

ORIGINAL

25-013
RECEIVED

**Illinois Health Facilities and Services Review Board
APPLICATION FOR PERMIT**

MAR 24 2025

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.**

Facility/Project Identification

Facility Name:	OSF Saint Elizabeth Medical Center – Discontinuation of ICU and OB		
Street Address:	1100 E. Norris Drive		
City and Zip Code:	Ottawa, IL 61350		
County:	LaSalle	Health Service Area:	2 Health Planning Area: C-02

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

Exact Legal Name:	Ottawa Regional Hospital and Healthcare Center / dba OSF Saint Elizabeth Medical Center		
Street Address:	1100 E. Norris Drive		
City and Zip Code:	Ottawa, IL 61350		
Name of Registered Agent:	Danielle McNear		
Registered Agent Street Address:	124 S.W. Adams Street		
Registered Agent City and Zip Code:	Peoria 61602		
Name of Chief Executive Officer:	Dawn Trompeter		
CEO Street Address:	1100 E. Norris Drive		
CEO City and Zip Code:	Ottawa, IL 61350		
CEO Telephone Number:	815-431-5456		

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Dawn Trompeter		
Title:	President		
Company Name:	OSF Saint Elizabeth Medical Center		
Address:	1100 E. Norris Drive Ottawa, IL 61350		
Telephone Number:	815-431-5456		
E-mail Address:	Dawn.C.Trompeter@osfhealthcare.org		
Fax Number:	815-431-5500		

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

Name:	Ralph Weber		
Title:	CON Consultant		
Company Name:	Weber Alliance		
Address:	920 Hoffman Lane Riverwoods, IL 60015		
Telephone Number:	847-791-0830		
E-mail Address:	rmweber90@gmail.com		
Fax Number:	NA		

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

Name:	Mark Hohulin
Title:	Senior Vice President, Healthcare Analytics
Company Name:	OSF Healthcare System
Address:	124 S.W. Adams Street Peoria, IL 61602
Telephone Number:	309-308-9656
E-mail Address:	mark.e.hohulin@osfhealthcare.org
Fax Number:	309-308-0530

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

Name:	Michael Henderson
Title:	Senior Corporate Counsel
Company Name:	OSF Healthcare System
Address:	124 S.W. Adams Street Peoria, IL 61602
Telephone Number:	309-655-2402
E-mail Address:	michael.b.henderson@osfhealthcare.org
Fax Number:	309-308-5098

**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:	OSF Saint Elizabeth Medical Center – Discontinuation of ICU and OB		
Street Address:	1100 E. Norris Drive		
City and Zip Code:	Ottawa, IL 61350		
County:	LaSalle	Health Service Area:	2 Health Planning Area: C-02

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

Exact Legal Name:	OSF Healthcare System
Street Address:	124 S.W. Adams Street
City and Zip Code:	Peoria, IL 61602
Name of Registered Agent:	Danielle McNear
Registered Agent Street Address:	124 S.W. Adams Street
Registered Agent City and Zip Code:	Peoria 61602
Name of Chief Executive Officer:	Robert C. Sehring
CEO Street Address:	124 S.W. Adams Street
CEO City and Zip Code:	Peoria, IL 61602
CEO Telephone Number:	309-655-2850

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Dawn Trompeter
Title:	President
Company Name:	OSF Saint Elizabeth Medical Center
Address:	1100 E. Norris Drive Ottawa, IL 61350
Telephone Number:	815-431-5456
E-mail Address:	Dawn.C.Trompeter@osfhealthcare.org
Fax Number:	815-431-5500

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

Name:	Ralph Weber
Title:	CON Consultant
Company Name:	Weber Alliance
Address:	920 Hoffman Lane Riverwoods, IL 60015
Telephone Number:	847-791-0830
E-mail Address:	rmweber90@gmail.com
Fax Number:	NA

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

Name:	Mark Hohulin
Title:	Senior Vice President, Healthcare Analytics
Company Name:	OSF Healthcare System
Address:	124 S.W. Adams Street Peoria, IL 61602
Telephone Number:	309-308-9656
E-mail Address:	mark.e.hohulin@osfhealthcare.org
Fax Number:	309-308-0530

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

Name:	Michael Henderson
Title:	Senior Corporate Counsel
Company Name:	OSF Healthcare System
Address:	124 S.W. Adams Street Peoria, IL 61602
Telephone Number:	309-655-2402
E-mail Address:	michael.b.henderson@osfhealthcare.org
Fax Number:	309-308-5098

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:	Dawn Trompeter
Title:	President
Company Name:	OSF Saint Elizabeth Medical Center
Address:	1100 E. Norris Drive Ottawa, IL 61350
Telephone Number:	815-431-5456
E-mail Address:	Dawn.C.Trompeter@osfhealthcare.org
Fax Number:	815-431-5500

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	OSF Healthcare System
Address of Site Owner:	124 S.W. Adams Street Peoria, IL 61602
Street Address or Legal Description of the Site:	1100 E. Norris Drive Ottawa, IL 61350
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:	Ottawa Regional Hospital and Healthcare Center / dba OSF Saint Elizabeth Medical Center
Address:	1100 E. Norris Drive Ottawa, IL 61350
<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

Narrative Description

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

The project is the discontinuation of the intensive care and obstetrics categories of service at OSF Saint Elizabeth Medical Center-Ottawa ("SEMC-Ottawa"), 1100 E. Norris Drive, Ottawa. The facility has an authorized bed capacity of 99 beds, distributed in the following categories: 54 Medical/Surgical beds, 5 ICU beds, 14 Obstetrics beds and 26 Acute Mental Illness beds. Following the discontinuation of intensive care and obstetrics, the facility will have an authorized bed capacity of 80 beds. The hospital also has a full range of clinical services, including the emergency department, surgery, diagnostic imaging, outpatient services, lab and pharmacy.

The ICU and OB services at SEMC-Ottawa are being relocated to OSF Saint Elizabeth Medical Center-Peru ("SEMC-Peru"). SEMC operates as one licensed hospital at two sites – SEMC-Ottawa and SEMC-Peru. The ICU service at SEMC-Peru has an authorized capacity of 8 beds; the OB service at SEMC-Peru has an authorized capacity of 11 beds, as approved by HFSRB (Project 24-014). These services are planned to open at SEMC-Peru in mid-August, 2025.

Two other permit applications were filed in 2024 related to OSF Saint Elizabeth Medical Center-Ottawa: 1) Project 24-011, the replacement of SEMC-Ottawa with downsized hospital in Ottawa; and 2) Project 24-013, the discontinuation of SEMC-Ottawa following the construction and opening of the replacement SEMC-Ottawa facility. Permit applications 24-011 and 24-013 have been deferred, hence the need for this permit application to enable the discontinuations of ICU and OB this summer at SEMC-Ottawa.

There is no capital cost associated with the discontinuation project.

The anticipated completion date for the project is August 31, 2025, following the opening of the ICU and OB units at SEMC-Peru.

The project is considered Substantive because it is the discontinuation of clinical services.

Project Costs and Sources of Funds

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:

Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Purchase Price: \$ _____ Fair Market Value: \$ _____
The project involves the establishment of a new facility or a new category of service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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. Estimated start-up costs and operating deficit cost is \$ _____.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.
Indicate the stage of the project's architectural drawings: <input checked="" type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary <input type="checkbox"/> Schematics <input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>August 31, 2025</u>
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): Not applicable <input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <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 <input type="checkbox"/> Financial Commitment will occur after permit issuance.
APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

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

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: OSF Saint Elizabeth Medical Center		CITY: Ottawa			
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	54	2,053	10,562	0	54
Obstetrics	14	585	1,309	-14	0
Pediatrics					
Intensive Care	5	384	1,321	-5	0
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness	26	1,093	5,925	0	26
Neonatal Intensive Care					
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other (identify)					
TOTALS:	99	4,115	19,117	-19	80

NOTES:

The discontinuation of OB and ICU at SEMC-Ottawa is part of a two-campus plan that includes relocates these services to SEMC-Peru, which will operate an 8 bed ICU unit and 11 bed OB unit. Bed changes at SEMC-Peru were approved, Project 24-014.

The 14 OB beds include 2 that were added in 2024, which were not reflected in the 2023 Inventory.

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 Ottawa Regional Hospital and Healthcare Center / dba OSF Saint Elizabeth Medical Center – Ottawa *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.

August J. Querciagrossa
SIGNATURE

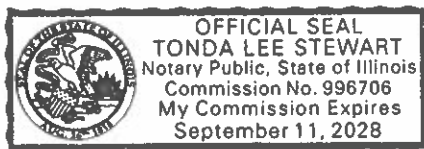
August J. Querciagrossa
PRINTED NAME

Chief Executive Officer, Western Region
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 6th day of March 2025

Tonda Lee Stewart
Signature of Notary

Seal



SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this _____ day of _____ 2025

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 Ottawa Regional Hospital and Healthcare Center / dba OSF Saint Elizabeth Medical Center – Ottawa * 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

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____ 2025

Signature of Notary

Seal

Dawn Trompeter

SIGNATURE

Dawn Trompeter

PRINTED NAME

President

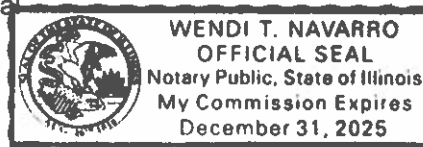
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 5th day of MARCH 2025

Wendi Navarro

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 OSF Healthcare System* 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.

Robert C. Sehring
SIGNATURE

Robert C. Sehring
PRINTED NAME

Chief Executive Officer
PRINTED TITLE

Michael A. Cruz, MD
SIGNATURE

Michael A. Cruz, MD
PRINTED NAME

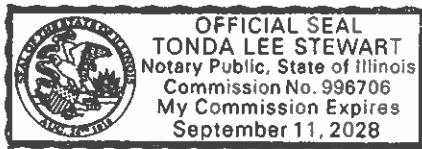
Chief Operating Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me

this 6th day of March 2025

Tonda Lee Stewart
Signature of Notary

Seal

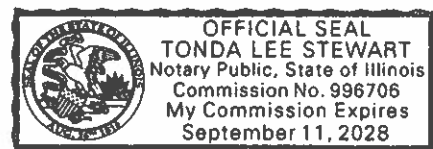


Notarization:
Subscribed and sworn to before me

this 6th day of March 2025

Tonda Lee Stewart
Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

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

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

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.

ALTERNATIVES

- 1) Identify **ALL** the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost.
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes.
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality, and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
 - 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. This must be a narrative and it shall include the basis used for determining the space and the methodology applied.
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions, or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110. Appendix B. A narrative of the rationale that supports the projections must be provided.

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area, or function.
3. Evidence that the shell space is being constructed due to:
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data is available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA

Not applicable to the discontinuation. There is no establishment, expansion or modernization associated with this project.

This Section is applicable to all projects proposing the establishment, expansion, or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria, and provide the required information APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

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

1. Applicants proposing to establish, expand and/or modernize the Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories 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 Beds	# Proposed Beds
<input type="checkbox"/> Medical/Surgical		
<input type="checkbox"/> Obstetric		
<input type="checkbox"/> Pediatric		
<input type="checkbox"/> Intensive Care		

3. 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		

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)	Year	Year	Year
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.

SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.



1. Applicant: _____
(Name) (Address)

(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: _____
(Address) (City) (State)

(County) (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (<https://msc.fema.gov/portal/home>) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the **Go to NFHL Viewer** tab above the map. You can print a

copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes ___ No ___?

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN?

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.

If the determination is being made by a local official, please complete the following:

FIRM Panel Number: _____ Effective Date: _____

Name of Official: _____ Title: _____

Business/Agency: _____ Address: _____

(City) (State) (ZIP Code) (Telephone Number)

Signature: _____ Date: _____

NOTE: This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428

Floodplain Map Example

The image below is an example of the floodplain mapping required as part of the IDPH swimming facility construction permit showing that the swimming pool, to undergo a major alteration, is outside the mapped floodplain.



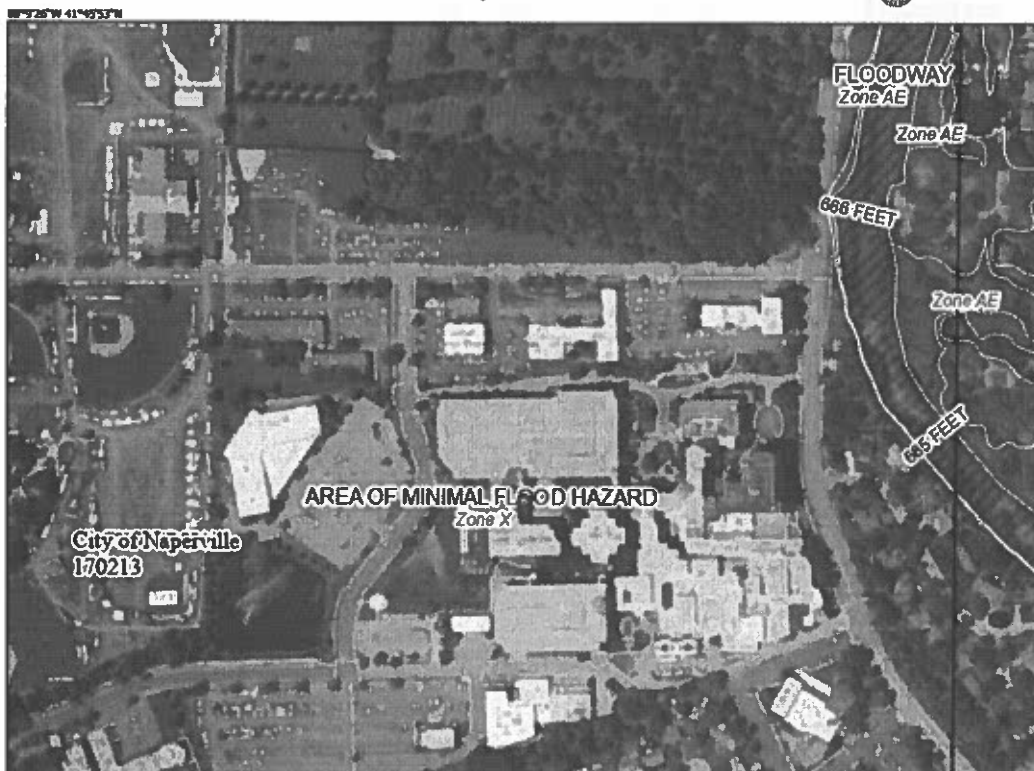
National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS	<ul style="list-style-type: none"> Without Base Flood Elevation (BFE) Zone A, X, AE With BFE or Depth Zone AE, A1, A9, X1, A9 Regulatory Floodway
OTHER AREAS OF FLOOD HAZARD	<ul style="list-style-type: none"> 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X Future Conditions 1% Annual Chance Flood Hazard Zone X Area with Reduced Flood Risk due to Levee, See Notes, Zone C Area with Flood Risk due to Levee Zone D
OTHER AREAS	<ul style="list-style-type: none"> Area of Minimal Flood Hazard Zone X Effective LOMRs Area of Undetermined Flood Hazard Zone D
GENERAL STRUCTURES	<ul style="list-style-type: none"> Channel, Culvert, or Storm Sewer Levee, Dike, or Floodwall
OTHER FEATURES	<ul style="list-style-type: none"> Cross Sections with 1% Annual Chance Water Surface Elevation Canal Transsect Base Flood Elevation Line (BFE) Limit of Study Jurisdiction Boundary Canal Transsect Baseline Profile Baseline Hydrographic Feature
MAP PANELS	<ul style="list-style-type: none"> Digital Data Available No Digital Data Available Unmapped



The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	26 – 27
2	Site Ownership	28
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	29
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	30
5	Flood Plain Requirements	31
6	Historic Preservation Act Requirements	32
7	Project and Sources of Funds Itemization	33
8	Financial Commitment Document if required	--
9	Cost Space Requirements	34
10	Discontinuation	35 - 46
11	Background of the Applicant	47 - 52
12	Purpose of the Project	53 - 60
13	Alternatives to the Project	61 - 64
14	Size of the Project	--
15	Project Service Utilization	--
16	Unfinished or Shell Space	--
17	Assurances for Unfinished/Shell Space	--
	Service Specific:	NA
18	Medical Surgical Pediatrics, Obstetrics, ICU	
19	Comprehensive Physical Rehabilitation	
20	Acute Mental Illness	
21	Open Heart Surgery	
22	Cardiac Catheterization	
23	In-Center Hemodialysis	
24	Non-Hospital Based Ambulatory Surgery	
25	Selected Organ Transplantation	
26	Kidney Transplantation	
27	Subacute Care Hospital Model	
28	Community-Based Residential Rehabilitation Center	
29	Long Term Acute Care Hospital	
30	Clinical Service Areas Other than Categories of Service	
31	Freestanding Emergency Center Medical Services	
32	Birth Center	
	Financial and Economic Feasibility:	
33	Availability of Funds	--
34	Financial Waiver	--
35	Financial Viability	--
36	Economic Feasibility	--
37	Safety Net Impact Statement	66 - 69
38	Charity Care Information	70
39	Flood Plain Information	--



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 07, 1964, ADOPTED THE ASSUMED NAME OSF SAINT ELIZABETH MEDICAL CENTER ON JUNE 08, 2021, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

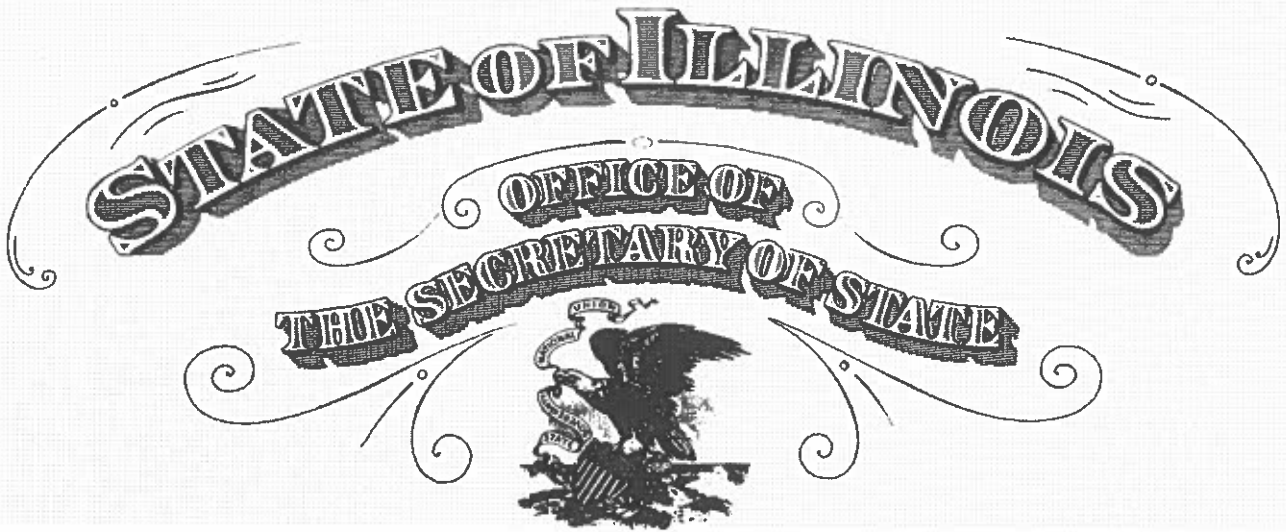
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of MARCH A.D. 2025 .



Authentication #: 2506202564 verifiable until 03/03/2026
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE

Attachment 1



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

OSF HEALTHCARE SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1880, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of FEBRUARY A.D. 2025 .



Authentication #: 2503602492 verifiable until 02/05/2026
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE

Attachment 1



OSF HEALTHCARE

March 6, 2025

Ms. Debra Savage, Chairwoman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street - 2nd Floor
Springfield, IL 62761

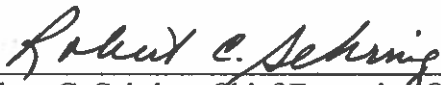
Re: Site Ownership
OSF Saint Elizabeth Medical Center-Ottawa
1100 E. Norris Drive, Ottawa, IL

Dear Chair Savage:

I affirm that OSF Healthcare System is the owner of the property at 1100 E. Norris Drive. The property is the location of OSF Saint Elizabeth Medical Center-Ottawa.


If you have any questions about the ownership of the property, please contact Mark Hohulin, Senior Vice President, Healthcare Analytics, at 309-308-9656, or at mark.e.hohulin@osfhealthcare.org.

Sincerely,


Robert C. Sehring, Chief Executive Officer
OSF Healthcare System
124 S.W. Adams Street
Peoria, IL 61602

Notarization:

Subscribed and sworn to before me
this 6th day of March 2025


Signature of Notary

Seal





To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 07, 1964, ADOPTED THE ASSUMED NAME OSF SAINT ELIZABETH MEDICAL CENTER ON JUNE 08, 2021, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

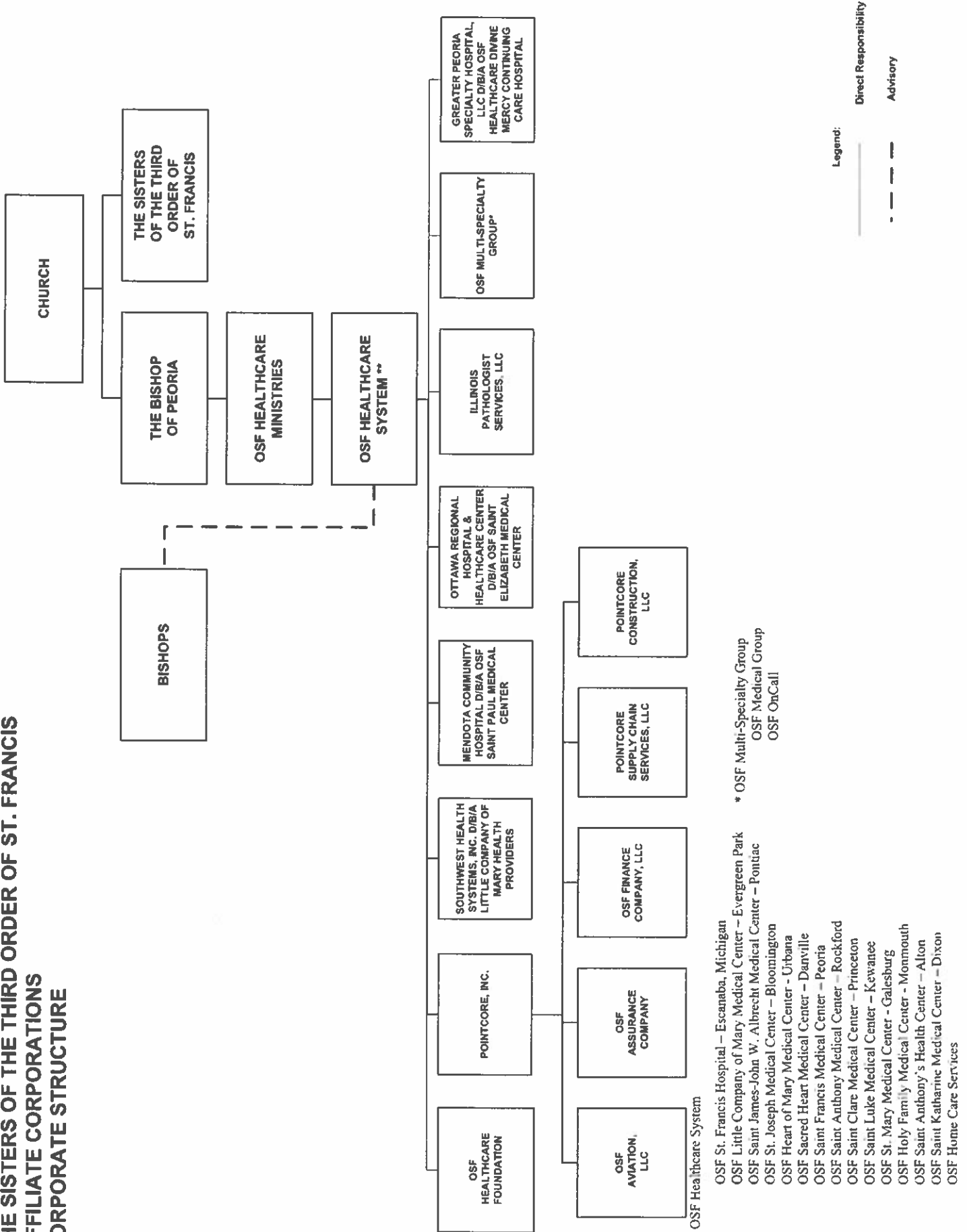
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of MARCH A.D. 2025 .



Authentication #: 2506202564 verifiable until 03/03/2026
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE

THE SISTERS OF THE THIRD ORDER OF ST. FRANCIS AFFILIATE CORPORATIONS CORPORATE STRUCTURE



Legend:

— Direct Responsibility

- - - Advisory

** OSF Healthcare System

- OSF St. Francis Hospital – Escanaba, Michigan
- OSF Little Company of Mary Medical Center – Evergreen Park
- OSF Saint James-John W. Albrecht Medical Center – Pontiac
- OSF St. Joseph Medical Center – Bloomington
- OSF Heart of Mary Medical Center - Urbana
- OSF Sacred Heart Medical Center – Danville
- OSF Saint Francis Medical Center – Peoria
- OSF Saint Anthony Medical Center – Rockford
- OSF Saint Clare Medical Center – Princeton
- OSF Saint Luke Medical Center – Kewanee
- OSF St. Mary Medical Center - Galesburg
- OSF Holy Family Medical Center - Mommouth
- OSF Saint Anthony's Health Center – Allton
- OSF Saint Katharine Medical Center – Dixon
- OSF Home Care Services
- * OSF Multi-Specialty Group
- OSF Medical Group
- OSF OnCall

Flood Plain Requirements

There is no construction or modernization of the facility for this discontinuation project. As a result, this section is not applicable.

Historic Resources Preservation Act Requirements

There is no construction or modernization of the facility for this discontinuation project. As a result, this section is not applicable.

Project Costs and Sources of Funds

There is no construction or modernization of the facility for this discontinuation project. There are no capital costs associated with this project. As a result, this section is not applicable.

Cost/Space Requirements

There is no construction or modernization of the facility for this discontinuation project. There are no capital costs associated with this project. As a result, this section is not applicable.

SECTION II. DISCONTINUATION

GENERAL INFORMATION REQUIREMENTS

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

OSF Saint Elizabeth Medical Center (“SEMC-Ottawa”), 1100 E. Norris Drive, Ottawa, has 19 authorized beds that will be discontinued:

- 5 ICU beds
- 14 Obstetrics beds

2. Identify all the other clinical services that will be discontinued.

Pending decisions about the future of SEMC-Ottawa, OSF plans to continue the following clinical services at SEMC-Ottawa:

- Inpatient medical/surgical service
- Inpatient acute mental illness service
- Surgical Department – ORs and procedure rooms
- Emergency Department
- Diagnostic Imaging
- Outpatient services
- Lab
- Respiratory
- Pharmacy

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

The discontinuation of the 5 bed ICU unit at SEMC-Ottawa will occur in August, 2025, following the opening of the 8 room ICU service at OSF Saint Elizabeth Medical Center-Peru (“SEMC-Peru”). This timing is also associated with the expansion of medical/surgical beds at SEMC-Peru, as approved in Project 24-014.

The discontinuation of the 14 bed OB service at SEMC-Ottawa will also occur in August, 2025, following the opening of the existing 11 bed OB unit at SEMC-Peru.

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

Following discontinuation of the two units, the vacated ICU and OB space will be maintained in good condition, but it is not anticipated that it will be converted to other clinical use. Permit application 24-011, which has been temporarily deferred, documents the plan for the replacement and demolition of the current hospital with a downsized medical/surgical unit, an all private 26 room AMI service, surgery, an emergency department, diagnostic imaging, outpatient and other clinical services. The plan includes the relocation of ICU and OB to SEMC-Peru. A related permit application, 24-013 (also temporarily deferred), documents the planned discontinuation of the entire facility at 1100 E. Norris Drive once the replacement hospital is completed and opened for care.

Medical equipment and furnishings will be evaluated as the time of the move of ICU and OB approaches, to determine condition and future suitability. Equipment and furnishings that will not be needed or used within the OSF system will either be traded in, sold, donated to Mission work, 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.

OSF has an integrated electronic medical records system (EPIC) for all locations and services. All medical records and patient records are stored and maintained within the electronic medical records system located in Peoria, IL. EPIC has replaced printed paper records. Electronic access to medical records will continue, uninterrupted. The current medical record retention policies will be continued.

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

Attachment 10A shows the notification that was sent to The Ottawa Times, for publication in the local paper.

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 the filing of this application.

Not applicable. The permit application does not allow for discontinuation of the entire facility.

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.

Not applicable. The permit application does not allow for the discontinuation of the entire facility.

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.

OSF Healthcare System presents three reasons for the discontinuation of ICU and OB services at OSF Saint Elizabeth Medical Center-Ottawa:

1. Address facility deficiencies at SEMC-Ottawa.
2. Centralize ICU and OB services as part of the OSF regional health care plan.
3. Comply with CON regulations and statements made in the three related permit applications.

1. Address facility deficiencies at SEMC-Ottawa

This section is adapted from permit application 24-013, the discontinuation of OSF Saint Elizabeth Medical Center-Ottawa. That permit application, which has not been heard by the Illinois Health Facilities and Services Review Board, is being deferred. Deteriorated conditions at the aging hospital facility in Ottawa are covered in the background statement in that permit application regarding discontinuation of the entire facility. The same conditions apply to the more focused request to discontinue ICU and OB at SEMC-Ottawa, upon the relocation of those services to SEMC-Peru.

Ottawa Regional Hospital and Healthcare Center, d/b/a OSF Saint Elizabeth Medical Center (SEMC-Ottawa) was constructed in 1972 and has numerous structural and infrastructure issues. In recent years, maintaining the facility, making necessary repairs and upgrades, and addressing code issues has been expensive, exceeding annual facilities budgets. Many non-essential but prudent maintenance projects have been deferred.

Due to the deteriorating physical condition of SEMC-Ottawa, OSF retained the FOS division of CannonDesign in 2021 to do a comprehensive assessment of the main hospital building and provide an estimate of the cost to bring the building to current facility and operational standards. The study concluded that it would cost \$110 million to address only the critical upgrades and imminent needs. The cost to address all other issues is an additional \$125 million. The following examples of critical upgrades and high priority conditions are drawn from the analysis.

The most significant architectural issues relate to the poor condition of exterior walls of the hospital bed tower. Structural elements along with windows do not appear insulated and lack water-resistant barriers, resulting in frequent build-up of ice along the bottoms of windows. Exterior windows have deteriorated glazing seals and thermal insulation seals breaks, allowing for infiltration. The cost of repairing or replacing exterior walls to bring them up to industry standards is estimated at \$35 - \$50 million. The hospital roof needs to be replaced. Patching and repairing coping and flashing is an annual expense. The cost of a new roof is estimated at \$2.6 million. Many of the exterior metal doors and door frames are corroded. The pneumatic tube system is not operational and needs to be replaced.

Plumbing upgrades are needed. It is difficult to get hot and cold water in several parts of the patient tower. The copper domestic water piping throughout the building is pitted. Replacement is estimated at \$2 million. The sanitary drainage system clogs frequently; the system needs to be replaced with cast iron hub and spigot drains, at an estimated cost of \$744,000.

Mechanical systems need to be addressed. One of three chillers is non-functioning and cannot be relied upon as a back-up for the chilled water system. The other two chillers are old and need to be replaced within five years. The cost to replace the three is \$1.5 million. Two steam-fired boilers are beyond their life expectancy; the cost of retrofitting or replacing is a minimum of \$2 million. To reduce frost build-up on windows, radiant panels should be installed at a cost of approximately \$680,000.

Two of the building's eleven air handling units are having operational issues. Exhaust fans and ductwork on the 4th floor roof are beyond life expectancy. The air handling unit serving the kitchen needs to be replaced. These projects total \$2.3 million. In addition, replacing the HVAC instrumentation and controls is estimated at \$615,000.

Addressing deficiencies in the electrical systems will cost about \$5 million. Projects include replacing two aging generators and all feeder wiring and equipment to meet modern standards and requirements. Panelboards, switchboards, transformers and wiring need to be replaced, as well as general-purpose receptacles and branch circuit wiring. Interior lighting fixtures and switches need to be replaced or upgraded. Motor control centers and associated wiring are due to be replaced.

The costs associated with improving safety and security total about \$1.3 million and include fire protection projects, replacing the fire alarm system and other improvements.

The communications system (data and voice cabling) needs upgrading at an estimated cost of \$347,000.

Structural steel columns and outermost steel reinforcements in the parking garage are heavily corroded, due to an undetermined source of water infiltration. The retaining wall beneath the physical therapy wing needs repair. Exterior stairway railings and posts are deteriorated with rusting and corrosion. In addition, areas on the hospital site need to be regraded.

Addressing all of these findings is a significant capital expenditure. Yet even if all investments are completed, the facility would still have major deficits. Clinical adjacencies are not ideal and prevent efficient operations. Examples of adjacency issues are:

- The surgical department is in the back of the building, on the 1st floor (above the ground floor) with no easy in and out for outpatients.
- GI is not adjacent to or on the same floor as the surgery department.
- Outpatient services for lab, diagnostic imaging, infusion services, stress tests and other outpatient services are on the ground floor. Respiratory care is on the second floor. Patients registering on the first floor have to walk significant distances to these lower ground floor or second floor areas. The distance is especially problematic for older patients and patients with walking disabilities.
- ICU is the only inpatient unit on the 1st floor, isolated from the rest of inpatient services.
- Behavioral health is located in separate areas, resulting in staffing inefficiencies.

Like most hospitals built in the 70s, OSF Saint Elizabeth Medical Center has an abundance of double occupancy rooms and a limited number of private rooms. Only 16 of the 54 authorized medical/surgical beds are in single rooms. 34 beds are in double occupancy rooms; 4 beds are in a quad. For Acute Mental Illness, only 4 of the 26 beds are in single bed rooms. This condition has resulted in turning away hundreds of patients per year who were not able to be admitted because of gender or other compatibility issues which prevail when private rooms are not available.

The lack of private rooms has restricted the ability to accommodate requests for referrals, in many cases due to patient gender and other compatibility factors. Lack of bed availability has been the case especially with inpatient AMI. Patient expectations and efficient operations require private rooms.

Modernizing the current hospital building is not cost-effective and is not conducive to the current models of health care delivery. Apart from the significant capital cost, modernizing would not resolve room sizes that do not meet current standards, and the location of several supporting services are not adjacent to the programs they are intended to support. The renovations and upgrade projects would require 10 years to complete, meaning that there would be extended and continuous disruption to hospital operations.

2. Centralize ICU and OB services as part of the OSF regional health care plan

The discontinuations of ICU and OB at SEMC-Ottawa are part of OSF's regional health care plan that includes the expansion of the existing ICU and OB services at OSF Saint Elizabeth Medical Center – Peru ("SEMC-Peru"). Under that plan, ICU will expand from a 4 bed ICU unit to an 8-bed unit at SEMC-Peru. Obstetrics will occupy the 11 bed OB unit at SEMC-Peru, which remains in place at the hospital, the former St. Margaret's Health hospital in Peru.

St. Margaret's Health-Peru and St. Margaret's Health-Spring Valley, with a combined 93 beds, closed in 2023, creating a void in the central and western part of planning area C-02. Of the 93 beds, 10 were ICU and 17 were obstetrics. OSF acquired the St. Margaret's Health hospital in Peru in 2023, renamed it as Saint Elizabeth Medical Center-Peru. OSF Saint Elizabeth Medical Center operates two campuses in Ottawa and Peru under one combined license, with Certificate of Need rules applicable at each of the separate hospital sites.

Peru is centrally located in planning area C-02. SEMC-Peru serves as the geographic hub in the region for the delivery of ICU, OB and medical/surgical care. SEMC-Ottawa will continue to provide medical/surgical inpatient care, and serve as the hub for acute mental illness. Centered on Peru, the hub and spoke model also facilitates services at the smaller hospitals – OSF Saint Paul in Mendota and OSF Saint Clare in Princeton, and at the Streator Center for Outpatient Services.

3. Comply with CON regulations and statements made in the three related permit applications.

The plan for expanding ICU at SEMC-Peru and continuing the OB service there is part of CON Project #24-014, which was approved by the Illinois Health Facilities and Services Review Board in August, 2024. Implicit in the plan for ICU and OB at Peru is the discontinuation of those services at SEMC-Ottawa, a distance of 17 miles from SEMC-Peru. The regional plan, as presented in the permit applications, effectively accomplishes the relocation of ICU and OB from SEMC-Ottawa to SEMC-Peru.

Patient volume calculations in the permit applications anticipated the discontinuation of ICU and OB at SEMC-Ottawa related to the expansion of those services at SEMC-Peru. The discontinuation of ICU and OB at SEMC-Ottawa is covered in permit application 24-013, which addresses the discontinuation of the entire SEMC hospital. Because permit application 24-013 is being deferred, it will not be reviewed by the HFSRB prior to the planned opening of ICU and OB at SEMC-Peru in August, 2025. Consequently, the decision was made to file this permit application for the specific discontinuations of ICU and OB at SEMC-Ottawa. The discontinuations acknowledge that the ICUs and OB services in Ottawa will close when the modernization of ICU at Peru is completed and the ICU and OB services open there.

It is necessary to discontinue OB and ICU services at SEMC-Ottawa, coordinated with the opening of the ICU and OB services at SEMC-Peru. Otherwise, keeping the authorized ICU and OB beds operating in Ottawa would be a duplication of the services in Peru, and result in excess capacity for both ICU and OB. The State calculates a need for 13 OB beds in C-02; the 11 bed OB unit at SEMC-Peru addresses this need. Similarly, the 8 bed ICU unit at SEMC-Peru, coupled with the combined 7 ICU beds at Saint Paul Medical Center and Saint Clare Medical Center, achieves an ICU capacity of 15 ICU beds in planning area C-02. This compares favorably with the State's calculated need for 14 ICU beds in C-02.

IMPACT ON ACCESS

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

The planned discontinuation of the ICU and OB services at OSF Saint Elizabeth Medical Center-Ottawa has to be framed in the context of two related projects: The replacement of SEMC-Ottawa in Ottawa with a new and smaller facility, and the relocation of services and patient volumes to SEMC-Peru.

In 2023, St. Margaret's Health closed two hospitals in Planning Area C-02. St. Margaret's Health-Peru and St. Margaret's Health-Spring Valley had a total of 93 acute care beds, 49 in Peru and 44 in Spring Valley. These 93 beds were 39% of the total 242 authorized beds in Planning Area C-02. C-02 is made up of LaSalle County, Bureau County and Putnam County, and the Osceola and Elmira townships of Stark County. The area has a population of 146,020.

Of these 93 beds, 66 were medical/surgical beds, 10 were ICU, and 17 were OB. According to the State's *Inventory of Health Care Facilities and Services and Need Determinations* in October, 2021 (the last *Inventory* prior to the closures), there were excesses of 43 medical/surgical beds, 8 ICU beds and 10 OB beds, indicative of sufficient capacity in the region. The closures would have resulted in deficits in State Planning Area C-02 of 23 medical/surgical beds, 2 ICU beds and 7 OB beds (using data from the HFSRB *Inventory of Health Facilities and Services and Need Determinations*, October, 2021).

However, OSF's acquisition of St. Margaret's Health-Peru in 2023 (Change of Ownership Certificate of Exemption #E-026-23) keeps the authorized beds at that facility in the State inventory. The project at Peru increased the 38-bed medical/surgical unit in Peru to 45 beds. The 54 medical/surgical beds in Ottawa averaged 42.7% and 44.2% occupancy in 2021 and 2022, respectively, indicating significant unused capacity. Monitoring of daily and hourly patient census at OSF Saint Elizabeth Medical Center-Ottawa, OSF Saint Paul Medical Center in Mendota and OSF Saint Clare Medical Center in Princeton documented increases in utilization related to the dispersion of patients from the two closed St. Margaret's Health Hospitals.

The plan also sustains ICU, obstetrics, and acute mental illness services in the area. St. Margaret's Health had a total of 10 ICU beds at the two hospitals. The new 8 bed ICU unit at SEMC-Peru, coupled with the 7 ICU beds in Mendota and Princeton, result in 15 ICU beds in C-02, comparable to the State's calculated need for 14 ICU beds. (*Inventory of Health Care Facilities and Services and Need Determinations*, December 18, 2023). St. Margaret's Health had a total of 17 OB beds at the two hospitals. The discontinuation of OB beds in SEMC-Ottawa and re-opening of 11 OB beds at SEMC-Peru compares to the calculated need for 13 OB beds in C-02. Tracking of hourly OB census by day in 2023, following the

closure of St Margaret's in June, determined that 11 OB beds is sufficient to meet the obstetrics needs in the area.

The following table presents utilization of ICU and OB services in the C-02 planning area, and demonstrates that planned capacity is sufficient to meet the regional needs for ICU and OB care. The table shows that the 8 bed ICU unit accommodates the 2024 ADC of 4.57 at an occupancy level of 57%. For obstetrics, the 11-bed unit accommodates the 2024 ADC of 3.96 at an occupancy level of 36%.

Historical Utilization 2020-2024 - ICU and OB

	2020			2021			2022			2023			2024		
	Adm	Pt Days	ADC	Adm	Pt Days	ADC	Adm	Pt Days	ADC	Adm	Pt Days	ADC	Adm	Pt Days	ADC
Intensive Care															
SEMC - Ottawa	460	1151	3.15	448	1261	3.45	451	1239	3.40	384	1321	3.62	418	1416	4.57
St Margaret's - Peru	261	993	2.72	241	1041	2.85	157	408	1.12	--	--	--	--	--	--
St Margaret's - Spring Valley	152	931	2.55	125	911	2.50	183	1109	3.04	--	--	--	--	--	--
Saint Paul	11	12	0.03	15	20	0.05	16	18	0.05	68	128	0.35	85	218	0.60
Saint Clare	53	129	0.35	26	92	0.25	49	77	0.21	28	61	0.17	53	68	0.19
Total	937	3216	8.80	855	3325	9.10	856	2851	7.82	480	1510	4.14	556	1702	5.36
Obstetrics															
SEMC - Ottawa	446	1047	2.87	505	1125	3.08	411	974	2.37	585	1309	3.59	672	1444	3.96
St Margaret's - Peru	362	787	2.16	321	681	1.87	271	569	1.56	--	--	--	--	--	--
St Margaret's - Spring Valley	287	564	1.55	268	534	1.46	49	96	0.26	--	--	--	--	--	--
Total	1095	2398	6.58	1094	2340	6.41	731	1639	4.19	585	1309	3.59	672	1444	3.96

Sources: HFSRB Profile data and Annual Hospital Questionnaires
 AHQs for SMH-SV 2021 and 2022
 AHQ for SMH-Peru 2021; Compdata 2022
 Prelim 2024 AHQ data for SEMC-Ottawa, SEMC-Peru, Saint Paul, Saint Clare (not final)

Unrelated to the relocation of ICU and OB to SEMC-Peru, the SEMC-Ottawa replacement hospital plan, if implemented, replaces the existing 26 bed AMI unit at SEMC-Ottawa with the same sized AMI service. The new unit will have all private rooms, compared to 4 private rooms in the current 26 bed AMI unit. The private rooms will enable SEMC-Ottawa to accommodate increased admissions, including the referral of approximately 400 patients annually who were referred but not able to be admitted in recent years due to bed capacity. In part, these requested referrals could not be admitted due to gender and other compatibility issues encountered due to double bed rooms.

Both SEMC-Ottawa and SEMC-Peru will provide other clinical services, including inpatient and outpatient surgery, emergency care, diagnostic imaging, outpatient services, lab and pharmacy at both hospitals.

OSF's purchase of St. Margaret's Health-Peru in 2023 enables the planning and delivery of health care services in a broader regional context. It was determined that OSF Saint Elizabeth Medical Center would operate at two sites - Ottawa and Peru - under one hospital license. This dual-campus arrangement enables clinical programs to be replaced at SEMC-Ottawa in a new facility, smaller and less expensive than originally contemplated, with some of the Ottawa services transferring to Peru.

Finally, the ability to take advantage of a regional health care delivery system, centered on Ottawa and Peru as the hub in a hub and spoke model, will provide appropriate access to area residents and stabilize the availability of health care services following the closure of the two St. Margaret's Health hospitals. Specialized services not available in Ottawa and Peru can be accessed by referrals to other larger hospitals, including hospitals in the OSF network, such as OSF Saint Francis Medical Center in Peoria, OSF St. Joseph Medical Center in Bloomington and OSF Saint Anthony Medical Center in Rockford.

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.

Letters were sent to OSF Saint Paul Medical Center in Mendota and OSF Saint Elizabeth Medical Center in Peru, which are both located within a 21-mile radius of Ottawa, (the geographic service area). A letter was also sent to OSF Saint Clare Medical Center in Princeton, due to its location near Peru (22 miles) and the impact of the closures of the St, Margaret's Health hospitals in Peru and nearby Spring Valley. The letters are included in this section, Attachment 10B.

SHAW MEDIA
EST. 1851
PO BOX 250
CRYSTAL LAKE IL 60039-0250
(815) 459-4040

ORDER CONFIRMATION (CONTINUED)

Salesperson: KATE HOFFMILLER

Printed at 03/20/25 13:02 by kateh-sm

Acct #: 10083852

Ad #: 2233851

Status: New

PUBLIC NOTICE

OSF Saint Elizabeth Medical Center, located at 1100 E. Norris Drive, Ottawa, Illinois, intends to discontinue its 5-bed Intensive Care Unit (ICU) and 14-bed Obstetrics (OB) service following the opening of these services at OSF Saint Elizabeth Medical Center-Peru in August 2025. The new ICU at OSF Saint Elizabeth-Peru will be an expanded 8-bed unit, and the OB service will feature 11 beds. The expanded ICU beds in Peru were approved by the Illinois Health Facilities and Services Review Board (IHFSRB) last year. The OB beds in Peru were already licensed.

OSF Saint Elizabeth Medical Center will submit a Certificate of Need application to the IHFSRB for the discontinuation of these two services in Ottawa. Once the application is deemed complete, a copy will be available on the IHFSRB website at <https://hfsrb.illinois.gov/project/project-search.html>

(Published in The Times
Mar. 24, 25, 26, 2025) 2233851



OSF HEALTHCARE

March 10, 2025

Ms. Dawn Trompeter, President
OSF Saint Elizabeth Medical Center - Peru
925 West Street
Peru, IL 61354



Re: Request for Impact of Discontinuation
ICU and OB services at OSF Saint Elizabeth Medical Center – Ottawa

Dear Ms. Trompeter:

As you are aware, OSF Healthcare System will be filing a Certificate of Need permit application for the discontinuation of Intensive Care and Obstetrics services at OSF Saint Elizabeth Medical Center in Ottawa ("SEMC-Ottawa").

The ICU and Obstetrics services at SEMC-Ottawa are being relocated to OSF Saint Elizabeth Medical Center-Peru ("SEMC-Peru"). The ICU at SEMC-Peru will be expanded from 4 to 8 beds. Obstetrics will occupy the current 11 OB beds at SEMC-Peru. As part of the OSF Healthcare plan for the region, Peru will be the hub of ICU and OB services in the I-80 corridor area. The re-opening of these services in Peru was approved by the Illinois Health Facilities and Services Review Board ("IHFSRB") in August, 2024 as part of Permit Application 24-014.

The plan for these services at Peru is predicated upon the closing of the ICU and OB inpatient services at SEMC-Ottawa. The Certificate of Need permit application for the discontinuations will be submitted to IHFSRB this spring.

If you feel there will be an impact due to this discontinuation, please respond accordingly. If you have any questions, please contact me at 309-308-9656.

Sincerely,

Mark E. Hohulin, Senior Vice President, Healthcare Analytics

c: August J. Querciagrossa, Chief Executive Officer, Western Region, OSF Healthcare System

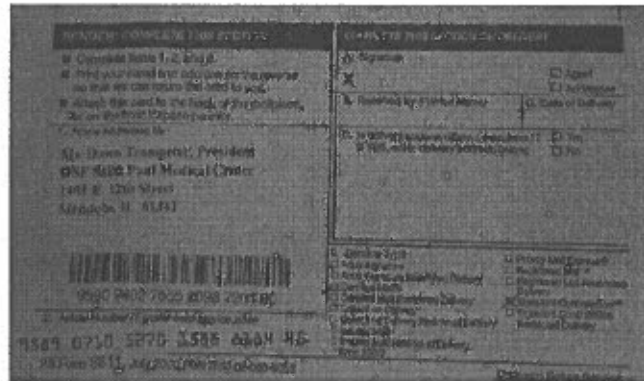
Attachment 10B



OSF HEALTHCARE

March 10, 2025

Ms. Dawn Trompeter, President
OSF Saint Paul Medical Center
1401 E. 12th Street
Mendota, IL 61342



Re: Request for Impact of Discontinuation
ICU and OB services at OSF Saint Elizabeth Medical Center – Ottawa

Dear Ms. Trompeter:

As you are aware, OSF Healthcare System will be filing a Certificate of Need permit application for the discontinuation of Intensive Care and Obstetrics services at OSF Saint Elizabeth Medical Center in Ottawa ("SEMC-Ottawa").

The ICU and Obstetrics services at SEMC-Ottawa are being relocated to OSF Saint Elizabeth Medical Center-Peru ("SEMC-Peru"). The ICU at SEMC-Peru will be expanded from 4 to 8 beds. Obstetrics will occupy the current 11 OB beds at SEMC-Peru. As part of the OSF Healthcare plan for the region, Peru will be the hub of ICU and OB services in the I-80 corridor area. The re-opening of these services in Peru was approved by the Illinois Health Facilities and Services Review Board ("IHFSRB") in August, 2024 as part of Permit Application 24-014.

The plan for these services at Peru is predicated upon the closing of the ICU and OB inpatient services at SEMC-Ottawa. The Certificate of Need permit application for the discontinuations will be submitted to IHFSRB this spring.

If you feel there will be an impact on OSF Saint Paul Medical Center due to this discontinuation, please respond accordingly. If you have any questions, please contact me at 309-308-9656.

Sincerely,

Mark Hohulin, Senior Vice President – Healthcare Analytics

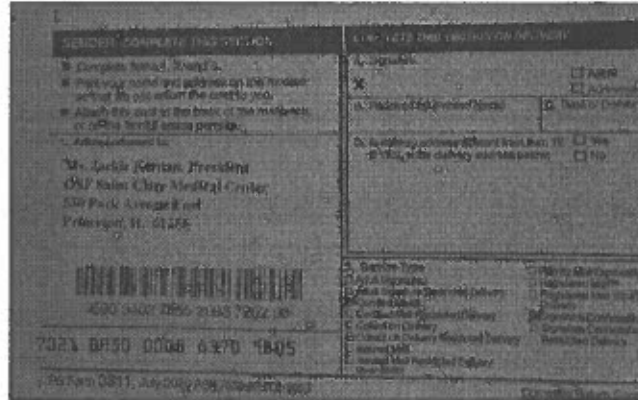
c: August J. Querciagrossa, Chief Executive Officer, Western Region, OSF Healthcare System



OSF HEALTHCARE

March 10, 2025

Ms. Jackie Kernan, President
OSF Saint Clare Medical Center
530 Park Avenue East
Princeton, IL 61356



Re: Request for Impact of Discontinuation
ICU and OB services at OSF Saint Elizabeth Medical Center – Ottawa

Dear Ms. Kernan:

As you are aware, OSF Healthcare System will be filing a Certificate of Need permit application for the discontinuation of Intensive Care and Obstetrics services at OSF Saint Elizabeth Medical Center in Ottawa ("SEMC-Ottawa").

The ICU and Obstetrics services at SEMC-Ottawa are being relocated to OSF Saint Elizabeth Medical Center-Peru ("SEMC-Peru"). The ICU at SEMC-Peru will be expanded from 4 to 8 beds. Obstetrics will occupy the current 11 OB beds at SEMC-Peru. As part of the OSF Healthcare plan for the region, Peru will be the hub of ICU and OB services in the I-80 corridor area. The re-opening of these services in Peru was approved by the Illinois Health Facilities and Services Review Board ("IHFSRB") in August, 2024 as part of Permit Application 24-014.

The plan for these services at Peru is predicated upon the closing of the ICU and OB inpatient services at SEMC-Ottawa. The Certificate of Need permit application for the discontinuations will be submitted to IHFSRB this spring.

If you feel there will be an impact on OSF Saint Clare Medical Center due to this discontinuation, please respond accordingly. If you have any questions, please contact me at 309-308-9656.

Sincerely,

Mark Hohulin, Senior Vice President – Healthcare Analytics

c: August J. Querciagrossa, Chief Executive Officer, Western Region, OSF Healthcare System
Dawn Trompeter, President, OSF Saint Elizabeth Medical Center- Ottawa and Peru

Background of the Applicant

This attachment includes the following:

IDPH License, OSF Saint Elizabeth Medical Center
Joint Commission Accreditation

OSF Healthcare System list of facilities in Illinois and license information

Letter of certification that there have been no adverse actions against OSF Healthcare System or any facility owned or operated by OSF; authorization of access to information.



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

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 5/14/2025	CATEGORY General Hospital	I.D. NUMBER 0005520
-------------------------------------	-------------------------------------	-------------------------------

Effective: 05/15/2024

Ottawa Regional Hospital & Healthcare Center
dba OSF Saint Elizabeth Medical Center
1100 E Norris Drive
925 West St, Peru
Ottawa, IL 61350

Exp. Date 5/14/2025

Lic Number 0005520

Date Printed 3/1/2024

Ottawa Regional Hospital & Healthcare
dba OSF Saint Elizabeth Medical Cent
1100 E Norris Drive
925 West St, Peru
Ottawa, IL 61350

FEE RECEIPT NO.

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

Ottawa Regional Hospital and Healthcare Center

Ottawa, IL

has been Accredited by

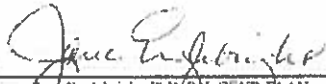


The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

June 3, 2023

Accreditation is customarily valid for up to 36 months.


Jane Englebright, PhD, RN, CENP, EAAN
Chair, Board of Commissioners

ID #7402
Print/Reprint Date: 08/25/2023


Jonathan B. Pettin, MD, PhD, MSHA, MACP, FACMT
President and Chief Executive Officer

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



OSF Healthcare System List of Facilities in Illinois

OSF HealthCare Holy Family Medical Center

1000 W. Harlem Avenue
Monmouth, Illinois 61462
License #: 0005439, Expiration 4/11/26
Joint Commission: Critical Access Hospital-no Joint Commission Certificate

OSF HealthCare Saint Francis Medical Center

530 NE Glen Oak Avenue
Peoria, Illinois 61637
License #: 0002394, Expiration 12/31/25
Joint Commission: 4/22/23, 36 months

OSF HealthCare Saint Anthony's Health Center

One Saint Anthony's Way
Alton, Illinois 62002-0340
License #: 0005942, Expiration 10/31/25
Joint Commission: 11/2/23, 36 months

OSF HealthCare Saint James-John W. Albrecht Medical Center

2500 W. Reynolds Street
Pontiac, Illinois 61764
License #: 0005264, Expiration 3/2/26
Joint Commission: 4/8/23, 36 months

OSF HealthCare St. Joseph Medical Center

2200 E. Washington Street
Bloomington, Illinois 61701
License #: 0002535, Expiration 12/31/25
Joint Commission: 3/25/23, 36 months

OSF HealthCare Saint Anthony Medical Center

5666 E. State Street
Rockford, Illinois 61108-2472
License #: 0002253, Expiration 12/31/25
Joint Commission: 3/11/23, 36 months

OSF HealthCare Saint Luke Medical Center

1051 West South Street
Kewanee, Illinois 61443
License #: 0005926, Expiration 3/31/26
Joint Commission: Critical Access Hospital-no Joint Commission Certificate

OSF HealthCare Saint Elizabeth Medical Center – Ottawa and Peru

1100 E. Norris Drive
925 West Street
Ottawa, Illinois 61354
License #: 0005520, Expiration 5/14/25
Joint Commission: 6/3/23, 36 months-Ottawa/Peru

OSF Saint Elizabeth Medical Center Freestanding Emergency Center

111 Spring Street
Streator, Illinois 61364
License #: 22006, Expiration 8/8/25
Joint Commission: 6/3/23, 36 months (included with Saint Elizabeth Medical Center)

OSF Healthcare System List of Facilities in Illinois - continued

OSF HealthCare St. Mary Medical Center

3333 N. Seminary Street
Galesburg, Illinois 61401
License #: 0002675, Expiration 12/31/25
Joint Commission: 2/24/23, 36 months

OSF HealthCare Saint Paul Medical Center

1401 E. 12th Street
Mendota, Illinois 61342
License #: 0005819, Expiration 12/6/25
Joint Commission: Critical Access Hospital-no Joint Commission Certificate

OSF Healthcare Sacred Heart Medical Center

812 N. Logan Avenue
Danville, Illinois 61832
License #: 0006072, Expiration 2/1/26
Joint Commission: 5/26/23, 36 months

OSF HealthCare Heart of Mary Medical Center

1400 W. Park Street
Urbana, Illinois 61801
License #: 0006080, Expiration 2/1/26
Joint Commission: 10/6/23, 36 months

OSF Little Company of Mary Medical Center

2800 W. 95th Street
Evergreen Park, Illinois 60805
License #: 0006163, Expiration 1/31/26
Joint Commission: 5/6/22, 36 months

OSF Saint Clare Medical Center

530 Park Avenue East
Princeton, Illinois 61356
License #: 006254, Expiration 6/30/25
Joint Commission: Critical Access Hospital-no Joint Commission Certificate

OSF Divine Mercy Continuing Care Hospital

500 W. Romeo B. Garrett Avenue
Peoria, Illinois 61605
License #: 0006262, Expiration 9/30/25
Joint Commission: 5/6/22, 36 months

OSF Saint Katharine Medical Center

403 E. First Street
Dixon, Illinois 61021
License #: 006420, Expiration 12/31/25
Joint Commission: Not JC Certified



OSF HEALTHCARE

March 6, 2025

Ms. Debra Savage, Chairwoman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street - 2nd Floor
Springfield, IL 62761

Re: No Adverse Actions / Authorized Access to Information

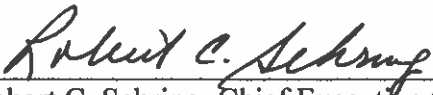
Dear Chairwoman Savage:

I hereby certify that no adverse action has been taken against OSF Healthcare System (“OSF”) or any facility owned or operated by OSF, directly or indirectly, within three years prior to the filing of this application. For the purpose of this letter, the term “adverse action” has the meaning given to it in the Illinois Administrative Code, Title 77, Section 1130.

I hereby authorize the Health Facilities and Services Review Board (“Board”) and the Illinois Department of Public Health (“IDPH”) to access any documentation they find necessary to verify any documentation or information submitted, including but not limited to official records of IDPH or other State agencies and the records of nationally recognized accreditation organizations. I further authorize the Board and IDPH to obtain any additional documentation or information that the Board or IDPH deems necessary to process the application.


If you have any questions, please contact Mark Hohulin, Senior Vice President, Healthcare Analytics, at 309-308-9656 or at mark.e.hohulin@osfhealthcare.org.

Sincerely,

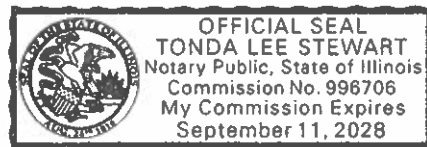

Robert C. Sehring, Chief Executive Officer
OSF Healthcare System
124 S.W. Adams Street
Peoria, IL 61602

Notarization:

Subscribed and sworn to before me
this 6th day of March 2025


Signature of Notary

Seal



PURPOSE OF THE PROJECT

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

The project proposes to discontinue the 5 bed ICU service and 14 bed obstetrics service at the aging OSF Saint Elizabeth Medical Center-Ottawa ("SEMC-Ottawa"). These services are being relocated to OSF Saint Elizabeth Medical Center-Peru ("SEMC-Peru"), following the anticipated completion of the modernization and expansion of ICU services at SEMC-Peru in August, 2025. The modernization of ICU at SEMC-Peru and the continuation of the 11 bed OB service there were approved by HFSRB in August, 2024 (Project 24-014).

Saint Elizabeth Medical Center operates at two campuses under one license, with Certificate of Need rules applicable at each of the separate hospital sites.

The relocation of ICU and OB services from Ottawa to Peru, and subsequent discontinuation of the two services at Ottawa, are part of a multi-facility plan that OSF has developed to maintain access to health care in the I-80 corridor area. The broader plan includes replacement of SEMC-Ottawa with a new and smaller facility across State Route 6 from the current location. CON permit application 24-011 for establishment of the replacement SEMC-Ottawa hospital was submitted in March, 2024. A separate permit application (24-014) addresses the modernization of ICU at SEMC-Peru, the relocation of ICU and OB from SEMC-Ottawa to SEMC-Peru, and the expansion of medical/surgical services at SEMC-Peru. HFSRB approved the SEMC-Peru permit application on August 8, 2024. Because of local opposition to the replacement hospital plan, OSF has received State approval to defer consideration of the replacement hospital plan (24-011) and the plan for the discontinuation of the existing SEMC-Ottawa (24-013) upon approval and construction of the replacement hospital.

The project accomplishes three purposes.

1) Meeting the commitment to discontinue ICU and OB services at SEMC-Ottawa, once those services are operational at SEMC-Peru. Initially, the three permit applications referenced above were to have been reviewed at the same HFSRB Board meeting last year. However, because of local opposition and continuing discussions, the two permit applications for the replacement hospital and discontinuation of the current SEMC-Ottawa hospital were deferred. The deferrals create a gap in timing to discontinue ICU and OB at SEMC-Ottawa, which will be closed in Ottawa when those two services are opened at SEMC-Peru in August, 2025. State approval to discontinue the services in Ottawa should be timed with the opening of ICU and OB in Peru. This permit application accomplishes that coordinated timing.

The next two purposes relate to the broader regional plan for sustaining health care, a plan that includes the expansion of services – including ICU and OB – in Peru.

2) Maintaining access in the region. The plan for replacement SEMC-Ottawa hospital, along with the relocation of its intensive care and obstetrics services to SEMC-Peru, restores some of the facilities and service deficits that resulted from the closures of SMH system's St. Margaret's Health-Peru and St. Margaret's Health-Spring Valley in 2023. The two closed hospitals had a total of 93 acute care beds, 49 in Peru and 44 in Spring Valley. These 93 beds were 39% of the total 242 authorized beds in Planning Area C-02. These 93 closed beds included 10 ICU beds and 17 OB beds.

OSF acquired St. Margaret's Health-Peru in 2023, keeping the 38 authorized medical/surgical beds at that facility in the State inventory, as well as 4 ICU beds and 7 OB beds. (OSF corrected the inventory of OB beds to reflect 11 total OB beds at Peru, counting 4 LDRPs in place but not included in prior-year inventories.) With the approval of project 24-014 in August, 2024, medical/surgical increased to an authorized complement of 45 beds; ICU increased to 8 beds. The coordinated bed plan includes 57 total medical/surgical beds at SEMC-Ottawa and SEMC-Peru; 8 ICU beds and 11 OB beds at SEMC-Peru, and 26 AMI beds at SEMC-Ottawa.

The OSF plan also sustains ICU, obstetrics, and acute mental illness in the area. ICU and Obstetrics services will be discontinued at Ottawa and located centrally in the region at SEMC-Peru. The plan for services maintains the current 26 AMI bed count at Ottawa. This permit application for the discontinuation of ICU and OB at SEMC-Ottawa does not affect the 54 authorized medical/surgical beds at that hospital. The authorized medical/surgical bed count will be reduced at SEMC-Ottawa in the future. Additional medical/surgical and ICU capacity is in place at OSF Saint Paul Medical Center in Mendota and OSF Saint Clare Medical Center in Princeton.

3) Sustaining rural health care. The challenges of rural health care are well known. Their small scale limits the ability to develop specialized programs, in part due to the difficulty of attracting and retaining clinical specialists. Financially, their relatively low patient volume makes it difficult to cover the cost of care. Most rural hospitals operate at a loss. The project proposes to operate OSF SEMC at its two locations as a hub of services in the three counties in C-02, with spokes at outlying hospitals. SEMC-Peru will be the hub for ICU and obstetrics relocated from Ottawa, with significant expansion of medical/surgical services there. SEMC-Ottawa will be the hub for acute mental illness inpatient care. The spokes relating to SEMC will be OSF Saint Clare Medical Center in Princeton, OSF Saint Paul Medical Center in Mendota, and OSF Center for Health in Streator (outpatient; no inpatient beds at Streator). The map on the next page shows the locations of hospitals in Ottawa, Peru, Mendota and Princeton, as well as the outpatient OSF Center for Health in Streator.

By addressing these three issues, the project to replace the current SEMC with a new facility in Ottawa and operate SEMC-Peru as one licensed facility at two locations will improve the sustainability and access to needed inpatient services in the I-80 corridor area, thereby improving health care and the well-being of the area population.

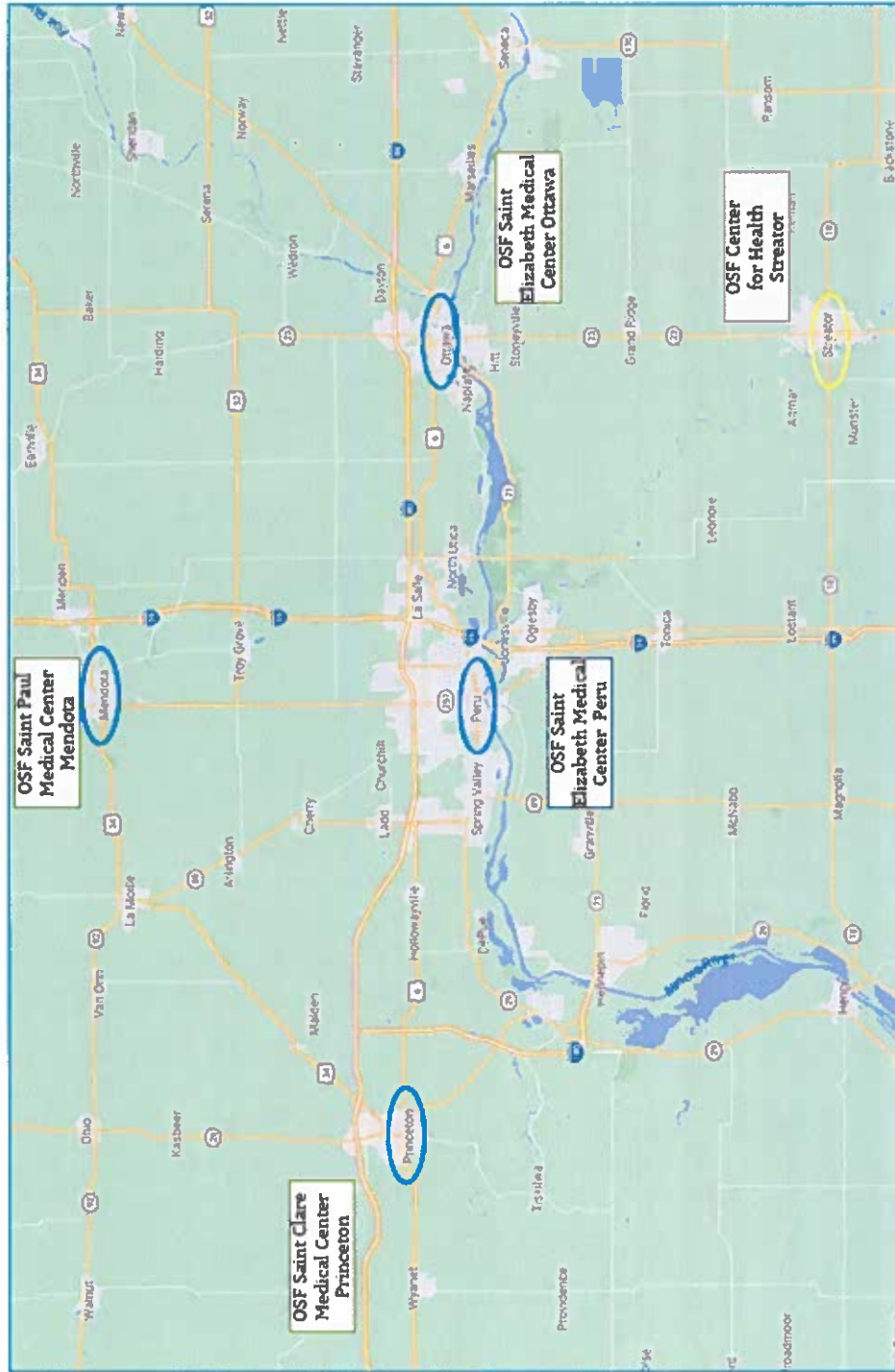
2. Define the planning area or market area, or other relevant area, per the applicant's definition.

OSF has selected State hospital planning area C-02 as the planning area for the project. C-02 is comprised of LaSalle County (containing Ottawa and Peru), Bureau County, Putnam County, and the townships of Osceola and Elmira in Stark County.

As shown in the patient origin table on the page following the map of the I-80 corridor, the case volumes are a composite of inpatients and observation cases at OSF Saint Elizabeth Medical Center in 2023, and at St. Margaret's Health hospital in Peru in 2022, the last year of reported COMPdata information.

Because SEMC operates as one licensed hospital at two locations, Peru and Ottawa, the planning area is a consolidation of the patient origin data of the hospitals in Ottawa, Peru and Spring Valley. Collectively, the hospitals had 7,821 inpatients and observation cases. 89.7% (rounded to 90%) of patients served at these hospitals reside in the planning area, C-02.

OSF HEALTHCARE: I-80 SERVICE AREA



Mileage:

- Princeton to Ottawa: **37.8 miles/38 mins**
- Princeton to Peru: **22.1 miles/26 mins**
- Ottawa to Peru: **17.1 miles/25 mins**
- Streator to Peru: **28.5 miles/32 mins**
- Mendota to Peru: **20.3 miles/24 mins**

All routes were calculated from each OSF Hospital from Google Maps

SAINT ELIZABETH MEDICAL CENTER & SMH-PERU COMBINED
 Table - Zip Codes of Patient Residence (Year: 2023)
 Saint Elizabeth Medical Center - Ottawa (All)
 Source: OSF Internal Utilization (OSF Enterprise Explorer)

Patient County	Patient Zip Code	Patient City	CY 2023	CY 2022	Combined	Percent of total	Cumulative percent
			Inpatient & Observation Cases SEMC - Ottawa	Inpatient & Observation Cases Peru			
LA SALLE, IL	61350	OTTAWA	1,703	41	1,744	22.3%	22.3%
	61364	STREATOR	1,198	34	1,232	15.8%	38.1%
	61354	PERU	360	394	754	9.6%	47.7%
	61301	LA SALLE	428	301	729	9.3%	57.0%
	61341	MARSEILLES	416	7	423	5.4%	62.4%
	61348	OGLESBY	170	141	311	4.0%	66.4%
	61342	MENDOTA	176	95	271	3.5%	69.9%
	61373	UTICA	74	42	116	1.5%	71.3%
	61370	TONICA	63	49	112	1.4%	72.8%
	60518	EARLVILLE	66	10	76	1.0%	73.8%
	61360	SENECA	56	1	57	0.7%	74.5%
	61325	GRAND RIDGE	52	-	52	0.7%	75.1%
	61334	LOSTANT	21	21	42	0.5%	75.7%
	60551	SHERIDAN	33	3	36	0.5%	76.1%
	60549	SERENA	22	-	22	0.3%	76.4%
	60531	LELAND	16	-	16	0.2%	76.6%
	60470	RANSOM	13	2	15	0.2%	76.8%
	61316	CEDAR POINT	10	3	13	0.2%	77.0%
	61332	LEONORE	9	2	11	0.1%	77.1%
	61372	TROY GROVE	6	4	10	0.1%	77.3%
61358	RUTLAND	3	-	3	0.0%	77.3%	
60557	WEDRON	3	-	3	0.0%	77.3%	
61321	DANA	2	-	2	0.0%	77.4%	
61371	TRIUMPH	1	-	1	0.0%	77.4%	
LA SALLE, IL Total			4,901	1,150	6,051		
BUREAU, IL	61362	SPRING VALLEY	141	80	221	2.8%	80.2%
	61356	PRINCETON	113	94	207	2.6%	82.8%
	61322	DEPUE	48	27	75	1.0%	83.8%
	61329	LADD	39	20	59	0.8%	84.6%
	61330	LA MOILLE	21	15	36	0.5%	85.0%
	61379	WYANET	14	16	30	0.4%	85.4%
	61368	TISKILWA	16	8	24	0.3%	85.7%
	61312	ARLINGTON	8	13	21	0.3%	86.0%
	61320	DALZELL	8	11	19	0.2%	86.2%
	61317	CHERRY	8	9	17	0.2%	86.4%
	61361	SHEFFIELD	2	14	16	0.2%	86.6%
	61359	SEATONVILLE	5	4	9	0.1%	86.8%
	61376	WALNUT	7	-	7	0.1%	86.8%
	61337	MALDEN	4	3	7	0.1%	86.9%
	61315	BUREAU	3	4	7	0.1%	87.0%
	61314	BUDA	3	4	7	0.1%	87.1%
	61349	OHIO	2	3	5	0.1%	87.2%
	61338	MANLIUS	3	-	3	0.0%	87.2%
	61345	NEPONSET	1	2	3	0.0%	87.3%
	61374	VAN ORIN	1	-	1	0.0%	87.3%
BUREAU, IL Total			447	327	774		
PUTNAM, IL	61326	GRANVILLE	37	30	67	0.9%	88.1%
	61327	HENNEPIN	28	17	45	0.6%	88.7%
	61335	MC HABB	12	9	21	0.3%	89.0%
	61340	MARK	7	9	16	0.2%	89.2%
	61560	PUTNAM	8	5	13	0.2%	89.3%
	61336	MAGNOLIA	8	5	13	0.2%	89.5%
	61363	STANDARD	6	4	10	0.1%	89.6%
PUTNAM, IL Total			106	79	185		
STARK, IL	61421	BRADFORD	2	-	2	0.0%	89.7%
	61483	TOULON	2	-	2	0.0%	89.7%
	61449	LA FAYETTE	2	-	2	0.0%	89.7%
STARK, IL Total			6	-	6		
Total, Planning Area C-02			5,460	1,556	7,016		89.7%
Outside Planning Area C-02			716	89	805	10.3%	100.0%
Total Patients			6,176	1,645	7,821		

3. Identify the existing problems that need to be addressed as applicable or appropriate for the project.

The introduction of this Purpose section outlined how the proposed project will improve health care delivery in the I-80 corridor by addressing the following problems:

- Maintaining ICU and obstetrics services centralized in the planning area, featuring the relocation of ICU and OB from Ottawa to Peru;
- Threatened access to needed services in the region, following the 2023 closure of 93 beds at St. Margaret’s Health hospitals in Peru and Spring Valley, 39% of hospital capacity in C-02;
- Problems generally faced by rural areas in maintaining access to quality health care services.

A. Centralizing ICU and OB services in the planning area C-02

The following table shows the low ICU and OB censuses at the two St. Margaret’s Health hospitals and OSF Saint Elizabeth Medical Center from 2020 through 2024.

ICU average daily census at St Margaret’s-Peru from 1.12 to 2.72 patients; 0 in 2024.
 ICU average daily census at St. Margaret’s-Spring Valley ranged from 2.50-3.04 patients; 0 in 2024.
 ICU average daily census at SEMC-Ottawa ranged from 3.15-4.57 patients.

OB average daily census at St. Margaret’s-Peru ranged from 1.56-2.16 patients; 0 in 2024.
 OB average daily census at St. Margaret’s-Spring Valley ranged from 0.26-1.55 patients; 0 in 2024.
 OB average daily census at SEMC-Ottawa ranged 2.37-3.96.

Historical Utilization 2020-2024 - ICU and OB

	2020			2021			2022			2023			2024		
	Adm	Pt Days	ADC	Adm	Pt Days	ADC	Adm	Pt Days	ADC	Adm	Pt Days	ADC	Adm	Pt Days	ADC
Intensive Care															
SEMC - Ottawa	460	1151	3.15	448	1261	3.45	451	1239	3.40	384	1321	3.62	418	1416	4.57
St Margaret's - Peru	261	993	2.72	241	1041	2.85	157	408	1.12	--	--	--	--	--	--
St Margaret's - Spring Valley	152	931	2.55	125	911	2.50	183	1109	3.04	--	--	--	--	--	--
Saint Paul	11	12	0.03	15	20	0.05	16	18	0.05	68	128	0.35	85	218	0.60
Saint Clare	53	129	0.35	26	92	0.25	49	77	0.21	28	61	0.17	53	68	0.19
Total	937	3216	8.80	855	3325	9.10	856	2851	7.82	480	1510	4.14	556	1702	5.36
Obstetrics															
SEMC - Ottawa	446	1047	2.87	505	1125	3.08	411	974	2.37	585	1309	3.59	672	1444	3.96
St Margaret's - Peru	362	787	2.16	321	681	1.87	271	569	1.56	--	--	--	--	--	--
St Margaret's - Spring Valley	287	564	1.55	268	534	1.46	49	96	0.26	--	--	--	--	--	--
Total	1095	2398	6.58	1094	2340	6.41	731	1639	4.19	585	1309	3.59	672	1444	3.96

Sources: HFSRB Profile data and Annual Hospital Questionnaires
 AHQs for SMH-SV 2021 and 2022
 AHQ for SMH-Peru 2021; Compdata 2022
 Prelim 2024 AHQ data for SEMC-Ottawa, SEMC-Peru, Saint Paul, Saint Clare (not final)

Note: Available ICU capacity also exists at OSF Saint Paul Medical Center in Mendota and OSF Saint Clare Medical Center in Princeton to accommodate area needs.

The difficulties of operating separate ICU and OB services are well known – insufficient patient volumes to support efficient physician, nursing and staff coverage; limitations on the development of specialized expertise that result from a larger patient volume base; and inability to cover the fixed costs for providing low volume services.

B. Closures of St. Margaret's Health-Peru and St. Margaret's Health-Spring Valley resulted in bed deficits in the area.

The two closed hospitals had a total of 93 acute care beds, 49 in Peru and 44 in Spring Valley. These 93 beds were 39% of the total 242 authorized beds in Planning Area C-02.

Of these 93 beds, 66 were medical/surgical beds, 10 were ICU, and 17 were OB. According to the State's *Inventory of Health Care Facilities and Services and Need Determinations* in October, 2021 (the last *Inventory* prior to the closures), there were excesses of 43 medical/surgical beds, 8 ICU beds and 10 OB beds, indicative of sufficient capacity in the region. The closures would have resulted in deficits in State Planning Area C-02 of 23 medical/surgical beds, 2 ICU beds and 7 OB beds (using data from the HFSRB *Inventory of Health Facilities and Services and Need Determinations*, October, 2021).

However, OSF's acquisition of St. Margaret's Health-Peru in 2023 (Change of Ownership Certificate of Exemption #E-026-23) kept the authorized beds at that facility in the State inventory. The project at Peru increases the 38-bed medical/surgical unit in Peru to 45 beds, while reducing med/surg beds from 54 authorized beds to 12 at SEMC-Ottawa.

The plan also sustains ICU, obstetrics, and acute mental illness services in the area. St. Margaret's Health had a total of 10 ICU beds at the two hospitals. The new 8 bed ICU unit at SEMC-Peru, coupled with the 7 ICU beds in Mendota and Princeton, result in 15 ICU beds in C-02, comparable to the State's calculated need for 14 ICU beds. (*Inventory of Health Care Facilities and Services and Need Determinations*, December 18, 2023). St. Margaret's Health had a total of 17 OB beds at the two hospitals. The discontinuation of OB beds in SEMC-Ottawa and re-opening of 11 OB beds at SEMC-Peru compares to the calculated need for 13 OB beds in C-02. Tracking of hourly OB census by day in 2023, following the closure of St Margaret's in June, determined that 11 OB beds is sufficient to meet the obstetrics needs in the area. The plan replaces the existing 26 bed AMI unit at SEMC-Ottawa with the same sized AMI service.

C. Rural health care is threatened throughout the Unites States and in Illinois.

Rural health care is in stress throughout the United States. Since 2005, 195 rural hospitals have closed. (Cecil G. Sheps Center for Health Services Research, University of North Carolina.) 646 rural hospitals (30% of the total) are at risk of closure (Center for Healthcare Quality & Payment Reform). According to a May 17, 2023 statement by the American Hospital Association, over half of rural hospitals ended 2022 with a loss, over 65% of primary care Health Professional Shortage Areas are rural or partially rural, and only 10% of physicians in the US practice in rural communities.

Ottawa, Bureau and Putnam are rural counties and experience these conditions, as evidenced by the recent closures of the two Saint Margaret's Health hospitals. OSF's plan for the replacement of SEMC-Ottawa, the operation of SEMC-Ottawa and SEMC-Peru under one license, and the relocation of ICU and

OB from Ottawa to Peru are intended to address the needs for health care in the I-80 corridor in a regional delivery system that is sustainable.

4. Cite the sources of information.

- HFSRB Hospital Profiles
- HFSRB *Inventory of Health Care Facilities and Services and Need Determinations*, December, 2023
- HFSRB *Inventory of Health Care Facilities and Services and Need Determinations*, October, 2021
- COMPdata, Illinois Hospital Association
- OSF Enterprise Explorer
- Facility Condition Assessment, OSF Saint Elizabeth Medical Center, by FOS Cannon Design, final report 8/11/2021
- Internal Planning Documents, OSF Healthcare System
- OSF daily hourly logs of inpatient room utilization, OSF Saint Elizabeth Medical Center-Ottawa, OSF Saint Paul Medical Center-Mendota, and OSF Saint Clare Medical Center-Princeton
- 2022 Community Health Needs Assessment, LaSalle County
- Community Benefit Report, OSF Healthcare System, Fiscal Year 2022
- Center for Healthcare Quality & Payment Reform, Becker's Hospital CFO Report, May 22, 2023
- Cecil G. Sheps Center for Health Services Research, University of North Carolina, as reported in U.S. News and World Report, June 22, 2023
- Becker's Hospital Review, August 17, 2023

5. Detail how the project will address the previously referenced issues, as well as the population status and well-being.

The planned OSF Saint Elizabeth Medical Center on two campuses will replace services that were closed in 2023 due to the termination of St. Margaret's Health's two hospitals in Peru and Spring Valley. These closed services contained 39% of the bed capacity in planning area C-02. By purchasing the closed St. Margaret's Health-Peru hospital and re-opening it in 2024 as OSF Saint Elizabeth Medical Center-Peru, OSF is able to assure continued access to needed health care services in the planning area. Saint Elizabeth Medical Center will operate on two hospital sites – Ottawa and Peru. This arrangement facilitates the relocation of ICU and OB services, and a portion of the medical/surgical services, from the current Ottawa hospital to Peru. The HFSRB approved OSF's plan for expanding services at Peru in August, 2024 (Project 24-014).

This permit application is a key part of the two-campus hospital plan, addressing the discontinuation of ICU and OB services at SEMC-Ottawa as part of the relocation of those services to SEMC-Peru.

The plan sustains ICU and obstetrics in the planning area. St. Margaret's Health had a total of 10 ICU beds at the two hospitals. The new 8 bed ICU unit at SEMC-Peru, coupled with the 7 ICU beds in Mendota and Princeton, results in 15 ICU beds in C-02, comparable to the State's calculated need for 14 ICU beds. (*Inventory of Health Care Facilities and Services and Need Determinations, December 18, 2023*). St. Margaret's Health had a total of 17 OB beds at the two hospitals. The discontinuation of OB beds in SEMC-Ottawa and re-opening of 11 OB beds at SEMC-Peru compares to the calculated need for 13 OB beds. Tracking of hourly OB census by day in 2023, following the closure of St Margaret's in June, determined that 11 OB beds is sufficient to meet the obstetrics needs in the area.

The consolidation of ICU and OB services at SEMC-Peru is one component of the OSF regional health care plan, and was included in CON permit application 24-014. That approved permit application also includes the expansion of the medical/surgical service at SEMC-Peru from 38 to 45 medical/surgical beds. A related project (24-011, deferred) proposes the replacement of the aging SEMC-Ottawa facility with a downsized medical/surgical service and 26 acute mental illness beds in all private rooms, surgery, the emergency department, diagnostic imaging, outpatient facilities, and other clinical services.

The organization of clinical services at SEMC-Ottawa and SEMC-Peru, coupled with the services at OSF Saint Paul Medical Center in Mendota and OSF Saint Clare Medical Center in Princeton, constitute a sustainable plan for meeting the inpatient needs of the 146,020 residents of Planning Area C-02.

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

- Discontinue the ICU and OB services at SEMC-Ottawa, following the opening of the 8 bed ICU unit and 11 bed OB unit at SEMC-Peru in August, 2025.

ALTERNATIVES

Context for the discontinuation project

The project is the discontinuation of the 5 bed ICU service and 14 bed Obstetrics service at OSF Saint Elizabeth Medical Center – Ottawa (“SEMC-Ottawa”). The discontinuations at SEMC-Ottawa are part of OSF’s regional health care plan that includes the expansion of the existing ICU and OB services at OSF Saint Elizabeth Medical Center – Peru (“SEMC-Peru”). Under that plan, ICU will expand from a 4 bed ICU unit to an 8-bed unit at SEMC-Peru. Obstetrics will occupy the 11 bed OB unit at SEMC-Peru, which remains in place at the hospital, the former St. Margaret’s Hospital in Peru. St. Margaret’s Health – Peru closed and was acquired by OSF in 2023. The plan for expanding ICU at SEMC-Peru and continuing the OB service there is part of CON Project #24-014, which was approved by the Illinois Health Facilities and Services Review Board in August, 2024.

OSF Saint Elizabeth Medical Center operates two campuses under one combined license, with Certificate of Need rules applicable at each of the separate hospital sites. The plan in effect accomplishes the relocation of ICU and OB from SEMC-Ottawa to SEMC-Peru, a distance of about 17 miles.

The discontinuation of ICU and OB at SEMC-Ottawa is covered in permit application 24-013, which addresses the discontinuation of the entire SEMC hospital. The discontinuation of that hospital is related to project 24-011, the proposal to replace SEMC-Ottawa with a smaller facility providing medical/surgical and acute mental illness inpatient care, as well as surgery, diagnostic imaging, emergency care and other clinical services. These two permit applications were associated with permit application #24-014, the plan for the expansion of services at SEMC-Peru. When the three permit applications were submitted in the spring of 2024, the plan was to review all three at the same HFSRB meeting in August, 2024.

However, the plan for replacement of the hospital in Ottawa has not received support from local communities. Two decisions were made last August. The first decision was to defer the permit applications for the replacement hospital and the discontinuation of the current SEMC-Ottawa facility once the replacement hospital construction is completed and the new hospital is open for care. The deferral is intended to allow time for further discussion with local communities in the Ottawa area regarding an enhanced replacement hospital plan, and the roles of SEMC-Ottawa and SEMC-Peru in the context of the broader regional health care plan.

The second decision made was to not defer the expansion of the services at SEMC-Peru, but to move ahead with that project, including the build-out of space for the 8-bed ICU unit, and occupancy of the existing 11 bed OB unit. HFSRB approved the permit application for SEMC-Peru on August 8.

OSF plans to open the new ICU unit for service in August, 2025 at SEMC-Peru, and to re-open the 11-bed obstetrics service around the same time, consistent with the approved permit application 24-014. However, the deferral of the replacement hospital and discontinuation of the SEMC-Ottawa facility will not be brought back to the HFSRB before that time. As a result, this separate discontinuation permit application is presented to assure that there are not duplicate ICU and OB services in place at SEMC-Ottawa and SEMC-Peru. Specifically, the ICU and OB services now in place at SEMC-Ottawa will be discontinued upon the opening of the respective new services at Peru.

With this background, there are three alternatives that were considered in the process of planning the discontinuation of ICU and obstetrics at SEMC Ottawa:

Alternative 1: Discontinue the entire OSF Saint Elizabeth Medical Center hospital facility.

Alternative 2: Maintain ICU and OB at SEMC-Ottawa, and have duplicate clinical services at SEMC-Ottawa and SEMC-Peru.

Alternative 3: Discontinue ICU and OB at SEMC-Ottawa upon the opening of those two services at SEMC-Peru in the summer of 2025. (Selected Alternative)

Alternative 1: Discontinue the entire OSF Saint Elizabeth Medical Center hospital facility.

The initial plan to discontinue the entire hospital was based, in part, on significant structural and system deficiencies in the 1972 building, as well as operational inefficiencies. The 194,000 sq ft hospital has a licensed bed capacity of 99 beds: 54 medical/surgical beds, 5 ICU, 14 OB and 26 AMI. Based on the 2021 Facility Condition Assessment conducted by the FOS division of CannonDesign, the current hospital requires over \$110 million in critical upgrades to address imminent building and infrastructure needs, and more than an additional \$125 million to make the building efficient and meet current operational requirements. These conditions are summarized in the Purpose of the Project section of permit application #24-011.

Like most hospitals built in the 70s, OSF Saint Elizabeth Medical Center has an abundance of double occupancy rooms and a limited number of private rooms. This is especially the case for the medical/surgical service, where only 16 of the 54 authorized beds are in single rooms. For AMI, only 4 of the 26 beds are in single bed rooms. This condition has resulted in turning away hundreds of patients per year who were not able to be admitted because of gender or other compatibility issues which prevail when private rooms are not available.

In recent years, maintaining the facility, making necessary repairs and upgrades, and addressing code issues has been expensive, exceeding annual facilities budgets. Many non-essential but prudent maintenance projects have been deferred. Modernizing the current hospital building is not cost-effective. The hospital facility would still have room sizes that do not meet current standards, and the location of several supporting services are not adjacent to the programs they are intended to support. The renovations and upgrade projects would require 10 years to complete, meaning that there would be extended and continuous disruption to hospital operations.

Recognizing the major problems with the current hospital building, discontinuing the entire building remains the plan. However, that plan is dependent upon the construction of a replacement hospital that will accommodate a downsized medical/surgical service and an all-private room 26-bed acute mental illness service. The replacement hospital will also have a modern emergency department, surgical department, diagnostic imaging, outpatient services, and other clinical services. If the building were to be discontinued without the availability of the replacement hospital, other arrangements in the regional plan would need to be made to accommodate inpatient medical/surgical and AMI care and the other clinical service volumes planned in the replacement hospital.

This Alternative for the discontinuation of the entire hospital is broader in scope than the need to accommodate the specific discontinuation of ICU and OB in Ottawa upon the completion of the ICU modernization project at SEMC-Peru this summer. Due to the deferral of permit application 24-013 to

discontinue the entire hospital, SEMC-Ottawa, approval to discontinue the specific ICU and OB services there is needed.

Alternative 2: Maintain ICU and OB at SEMC-Ottawa, and have duplicate clinical services at SEMC-Ottawa and SEMC-Peru.

This alternative would result in bed counts that exceed the area need. According to the *Inventory of Health Care Facilities and Services and Need Determinations* dated December 18, 2023, there is a need for 14 ICU beds in State planning area C-02. If the 5 ICU beds at SEMC-Ottawa are not removed from the inventory, a total of 20 ICU beds at SEMC-Ottawa (5), SEMC-Peru (8), Saint Paul (4) and Saint Clare (3) is above the area need.

The *Inventory* refers to a need for 13 obstetrics beds in the area. Without the discontinuation of SEMC-Ottawa's 14 beds, there will be 25 beds, including the 11 at SEMC-Peru.

Equally significant, the operation of two units results in duplicating staffing and operational costs. Physician coverage and staffing is enhanced by having one consolidated unit with 8 beds, resulting in improved quality of care.

The OSF regional plan advances care when services are consolidated, without sacrificing the goal of having these services accessible to patients. Operating one 8 bed ICU service instead of two services increases the ability to recruit and retain staff, and avoids duplicating staff and capital equipment. It facilitates the ability to treat a higher level of acuity and reduces some of the need for patients to be transferred to larger facilities.

Similar arguments related to enhancing the ability to maintain staffing and avoiding duplication of equipment make the case for a consolidated OB service in the 11-bed unit at SEMC-Peru. For these reasons, OSF rejected the alternative of continuing to operate two ICUs, as well as two separate OB services.

Alternative 3: Discontinue ICU and OB at SEMC-Ottawa upon the opening of those two services at SEMC-Peru in the summer of 2025. (Selected Alternative)

This Alternative follows through on OSF's commitment to discontinue ICU and OB services at SEMC-Ottawa when the ICU facility modernization/expansion project at SEMC-Peru is completed this summer. The CON permit application to have that discontinuation approved as part of the discontinuation of the entire hospital is being deferred until early 2026. That extended timing does not accommodate the reality that ICU and OB services will cease in Ottawa in August, 2025, with the opening of the ICU and OB services at SEMC-Peru.

Discontinuing the ICU and OB services at SEMC-Ottawa enables adjusting the inventory of authorized ICU beds in planning area C-02 to reflect beds in service. There will be 15 ICU beds (8 at SEMC-Peru, 4 at OSF Saint Paul Medical Center in Mendota, and 3 at OSF Saint Clare Medical center in Princeton), comparable to the calculated need for 14 in the State's Need Determinations. There will be 11 OB beds in the planning area, comparable to the calculated need for 13 OB beds.

OSF selected this option to reflect the timing of the opening of the services in Peru and the need to adjust the State inventory at the time the ICU and OB services at SEMC-Ottawa are closed.

The following sections are not applicable to the Discontinuation project, and are not included:

SECTION IV: PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

SECTION V: MASTER DESIGN PERMITS

SECTION VI: SERVICE SPECIFIC REVIEW CRITERIA

SECTION VII: AVAILABILITY OF FUNDS

SECTION VIII: FINANCIAL VIABILITY

SECTION IX: ECONOMIC FEASIBILITY

SECTION X. 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.

Health safety net services have been defined as services provided to patients who are low-income and otherwise vulnerable, including those uninsured and covered by Medicaid. (Agency for Healthcare Research and Quality, Public Health Services, U.S. Department of Health and Human Services, "The Safety Net Monitoring Initiative," AHRQ Pub. No 03-P011, August, 2003.)

The project is the discontinuation of Intensive Care (ICU) and Obstetrics (OB) services at OSF Saint Elizabeth Medical Center ("SEMC-Ottawa").

A separate and related permit application, #24-014, addresses the plan for relocating these two clinical services to OSF Saint Elizabeth Medical Center-Peru, the former St. Margaret's Health-Peru hospital which was acquired by OSF following its closure in 2023. OSF Saint Elizabeth Medical Center will operate as one licensed hospital at two sites: SEMC-Ottawa and SEMC-Peru. The re-opening of ICU and OB at SEMC-Peru assures the continued availability of these services to the communities in Planning Area C-02.

Enabled by the discontinuation, the re-opening of these services at the former St. Margaret's Health-Peru hospital enables OSF's commitment to subsidize and strengthen safety net services. OSF Healthcare System provides several services in Planning Area C-02 that are important safety net services. These include emergency medical care, inpatient and outpatient behavioral health, outpatient clinic services, pharmaceuticals and other medical services. Specifically, continuation of the Acute Mental Illness service at SEMC-Ottawa qualifies SEMC for safety net reimbursement, allowing it to continue to meet this special need in the I-80 corridor. SEMC's AMI program is the only inpatient AMI service in State Planning Area C-02, a three-county area with a population of 146,020.

LaSalle County ranks at 0.43, a low to moderate condition score on the CDC's Social Vulnerability Index Scores range from 0 (least vulnerability) to 1 (highest vulnerability). The Index is a tool developed and used by the Centers for Disease Control and Prevention, and incorporates factors such as high poverty, unemployment, minority status, crowded households, low percentage of vehicle ownership, and disability in measuring social vulnerability. By comparison, Bureau County to the west has a score of 0.29; Putnam County's score is 0.03. A significant number of persons cared for at OSF Saint Elizabeth Medical Center are in special need due to these conditional factors.

According to the 2022 Community Health Needs Assessment, the population of LaSalle County decreased over the last 5 years by 1.8%, similar to most counties in Illinois. The elderly population increased by 10.2%. An unemployment rate of 9.4% slightly exceeds the Illinois average of 8% (year 2020). The CHNA concluded that the greatest health needs are healthy behaviors and obesity and mental health. The majority of people exercise less than two times per week and consume two or fewer servings of fruits/vegetables per day. Almost half of the respondents experienced depression or stress in the last 30 days. Risk factors for heart disease are increasing.

OSF Saint Elizabeth Medical Center will continue to play a significant role in addressing access to quality health care and racial and health care disparities especially in rural areas of the county. Eliminating health disparities is fundamental to the well-being, productivity and viability of the entire nation.

However, this is impossible to achieve unless every entity does its part. OSF does its part in many ways. Through its participation in the Community Gardens program, it enables access to healthy fresh fruit and vegetables given to families and individuals in need, to local food banks, and to community agencies. This program not only covers Ottawa, but extends to Streator and Mendota as well. SEMC-Ottawa is active in several programs aimed at addressing active living, obesity and mental health issues among the populations in the area. It has promoted the University of Illinois walking guide for Ottawa, Streator and Mendota, advocating the program on digital screens in patient waiting rooms. Hospital staff have been active in nutrition education as part of the healthy living programming. The hospital also uses Social Determinates of Health (SDOH) in screening patients and connecting them with community-based organizations.

Approximately 24% of inpatients and outpatients at OSF Saint Elizabeth Medical Center are Medicaid; charity care as a percent of net revenue in 2023 was 1.3%, comparable to the Statewide average for hospitals. OSF upholds the principle that all people have a right to needed health care, and the hospitals are open to persons of every faith and ethnic background, regardless of ability to pay. There are a range of financial assistance programs based on patients’ needs.

Some of SEMC’s work is highlighted in the Fiscal Year 2023 community benefits report by OSF. Highlights of the Community Benefits report are:

- OSF Saint Elizabeth Medical Center provided \$18,416,822 in uncompensated community benefit.
- Charity care (at cost) of \$1,764,181.
- OSF Saint Elizabeth Medical Center government-sponsored indigent health care of \$11,394,923.
- \$4,085,910 given as subsidized health care in 2023.
- OSF Saint Elizabeth Medical Center donated \$59,801 to local agencies in 2023.

The entire OSF system of 16 hospitals (in 2023), the multi-specialty group practice, and the homecare service provided more that \$600 million in community benefit services in 2023.

Commitment to addressing diversity, equity and inclusion is broad within OSF system organizations – in hiring practices and human resources programs (for training, advancement and development of leadership skills), governance, and community involvement. These practices and programs apply especially to treating a diversity of patients, and being especially attentive to addressing populations with health care and social disparities.

The inpatient payor mix of SEMC is projected to continue as follows:

Medicare:	47.4%
Medicaid:	28.2%
Commercial:	21.8%
Self Pay / Other:	2.6%
 TOTAL	 100.0%

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

The plan for the discontinuation of ICU and OB at SEMC-Ottawa and the re-opening of OB and expansion of ICU at SEMC-Peru is part of OSF's regional plan for health care delivery, in and beyond State Planning Area C-02. In part, the plan responds to the recent closures of two St Margaret's Health hospitals, in Peru and Spring Valley. The hospital closures created a deficit of capacity in the Illinois Valley, a threat to access to safety net services for residents of the I-80 corridor. The plan for two SEMC hospitals, enabled by OSF Healthcare System's purchase of St Margaret's Health-Peru in November, 2023, now called SEMC-Peru. In addition to re-opening OB and an expanded ICU at Peru, OSF will add medical/surgical bed capacity at SEMC-Peru. The current plan is to replace SEMC-Ottawa with a scaled down state-of-the-art hospital, and expanded inpatient services in Peru. The permit application for the expansions of ICU and med/surg and the re-opening of OB in Peru were approved by HFSRB in August, 2024 (Project 24-014); review of the permit application for the replacement of the current hospital in Ottawa (Project 24-011) has been deferred for future consideration.

The regional plan is patterned as a hub-and-spoke model, with SEMC's two campus as the hub, and OSF Saint Paul Medical Center in Mendota, OSF Saint Clare Medical Center in Princeton and OSF Center for Health in Streator (outpatient) as the spokes. Saint Paul and Saint Clare are Critical Access hospitals, and play special roles in the delivery of health care services needed in the region. The bed capacities of the Ottawa and Peru hospitals are smaller than the capacity of the previous three hospitals at Ottawa, Peru and Spring Valley. As a result, each of the OSF hospitals and the OSF Center for Health – Streator will have a sufficient patient base to serve in their individual capacities.

The project will have no adverse impact on another hospital's ability to provide safety net services in this area.

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.

The new 8-bed ICU bed unit at SEMC-Peru will replace the 5 ICU beds being discontinued in Ottawa; the 11 OB beds at SEMC-Peru will replace the 14 OB bed unit being discontinued at Ottawa. Consequently, the combined SEMC Ottawa and Peru campus will have a bed capacity that will not draw patients served at other hospitals in the area, nor will it overwhelm those hospitals by not having sufficient capacity to accommodate its proportion of patients in the I-80 corridor.

4. Additional information on Safety Net Services.

A. For the three fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by the 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 the appropriate methodology specified by the Board.

B. For the three 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.

**Safety Net Information per PA 96-0031
For OSF Healthcare System
CHARITY CARE**

Charity (# of patients)	2021	2022	2023
Inpatient	945	857	870
Outpatient	28,323	25,162	25,202
Total	29,268	26,019	26,072
Charity (cost in dollars)			
Inpatient	\$18,306,320	\$19,446,244	\$16,809,919
Outpatient	\$22,263,569	\$34,769,329	\$30,582,705
Total	\$40,569,889	\$54,215,573	\$47,392,624
MEDICAID			
Medicaid (# of patients)	2021	2022	2023
Inpatient	15,608	15,168	15,364
Outpatient	427,556	506,719	597,580
Total	443,164	521,887	612,944
Medicaid (revenue)			
Inpatient	\$274,688,101	\$337,605,609	\$427,222,282
Outpatient	\$201,739,577	\$242,779,460	\$275,501,872
Total	\$476,427,678	\$580,385,069	\$702,724,154

**Safety Net Information per PA 96-0031
For OSF Saint Elizabeth Medical Center
CHARITY CARE**

Charity (# of patients)	2021	2022	2023
Inpatient	64	49	55
Outpatient	1,846	1,353	2,625
Total	1,910	1,402	2,680
Charity (cost in dollars)			
Inpatient	\$560,122	\$445,277	\$397,800
Outpatient	\$1,214,599	\$1,492,881	\$1,366,381
Total	\$1,774,721	\$1,938,158	\$1,764,181
MEDICAID			
Medicaid (# of patients)	2021	2022	2023
Inpatient	926	892	1,159
Outpatient	38,114	37,432	57,805
Total	39,040	38,324	58,964
Medicaid (revenue)			
Inpatient	\$9,569,034	\$13,393,731	\$17,677,816
Outpatient	\$20,793,143	\$25,818,435	\$35,519,270
Total	\$30,362,177	\$39,212,166	\$53,197,086

Section X. Charity Care Information

CHARITY CARE – OSF Healthcare System

	2021	2022	2023
Net Patient Revenue	\$2,978,991,756	\$3,211,070,549	\$3,524,731,069
Amount of Charity Care (charges)	\$195,002,654	\$217,695,250	\$202,685,043
Cost of Charity Care	\$40,569,889	\$54,215,573	\$47,392,624

CHARITY CARE – Saint Elizabeth Medical Center

	2021	2022	2023
Net Patient Revenue	\$133,447,766	\$145,655,093	\$184,225,329
Amount of Charity Care (charges)	\$8,423,717	\$8,195,172	\$8,533,777
Cost of Charity Care	\$1,774,721	\$1,938,158	\$1,764,181