicago	60617	6	A-03	Cook
Provident Hospital - Cook County	500 East 51st Street	Chicago	60615	6	A-03	Cook
Insight Chicago	2525 S Michigan Ave	Chicago	60616	6	A-03	Cook

Source: AHQ 2023

- 2) ***The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:***
- A) ***A ratio of beds to population that exceeds one and one-half times the State average;***
 - B) ***Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or***
 - C) ***Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.***

Planning Area A-03 currently has an excess of 18 ICU beds. However, the proposed four-bed ICU will not result in maldistribution as this project is submitted together with the discontinuation of the existing Advocate Trinity Hospital, with 24 CON approved ICU beds. The two projects will result in a net reduction of 20 ICU beds in Planning Area A-03. Consequently, the project will not be adding to the excess of beds in the Planning Area and will be reducing beds. The two projects will also result in a reduction in the ratio of beds to population which will improve the distribution of services.

In addition, the project will improve the utilization of ICU beds at Advocate Trinity hospital. In 2023, the hospital's ICU utilization of its 24-bed ICU was only 35.1% which is significantly below the target utilization of 60% for ICUs. The new four-bed ICU is projected to be utilized at 81.3% in the second year of operation, exceeding target utilization.

- 3) ***The applicant shall document that, within 24 months after project completion, the proposed project:***
- A) ***Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and***
 - B) ***Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.***

As outlined, this replacement hospital will not increase licensed intensive beds and therefore will not lower the utilization of other area providers in the Planning Area.

e) Staffing Availability – Review Criterion

The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and The Joint Commission staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing a narrative explanation of how the proposed staffing will be achieved.

Advocate Trinity Hospital has evaluated the staffing needs and does not expect any issues meeting the licensure and accreditation staffing requirements as a result of the proposed project.

Nursing and other clinical and non-clinical staff in areas that will no longer be located at Advocate Trinity Hospital will be provided with comparable opportunities at other Advocate locations in the area.

f) Performance Requirements – Bed Capacity Minimum

1) Intensive Care

The minimum bed capacity for a new intensive care unit within a Metropolitan Statistical Area (MSA), as defined by the U.S. Census Bureau, is 4 beds.

The proposed unit will have four ICU beds, meeting the minimum requirement.

g) Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

The letter by this criterion is provided as Attachment 19, Exhibit 6.

Attachment 19, Exhibit 1

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board Illinois
Department of Public Health

12/18/2023
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MEDICAL-SURGICAL and PEDIATRIC Categories of Service

Hospital Planning Area: A-03

Hospital	City	CATEGORY OF SERVICE:	Medical-Surgical	Beds	2021 Admissions	2021 Patient Days			
Advocate Trinity Hospital	Chicago			158	3,898	30,306			
Holy Cross Hospital	Chicago			204	4,340	22,690			
Insight Hospital & Medical Center	Chicago			289	300	1,834			
Jackson Park Hospital	Chicago			144	2,496	13,467			
Provident Hospital of Cook County	Chicago			79	328	2,576			
10/22/2019 19-037		Received permit for replacement hospital; replacement hospital will have 42 Medical-Surgical beds, a reduction of 37 Medical-Surgical beds.							
8/16/2022 19-037		Hospital relinquished permit to discontinue 37 Medical-Surgical beds; hospital now has 79 authorized Medical-Surgical beds.							
Roseland Community Hospital	Chicago			77	2,369	13,196			
South Shore Hospital	Chicago			114	1,111	11,438			
St. Bernard Hospital	Chicago			104	2,216	15,528			
The University of Chicago Medical Center	Chicago			570	19,409	150,154			
6/30/2023 23-011		Received permit to add 64 Medical-Surgical beds to existing category of service; hospital will have 570 Medical-Surgical beds.							
Medical-Surgical TOTAL				1,739	36,467	261,189			
CATEGORY OF SERVICE: Pediatrics									
Jackson Park Hospital	Chicago			1	0	0			
La Rabida Children's Hospital	Chicago			49	265	10,240			
The University of Chicago Medical Center	Chicago			60	3,303	16,497			
Pediatrics TOTAL				110	3,568	26,737			
Medical-Surgical/Pediatrics Planning Area Totals				1,849	40,035	287,926			
Patient Days by Age	2019	2020	2021	TOTAL	3 Year Average	2021 Population	Use Rates	2026 Population	Projected Days
0-14 Years Old	28,060	25,814	27,383	81,257	27,086	147,580	0.1835	131,180	24,076
15-44 Years Old	50,563	50,763	50,472	151,798	50,599	331,450	0.1527	316,310	48,288
45-64 Years Old	109,038	98,633	94,101	301,772	100,591	188,720	0.5330	184,540	98,363
65-74 Years Old	66,150	65,292	63,375	194,817	64,939	64,180	1.0118	66,780	67,570
75-up Years Old	63,981	58,554	52,595	175,130	58,377	42,140	1.3853	56,230	77,896
Out-Migration	In-Migration	Net Migration	Average Length of Stay	Migration Days	Adjustment Factor	Adjustment	Total Projected Days	Adjusted Days	
43,402	18,065	25,337	5.870	148,728	0.50	74,364	316,192	390,556	
Adjusted Days	Days in Year 2026	Adjusted Average Daily Census	Occupancy Target*	Adjusted Beds Needed	Existing Beds	Excess Beds			
390,556	365	1,070	0.90	1,189	1,849	660			

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

Attachment 19, Exhibit 2

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
REVISED BED NEED DETERMINATIONS
10/1/2024

Hospital Planning Area	MEDICAL-SURGICAL/PEDIATRIC BEDS				INTENSIVE CARE BEDS				OBSTETRIC BEDS			
	Beds	Calculated Bed Need	Bed Need	Excess	Beds	Calculated Bed Need	Bed Need	Excess	Beds	Calculated Bed Need	Bed Need	Excess
A-001	2,137	1,125	0	1,012	479	449	0	30	201	111	0	90
A-002	1,557	874	0	683	378	485	107	0	232	73	0	159
A-003	1,849	1,189	0	660	278	260	0	18	112	59	0	53
A-004	1,787	1,664	0	123	350	360	10	0	134	97	0	37
A-005	1,076	847	0	229	233	265	32	0	168	103	0	65
A-006	1,012	613	0	399	212	245	33	0	75	32	0	43
A-007	1,230	801	0	429	207	236	29	0	172	76	0	96
A-008	613	521	0	92	108	81	0	27	52	39	0	13
A-009	841	734	0	107	135	118	0	17	112	63	0	49
A-010	227	300	73	0	42	40	0	2	20	24	4	0
A-011	296	348	52	0	45	37	0	8	28	33	5	0
A-012	409	294	0	115	58	81	23	0	68	38	0	30
A-013	713	710	0	3	121	116	0	5	93	63	0	30
A-014	264	120	0	144	57	56	0	1	42	14	0	28
B-001	529	435	0	94	98	107	9	0	67	37	0	30
B-002	103	82	0	21	8	2	0	6	14	4	0	10
B-003	148	107	0	41	14	16	2	0	17	10	0	7
B-004	107	107	0	0	20	14	0	6	11	12	1	0
C-001	906	578	0	328	146	142	0	4	74	36	0	38
C-002	135	124	0	11	16	14	0	2	25	13	0	12
C-003	88	75	0	13	9	9	0	0	9	8	0	1
C-004	69	64	0	5	12	10	0	2	16	5	0	11
C-005	395	189	0	206	33	36	3	0	39	18	0	21
D-001	500	307	0	193	76	59	0	17	40	28	0	12
D-002	294	229	0	65	46	28	0	18	42	20	0	22
D-003	186	132	0	54	20	8	0	12	17	9	0	8
D-004	300	202	0	98	38	55	17	0	26	18	0	8
D-005	139	108	0	31	14	11	0	3	19	8	0	11
E-001	744	481	0	263	128	144	16	0	59	28	0	31
E-002	93	71	0	22	4	2	0	2	3	5	2	0
E-003	64	30	0	34	4	2	0	2	0	2	2	0
E-004	122	59	0	63	13	6	0	7	11	5	0	6
E-005	260	151	0	109	28	26	0	2	28	13	0	15
F-001	978	482	0	496	93	86	0	7	89	44	0	45
F-002	159	88	0	71	10	9	0	1	17	9	0	8
F-003	132	74	0	58	12	5	0	7	8	4	0	4
F-004	262	143	0	119	38	25	0	13	13	13	0	0
F-005	121	42	0	79	0	0	0	0	0	2	2	0
F-006	206	150	0	56	26	16	0	10	0	8	8	0
F-007	281	120	0	161	23	24	1	0	28	12	0	16
Totals	21,332	14,770	125	6,687	3,632	3,685	282	229	2,181	1,196	24	1,009

Attachment 19, Exhibit 3

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board Illinois
 Department of Public Health
 12/18/2023
 Page C- 8

INTENSIVE CARE Category of Service

Hospital	Hospital Planning Area: A-03		Beds	2021 Utilization	
	City	Admissions		Patient Days	
Advocate Trinity Hospital	Chicago	3,017	24	3,017	5,750
Holy Cross Hospital	Chicago	260	20	260	2,374
Insight Hospital & Medical Center	Chicago	23	30	23	140
Jackson Park Hospital	Chicago	376	8	376	1,976
11/1/2019 Bed Change	Facility discontinued 3 Intensive Care beds. Hospital now has 83 authorized Intensive Care beds.				
Provident Hospital of Cook County	Chicago	0	6	0	0
Roseland Community Hospital	Chicago	760	10	760	3,535
South Shore Hospital	Chicago	162	8	162	2,205
St. Bernard Hospital	Chicago	267	10	267	2,704
The University of Chicago Medical Center	Chicago	7,775	162	7,775	40,624
6/30/2023 23-011	Received permit to add 16 Intensive Care beds to existing category of service; hospital will have 162 Intensive Care beds.				
			278	12,640	59,308

Planning Area Totals

Three-Year Utilization			Projected	Projected	Target	Projected
2019	2020	2021	Population	Population	Occupancy Rate	Bed Need
55,937	59,938	59,308	755,040	755,040	0.60 (60%)	260
175,183	175,183	175,183	755,040	755,040	0.60 (60%)	260
58,394	58,394	58,394	755,040	755,040	0.60 (60%)	260
AVERAGE			774,070	755,040	0.60 (60%)	18

Attachment 19, Exhibit 4

Advocate Trinity Hospital Medical Surgical Patient Origin 2023		
Patient Zip Code	Service Area	Med Surg Patient Volume
60617	Primary	2,006
60619	Primary	861
60628	Primary	518
60649	Primary	325
60633	Primary	189
60620	Secondary	145
60637	Primary	71
60827	Secondary	70
60653	Primary	59
60621	Primary	57
60643	Secondary	52
60409	Secondary	48
60636	Primary	39
60419	Secondary	32
60616	Primary	29
60615	Primary	27
60609	Primary	24
60629	Secondary	18
60411	Secondary	17
60406	Secondary	13
60652	Secondary	13
60426	Secondary	12
60473	Secondary	12
60438	Secondary	8
60478	Secondary	8
60803	Secondary	7
60472	Secondary	6
60805	Secondary	6
60443	Secondary	5
60429	Secondary	4
60632	Secondary	4
60422	Secondary	3
60425	Secondary	3
60453	Secondary	3
60430	Secondary	2
60452	Secondary	2
60459	Secondary	2
60466	Secondary	2
60469	Secondary	2
60471	Secondary	2
60484	Secondary	2
60655	Secondary	2
60415	Secondary	1

60428	Secondary	1
60445	Secondary	1
60455	Secondary	1
60458	Secondary	1
60461	Secondary	1
60638	Secondary	1
60465	Secondary	0
Other		124
TOTAL		4,841

Source: Advocate Trinity Hospital Finance Department - Strata

Attachment 19, Exhibit 5

Advocate Trinity Hospital Intensive Care Patient Origin 2023		
Patient Zip Code	Service Area	Intensive Care Patient Volume
60617	Primary	502
60619	Primary	193
60628	Primary	120
60649	Primary	95
60633	Primary	47
60637	Primary	18
60620	Secondary	17
60827	Secondary	14
60643	Secondary	13
60653	Primary	9
60636	Primary	7
60621	Primary	5
60409	Secondary	5
60629	Secondary	5
60419	Secondary	4
60615	Primary	3
60411	Secondary	3
60453	Secondary	3
60609	Primary	2
60473	Secondary	2
60652	Secondary	2
60805	Secondary	2
60616	Primary	1
60406	Secondary	1
60425	Secondary	1
60426	Secondary	1
60429	Secondary	1
60430	Secondary	1
60438	Secondary	1
60445	Secondary	1
60465	Secondary	1
60478	Secondary	1
60632	Secondary	1
60638	Secondary	1
60415	Secondary	
60422	Secondary	

60428	Secondary	
60443	Secondary	
60452	Secondary	
60455	Secondary	
60458	Secondary	
60459	Secondary	
60461	Secondary	
60466	Secondary	
60469	Secondary	
60471	Secondary	
60472	Secondary	
60484	Secondary	
60655	Secondary	
60803	Secondary	
Other		32
TOTAL		1,115

Source: Advocate Trinity Hospital Finance Department - Strata

Attachment 19, Exhibit 6



PO Box 32861
Charlotte, NC 28232-2861

advocatehealth.org

December 23, 2024

Mr. John Kniery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

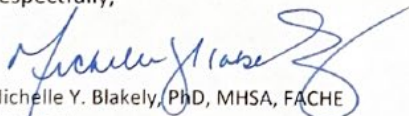
Re: Advocate Health and Hospitals Corporation d/b/a Trinity Hospital

Dear Mr. Kniery:

This letter is to provide the Illinois Health Facilities and Services Review Board the assurance required with the Certificate of Need application for the establishment of a replacement Advocate Trinity Hospital.

Based on the information at this time, it is my understanding that by the second year of operation after project completion, Advocate Trinity Hospital reasonably expects to achieve and maintain the utilization standards for the Inpatient Bed Units and the Surgical/Procedural areas, as specified in 77 Ill. Administrative Code 1100.

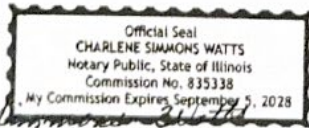
Respectfully,

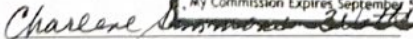

Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital
Advocate South Suburban Hospital

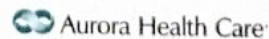
Notarization:
Subscribed and sworn to before me

This 23rd day of December, 2024

(Seal of Notary)




Signature of Notary Public



APPENDIX B

**ATTACHMENT 23
CARDIAC CATHETERIZATION**

E. Criterion 1110.225 - Cardiac Catheterization

1. Applicants proposing to establish, expand and/or modernize the Cardiac Catheterization category of service must submit the following information.
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing	# Proposed
Cardiac Catheterization	2*	1

*Existing Trinity Hospital Inventor. Currently operating 1 unit/room.

This project includes the relocation of the cardiac cath service at Advocate Trinity Hospital's current location and the establishment at the replacement hospital in this project.

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

1. **Criterion 1110.225(a), Peer Review**
Read the criterion and submit a detailed explanation of your peer review program.
2. **Criterion 1110. 225(b), Establishment or Expansion of Cardiac Catheterization Service**
Read the criterion and, if applicable, submit the following information:
 - a. A map (on 8 1/2" x 11" paper) showing the location of the other hospitals providing cardiac catheterization services within the planning area.
 - b. The number of cardiac catheterizations performed for the last 12 months at each of the hospitals shown on the map.
 - c. Provide the number of patients transferred directly from the applicant's hospital to another facility for cardiac catheterization services in each of the last three years.
3. **Criterion 1110.225(c), Unnecessary Duplication of Services**
Read the criterion and, if applicable, submit the following information.
 - a. Copies of the letter sent to all facilities within the planning area that currently provide cardiac catheterization. This letter must contain a description of the proposed project and a request that the other facility quantify the impact of the proposal on its program.
 - b. Copies of the responses received from the facilities to which the letter was sent.
4. **Criterion 1110.225(d), Modernization of Existing Cardiac Catheterization Laboratories**
Read the criterion and, if applicable, submit the number of cardiac catheterization procedures performed for the latest 12 months.

5. Criterion 1110.225(e), Support Services

Read the criterion and indicate on a service-by-service basis which of the listed services are available on a 24-hour basis and explain how any services not available on a 24-hour basis will be available when needed.

6. Criterion 1110.225(f), Laboratory Location

Read the criterion and, if applicable, submit line drawings showing the location of the proposed laboratories. If the laboratories are not in proximity, explain why.

7. Criterion 1110.225(g), Staffing

Read the criterion and submit a list of names and qualifications of those who will fill the positions detailed in this criterion. Also, provide staffing schedules to show the coverage required by this criterion.

8. Criterion 1110.225(h), Continuity of Care

Read the criterion and submit a copy of the fully executed written referral agreement(s).

9. Criterion 1110.225(i), Multi-institutional Variance

Read the criterion and, if applicable, submit the following information:

- a. A copy of a fully executed affiliation agreement between the two facilities involved.
- b. Names and positions of the shared staff at the two facilities.
- c. The volume of open-heart surgeries performed for the latest 12-month period at the existing operating program.
- d. A cost comparison between the proposed project and expansion at the existing operating program.
- e. The number of cardiac catheterization procedures performed in the last 12 months at the operating program.
- f. The number of catheterization laboratories at the operating program.
- g. The projected cardiac catheterization volume at the proposed facility annually for the next 2 years.
- h. The basis for the above projection.

APPEND DOCUMENTATION AS ATTACHMENT 22 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Advocate Trinity Hospital will continue to provide a cardiac catheterization service at the replacement hospital.

1. Criterion 1110.225(a), Peer Review

Advocate Trinity Hospital has an existing peer review process for its cardiac catheterization service that evaluates the quality of studies and related morbidity and mortality of patients and the technical aspects of providing the service. This existing peer review process will be continued at the proposed replacement hospital.

The Cardiovascular Services Peer Review Committee is a representative physician group that meets regularly for case review as outlined by Advocate Trinity Hospital's bylaws. Membership includes cardiologists, internists, nephrologists and electrophysiologists.

Cases are referred for review based on (but not limited to) patient safety reporting guidelines, CMS Quality Measures (including any other department defined indicator), National Cardiovascular Data Registry (NCDR) definition, Vascular Quality Initiative (VQI) definition, external referral (i.e. Quality Improvement Organization QIO), patient/family referral, site leadership referral, and/or nurse/physician referral. Case review information is electronically stored and becomes part of the hospital's focused and ongoing Physician Practice Evaluation reporting for physician privileges. This group also regularly reviews data to identify trends needing further evaluation.

2. Criterion 1110. 225(b), Establishment or Expansion of Cardiac Catheterization Service

There shall be no additional adult or pediatric catheterization categories of service started in a health planning area unless:

- 1) the standards as outlined in 77 Ill. Adm. Code 1100.620 are met; unless*
- 2) in the circumstances where area programs have failed to meet those targets, the applicant can document historical referral volume in each of the prior 3 years for cardiac catheterization in excess of 400 annual procedures (e.g., certification of the number of patients transferred to other service providers in each of the last 3 years).*

The planning area for new Advocate Trinity Hospital's cardiac catheterization services will be located in the same planning area, Health Service Area (HSA) 6, which consists of the City of Chicago. The table below lists the cardiac catheterization service providers in HSA 6 and the number of procedures performed by each provider in 2023.

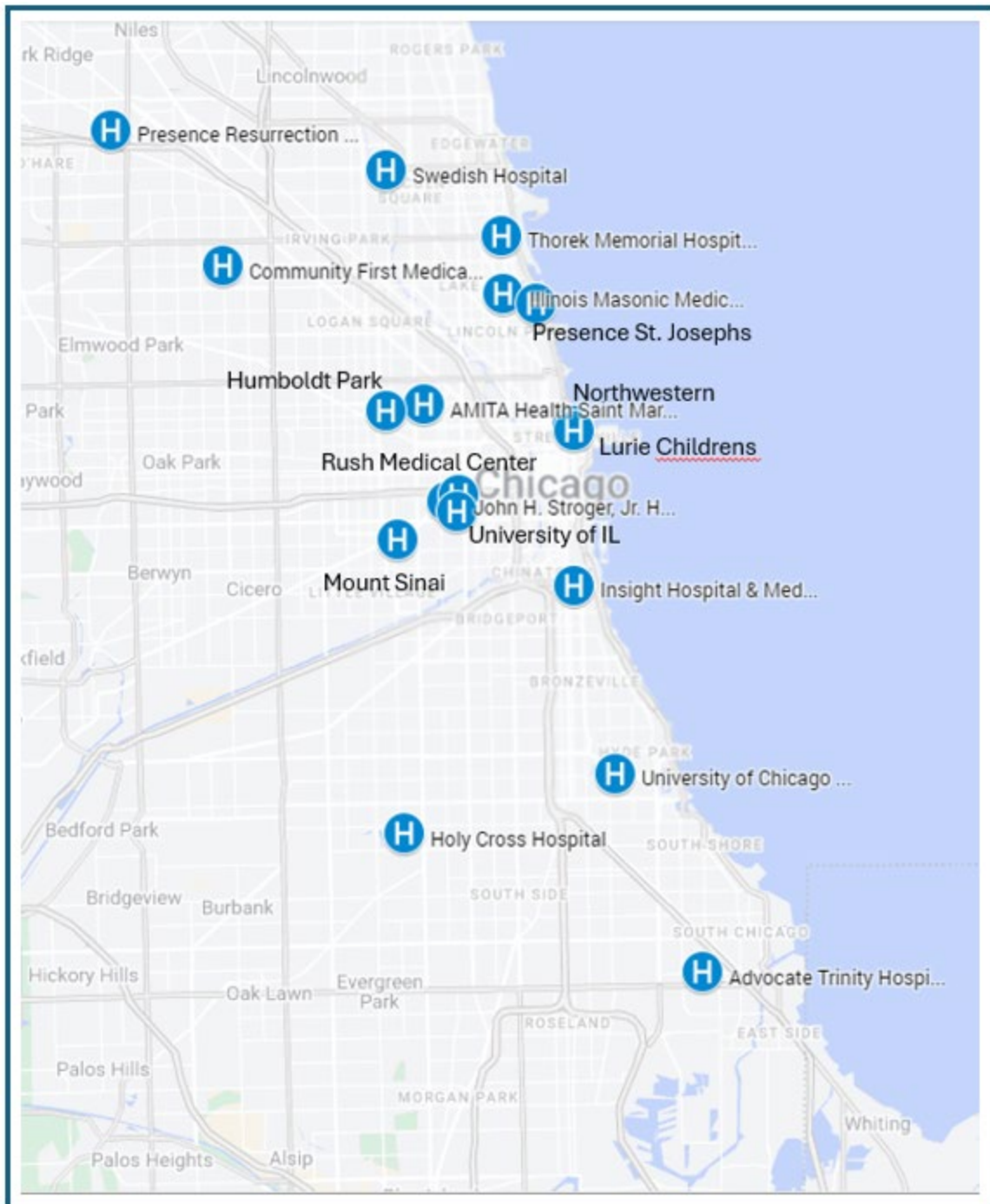
Hospital	City	HSA	HPA	County	2023 Cath Procedures
Advocate Trinity Hospital	Chicago	6	A-03	Cook	593
AMITA Health Saint Mary Medical Center	Chicago	6	A-02	Cook	568
Community First Medical Center*	Chicago	6	A-01	Cook	341
Holy Cross Hospital	Chicago	6	A-03	Cook	0
Humboldt Park Health	Chicago	6	A-02	Cook	295
Illinois Masonic Medical Center Campus	Chicago	6	A-01	Cook	1,963
Insight Hospital & Medical Center*	Chicago	6	A-03	Cook	136
John H. Stroger, Jr. Hospital of Cook County	Chicago	6	A-02	Cook	1,394
Lurie Children's	Chicago	6	A-01	Cook	1,005
Mount Sinai Hospital Medical Center	Chicago	6	A-02	Cook	0
Northwestern Memorial Hospital	Chicago	6	A-01	Cook	8,168
Presence Resurrection Medical Center	Chicago	6	A-01	Cook	1,818
Presence Saint Joseph Hospital – Chicago	Chicago	6	A-01	Cook	471
Rush University Medical Center	Chicago	6	A-06	Cook	4,112
Swedish Hospital	Chicago	6	A-01	Cook	2,531
University of Chicago Medical Center	Chicago	6	A-03	Cook	7,384
Thorek Memorial Hospital	Chicago	6	A-01	Cook	13
University of Illinois Hospital and Clinics	Chicago	6	A-02	Cook	3,038
Weiss Memorial Hospital	Chicago	6	A-01	Cook	310

Source: 2023 IDPH Hospital Profiles

As outlined in the table above, 15 of 19 area cardiac catheterization service providers in operation are operating above the 200-procedure utilization target. Although the Inventory of Health Care Facilities and Services dated December 20, 2023 includes Community First Medical Center and Insight Hospital and Medical Center, the 2021, 2022 and 2023, Hospital Profiles show that neither of these two facilities operated a catheterization lab or has performed any type of catheterization procedures.

Four facilities with catheterization labs are operating below 200 procedures annually. Volumes at Insight, Mount Sinai, Holy Cross Hospital and Thorek Memorial Hospital will not be affected as the proposed catheterization lab at the replacement hospital is based solely on Advocate Trinity Hospital's historical procedure volume.

The following map shows the location of all hospitals listed in the Inventory of Health Services for cardiac catheterization services within HSA 6.



This project will not result in the net addition of a cardiac catheterization service to the planning area. Rather, the project relocates an existing service of Advocate Trinity Hospital to a new location in the replacement hospital. The effect of the relocation is to maintain the same number of catheterization services in the planning area.

The standards outlined in Section 1100.620 will be met at the replacement hospital. The utilization standard of Section 1100.620(b) states that “[t]here should be a minimum of 200 cardiac catheterization procedures performed annually within two years after initiation.” 77 Ill. Adm. Code 1100.620(b). That standard will be met as Advocate Trinity Hospital has historically performed more than 200 cardiac catheterizations annually and is projected to perform more than 200 procedures within two years after initiation of services at the replacement hospital.

The historical catheterization procedure volumes for Advocate Trinity Hospital are shown in the table below. Over the last four years Advocate Trinity Hospital has performed a total of 2,459 total catheterizations (including diagnostic, interventional and electrophysiology (EP) catheterizations), averaging 615 total procedures per year. The hospital anticipates at least 200 diagnostic procedures by the second year of operation, which is 2030.

	2021	2022	2023	2024 AY
Diagnostic	401	428	355	382
Interventional	169	225	214	210
EP	49	38	24	35
Total	619	721	593	627

Source: 2020-2023 Hospital Profiles; (Trinity Hospital Finance)

Copies of these Hospital Profiles and AHQ are included as Exhibit 4 to this Attachment 23.

The projected cardiac catheterization volumes at the proposed facility are provided below. These will be patients living in the service area that are currently receiving care at Advocate Trinity Hospital. In year 1, the number of procedures will be greater than the minimum state standard of 200 cardiac catheterization procedures performed annually within two years of initiation.

Advocate Trinity Replacement Hospital	PROJECTED UTILIZATION	
	Year 1	Year 2
Diagnostic	224	221
Interventional	123	122
EP	23	23
Total	369	366

Source: Advocate Trinity Hospital Finance Department

In addition to meeting the projected minimum utilization standard of Section 1100.620(b), the project also meets the historical criterion of Section 1110.225(b)(1) of 400 annual total procedures in each of the last three years. For the last three years covering 2021, 2022 and 2023, Advocate Trinity Hospital performed a total (including interventional catheterizations) of 619, 721, and 593 procedures, respectively, based on the 2021 and 2022 Hospital Profiles and the 2023 Annual Hospital Questionnaire. This volume justifies the proposed catheterization service even though there are some facilities in the planning area operating below the 200 procedure utilization target of Section 1100.620.

3. Criterion 1110.225(c), Unnecessary Duplication of Services

1) Any application proposing to establish cardiac catheterization services must indicate if it will reduce the volume of existing facilities below 200 catheterizations.

The primary purpose of this project is to maintain access for patients living in the Advocate Trinity Hospital service area. The proposed project is not anticipated to affect other hospital programs as the applicants are not relying on any referral volume from any other facility. The proposed service is to serve Advocate Trinity Hospital's existing patient volume. Advocate Trinity Hospital has sufficient historical volume to justify the single catheterization lab being requested.

In addition, Advocate Trinity Hospital is currently located in the same cardiac catheterization planning area as the proposed replacement hospital (HSA 6). Consequently, there will not be duplication of services.

2) Any applicant proposing the establishment of cardiac catheterization services must contact all facilities currently providing the service within the planning area in which the applicant facility is located, to determine the impact the project will have on the patient volume at existing services.

Attachment 23, Exhibit 1, provides copies of the request for impact statements sent to all cardiac catheterization programs in the Planning Area HSA VI.

Attachment 23, Exhibit 2 provides copies of the certified mail receipts for impact statements sent to all cardiac catheterization programs in the Planning Area HSA VI.

4. Criterion 1110.225(d), Modernization of Existing Cardiac Catheterization Laboratories

An applicant with a proposed project for the modernization of existing equipment that provides cardiac catheterization services shall document that the minimum utilization standards (as outlined in 77 Ill. Adm. Code 1100.620) are met.

The project includes replacing existing equipment with new equipment. As addressed above, the minimum utilization standards of Section 1100.620 are met. The utilization standard is "a

minimum of 200 cardiac catheterization procedures performed annually within two years after initiation.” That standard will be met as Advocate Trinity Hospital has performed a total of 2,152 diagnostic catheterizations (including EP catheterizations) over the last five years, averaging 430.4 procedures per year. The hospital anticipates at least 200 diagnostic procedures by the second year of operation, which is 2030.

5. Criterion 1110.225(e), Support Services

This is an established service and all the required support services shown below are currently available at Advocate Trinity Hospital and will be relocated upon completion of the proposed replacement hospital.

- A) Nuclear medicine laboratory
- B) Echocardiography Services, including stress testing and continuous cardiogram monitoring. Cardiology stress testing.
- C) Pulmonary Function Unit - No.
- D) Blood bank - 24/7.
- E) Hematology laboratory/coagulation laboratory - 24/7.
- F) Microbiology laboratory - 24/7.
- G) Blood Gas laboratory - 24/7.
- H) Blood Chemistry 24/7
- I) Clinical pathology laboratory, Histology/Anatomical pathology

6. Criterion 1110.225(f), Laboratory Location

This criterion is not applicable as the project involves only a single cardiac catheterization lab. The criterion applies only to projects establishing multiple labs and requires they be located in close proximity to each other. All support services will be in close proximity to the Lab.

7. Criterion 1110.225(g), Staffing

Submit a list of names and qualifications of those who will fill the positions detailed in this criterion. Also, provide staffing schedules to show the coverage required by this criterion.

Advocate Trinity Hospital’s Cardiac Catheterization/Electrophysiology program is an established service and will include the following required personnel.

1. Lab director board-certified in internal medicine, pediatrics, or radiology with subspecialty training in cardiology or cardiovascular radiology.

There is one Cath lab medical director board certified in Internal Medicine with a subspecialty of Cardiology and Interventional Cardiology and Electrophysiology. The following are those in the current positions:

- Cath Lab Medical Director: Dr. Marlon Everett, MD
- EP Lab./EP fellowship Medical Director: Dr. Adarsh Bhan, MD

2. A physician with training in cardiology and/or radiology present during examination with extra physician backup personnel available.

A physician board certified in Interventional Cardiology, Electrophysiology, or Interventional Radiology will be present during examination and procedures with skilled personnel available. There will be a minimum of three (3) staff trained in Cath/EP procedures that will support cases in the Cath lab. This will include Registered Nurses (RNs) and Radiologic Technologists (RTs) that have experience working in the Cath lab and will be deemed competent in their roles. The roles of this 3-person team are circulator, scrub, and monitor/record services. All will be ACLS certified. They will work Monday-Friday daytime hours with on-call support in the off hours & weekends.

3. Nurse specially trained in critical care of cardiac patients, knowledge of cardiovascular medication, and understanding of catheterization equipment.

RNs will be licensed by State of Illinois and competent in cardiac cath procedures.

4. Radiologic technologist highly skilled in conventional radiographic techniques and angiographic principles, knowledgeable in every aspect of catheterization instrumentation, and with thorough knowledge of the anatomy and physiology of the cardiovascular system.

Radiologic technologists will be licensed in Radiography by IEMA (Illinois Emergency Management Agency and Office of Homeland Security), registered ARRT (American Registry Radiologic Technologist) and competent in cardiac cath procedures.

5. Cardiopulmonary technician for patient observation, handling blood samples and performing blood gas evaluation calculations.

Radiologic technologists and RNs will carry out this function.

6. Monitoring and recording technician for monitoring physiologic data and alerting physician to any changes.

RNs and Radiologic technologists will carry out this function.

7. Electronic radiologic repair technician to perform systematic tests and routine maintenance; must be immediately available in the event of equipment failure during a procedure.

Clinical engineering is available days and on call during off hours.

8. Darkroom technician well trained in photographic processing and in the operation of automatic processors used for both sheet and cine film.

The position of darkroom technician trained in photographic processing is no longer needed as all images are recorded electronically.

8. Criterion 1110.225(h), Continuity of Care

Any applicant proposing the establishment, expansion or modernization of a cardiac catheterization service must document that written transfer agreements have been established with facilities with open-heart surgery capabilities for the transfer of seriously ill patients for continuity of care.

Advocate Trinity Hospital has an existing written transfer agreement with Advocate Christ Medical Center, which has open-heart surgery capabilities. A copy of the transfer agreement is included as Exhibit 3 to this Attachment 23. Advocate Trinity Hospital anticipates continuing this transfer agreement at the replacement hospital.

9. Criterion 1110.225(i), Multi-institutional Variance

This criterion is not applicable as the proposed project does not involve an affiliation with another operating program necessary to alleviate excessively high demands on an existing program.

Attachment 23, Exhibit 1



January 15, 2025

Via Certified mail

Robert M. Dahl
Ascension Saint Mary & Saint Elizabeth Medical Ctr
2233 West Division Street
Chicago, IL 60622

Re: Request for Impact Statement

Dear Mr. Dahl,

This letter is to inform you that Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital is submitting a Certificate of Need application with the Illinois Health Facilities and Services Review Board for a replacement facility in Chicago, Illinois. This replacement facility will include a cardiac catheterization lab.

This catheterization service at the replacement facility will include one cardiac catheterization lab to continue to provide this needed service to patients living in the Advocate Trinity Hospital service area. The establishment of this cardiac catheterization lab should not affect other programs in the geographic area, as the Replacement Hospital is projected to perform approximately 369 Cardiac Catheterization cases for existing patients currently receiving care at Advocate Trinity Hospital.

Pursuant to Section 1110.225 of the HFSRB rules in the CON application, we are to notify all providers of cardiac catheterization services in the Health Service Area 6 and ask you to respond to us and quantify if you anticipate any impact to your hospital. These are current patients of Advocate Trinity hospital, and we do not anticipate that this will adversely impact your hospitals' program. Please direct any response or questions to me at michelle.blakely@aah.org. Thank you for your consideration of this request.

Sincerely,

A handwritten signature in blue ink that reads "Michelle Y. Blakely".

Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Len Wilk
Ascension Resurrection Medical Center
7435 West Talcott Avenue
Chicago, IL 60631

Re: Request for Impact Statement

Dear Len Wilk,

This letter is to inform you that Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital is submitting a Certificate of Need application with the Illinois Health Facilities and Services Review Board for a replacement facility in Chicago, Illinois. This replacement facility will include a cardiac catheterization lab.

This catheterization service at the replacement facility will include one cardiac catheterization lab to continue to provide this needed service to patients living in the Advocate Trinity Hospital service area. The establishment of this cardiac catheterization lab should not affect other programs in the geographic area, as the Replacement Hospital is projected to perform approximately 369 Cardiac Catheterization cases for existing patients currently receiving care at Advocate Trinity Hospital.

Pursuant to Section 1110.225 of the HFSRB rules in the CON application, we are to notify all providers of cardiac catheterization services in the Health Service Area 6 and ask you to respond to us and quantify if you anticipate any impact to your hospital. These are current patients of Advocate Trinity hospital, and we do not anticipate that this will adversely impact your hospitals' program. Please direct any response or questions to me at michelle.blakely@aah.org. Thank you for your consideration of this request.

Sincerely,



Michelle Y. Blakely, PhD, MHSA, FAACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Barbara Martin
Ascension Saint Joseph Hospital
2900 Lake Shore Drive
Chicago, IL 60657

Re: Request for Impact Statement

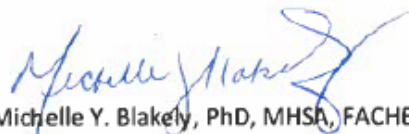
Dear Barbara Martin,

This letter is to inform you that Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital is submitting a Certificate of Need application with the Illinois Health Facilities and Services Review Board for a replacement facility in Chicago, Illinois. This replacement facility will include a cardiac catheterization lab.

This catheterization service at the replacement facility will include one cardiac catheterization lab to continue to provide this needed service to patients living in the Advocate Trinity Hospital service area. The establishment of this cardiac catheterization lab should not affect other programs in the geographic area, as the Replacement Hospital is projected to perform approximately 369 Cardiac Catheterization cases for existing patients currently receiving care at Advocate Trinity Hospital.

Pursuant to Section 1110.225 of the HFSRB rules in the CON application, we are to notify all providers of cardiac catheterization services in the Health Service Area 6 and ask you to respond to us and quantify if you anticipate any impact to your hospital. These are current patients of Advocate Trinity hospital, and we do not anticipate that this will adversely impact your hospitals' program. Please direct any response or questions to me at michelle.blakely@aah.org. Thank you for your consideration of this request.

Sincerely,



Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Kristen Debits
Community First Medical Center
5654 W. Addison Street
Chicago, IL 60634

Re: Request for Impact Statement

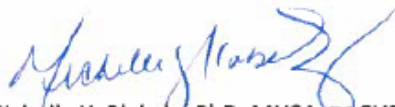
Dear Kristen Debits,

This letter is to inform you that Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital is submitting a Certificate of Need application with the Illinois Health Facilities and Services Review Board for a replacement facility in Chicago, Illinois. This replacement facility will include a cardiac catheterization lab.

This catheterization service at the replacement facility will include one cardiac catheterization lab to continue to provide this needed service to patients living in the Advocate Trinity Hospital service area. The establishment of this cardiac catheterization lab should not affect other programs in the geographic area, as the Replacement Hospital is projected to perform approximately 369 Cardiac Catheterization cases for existing patients currently receiving care at Advocate Trinity Hospital.

Pursuant to Section 1110.225 of the HFSRB rules in the CON application, we are to notify all providers of cardiac catheterization services in the Health Service Area 6 and ask you to respond to us and quantify if you anticipate any impact to your hospital. These are current patients of Advocate Trinity hospital, and we do not anticipate that this will adversely impact your hospitals' program. Please direct any response or questions to me at michelle.blakely@aah.org. Thank you for your consideration of this request.

Sincerely,



Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Dr. Jeensoo Chang
Holy Cross Hospital
2701 W. 68th Street
Chicago, IL 60629

Re: Request for Impact Statement

Dear Dr. Chang,

This letter is to inform you that Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital is submitting a Certificate of Need application with the Illinois Health Facilities and Services Review Board for a replacement facility in Chicago, Illinois. This replacement facility will include a cardiac catheterization lab.

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Sincerely,


Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Jose Sanchez
Humboldt Park Health, Inc.
1044 N. Francisco Avenue
Chicago, IL 60622

Re: Request for Impact Statement

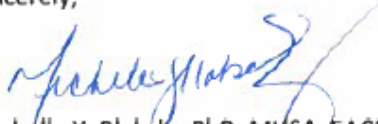
Dear Jose Sanchez,

This letter is to inform you that Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital is submitting a Certificate of Need application with the Illinois Health Facilities and Services Review Board for a replacement facility in Chicago, Illinois. This replacement facility will include a cardiac catheterization lab.

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Sincerely,



Michelle Y. Blakely, PhD, MHA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Susan Nordstrom-Lopez
Illinois Masonic Medical Center
836 West Wellington Avenue
Chicago, IL 60657

Re: Request for Impact Statement

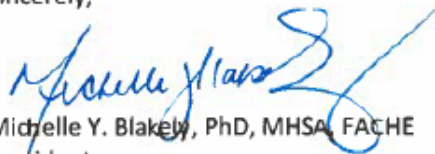
Dear Ms. Nordstrom-Lopez,

This letter is to inform you that Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital is submitting a Certificate of Need application with the Illinois Health Facilities and Services Review Board for a replacement facility in Chicago, Illinois. This replacement facility will include a cardiac catheterization lab.

This catheterization service at the replacement facility will include one cardiac catheterization lab to continue to provide this needed service to patients living in the Advocate Trinity Hospital service area. The establishment of this cardiac catheterization lab should not affect other programs in the geographic area, as the Replacement Hospital is projected to perform approximately 369 Cardiac Catheterization cases for existing patients currently receiving care at Advocate Trinity Hospital.

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Sincerely,



Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Ali Madha
Insight Chicago, Inc.
2525 S. Michigan Avenue
Chicago, IL 60616

Re: Request for Impact Statement


Dear Ali Madha,

This letter is to inform you that Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital is submitting a Certificate of Need application with the Illinois Health Facilities and Services Review Board for a replacement facility in Chicago, Illinois. This replacement facility will include a cardiac catheterization lab.

This catheterization service at the replacement facility will include one cardiac catheterization lab to continue to provide this needed service to patients living in the Advocate Trinity Hospital service area. The establishment of this cardiac catheterization lab should not affect other programs in the geographic area, as the Replacement Hospital is projected to perform approximately 369 Cardiac Catheterization cases for existing patients currently receiving care at Advocate Trinity Hospital.

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Sincerely,


Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Thomas Shanely, MD
Ann & Robert H. Lurie Children's Hospital of Chicago
225 E. Chicago Avenue
Chicago, IL 60611

Re: Request for Impact Statement

Dear Dr. Thomas Shanley,

This letter is to inform you that Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital is submitting a Certificate of Need application with the Illinois Health Facilities and Services Review Board for a replacement facility in Chicago, Illinois. This replacement facility will include a cardiac catheterization lab.

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Sincerely,



Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Howard Chrisman, MD
Northwestern Memorial Hospital
251 E. Huron Street
Chicago, IL 60611

Re: Request for Impact Statement

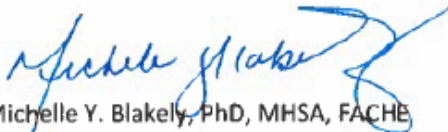
Dear Dr. Howard Chrisman,

This letter is to inform you that Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital is submitting a Certificate of Need application with the Illinois Health Facilities and Services Review Board for a replacement facility in Chicago, Illinois. This replacement facility will include a cardiac catheterization lab.

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Sincerely,



Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Omar Lateef, DO
Rush University Medical Center
1653 West Congress Parkway
Chicago, IL 60612

Re: Request for Impact Statement

Dear Dr. Omar Lateef,

This letter is to inform you that Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital is submitting a Certificate of Need application with the Illinois Health Facilities and Services Review Board for a replacement facility in Chicago, Illinois. This replacement facility will include a cardiac catheterization lab.

This catheterization service at the replacement facility will include one cardiac catheterization lab to continue to provide this needed service to patients living in the Advocate Trinity Hospital service area. The establishment of this cardiac catheterization lab should not affect other programs in the geographic area, as the Replacement Hospital is projected to perform approximately 369 Cardiac Catheterization cases for existing patients currently receiving care at Advocate Trinity Hospital.

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Sincerely,



Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Sameer Shah
Mount Sinai Medical Center
2750 W. 15th Street
Chicago, IL 60608

Re: Request for Impact Statement

Dear Sameer Shah,

This letter is to inform you that Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital is submitting a Certificate of Need application with the Illinois Health Facilities and Services Review Board for a replacement facility in Chicago, Illinois. This replacement facility will include a cardiac catheterization lab.

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Sincerely,



Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital



Now part of  ADVOCATE HEALTH

January 15, 2025

Via Certified mail

Donnica Austin-Cathey
John H Stroger, Jr Hospital of Cook County
1901 W. Harrison Street
Chicago, IL 60612

Re: Request for Impact Statement

Dear Donnica Austin-Cathey,

This letter is to inform you that Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital is submitting a Certificate of Need application with the Illinois Health Facilities and Services Review Board for a replacement facility in Chicago, Illinois. This replacement facility will include a cardiac catheterization lab.

This catheterization service at the replacement facility will include one cardiac catheterization lab to continue to provide this needed service to patients living in the Advocate Trinity Hospital service area. The establishment of this cardiac catheterization lab should not affect other programs in the geographic area, as the Replacement Hospital is projected to perform approximately 369 Cardiac Catheterization cases for existing patients currently receiving care at Advocate Trinity Hospital.

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Sincerely,

A handwritten signature in blue ink, appearing to read "Michelle Y. Blakely".

Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Jonathan Lind
Swedish Hospital
5140 N. California Avenue
Chicago, IL 60625

Re: Request for Impact Statement

Dear Jonathan Lind,

This letter is to inform you that Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital is submitting a Certificate of Need application with the Illinois Health Facilities and Services Review Board for a replacement facility in Chicago, Illinois. This replacement facility will include a cardiac catheterization lab.

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Sincerely,



Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Edward Budd
Thorek Memorial Hospital
850 W. Irving Park Rd.
Chicago, IL 60613

Re: Request for Impact Statement

Dear Edward Budd,

This letter is to inform you that Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital is submitting a Certificate of Need application with the Illinois Health Facilities and Services Review Board for a replacement facility in Chicago, Illinois. This replacement facility will include a cardiac catheterization lab.

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Sincerely,



Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Mark I. Rosenblatt MD, PhD, MBA, MHA
University of Illinois Hospital and Clinics
1740 West Taylor Street
Chicago, IL 60612

Re: Request for Impact Statement

Dear Dr. Rosenblatt,

This letter is to inform you that Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital is submitting a Certificate of Need application with the Illinois Health Facilities and Services Review Board for a replacement facility in Chicago, Illinois. This replacement facility will include a cardiac catheterization lab.

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Sincerely,



Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Thomas Jackiewicz
The University of Chicago Medical Center
5841 S. Maryland Avenue
Chicago, IL 60637

Re: Request for Impact Statement

Dear Thomas Jackiewicz,

This letter is to inform you that Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital is submitting a Certificate of Need application with the Illinois Health Facilities and Services Review Board for a replacement facility in Chicago, Illinois. This replacement facility will include a cardiac catheterization lab.

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Sincerely,



Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital

January 15, 2025

Via Certified mail

Roger Russell
Wciss Memorial Hospital
4646 N. Marine Drive
Chicago, IL 60640

Re: Request for Impact Statement

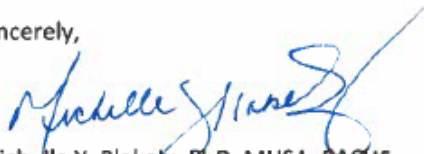
Dear Roger Russell,

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Sincerely,



Michelle Y. Blakely, PhD, MHSA, FACHE
President
Advocate Trinity Hospital

Attachment 23, Exhibit 2

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Sent To **Kristen Debits**
Community First Medical Center
5654 W. Addison Street
Chicago, IL 60634

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Sent To **Dr. Jeensoo Chang**
Holy Cross Hospital
2701 W 68th Street
Chicago, IL 60629

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Sent To **Jose Sanchez**
Humboldt Park Health, Inc.
1044 N. Francisco Avenue
Chicago, IL 60622

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Sent To **Susan Nordstrom-Lopez**
Illinois Masonic Medical Center
836 West Wellington Avenue
Chicago, IL 60657

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

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Sent To **Ali Madha**
Insight Chicago
2525 S. Michigan Avenue
Chicago, IL 60616

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Adult Signature Restricted Delivery \$ _____

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Sent To **Donnica Austin-Cathey**
John H Stroger, Jr Hospital of Cook
County
1901 W. Harrison Street
Chicago, IL 60612

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Thomas Shanely, MD
Ann & Robert H. Lurie Children's
Hospital of Chicago
225 E. Chicago Avenue
Chicago, IL 60611

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Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

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Total Postage and Fees
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Sent To
Sameer Shah
Mount Sinai Medical Center
2750 W. 15th Street
Chicago, IL 60608

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Adult Signature Restricted Delivery \$ _____

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Total Postage and Fees
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Sent To
Howard Chrisman, MD
Northwestern Memorial Hospital
251 E. Huron Street
Chicago, IL 60611

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Sent To
Len Wilk
Ascension Resurrection Medical Center
7435 West Talcott Ave
Chicago, IL 60631

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
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Total Postage and Fees
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Sent To
Barbara Martin
Ascension Saint Joseph Hospital
2900 Lake Shore Drive
Chicago, IL 60657

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Rush University Medical Center
1653 West Congress Parkway
Chicago, IL 60612

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 Swedish Hospital
 5140 N. California Avenue
 Chicago, IL 60625

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 Thomas Jackiewicz
 The University of Chicago Medical
 Center
 5841 S. Maryland Avenue
 Chicago, IL 60637

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 Edward Budd
 Thorek Memorial Hospital
 850 W. Irving Park Rd.
 Chicago, IL 60613

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Sent To
 Mark I. Rosenblatt MD, PhD, MBA, MHA
 University of Illinois Hospital and Clinics
 1740 West Taylor Street
 Chicago, IL 60612

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Certified Fee \$ _____

Return Receipt Fee (Endorsement Required) \$ _____

Restricted Delivery Fee (Endorsement Required) \$ _____

Total \$ _____

Sent To
 Roger Russell
 Weiss Memorial Hospital
 4646 N. Marine Drive
 Chicago, IL 60640

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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Robert M. Dahl
 Ascension Saint Mary & Saint Elizabeth
 Medical Ctr
 2233 West Division Street
 Chicago, IL 60622

PS Form 3800, January 2023 PSN 7500-02-000-9001 See Reverse for Instructions

TRANSFER AGREEMENT

This Transfer Agreement (the "Agreement") is entered into on December 1, 2024 (the "Effective Date"), by and between Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center ("Receiving Facility"), an Illinois not-for-profit corporation, and Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital ("Transferring Facility").

WHEREAS, Receiving Facility is licensed under Illinois law as an acute care hospital;

WHEREAS, Transferring Facility is licensed under Illinois law as an acute care hospital;

WHEREAS, Receiving Facility and Transferring Facility desire to cooperate in the transfer of patients between Transferring Facility and Receiving Facility, when and if such transfer may, from time to time be deemed necessary and requested by the respective patient's physician, as necessitated by patient care needs and to facilitate appropriate patient care;

WHEREAS, the parties mutually desire to enter into a transfer agreement to provide for the medically appropriate transfer or referral of patients from Transferring Facility to Receiving Facility, for the benefit of the community and in compliance with applicable law;

WHEREAS, the parties recognize that Transferring Facility will be building a replacement hospital at another location within the area and the parties intend for this Agreement to apply to the replacement facility; and

WHEREAS, the parties desire to provide a full statement of their agreement in connection with the services to be provided hereunder.

NOW, THEREFORE, BE IT RESOLVED, that in consideration of the mutual covenants, obligations and agreements set forth herein, the parties agree as follows:

I. TERM

1.1 The term of this Agreement shall commence on the Effective Date and shall be for a period of one (1) year. This Agreement shall automatically renew for additional one (1) year terms and will remain in effect when Receiving Facility moves to a replacement hospital.

II. TERMINATION

2.1 Either party may terminate this Agreement at any time with or without cause upon thirty (30) days prior written notice to the other party." Additionally, this Agreement shall automatically terminate should either party fail to maintain the licensure or certification necessary to carry out the provisions of this Agreement.

III. OBLIGATIONS OF THE PARTIES

3.1 Transferring Facility agrees:

a. That Transferring Facility shall refer and transfer patients to Receiving Facility for higher level of medical treatment only when such transfer and referral has been determined to be medically appropriate by the patient's attending physician or, in the case of an emergency, the applicable Medical Director or treating physician for Transferring Facility, hereinafter referred to as the "Transferring Physician";

b. That the Transferring Physician shall contact Advocate Patient Command Center at 833-224-2337, prior to transport, to verify the transport and acceptance of the patient by Receiving Facility.

For patients with an emergency medical condition, the decision to accept the transfer of the emergency patient shall be made by Receiving Facility's Emergency Department Physician hereinafter referred to as the "Emergency Physician", based on consultation with the member of Receiving Facility's Medical Staff who will serve as the accepting attending physician, hereinafter referred to as the "Accepting Physician" to ensure the Receiving Facility has the capability and capacity to care for the patient. In the case of the non-emergency patient, the Medical Staff attending physician will act as the Accepting Physician and must indicate acceptance of the patient. Transferring Facility agrees that Receiving Facility shall have the sole discretion to accept the transfer of patients pursuant to this Agreement subject to the acceptance by a Medical Staff attending physician and the availability of equipment and personnel at Receiving Facility.

c. The Transferring Physician shall report all patient medical information which is necessary and pertinent for transport and acceptance of the patient by Receiving Facility to the Emergency Physician and/or Accepting Physician;

d. That pre-transfer treatment guidelines, if any, will be augmented by orders obtained by the Transferring Physician. The Accepting Physician may also obtain such orders;

e. That Transferring Facility shall have the responsibility for obtaining the patient's written informed consent to the transfer or that of the patient's authorized representative prior to the transfer. If such consent is not possible, the Transferring Facility shall obtain certification of the need for the transfer from the attending physician or other qualified medical personnel in accord with the requirements of the Emergency Medical Treatment and Active Labor Act ("Act"). When the patient has an emergency medical condition that has not been stabilized within the meaning of the Act, the Transferring Facility shall comply with the requirements of the Act in securing the patient's consent to transfer or certification of the need for transfer by a physician or other qualified medical personnel in accord with the Act's requirements;

f. That Transferring Facility shall be responsible for affecting the transfer of all patients referred to Receiving Facility under the terms of this Agreement, including arranging for appropriate transportation, financial responsibility for the transfer and care for the patient during the transfer. The Transferring Physician shall determine the appropriate level of patient care during transport in consultation with the Emergency Physician and/or Accepting Physician;

g. That in the event the transfer is only temporary and for a specific procedure or service with the intent that the patient is to be returned to the Transferring Facility, the Transferring Facility agrees to accept the patient for continued care upon completion of the procedure or service that necessitated the transfer, provided the patient is stabilized within the meaning of the Act;

h. That Transferring Facility will maintain and provide proof to Receiving Facility of professional and general liability insurance coverage in the amount of One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the aggregate with respect to the actions of its employees and agents connected with or arising out of services provided under this Agreement.

3.2 Receiving Facility agrees:

- a. To accept and admit in a timely manner, subject to bed availability, Transferring Facility patients referred for medical treatment, as more fully described in Section 3.1;
- b. To accept patients from Transferring Facility in need of inpatient hospital care as more fully described in Section 3.1, when such transfer and referral has been determined to be medically appropriate by the patient's Transferring Physician at Transferring Facility;
- c. That Receiving Facility will seek to facilitate referral of transfer patients to specific Accepting Physicians when this is requested by Transferring Physicians and/or transfer patients;
- d. That Receiving Facility shall provide Transferring Facility patients with medically appropriate and available treatment; and
- e. To maintain professional and general liability insurance coverage in the amount of One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the aggregate with respect to the actions of its employees and agents connected with or arising out of services provided under this Agreement.

IV. GENERAL COVENANTS AND CONDITIONS

4.1 Release of Medical Information. In all cases of patients transferred for the purpose of receiving medical treatment under the terms of this Agreement, Transferring Facility shall insure that copies of the patient's medical records, including X-rays and reports of all diagnostic tests, accompany the patient to Receiving Facility, subject to the provisions of applicable State and Federal laws governing the confidentiality of such information. Information to be exchanged shall include any completed transfer and referral forms mutually agreed upon for the purpose of providing the medical and administrative information necessary to determine the appropriateness of treatment or placement, and to enable continuing care to be provided to the patient. The medical records in the care and custody of Receiving Facility and Transferring Facility shall remain the property of each respective institution.

4.2 Personal Effects. Transferring Facility shall be responsible for the security, accountability and appropriate disposition of the personal effects of patients prior to and during transfer to Receiving Facility. Receiving Facility shall be responsible for the security, accountability and appropriate disposition of the personal effects of transferred patients upon arrival of the patient at Receiving Facility.

4.3 Independent Contractor. Nothing contained in this Agreement shall constitute or be construed to create a partnership, joint venture, employment, or agency relationship between the parties and/or their respective successors and assigns, it being mutually understood and agreed that the parties shall provide the services and fulfill the obligations hereunder as independent contractors. Further, it is mutually understood and agreed that nothing in this Agreement shall in any way affect the independent operation of either Receiving Facility or Transferring Facility. The governing body of Receiving Facility and Transferring Facility shall have exclusive control of the management, assets, and affairs at their respective institutions. No party by virtue of this Agreement shall assume any liability for any debts or obligations of a financial or legal nature incurred by the other, and neither institution shall look to the other to pay for service rendered to a patient transferred by virtue of this Agreement.

4.4 Publicity and Advertising. Neither the name of Receiving Facility nor Transferring Facility shall be used for any form of publicity or advertising by the other without the express written consent of the other.

4.5 Cooperative Efforts. The parties agree to devote their best efforts to promoting cooperation and effective communication between the parties in the performance of services hereunder, to foster the prompt and effective evaluation, treatment and continuing care of recipients of these services. Parties shall each designate a representative who shall meet as often as necessary to discuss quality improvement measures related to patient stabilization and/or treatment prior to and subsequent to transfer and patient outcome. The parties agree to reasonably cooperate with each other to oversee performance improvement and patient safety applicable to the activities under this Agreement to the extent permissible under applicable laws. All information obtained and any materials prepared pursuant to this section and used in the course of internal quality control or for the purpose of reducing morbidity and mortality, or for improving patient care, shall be privileged and strictly confidential for use in the evaluation and improvement of patient care according to 735 ILCS 5/802101 et seq., as may be amended from time to time.

4.6 Nondiscrimination. The parties agree to comply with Title VI of the Civil Rights Act of 1964, all requirements imposed by regulations issued pursuant to that title, section 504 of the Rehabilitation Act of 1973, and all related regulations, to insure that neither party shall discriminate against any recipient of services hereunder on the basis of race, color, sex, creed, national origin, age or handicap, under any program or activity receiving Federal financial assistance.

4.7 Affiliation. Each party shall retain the right to affiliate or contract under similar agreements with other institutions while this Agreement is in effect.

4.8 Applicable Laws. The parties agree to fully comply with applicable federal, and state laws and regulations affecting the provision of services under the terms of this Agreement.

4.9 Governing Law. All questions concerning the validity or construction of this Agreement shall be determined in accordance with the laws of Illinois.

4.10 Assignment. Neither Receiving Facility nor Transferring Facility shall assign, sell or otherwise transfer the Agreement or any interest therein without the prior written consent of the other.

4.11 Writing Constitutes Full Agreement. This Agreement embodies the complete and full understanding of Receiving Facility and Transferring Facility with respect to the services to be provided hereunder. There are no promises, terms, conditions, or obligations other than those contained herein; and this Agreement shall supersede all previous communications, representations, or agreements, either verbal or written, between the parties hereto. Neither this Agreement nor any rights hereunder may be assigned by either party without the written consent of the other party.

4.12 Written Modification. There shall be no modification of this Agreement, except in writing and exercised with the same formalities of this Agreement.

4.13 Severability. It is understood and agreed by the parties hereto that if any part, term, or provision of this Agreement is held to be illegal by the courts or in conflict with any law of the state where made, the validity of the remaining portions or provisions shall be construed and enforced as if the Agreement did not contain the particular part, term, or provision held to be invalid.

4.14 Notices. All notices permitted or required to be given under the terms of this Agreement shall be deemed received when delivered personally within three (3) days after it has been post-marked in the United States Mail, certified, postage prepaid and addressed as follows:

If to Receiving Facility: Advocate Christ Medical Center
4440 West 95th Street
Oak Lawn, Illinois 60453
Attention: President

With a Copy to: Advocate Health Care
2025 Windsor Drive
Oak Brook, Illinois 60523
Attention: Legal Department

If to Transferring Facility: Advocate Trinity Hospital
2320 East 93rd Street
Chicago, Illinois 60617
Attention: President

Any party may change the address for notice by notifying the other party, in writing, of the new address.


IN WITNESS WHEREOF, this Agreement has been executed by the parties as of the Effective Date.

Advocate Christ Medical Center

Signed by
By: 
Dia Nichols
President - Advocate Health Care

Date: 12/11/2024

Advocate Trinity Hospital

Signed by
By: 
Michelle Blakely
President Advocate Trinity Hospital

Date: 12/18/2024


12/10/2024

Attachment 23, Exhibit 4

Hospital Profile - CY 2020		Advocate Trinity Hospital	Chicago		Page 1
Ownership, Management and General Information			Patients by Race		Patients by Ethnicity
ADMINISTRATOR NAME:	Rashard Johnson		White	11.9%	Hispanic or Latino: 4.2%
ADMINSTRATOR PHONE:	773-967-5001		Black	82.2%	Not Hispanic or Latino: 93.4%
OWNERSHIP:	Advocate Health and Hospitals Corporation		American Indian	1.2%	Unknown: 2.4%
OPERATOR:	Advocate Health and Hospitals Corporation		Asian	0.1%	License Number: 4176
MANAGEMENT:	Not for Profit Church		Hawaiian/ Pacific	0.1%	Site Number: 4176
CERTIFICATION:			Unknown	4.5%	HPA: A-03
FACILITY DESIGNATION:	General Hospital				HSA: 6
ADDRESS	2320 East 93rd Street	CITY: Chicago	COUNTY: Suburban Cook (Chicago)		

Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2020	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	158	122	100	3,818	20,862	6,025	7.0	73.5	46.5	60.2
0-14 Years				144	539					
15-44 Years				524	2,372					
45-64 Years				1,236	6,340					
65-74 Years				780	4,500					
75 Years +				1,134	7,111					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	24	30	24	2,954	5,954	158	2.1	16.7	69.6	55.7
Direct Admission				2,285	5,954					
Transfers				669	0					
Obstetric/Gynecology	23	19	14	382	908	17	2.4	2.5	11.0	13.3
Maternity				382	908					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	205			6,485	27,724	6,200	5.2	92.7	45.2	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	51.2%	31.9%	0.0%	14.5%	0.0%	2.4%	
	3323	2066	0	939	0	157	6,485
Outpatients	30.5%	36.6%	0.0%	27.6%	0.6%	4.7%	
	17607	21139	0	15906	346	2727	57,725

Financial Year Reported:	1/1/2020 to 12/31/2020		Inpatient and Outpatient Net Revenue by Payor Source						Charity Care Expense	Total Charity Care Expense 4,122,000
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals				
Inpatient Revenue (\$)	44.2%	38.9%	0.0%	16.7%	0.2%	100.0%				
	37,575,014	33,096,694	24,921	14,231,057	178,864	85,106,550	1,355,000			
Outpatient Revenue (\$)	27.1%	16.4%	0.2%	53.8%	2.5%	100.0%				
	12,603,637	7,641,575	105,543	25,069,304	1,163,134	46,583,193	2,767,000		3.1%	

Birthing Data			Newborn Nursery Utilization			Organ Transplantation	
Number of Total Births:	352		Level I	Level II	Level III+	Kidney:	0
Number of Live Births:	352	Beds	18	0	0	Heart:	0
Birthing Rooms:	0	Patient Days	605	61	127	Lung:	0
Labor Rooms:	0	Total Newborn Patient Days			793	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	0					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	9	Inpatient Studies			223,849	Total:	0
C-Section Rooms:	2	Outpatient Studies			128,808		
CSections Performed:	81	Studies Performed Under Contract			0		

Surgery and Operating Room Utilization											
Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	269	504	1369	796	2165	5.1	1.6
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	1	1	10	3	13	10.0	3.0
OB/Gynecology	0	0	0	0	79	205	589	349	938	7.5	1.7
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	329	0	330	330	0.0	1.0
Orthopedic	0	0	0	0	145	444	881	980	1861	6.1	2.2
Otolaryngology	0	0	0	0	12	117	102	262	364	8.5	2.2
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	44	152	167	264	431	3.8	1.7
Thoracic	0	0	0	0	0	1	0	3	3	0.0	3.0
Urology	0	0	1	1	3	19	13	34	47	4.3	1.8
Totals	0	0	6	6	553	1772	3131	3021	6152	5.7	1.7
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		7		Stage 2 Recovery Stations		7	

Dedicated and Non-Dedicated Procedure Room Utilization											
Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	4	4	376	1864	370	1746	2116	1.0	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	1	1	20	21	27	32	59	1.4	1.5
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0

Certified Trauma Center	No	Total Cardiac Catheterization Labs:	2
Trauma Service Level 1	Level 2	Cath Labs used for Angiography procedures	0
Operating Rooms Dedicated for Trauma Care	0	Dedicated Diagnostic Catheterization Labs	0
Number of Trauma Visits:	0	Dedicated Interventional Catheterization Labs	0
Patients Admitted from Trauma	0	Dedicated EP Catheterization Labs	0
Emergency Service Type:	Comprehensive	Total Cardiac Catheterization Procedures:	556
Number of Emergency Room Stations	27	Diagnostic Catheterizations (0-14)	0
Persons Treated by Emergency Services:	32,905	Diagnostic Catheterizations (15+)	343
Patients Admitted from Emergency:	5,577	Interventional Catheterizations (0-14):	0
Total ED Visits (Emergency+Trauma):	32,905	Interventional Catheterization (15+)	169
EP Catheterizations (15+)			44
Bed in Free-Standing Emergency Centers	0	Total Cardiac Surgery Cases:	0
Patient Visits in Free-Standing Emergency Centers	0	Pediatric (0 - 14 Years):	0
Hospital Admissions from Free-Standing Emergency Center	0	Adult (15 Years and Older):	0
Total Outpatient Visits	57,725	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits at the Hospital/ Campus:	57,725	performed of total Cardiac Cases :	0
Outpatient Visits Offsite/off campus	0		

Diagnostic/Interventional Equipment	Examinations				Therapeutic Equipment				Therapies/ Treatments
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract		
General Radiography/Fluoroscopy	4	0	9,931	21,120	0	Lithotripsy	0	0	0
Nuclear Medicine	2	0	770	1,025	0	Linear Accelerator	0	0	0
Mammography	3	0	0	5,884	0	Image Guided Rad Therapy			0
Ultrasound	6	0	3,214	9,289	0	Intensity Modulated Rad Thrpy			0
Angiography	2	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			782	375	0	Proton Beam Therapy	0	0	0
Interventional Angiography			286	108	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	2	0	7,142	10,821	0				
Magnetic Resonance Imaging	1	0	834	1,498	0				

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

<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Rashard Johnson	White	14.6%	Hispanic or Latino:	11.5%
ADMINISTRATOR PHONE	773-967-5001	Black	81.5%	Not Hispanic or Latino:	86.7%
OWNERSHIP:	Advocate Health and Hospitals Corporation	American Indian	1.2%	Unknown:	1.8%
OPERATOR:	Advocate Health and Hospitals Corporation	Asian	0.1%	License Number:	4176
MANAGEMENT:	Not for Profit Church	Hawaiian/ Pacific	0.6%	Site Number:	4176
CERTIFICATION:		Unknown	2.1%	HSA:	A-03
FACILITY DESIGNATION:	General Hospital			HSA:	6
ADDRESS	2320 East 93rd Street	CITY:	Chicago	COUNTY:	Suburban Cook (Chicago)

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	<u>Authorized CON Beds 12/31/2021</u>	<u>Peak Beds Setup and Staffed</u>	<u>Peak Census</u>	<u>Admissions</u>	<u>Inpatient Days</u>	<u>Observation Days</u>	<u>Average Length of Stay</u>	<u>Average Daily Census</u>	<u>CON Occupancy Rate %</u>	<u>Staffed Bed Occupancy Rate %</u>
Medical/Surgical	158	110	100	3,898	23,700	6,606	7.8	83.0	52.6	75.5
0-14 Years				143	577					
15-44 Years				871	3,679					
45-64 Years				1,070	6,672					
65-74 Years				766	5,039					
75 Years +				1,048	7,733					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	24	24	11	3,017	5,666	84	1.9	15.8	65.6	65.6
Direct Admission				2,285	5,666					
Transfers				732	0					
Obstetric/Gynecology	23	19	12	706	1,732	136	2.6	5.1	22.3	26.9
Maternity				697	1,718					
Clean Gynecology				9	14					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<i>Dedicated Observation</i>	0					0				
Facility Utilization	205			6,889	31,098	6,826	5.5	103.9	50.7	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payer Source</u>							
	<i>Medicare</i>	<i>Medicaid</i>	<i>Other Public</i>	<i>Private Insurance</i>	<i>Private Pay</i>	<i>Charity Care</i>	<i>Totals</i>
Inpatients	48.5%	36.2%	0.0%	13.3%	2.0%	0.0%	
	3338	2494	0	916	141	0	6,889
Outpatients	35.1%	34.1%	0.0%	27.2%	3.6%	0.0%	
	32274	31401	0	25046	3302	0	92,023

<u>Financial Year Reported:</u>	<i>1/1/2021 to</i>	<i>12/31/2021</i>	<u>Inpatient and Outpatient Net Revenue by Payer Source</u>					<i>Charity Care Expense</i>	<i>Total Charity Care Expense</i>
	<i>Medicare</i>	<i>Medicaid</i>	<i>Other Public</i>	<i>Private Insurance</i>	<i>Private Pay</i>	<i>Totals</i>			
Inpatient Revenue (\$)	46.2%	36.2%	0.0%	15.8%	1.8%	100.0%		0	
	40,987,106	32,095,127	34,330	13,988,478	1,574,762	88,679,803	0	Total Charity Care as % of Net Revenue	
Outpatient Revenue (\$)	27.1%	17.7%	0.0%	51.2%	3.9%	100.0%		0.0%	
	16,149,821	10,511,301	11,805	30,492,845	2,336,907	59,502,679	0		

<u>Birthing Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>		
Number of Total Births:		638		Level I	Level II	Level II+	Kidney:	0
Number of Live Births:		646	Beds	18	0	0	Heart:	0
Birthing Rooms:	0		Patient Days	1,125	90	396	Lung:	0
Labor Rooms:	0		Total Newborn Patient Days			1,611	Heart/Lung:	0
Delivery Rooms:	0						Pancreas:	0
Labor-Delivery-Recovery Rooms:	0						Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	9		Inpatient Studies			250,551	Total:	0
C-Section Rooms:	2		Outpatient Studies			162,844		
CSections Performed:	124		Studies Performed Under Contract			0		

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	183	624	404	1063	1467	2.2	1.7
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	2	5	7	13	20	3.5	2.6
OB/Gynecology	0	0	0	0	57	302	160	613	773	2.8	2.0
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	557	0	559	559	0.0	1.0
Orthopedic	0	0	0	0	148	457	338	985	1323	2.3	2.2
Otolaryngology	0	0	0	0	22	150	39	363	402	1.8	2.4
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	103	244	163	448	611	1.6	1.8
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	9	74	11	114	125	1.2	1.5
Totals	0	0	6	6	524	2413	1122	4158	5280	2.1	1.7
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		7		Stage 2 Recovery Stations		7	

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	4	4	582	2505	661	2326	2987	1.1	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	1	1	56	102	74	149	223	1.3	1.5
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0

Certified Trauma Center		No	Total Cardiac Catheterization Labs:	2
Trauma Service Level 1	Level 2		Cath Labs used for Angiography procedures	0
Operating Rooms Dedicated for Trauma Care		0	Dedicated Diagnostic Catheterization Labs	0
Number of Trauma Visits:		0	Dedicated Interventional Catheterization Labs	0
Patients Admitted from Trauma		0	Dedicated EP Catheterization Labs	0
Emergency Service Type:		Comprehensive	Total Cardiac Catheterization Procedures:	619
Number of Emergency Room Stations		27	Diagnostic Catheterizations (0-14)	0
Persons Treated by Emergency Services:		30,269	Diagnostic Catheterizations (15+)	401
Patients Admitted from Emergency:		4,704	Interventional Catheterizations (0-14):	0
Total ED Visits (Emergency+Trauma):		30,269	Interventional Catheterization (15+)	169
Beds in Free-Standing Emergency Centers		0	EP Catheterizations (15+)	49
Patient Visits in Free-Standing Emergency Centers		0	Total Cardiac Surgery Cases:	0
Hospital Admissions from Free-Standing Emergency Center		0	Pediatric (0 - 14 Years):	0
Total Outpatient Visits		92,023	Adult (15 Years and Older):	0
Outpatient Visits at the Hospital/ Campus:		92,023	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits Offsite/off campus		0	performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment	Examinations					Therapeutic Equipment				Therapies/Treatments
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract	Owned	Contract	
General Radiography/Fluoroscopy	4	0	10,995	20,835	0	Lithotripsy	0	0	0	0
Nuclear Medicine	2	0	796	1,238	0	Linear Accelerator	0	0	0	0
Mammography	3	0	1	8,026	0	Image Guided Rad Therapy				0
Ultrasound	6	0	3,923	10,960	0	Intensity Modulated Rad Thrpy				0
Angiography	2	0				High Dose Brachytherapy	0	0	0	0
Diagnostic Angiography			829	479	0	Proton Beam Therapy	0	0	0	0
Interventional Angiography			399	79	0	Gamma Knife	0	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	8,281	11,233	0					
Magnetic Resonance Imaging	1	0	1,016	1,712	0					

Source: 2021 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Michelle Y. Blakely	White	16.0%	Hispanic or Latino:	12.4%
ADMINISTRATOR PHONE	708-213-3002	Black	79.9%	Not Hispanic or Latino:	86.3%
OWNERSHIP:	Advocate Health and Hospitals Corporation	American Indian	1.3%	Unknown:	1.3%
OPERATOR:	Advocate Health and Hospitals Corporation	Asian	0.2%	License Number:	4176
MANAGEMENT:	Not for Profit Church	Hawaiian/ Pacific	0.8%	Site Number:	4176
CERTIFICATION:		Unknown	1.8%	HPA:	A-03
FACILITY DESIGNATION:	General Hospital			HSA:	6
ADDRESS	2320 East 93rd Street	CITY:	Chicago	COUNTY:	Suburban Cook (Chicago)

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	<u>Authorized CON Beds 12/31/2022</u>	<u>Peak Beds Setup and Staffed</u>	<u>Peak Census</u>	<u>Admissions</u>	<u>Inpatient Days</u>	<u>Observation Days</u>	<u>Average Length of Stay</u>	<u>Average Daily Census</u>	<u>CON Occupancy Rate %</u>	<u>Staffed Bed Occupancy Rate %</u>
Medical/Surgical	158	107	94	3,822	23,289	8,028	8.2	85.8	54.3	80.2
0-14 Years				247	809					
15-44 Years				420	2,215					
45-64 Years				1,067	6,322					
65-74 Years				879	5,770					
75 Years +				1,209	8,173					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	24	12	11	1,992	3,147	40	1.6	8.7	36.4	72.8
Direct Admission				1,505	3,147					
Transfers				487	0					
Obstetric/Gynecology	23	19	12	624	1,547	147	2.7	4.6	20.2	24.4
Maternity				597	1,491					
Clean Gynecology				27	56					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	205			5,951	27,983	8,215	6.1	99.2	48.4	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payer Source</u>							
	<u>Medicare</u>	<u>Medicaid</u>	<u>Other Public</u>	<u>Private Insurance</u>	<u>Private Pay</u>	<u>Charity Care</u>	<u>Totals</u>
Inpatients	52.2%	32.6%	0.0%	13.4%	1.7%	0.0%	
	3108	1942	0	798	103	0	5,951
Outpatients	59.0%	28.6%	0.0%	11.0%	1.4%	0.0%	
	49227	23857	0	9149	1198	0	83,431

<u>Financial Year Reported: 1/1/2022 to 12/31/2022</u>								<u>Inpatient and Outpatient Net Revenue by Payer Source</u>		<u>Charity Care Expense</u>	<u>Total Charity Care Expense</u>
	<u>Medicare</u>	<u>Medicaid</u>	<u>Other Public</u>	<u>Private Insurance</u>	<u>Private Pay</u>	<u>Totals</u>	<u>Charity Care Expense</u>	<u>Total Charity Care Expense</u>	<u>Total Charity Care as % of Net Revenue</u>		
Inpatient Revenue (\$)	49.3%	32.5%	0.1%	16.7%	1.5%	100.0%	0	0			
	41,493,063	27,357,618	59,826	14,020,347	1,229,756	84,160,610	0	0			
Outpatient Revenue (\$)	27.7%	22.7%	0.0%	47.8%	1.9%	100.0%	0	0	0.0%		
	17,302,914	14,172,130	19,443	29,856,162	1,158,588	62,509,237	0	0			

<u>Birth Data</u>		<u>Newborn Nursery Utilization</u>				<u>Organ Transplantation</u>	
Number of Total Births:	555		Level I	Level II	Level III+	Kidney:	0
Number of Live Births:	559	Beds	18	0	0	Heart:	0
Birthing Rooms:	0	Patient Days	706	35	353	Lung:	0
Labor Rooms:	0	Total Newborn Patient Days			1,094	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	0					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	9					Total:	0
C-Section Rooms:	2	Inpatient Studies			229,998		
CSections Performed:	112	Outpatient Studies			159,551		
		Studies Performed Under Contract			0		

Surgery and Operating Room Utilization											
Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	159	640	325	1049	1374	2.0	1.6
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	1	2	4	10	14	4.0	5.0
OB/Gynecology	0	0	0	0	72	373	210	756	966	2.9	2.0
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	580	0	586	0	0.0	1.0
Orthopedic	0	0	0	0	145	466	343	1002	1345	2.4	2.2
Otolaryngology	0	0	0	0	25	178	55	425	480	2.2	2.4
Plastic Surgery	0	0	0	0	0	1	0	1	1	0.0	1.0
Podiatry	0	0	0	0	98	267	135	445	580	1.4	1.7
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	71	149	91	213	304	1.3	1.4
Totals	0	0	6	6	571	2656		4487			1.7
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		7		Stage 2 Recovery Stations		7	

Dedicated and Non-Dedicated Procedure Room Utilization											
Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	4	4	545	2667	557	2401	2958	1.0	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	1	1	65	91	83	128	211	1.3	1.4
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0

Certified Trauma Center	No	Total Cardiac Catheterization Labs:	2
Trauma Service Level 1	Level 2	Cath Labs used for Angiography procedures	0
Operating Rooms Dedicated for Trauma Care	0	Dedicated Diagnostic Catheterization Labs	0
Number of Trauma Visits:	0	Dedicated Interventional Catheterization Labs	0
Patients Admitted from Trauma	0	Dedicated EP Catheterization Labs	0
Emergency Service Type:	Comprehensive	Total Cardiac Catheterization Procedures:	721
Number of Emergency Room Stations	27	Diagnostic Catheterizations (0-14)	0
Persons Treated by Emergency Services:	27,563	Diagnostic Catheterizations (15+)	428
Patients Admitted from Emergency:	4,945	Interventional Catheterizations (0-14):	0
Total ED Visits (Emergency+Trauma):	27,563	Interventional Catheterization (15+)	255
Beds in Free-Standing Emergency Centers	0	EP Catheterizations (15+)	38
Patient Visits in Free-Standing Emergency Centers	0	Total Cardiac Surgery Cases:	0
Hospital Admissions from Free-Standing Emergency Center	0	Pediatric (0 - 14 Years):	0
Total Outpatient Visits	83,431	Adult (15 Years and Older):	0
Outpatient Visits at the Hospital/ Campus:	83,431	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits Offsite/off campus	0	performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment	Examinations			Therapeutic Equipment			Therapies/ Treatments		
	Owned	Contract	Inpatient	Outpt	Contract	Owned		Contract	
General Radiography/Fluoroscopy	4	0	9,544	20,981	0	Lithotripsy	0	0	0
Nuclear Medicine	2	0	639	1,123	0	Linear Accelerator	0	0	0
Mammography	3	0	5	8,529	0	Image Guided Rad Therapy			0
Ultrasound	6	0	3,336	10,989	0	Intensity Modulated Rad Thrpy			0
Angiography	2	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			864	534	0	Proton Beam Therapy	0	0	0
Interventional Angiography			313	88	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	2	0	7,883	11,416	0				
Magnetic Resonance Imaging	1	0	1,134	2,030	0				

Source: 2022 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

Hospital Profile - CY 2023 Advocate Trinity Hospital

Ownership, Management, and General Information		Patients by Race		Patients by Ethnicity		Organ Transplantation		Birthing Data	
Administrator Name:	Michelle Y. Blakely	White	15.2%	Hispanic/Latino	12.8%	Kidney:	0	Number of Total Births:	646
Administrator Phone:	7082133002	Black	79.9%	Not Hispanic/Latino	85.7%	Heart:	0	Number of Live Births:	652
Ownership:	Advocate Health and Hospitals Corporation	Native American	1.9%	Ethnicity Unknown	1.5%	Lung:	0	Birthing Rooms:	0
Operator:	Advocate Health and Hospitals Corporation	Asian	0.2%	License #:	0004176	Heart/Lung:	0	Labor Rooms:	0
Management:	Not for Profit Church	PI/Hawaiian	0.7%	Site #:	0004176	Pancreas:	0	Delivery Rooms:	0
Certification:	None	Unknown	2.2%	HSA:	A-03	Liver:	0	L-D-Recovery Rooms:	0
Facility Designation:	General Hospital				6	Total:	9	L-D-R-Postpartum Rooms:	0
Address:	2320 East 93rd Street	City:	Chicago	County:	Cook	C-Section Rooms	2	C-Sections Performed	142

Clinical Service	Facility Utilization Data by Category of Service										CON Occupancy Rate	Staffed Bed Occupancy Rate
	12/31/23 CON Authorized Beds	Peak Beds Set Up & Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate	Staffed Bed Occupancy Rate		
Medical/Surgical	158	107	89	3,572	21,158	8,405	8.3	81.0	51.3%	75.7%		
0-14 years				0	0							
15-44 years				437	2,179							
45-64 years				1,012	5,997							
65-74 years				894	5,330							
75 years +				1,229	7,652							
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0%	0.0%		
Intensive Care	24	12	12	1,356	3,000	74	2.3	8.4	35.1%	70.2%		
Direct Admission				1,356	3,000							
Transfers				430	0							
Obstetric/Gynecology	23	19	12	758	1,924	172	2.8	5.7	25.0%	30.2%		
Obstetrics				714	1,837							
Clean Gynecology				44	87							
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0%	0.0%		
Long-Term Care	0	0	0	0	0	0	0.0	0.0	0.0%	0.0%		
Swing Beds	0	0	0	0	0	0	0.0	0.0	0.0%	0.0%		
Total AMI	0	0	0	0	0	0	0.0	0.0	0.0%	0.0%		
Adolescent AMI	0	0	0	0	0	0	0.0	0.0	0.0%	0.0%		
Adult AMI	0	0	0	0	0	0	0.0	0.0	0.0%	0.0%		
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0%	0.0%		
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0%	0.0%		
Dedicated Observation	0	0	0	0	0	0	0.0	0.0	0.0%	0.0%		
Facility Utilization	205			5,686	26,082	8,651	6.1	95.2	46.4%			

(Includes ICU Direct Admissions Only)

Financial Year Reported:	Inpatient & Outpatient Net Revenue by Payor Source										Total Charity Care Expense	Laboratory Studies
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Inpatient Studies	Outpatient Studies	Studies Performed Under Contract	% of Net Revenue		
1/1/2023 to 12/31/2023	36,929,414	30,731,689	40,049	13,412,250	726,116	81,839,518	100%	0	0	0	0	0
	\$	\$	\$	\$	\$	\$	100%	\$	\$	\$	\$	\$
	20,287,110	16,229,003	28,881	26,400,120	681,333	63,626,447	100%	0	0	0	0	0
	\$	\$	\$	\$	\$	\$	100%	\$	\$	\$	\$	\$

Surgery & Operating Room Utilization

Surgical Specialty	Procedure Rooms		Combined	Total	Surgical Cases		Total Hours	Hours per Case	
	Inpatient	Outpatient			Inpatient	Outpatient		Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	196	580	397	1,279	0.0
Gastroenterology	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0.0	0.0
OB/GYN	0	0	0	0	69	430	222	1,026	3.2
Oral/Maxillofacial	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	1	658	1	645	1.0
Orthopedic	0	0	0	0	152	340	329	1,024	2.2
Otolaryngology	0	0	0	0	57	217	130	428	2.3
Plastic Surgery	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	118	282	168	471	1.4
Thoracic	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	70	150	92	227	1.3
Totals	0	0	6	6	663	2,657	1,339	4,152	2.0

Procedure Type	Dedicated & Non-Dedicated Procedure Room Utilization		Combined	Total	Surgical Cases		Total Hours	Hours per Case	
	Inpatient	Outpatient			Inpatient	Outpatient		Inpatient	Outpatient
Gastrointestinal	0	0	4	4	384	2,177	382	1,893	1.0
Laser Eye Procedures	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	1	1	58	81	76	117	1.3
Totals	0	0	5	5	442	2,177	358	1,910	1.3

Certified Trauma Center	Level 1 Trauma:	Level 2 Trauma	No	Total Cardiac Catheterization Labs:		Total Newborn Nursery Utilization	Level I	Level II	Level III
				Inpatient	Outpatient				
Level 1 Trauma:	N/A	N/A		0	0	2	0	0	1,222
Operating Rooms Dedicated for Trauma Care				0	0	0	0	0	0
Number of Trauma Visits				0	0	0	0	0	0
Patients Admitted From Trauma				0	0	0	0	0	0
Emergency Service Type:				Comprehensive		0	0	0	0
Number of Emergency Room Stations				27	27	0	0	0	0
Persons Treated by Emergency Services				26,476	26,476	0	0	0	0
Patients Admitted From Emergency:				4,618	4,618	0	0	0	0
Total ED Visits (Emergency+Trauma):				26,476	26,476	0	0	0	0
Beds in Free-Standing Emergency Centers				0	0	0	0	0	0
Patient Visits in FSE Centers				0	0	0	0	0	0
Hospital Admissions from FSE Centers				86,431	86,431	0	0	0	0
Total Outpatient Visits				86,431	86,431	0	0	0	0
Outpatient Visits at the Hospital/Campus				0	0	0	0	0	0
Outpatient Visits Offsite/Off Campus				86,431	86,431	0	0	0	0

PET	Radiography/Fluoroscopy	Nuclear Medicine	Mammography	Ultrasound	Diagnostic/Interventional Equipment		Surgical Recovery Stations		Total Newborn PDs
					Owned	Contract	Owned	Contract	
0	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0
Totals	7	0	0	0	0	0	0	0	0

APPENDIX C

**ATTACHMENT 31
CLINICAL SERVICE AREAS OTHER THAN CATEGORIES OF SERVICE**

2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
<input checked="" type="checkbox"/> Emergency Department	27*	16 stations
<input checked="" type="checkbox"/> Dedicated Observation Unit	0*	8 stations
<input checked="" type="checkbox"/> Surgical Operating Suite, Class C Rooms	6*	3
<input checked="" type="checkbox"/> GI/Endoscopy Procedure Rooms	4*	2
<input checked="" type="checkbox"/> GI Pre-Post Recovery**	14**	0**
<input checked="" type="checkbox"/> PACU/Phase I Recovery	7*	5 bays
<input checked="" type="checkbox"/> Pre-Op/Phase II Recovery	7*	17 bays
<input checked="" type="checkbox"/> Imaging – General Radiology	4*	2
<input checked="" type="checkbox"/> Imaging – Ultrasound	6*	2
<input checked="" type="checkbox"/> Imaging – CT	2*	1
<input checked="" type="checkbox"/> Imaging – MRI	1*	1
<input checked="" type="checkbox"/> Imaging – Nuclear Medicine	2*	1
<input checked="" type="checkbox"/> Dialysis (4 bays – 3 semi, 1 private)	4	4 bays
<input checked="" type="checkbox"/> Echo/Stress US	0*	2
<input checked="" type="checkbox"/> Lab	1*	1
<input checked="" type="checkbox"/> Pharmacy	1*	1

*Existing Advocate Trinity Hospital Inventory

**Replacement Trinity Hospital will have a combined pre-post recovery unit for GI and Operating Suites.

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) – Need Determination – Establishment
Service Modernization	(c)(1) – Deteriorated Facilities
	AND/OR
	(c)(2) – Necessary Expansion
	PLUS
	(c)(3)(A) – Utilization – Major Medical Equipment
	OR

The proposed Replacement Advocate Trinity Hospital Project includes the following Clinical Service Areas Other than those with a Category of Service.

Emergency Department

b) New Services – Need Determination - Establishment

The applicant shall document that the proposed Project meets one of the following:

1) *A) i) Service to the Planning Area Residents*

The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located; or

B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical and projected incidence of disease or health conditions, or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

The proposed project includes the establishment of a state of art 16-room Emergency Department in the Advocate Trinity replacement hospital to continue to provide needed access to emergency services for residents of the service area. The Emergency Department will be staffed with ER physicians and a highly skilled clinical team and will be a Comprehensive Emergency Department. This Emergency Department will be designed to support current and future Emergency Department volume as outlined below.

2) *Service Demand*

To demonstrate need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections (b)(2)(A) through (D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

A) Referrals from Inpatient Base

For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum 2-year historical and 2-year projected number of inpatients requiring the subject CSA.

B) Physician Referrals

For CSAs that require physician referrals to create and maintain a patient base volume, the applicant shall document patient origin information for the referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true and correct.

C) Historical Referrals to Other Providers

If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant shall submit verification of those referrals, specifying: the service needed; patient origin by zip code; recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.

D) Population Incidence

The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

The Emergency Department (ED) at the replacement Advocate Trinity Hospital will support the patients that use ED services at the current Advocate Trinity Hospital.

The projected utilization is based on ED visit trends at the current Advocate Trinity Hospital. The historic and projected volumes are outlined below. The decrease in emergency room visits year over year has been due to population changes, less patients accessing health care (Covid factors), an increased use of virtual services (as CMS has approved alternative pathways for health care services), and patients choosing other locations. ED volume is projected to continue to decline as the volume of low-acuity visits will have access to an increasing number of ambulatory sites and primary care providers developed in the area.

Advocate Trinity Hospital will continue to serve as a community hospital and lower acuity patients will continue to be admitted to Advocate Trinity Hospital. Those patients with higher acuity and more complex needs will be transferred to Advocate Christ Medical Center and other higher-level hospitals.

The ambulatory programs are outlined in Attachment 31, Exhibit 1. One of the goals of this project is to right-size the capacity to the demand for emergency services and bring a state-of-the-art Emergency Department to the community.

Advocate Trinity Emergency Department Utilization					
Patients	2020	2021	2022	2023	Patient % Change 2020-2023
Visits	32,905	30,269	27,563	26,476	-20%

Source: Advocate Trinity Hospital AHQ 2020-2023

Projected Utilization	2024 AY	2025	2026	2027	2028	2029	2030
Visits	28,112	26,707	24,036	22,834	21,921	22,500	22,750

Source: Advocate Trinity Hospital Finance Department. (2024 Jan-Oct AY)

- 3) *Impact of the Proposed Project on Other Area Providers*
The applicant shall document that, within 24 months after project completion, the proposed project will not:
- A) *Lower the utilization of other area providers below the utilization standards specified in Appendix B.*
 - B) *Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.*

The Emergency Department is designed to serve the current and future Advocate Trinity patients and is not anticipated to lower the utilization of other area providers.

The replacement Advocate Trinity Hospital will continue to be supported by Advocate Christ Medical Center's level I Trauma Center. Christ Medical Center's Emergency Department has been designated as a comprehensive emergency service; the highest designation category recognized by the Illinois Department of Public Health.

- 4) *Utilization*
Projects involving the establishment of CSAs shall meet or exceed the utilization standards for the services, as specified in Appendix B. If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

With the State Guideline for utilization of emergency services of 2,000 visits/station/year, the projected volume in 2029 of 26,476 ED visits supports at least the need for 12 ED rooms in the replacement Advocate Trinity Hospital. Based on the recommendation of the Emergency Medicine Physicians at Advocate Trinity Hospital, 1,500 visits per room would be needed to support the variability and seasonality of the ED for residents in this community. Additionally, with the plan to transfer patients who need higher acuity care, some additional time in the ED may be needed for the patient care to be provided. It was determined to meet peak ED demand with 16 ED rooms in this new hospital and is projected to meet or exceed the utilization standards. The new hospital with 16 ED rooms will provide continued access to high quality emergency room services to meet the needs of the residents living in the community.

Building strong partnerships between Advocate Health and local Emergency Medical Services (EMS) plays a vital role in delivering high-quality, patient-centered care. Working closely with local EMS teams, first responders are able to make informed decisions about the best facility for patient care. These partnerships also foster a collaborative environment where EMS personnel are familiar with the capabilities of each hospital. With knowledge of the strengths and resources at each facility, whether it's a trauma center, a stroke-certified hospital, or a pediatric specialty unit, EMS teams can route patients directly to the location best suited to provide rapid, effective treatment. Such coordination reduces wait times, minimizes the need for patient transfers, and improves overall patient outcomes. As a result, patients receive timely care at the right facility, enhancing their likelihood of a full recovery. These partnerships strengthen the entire healthcare ecosystem, creating a seamless care journey from the point of

contact with EMS to the optimal hospital setting, benefiting both patients and healthcare providers.

With patients seeking the right care, at the right time and right location, the future hospital will be right-sized to fit the needs of the community.

Advocate Trinity Hospital has justified the need for the 16 Emergency Rooms. The hospital meets and exceeds the utilization standards.

Dedicated Observation Unit

b) New Services – Need Determination - Establishment

The applicant shall document that the proposed Project meets one of the following:

2) A) i) Service to the Planning Area Residents

The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located; or

B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical and projected incidence of disease or health conditions, or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

The proposed project includes the establishment of a Dedicated Observation unit to provide needed access to Observation services for the community. A Dedicated Observation Unit ensures that patients receive the appropriate level of care delivered after a visit to the ED. The Observation Unit adjacent to the ED will serve as a clinical decision unit and provide continued evaluation and treatment as clinicians evaluate the patient care needs to determine if patients need to be admitted or discharged for continuity of care.

Dedicated Observation teams have the ability to effectively manage the patient's stay. When observation patients are placed in inpatient spaces, the care team may need to direct their attention to the more acute patients thus delaying the clinical decisions for the observation patients who are generally less acute.

A Dedicated Observation Unit helps maintain ED patient flow and avoid utilization of more costly inpatient beds while providing additional time for patients who need to be evaluated closely. Patients will have a reduced wait time in the ED to bed placement and be evaluated quicker.

The close proximity to the ED provides clinical collaboration and may reduce the need to work up a patient in the ED. While the patient receives care in the Observation Unit, the ED physician can still support or review diagnostics and labs, reassess, or treat on the same floor. Additionally, there is the ability to cross train staff and share teams to maintain competencies.

2) Service Demand

To demonstrate need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections (b)(2)(A) through (D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

A) Referrals from Inpatient Base

For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum 2-year historical and 2-year projected number of inpatients requiring the subject CSA.

B) Physician Referrals

For CSAs that require physician referrals to create and maintain a patient base volume, the applicant shall document patient origin information for the referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true and correct.

C) Historical Referrals to Other Providers

If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant shall submit verification of those referrals, specifying: the service needed; patient origin by zip code; recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.

D) Population Incidence

The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

The Dedicated Observation Unit at the replacement Advocate Trinity Hospital will support the current patients that receive observation care at the current Advocate Trinity Hospital. The projected utilization is based on the current observation patient days and is provided below. The analysis of Advocate Trinity's ED volume, which drives observation volumes, showed that much of the volume is categorized as low acuity.

The number of observation patient days is projected to decline year over year as patients have increasing access to ambulatory and preventive care and chronic care management programs to support their chronic conditions. The new replacement hospital will appropriately transfer complex patients and specific service line observation patients to other Advocate hospitals that have higher level and more comprehensive resources needed for these patients.

With the new operational model, the observation ratio of 25% will meet national standards and clinical needs of patients in the community. It was determined that 8 observation stations will meet the clinical needs of these patients.

Advocate Trinity Observation Days					
	2020	2021	2022	2023	% Change 2020-2023
Trinity Observation Days	6,200	6,826	8,215	8,651	40%

Source: Advocate Trinity Hospital AHQ 2020-2023

Projected Utilization	2024 AY	2025	2026	2027	2028	2029	2030
Trinity Observation Days	7,423	6,459	5,261	4,556	3,840	2,830	2,802

Source: Advocate Trinity Hospital Finance Department. (2024 Jan-Oct AY)

3) *Impact of the Proposed Project on Other Area Providers*
The applicant shall document that, within 24 months after project completion, the proposed project will not:

A) *Lower the utilization of other area providers below the utilization standards specified in Appendix B.*

B) *Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.*

The Dedicated Observation Unit is designed to serve the current Advocate Trinity patients and is not anticipated to lower the utilization of other area providers.

4) *Utilization*

Projects involving the establishment of CSAs shall meet or exceed the utilization standards for the services, as specified in Appendix B. If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

The number of rooms in the Dedicated Observation Unit was based on the projected number of Medical Surgical admissions and a 25% observation ratio of admissions to observation patients.

As there is no state utilization standard for observation rooms, based on the projected volume of observation days, it was determined that 8 observation stations would continue to provide the number of observation rooms to meet the needs of the projected number of patients.

Procedural Services (OR, GI, Phase I and II Recovery)

b) New Services – Need Determination - Establishment

The applicant shall document that the proposed Project meets one of the following:

3) A) i) Service to the Planning Area Residents

The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located; or

B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical and projected incidence of disease or health conditions, or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

The proposed project will be designed with a procedural floor in the Advocate Trinity replacement hospital that includes:

- 3 Operating Rooms
- 2 GI/Endoscopy Procedure Rooms
- 5 PACU/Phase I and 17 Phase II Recovery Rooms
- 1 Cardiac Cath Room

These services will provide continued access to essential surgical services for residents of the service area. The co-location of these procedural rooms to one floor will provide maximum efficiency, effective clinical staff coverage, a better coordinated patient experience and collaboration within these clinical teams.

The procedural rooms in this replacement hospital will have right-sized operating rooms to meet current standards and have an improved layout of the suites designed for robotic cases and the future of surgical design. These rooms will accommodate the number and types of equipment needed for these procedures.

The new configuration will provide the support space and storage needs for all of the surgical areas and will be designed for efficiency and upgraded clinical standards. The project addresses a critical lack of space in the existing hospital for storage, case carts, equipment, and other specialty related carts.

The mechanical areas supporting the establishment of this new and state-of-the-art surgical suite will be upgraded to address deficiencies that exist in the current hospital in the air handling, HVAC, and electrical infrastructure.

2) Service Demand

To demonstrate need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections (b)(2)(A) through (D). For any

projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

A) Referrals from Inpatient Base

For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum 2-year historical and 2-year projected number of inpatients requiring the subject CSA.

B) Physician Referrals

For CSAs that require physician referrals to create and maintain a patient base volume, the applicant shall document patient origin information for the referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true and correct.

C) Historical Referrals to Other Providers

If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant shall submit verification of those referrals, specifying: the service needed; patient origin by zip code; recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.

D) Population Incidence

The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

Advocate Trinity Hospital will continue to provide high quality surgical services in the 3 Operating Rooms that focus on surgical procedure areas in General Surgery, Gynecology, ENT, Orthopedics, Ophthalmology, Podiatry and Urology.

The surgical services will be enhanced with a new da Vinci Robot that will provide a minimally invasive approach to procedures providing better outcomes for identified General Surgery, Gynecology and Urology procedures. Integrating robotic procedures will enhance patient outcomes with shorter recovery times and reduced inpatient admissions. This approach allows for efficient handling of lower acuity procedures like appendectomies, hernia repairs, and joint sports medicine.

The Digestive Health program at Advocate Trinity Hospital will provide access to diagnostic colonoscopy screenings in the 2 GI/Endoscopy procedure rooms. The GI program will continue to provide innovative community outreach to address economic and racial disparities in colon cancer screening. Advocate Trinity operates a Direct Access Screening Colonoscopy Program (DASC). The DASC program allows patients that meet criteria to schedule a colonoscopy directly with a physician increasing access to this important screening.

The GI Navigation program supports patients with complex medical conditions including liver diseases, GI cancers, Inflammatory Bowel Disease, and chronic continence issues to connect and coordinate patient clinical visits, resources for charity care, second opinions, mental health

support, and any other clinical or social factors affecting their health to reduce barriers of access for patients.

The state standard for calculation of the number of Operating Rooms and GI Procedure Rooms is based on surgical and procedural hours. The historic and projected surgical hours for the Operating Rooms and GI Procedure Rooms are outlined in the table below.

Advocate Trinity Surgical Procedural Case Projection and Room Need

As outlined in the projections, the number of inpatient surgical procedures will decrease in the new replacement hospital due to the market dynamics with overall surgical cases projected to decline in the Advocate Trinity Hospital service area and as patients continue to choose other hospitals for their more complex surgical care. Sg2’s Forecast of Demand for this service area suggests a 2.3% decline in overall surgery by 2028, and a 5.2% decline by 2033.

Patients requiring more complex surgical care will be transported or when appropriate transferred to Advocate Christ Medical Center and other academic centers.

While the number of outpatient surgeries will remain constant due to the continued shift from inpatient to outpatient sites of care, the hours per case will continue to decline as the complex outpatient cases will shift to tertiary centers of care. The procedure time for the remaining procedures will be shorter in duration and allow us to meet the patient care needs in the designed Operating Rooms.

2020-2023 Advocate Trinity Hospital Surgical Cases and Hours						
Year	Surgical Cases			Surgical Hours		
	IP	OP	TOTAL	IP	OP	TOTAL
2020	553	1,772	2,325	1,252	3,021	4,152
2021	524	2,413	2,937	1,122	4,158	5,280
2022	571	2,656	3,227	1,163	4,487	5,650
2023	663	2,657	3,320	1,339	4,152	5,491

Source: Advocate Trinity Hospital AHQ 2020-2023. excluding cysto cases

Projected Advocate Trinity Hospital Surgical Cases and Hours						
Year	Surgical Cases			Surgical Hours		
	IP	OP	TOTAL	IP	OP	TOTAL
2024AY	570	2,296	2,866	1,261	3,571	4,832
2025	679	2,359	3,038	1,403	2,854	4,257
2026	700	2,396	3,096	1,446	2,899	4,345
2027	721	2,434	3,155	1,489	2,945	4,434
2028	735	2,459	3,194	1,518	2,951	4,469
2029*	473	2,559	3,032	975	3,071	4,046
2030*	473	2,585	3,058	977	3,102	4,079

*2029 and 2030 includes cysto cases

Source: Advocate Trinity Hospital Finance Department. (2024 Jan-Oct AY)

Based on the projected surgical hours divided by 1,500 hours per OR, 3 Operating Rooms would provide the capacity needed to provide continued surgical access in the future.

Advocate Trinity Gastrointestinal Procedural Case Projection and Room Need

As outlined in the projections, the number of GI procedures will continue in the new replacement hospital. Sg2 expects demand for gastroenterology procedures to increase over the next five years with growth in specific areas, including inflammatory bowel disease and gastrointestinal hemorrhage. Outpatient volumes will grow due to the aging population, and the benefits of preventive procedures.

2020-2023 Advocate Trinity Hospital Gastrointestinal Cases and Hours						
Year	Gastrointestinal Cases			Gastrointestinal Hours		
	IP	OP	TOTAL	IP	OP	TOTAL
2020	376	1,864	2,240	370	1,746	2,116
2021	582	2,505	3,087	661	2,326	2,987
2022	545	2,667	3,212	557	2,401	2,958
2023	384	2,177	2,561	382	1,893	2,275

Source: Advocate Trinity Hospital AHQ 2020-2023.

Projected Advocate Trinity Hospital Gastrointestinal Cases and Hours						
Year	Gastrointestinal Cases			Gastrointestinal Hours		
	IP	OP	TOTAL	IP	OP	TOTAL
2024AY	464	2,405	2,869	416	1,936	2,352
2025	448	2,450	2,898	448	2,205	2,653
2026	413	2,450	2,863	413	2,205	2,618
2027	380	2,450	2,830	380	2,205	2,585
2028	350	2,550	2,900	350	2,295	2,645
2029	242	2,550	2,792	242	2,295	2,537
2030	239	2,610	2,849	239	2,349	2,588

Source: Advocate Trinity Hospital Finance Department (2024 Jan-Oct AY)

Based on the projected GI hours divided by 1,500 hours per GI/Endoscopy Room, it was determined that 2 procedure rooms would provide the capacity needed to provide continued access in the future.

Advocate Trinity’s proposed surgery, endoscopy, and cardiac catheterization services will be located on one procedural floor. The Recovery Suite will be included on this floor and will contain the Post Anesthesia Care unit (PACU) and the Phase II Recovery bays to support the 3 Operating Rooms, 2 Procedure Rooms and the 1 IR Combination Cardiac Catheterization lab.

The new PACU and Pre-op/Phase II Recovery Bays will provide updated monitoring technology and facilities, critical to care for post-surgical patients.

The project includes the appropriate number of Phase I and Phase II Recovery beds to support patients in the Operating Rooms, GI Procedure Rooms and Cath Lab.

4) Impact of the Proposed Project on Other Area Providers

The applicant shall document that, within 24 months after project completion, the proposed project will not:

A) Lower the utilization of other area providers below the utilization standards specified in Appendix B.

B) Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.

The Operating Rooms and GI Procedure Rooms are designed to serve the current Advocate Trinity patients and are not anticipated to lower the utilization of other area providers.

4) Utilization

Projects involving the establishment of CSAs shall meet or exceed the utilization standards for the services, as specified in Appendix B. If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

The number of ORs and GI Endoscopy Procedure Rooms was based on the projected number of patients currently using surgical and procedural services at Advocate Trinity Hospital.

Advocate Trinity Hospital has outlined the need for the 3 Operating Rooms and 2 GI/Procedure Rooms and meets and exceeds the utilization standards.

Imaging

b) New Services – Need Determination - Establishment

The applicant shall document that the proposed Project meets one of the following:

5) A) i) Service to the Planning Area Residents

The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located; or

B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical and projected incidence of disease or health conditions, or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

The proposed project will include imaging services that are an integral part of care for the Advocate Trinity Hospital patients. The Imaging Center will include the following types of diagnostic imaging equipment:

- 2 General Diagnostic Units
- 2 Ultrasound units
- 1 CT unit
- 1 MRI unit
- 1 Nuclear Medicine unit

This proposed project will provide access to essential imaging services to continue to support inpatient and outpatient care. The imaging services were designed based on the imaging capabilities located within the existing Advocate Trinity Hospital and those projected for the future. The number of units were based on projected volume with ratios of imaging services to the types of care in the replacement hospital.

Factors used to project volume, specifically for outpatient imaging, were influenced by Advocate's expanded ambulatory imaging services being developed in the service area such as the addition of General X-Ray and Ultrasound Mammography to Imani Village.

Patients will benefit having additional capacity for ambulatory imaging providing both convenience and a lower cost site of care for residents of the service area.

2) Service Demand

To demonstrate need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections (b)(2)(A) through (D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

A) Referrals from Inpatient Base

For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum 2-year historical and 2-year projected number of inpatients requiring the subject CSA.

The historic Inpatient and Outpatient Imaging Volumes from the current Advocate Trinity Hospital are provided below.

The projected inpatient volumes were determined based on the ratio of imaging services needed for the inpatient volume projected in the replacement hospital. Although, the ratio of imaging tests for each inpatient and observation will remain, with the decreased number of inpatient and observation patients, this will translate to a lower number of total imaging tests and units in the replacement hospital.

The outpatient volume at the replacement hospital was projected based on the expanded ambulatory imaging services planned in the service area. Additional imaging at Advocate sites such as Imani Village support the outpatient imaging needed to support the residents of this service area. The ambulatory imaging volume projected at Imani Village is provided in Attachment 31, Exhibit 1.

Advocate Trinity Hospital Imaging Volume						
	2020	2021	2022	2023	2024 AY	Patient % Change 2020-2024 AY
General Radiology	31,051	31,830	30,525	30,576	31,084	0.1%
Ultrasound	12,503	14,883	14,325	13,609	15,028	20%
CT Scan	17,963	19,514	19,299	20,789	23,489	30%
MRI	2,332	2,728	3,164	3,882	4,441	117%
Nuclear Medicine	1,795	2,034	1,762	1,323	1,427	-20%
Total:	65,644	70,989	69,075	70,179	75,469	14%

Source: Advocate Trinity Hospital AHQ 2020-2023.

Source Advocate Trinity Hospital Finance Department 2024 Jan-Oct AY

Advocate Trinity Hospital Imaging Projections		
	2029	2030
General Radiology	23,325	23,558
Ultrasound	4,824	4,854
CT Scan	12,272	12,151
MRI	2,318	2,295
Nuclear Medicine	752	746
Total:	35,429	35,206

Source Advocate Trinity Hospital Finance Department

B) Physician Referrals

For CSAs that require physician referrals to create and maintain a patient base volume, the applicant shall document patient origin information for the referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true and correct.

C) Historical Referrals to Other Providers

If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant shall submit verification of those referrals, specifying: the service needed; patient origin by zip code; recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.

D) Population Incidence

The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

3) Impact of the Proposed Project on Other Area Providers

The applicant shall document that, within 24 months after project completion, the proposed project will not:

A) Lower the utilization of other area providers below the utilization standards specified in Appendix B.

B) Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.

The Imaging services are designed to serve the current Advocate Trinity patients and are not anticipated to lower the utilization of other area providers.

4) *Utilization*

Projects involving the establishment of CSAs shall meet or exceed the utilization standards for the services, as specified in Appendix B. If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

The number of imaging units was based on the projected number of patients currently using imaging services at Advocate Trinity Hospital and the projected number that will require Imaging services as part of their care at the Advocate Trinity replacement Hospital. This will be coupled with the expanded ambulatory imaging services in development for this service area to support area residents.

Advocate Trinity Hospital has justified the need for the number of each type of imaging service and meets and exceeds the utilization standards.

Hospital Ancillary Services (Lab/Pharmacy/Dialysis/Echo/Stress)

b) New Services – Need Determination - Establishment

The applicant shall document that the proposed project meets one of the following:

6) A) i) Service to the Planning Area Residents

The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located; or

B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical and projected incidence of disease or health conditions, or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

The following are key clinical services to the operation at the new replacement Advocate Trinity Hospital. These services are integral to Advocate Trinity Hospital continuing to provide state-of-the-art, high quality, inpatient, surgical and outpatient care to the communities in the service area.

These areas were designed for the projected utilization of each service based on existing Trinity Hospital services and those projected for the future.

- Laboratory Service
- Pharmacy Service
- Inpatient Dialysis Service
- Echo/Stress

The proposed project will address the space needed for hospital Laboratory services. The core function of the clinical laboratory is to perform various tests on collected specimens. These tests can range from simple point-of-care tests to complex analyses involving biochemistry, hematology, microbiology, immunology, cytology, and molecular biology.

The department will be designed to support the new regulatory standards and the infrastructure to support updated equipment and technology. The new equipment will allow for more accurate as well as timely results for the tests that will be sent to the laboratory to be performed. The new space is being designed for optimal clinician work efficiency and workflow.

The Pharmacy Department at the new Advocate Trinity Hospital will be appropriately designed to support the state-of-the-art equipment and technology needed for this service. Replacement with updated equipment and technology is needed to support current and projected capacity for Inpatients and Emergency Department patients. This equipment requires additional space and updated infrastructure. This new equipment is necessary to continue to support the patients at the hospital.

Ambulatory services include Echo and Stress/Echo will be provided to offer access to these needed services. Providing these services empowers patients to manage their heart health

while staying within their community, enhancing overall care and reducing hospital visits. Stress/Echo services will continue at the new hospital to ensure patients receive comprehensive and coordinated care in Cardiology.

The Inpatient Dialysis Service will provide End Stage Renal Disease (ESRD) treatment to inpatients who require treatments during their inpatient admission for other medical care. The service will be provided by Trinity nursing staff with specialized competency in dialysis services. This central dialysis service will include 4 patient bays comprised of 3 semi-private bays and 1 private bay.

For those with ESRD, they can receive dialysis during their inpatient stay, benefiting from the comprehensive services offered at the replacement hospital. Patients would have definitive scheduled time and timely delivery of treatment of their dialysis care. This would avoid conflicts with other required medical care and testing. A centralized dialysis unit also ensures the correct supplies are easily accessible and back up supplies are within close proximity to allow for minimal interruptions to treatment. This central dialysis service would allow highly skilled dialysis nurses to collaborate on their care and provide operational efficiencies for the nursing team.

The majority of inpatients that require dialysis are currently able to receive their treatment in the current centralized dialysis suite. The few ICU and isolation patients that require dialysis will continue to receive treatment at their bed side.

2) Service Demand

To demonstrate need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections (b)(2)(A) through (D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

A) Referrals from Inpatient Base

For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum 2-year historical and 2-year projected number of inpatients requiring the subject CSA.

B) Physician Referrals

For CSAs that require physician referrals to create and maintain a patient base volume, the applicant shall document patient origin information for the referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true and correct.

C) Historical Referrals to Other Providers

If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant shall submit verification of those referrals, specifying: the service needed; patient origin by zip code; recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.

D) Population Incidence

The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

The historic Laboratory and Pharmacy volumes from the current Advocate Trinity Hospital are provided below.

The projected volumes for the Laboratory and Pharmacy service were based on the current utilization and the projected decrease of inpatient days at the replacement hospital.

Number of Lab Tests	2020	2021	2022	2023	2024 AY
Laboratory Total	352,657	413,395	389,549	372,425	379,205

Source: Advocate Trinity Hospital AHQ 2020-2023.

Source Advocate Trinity Hospital Finance Department 2024 Jan-Oct AY

Lab Tests Projections	2029	2030
Laboratory Total	293,791	294,142

Source Advocate Trinity Hospital Finance Department

Number of Pharmacy Doses	2020	2021	2022	2023	2024AY
Pharmacy Total	2,429,106	3,047,387	3,002,705	3,208,651	4,343,590

Source: Advocate Trinity Hospital AHQ 2020-2023.

Source: Advocate Trinity Hospital Finance Department 2024 Jan-Oct AY

Pharmacy Doses Projections	2029	2030
Pharmacy Total	2,810,251	2,793,327

Source: Advocate Trinity Hospital Finance Department

The historic Echo/Stress and Inpatient Dialysis volumes from the current Advocate Trinity Hospital are provided below.

Echo and echo/stress volumes were based on the current utilization and the projected decrease of inpatient days at the replacement hospital. The increased availability at ambulatory locations such as Imani Village and improved access to care at various sites will reduce inpatient admissions, thus reducing the use of echo stress testing in the hospital setting.

The Dialysis projected utilization was based on the current ratio of inpatients needing dialysis and the decreased number of inpatient days in the replacement hospital.

Number of Echo/Stress Tests	2020	2021	2022	2023	2024AY
Echo/Stress	4,999	6,196	5,847	5,731	5,653

Source: Advocate Trinity Hospital Finance Department
2024 Jan-Oct AY

Number of Echo/Stress Tests Projections	2029	2030
Echo/Stress	3,209	3,177

Source: Advocate Trinity Hospital Finance Department

Number of Dialysis Cases	2020	2021	2022	2023	2024AY
Dialysis	701	806	816	753	774

Source: Advocate Trinity Hospital Finance Department
2024 Jan-Oct AY

Number of Dialysis Cases Projections	2029	2030
Dialysis	373	369

Source: Advocate Trinity Hospital Finance Department

3) Impact of the Proposed Project on Other Area Providers

The applicant shall document that, within 24 months after project completion, the proposed project will not:

- A) Lower the utilization of other area providers below the utilization standards specified in Appendix B.*
- B) Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.*

The Laboratory, Pharmacy, Echo/Stress and Inpatient Dialysis services are designed to serve the Advocate Trinity patients and are not anticipated to lower the utilization of other area providers.

4) Utilization

Projects involving the establishment of CSAs shall meet or exceed the utilization standards for the services, as specified in Appendix B. If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

There are no utilization standards for Laboratory and Pharmacy services. Industry standards were used by the Design and Construction and architect team to develop the appropriate number of rooms based on projected utilization.

The state standard for ambulatory services such as Echo/Stress tests is 2,000 visits/unit. The hospital meets and exceeds the utilization standards.

As there are no state utilization standards for inpatient dialysis, based on the projected volume, maintaining access to dialysis bays would provide the continued access to these needed for patients in the community.

Attachment 31, Exhibit 1

In conjunction with our colleagues at the Advocate National Center for Health Equity, we conducted an epidemiological study that followed a group of Advocate Health patients for 2 years. The study included patients who received care at a facility located on the Southside of Chicago. This study revealed that visiting a primary care physician (PCP) significantly reduced healthcare utilization and improved patient outcomes. Specifically, patients who saw a PCP in the first year had fewer inpatient and emergency department visits in the second year, with notable decreases in avoidable ED visits.

The analysis of Advocate Trinity’s Emergency Department volume showed that much of the volume is categorized as low acuity. For Trinity’s 2022 Emergency Department visits, 14,032 (51%) could have been treated in a non-Emergency Department care setting.

According to the CDC, the current geography where Advocate Trinity hospital is situated reflect communities marked by pronounced “medium-high” to “high” social vulnerabilities.

The ambulatory plan includes development of 10 Neighborhood Care sites embedded within trusted community organizations on the South Side. Patients will be able to access these clinics by walk-in or scheduling an appointment. In addition to seeing a healthcare provider, patients will be connected to needed Social Determinants of Health (SDOH) programs, health system navigation assistance, follow up scheduling, pharmaceutical resources, and point of care testing. Upon completion and adoption of this transformative model to receive care, we will be able to support over 50,000 visits annually.

As part of our Emergency Department analysis of low acuity visits, the scope of services offered at the Neighborhood Care Site would support 3,949 ambulatory sensitive visits currently seen in the Emergency Department in year 1 alone, with the ability to provide proactive care for chronic disease management, primary care visits, specialty care visits, and more.

Projected Neighborhood Care Site Volumes						
	2025	2026	2027	2028	2029	2030
Neighborhood Care Sites	10,584	19,584	28,200	38,376	45,864	50,544

Source: Advocate Trinity Hospital Finance Department

Imani Village Immediate Care Expansion

In addition to the Neighborhood Care Sites, the Imani Village expansion to add Immediate Care is scheduled to be completed by November 2025. This will provide care for higher acuity non-emergent needs. This much needed immediate care center on the South Side of Chicago will provide patients with a lower cost alternative to the Emergency Department. This immediate care center will be staffed with Physicians and Advanced Practice Clinicians. The projected volume for Imani Village Immediate Care Center will provide an alternative site outside of the Emergency Department.

Imani Projected Immediate Care Volumes						
	2025	2026	2027	2028	2029	2030
Imani Village	820	10,240	10,240	10,240	10,240	10,240

Source: Advocate Trinity Hospital Finance Department

*Immediate Care tentative opening Nov 2025

Chronic Disease Management Programs

The development of Chronic Disease Programs include: Cardiometabolic, cardio-obstetrics, and CV fast track will provide preventive and comprehensive care to patients with chronic diseases.

Thirty five percent of Advocate Trinity’s Hospital admissions have been determined to be preventable and avoidable, as 82% of patients who were admitted to Trinity Hospital have 2 or more chronic conditions. Providing preventative and primary care to these patients will decrease the need for Emergency room visits and hospital admissions.

Cardiometabolic Program

The Cardiometabolics Program is a specialized initiative that focuses on managing and preventing conditions that simultaneously affect the cardiovascular system and metabolic health. These conditions typically include heart disease, diabetes, high blood pressure (hypertension), obesity, and dyslipidemia (abnormal cholesterol levels). Benefits of a Cardiometabolics Program are plentiful and include improved overall health by addressing multiple risk factors simultaneously thus reducing cardiovascular events (e.g., heart attack, stroke) and complications related to metabolic disorders (e.g., kidney disease, neuropathy). The ultimate goal of a Cardiometabolics Program is to provide an integrated, proactive approach to managing and reducing the risks associated with cardiovascular and metabolic diseases, improving both quality of life and longevity for individuals affected by these conditions.

Cardio-Obstetrics Program

Cardio-obstetrics is a specialized program that focuses on the cardiovascular health of pregnant individuals, aiming to manage and prevent cardiovascular complications during pregnancy and postpartum. It integrates obstetric care with cardiology, addressing the unique physiological changes and challenges that occur in pregnancy, as well as the cardiovascular risks that may be exacerbated by pregnancy. Multidisciplinary Collaboration: Cardiologists, Obstetricians, Maternal-Fetal medicine specialists, and other providers collaborate together to deliver coordinated care tailored to the needs of each individual. The goal of a cardio-obstetrics program is to ensure a safe pregnancy and delivery for both the mother and the baby, while reducing the risk of cardiovascular events during and after pregnancy.

CV Fast Track

The CV Fast Track service will be a “one stop shop” providing evaluation and clinical services for low-risk chest pain patients in an outpatient location. These patients will be evaluated by an

advanced clinical provider and receive the necessary cardiac diagnostic and ancillary testing as part of this visit and receive results before they leave. A cardiologist will also be onsite to read testing and consult the patient.

The Fast Track program is for patients with non-life-threatening heart conditions such as palpitations, chest pain, hypertension, and indigestion or patients with a family history that want a comprehensive quick workup. These patients can be sent from another physician office, a program such as Advocate’s South Asian Community Outreach program or patients discharged from an emergency room for low-risk chest pain or palpitations and need further evaluation. The patient can be seen the next day for a complete evaluation, testing and treatment. Many of these patients never follow up due to the complexities in navigating care. Improving the patient experience by making access easy and quick will help them navigate the testing and provide the answers they need for peace of mind and have their fears addressed quickly. Patients that need higher level procedures at the hospital will be navigated and scheduled quickly to provide a comprehensive, positive experience.

Imani Village Imaging Expansion

In addition to Mammography, the Imani Village expansion will also include the following diagnostic imaging services: General X-ray and Ultrasound. By expanding the imaging capabilities at the AMG Imani Village clinic by November of 2025, the projections include 23,000 imaging orders to be performed annually at Imani Village, which otherwise would have been completed at the existing Advocate Trinity Hospital campus.

Imani Village Imaging Projected Utilization		
Dept/Service	2025 (Nov* & Dec)	2026
Mammography	1,333	8,000
Ultrasound	1,166	7,000
General Xray	1,333	8,000
TOTAL	3,832	23,000

Source: Advocate Trinity Hospital Finance Department

* Tentative opening Nov 2025