

Kaylyn Krolicki

Elk Grove Village, IL, 60007

kkro6@yahoo.com

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Illinois Health Facilities Services and Review Board

Attn: John P. Kniery, Administrator

525 West Jefferson Street, 2nd Floor

Springfield, IL 62761

Re: State Board Questions: Jack Axel Response Concerns

1. How will the closure of the OB unit affect the availability and accessibility of labor and delivery care for pregnant individuals in Elk Grove Village and surrounding areas?

Mr. Jack Axel has failed to adequately consider the inevitable obstetric emergencies that will continue to present at Alexian Brothers Medical Center due to the hospital's immediate access from major highway systems—including I-53, I-90/94, I-290, I-355, and I-390—as well as its close proximity to major regional landmarks such as Woodfield Mall, Busse Woods, and O'Hare International Airport. Patients have consistently arrived without warning, both local and from out of town, in active labor or with emergent obstetric conditions: from those whose water broke while shopping, to mothers who began crowning en route to their intended delivery hospital, to those experiencing life-threatening complications such as uterine rupture. It is quite common we hear: "The hospital I was supposed to go to is too far."

In fact, a recent incident underscores this concern—a patient Busse Woods suffered a uterine rupture. She was transported by ambulance to Alexian Brothers, where our team immediately recognized the need for an emergency cesarean section and safely delivered her baby within 30 minutes of arrival. This outcome was only possible because obstetric services were available onsite.

Elk Grove Village reports a daytime population of 100,000, with 70,000 individuals employed and coming to work in Elk Grove Village. Consistent business and residential expansion are aimed at attracting families and individuals of childbearing age to keep the village thriving. Per Mayor Tom Dailly of neighboring Schaumburg, IL, the population is 80,000 with a daytime population of approximately 130-140,000. This is *only two* suburbs of the at least 10-12 suburbs that use Alexian Brothers as their hospital. It suffices to say, Alexian Brothers takes care of women that have no plan of delivering at Alexian, but find they need obstetric services while at work in proximity to the hospital. In emergencies, EMS protocols require patients to be taken to the *nearest* hospital. For much of the Northwest Suburbs, that hospital is Alexian Brothers Medical Center. As Elk Grove Village Mayor Craig Johnson noted at a Town Hall Meeting, the improved access from I-53 was specifically designed to facilitate rapid EMS transport to our Level II trauma emergency department with Level II obstetric services.

Currently, there is no clear or evidence-based plan to determine whether a patient presenting to Alexian Brothers in obstetric distress could safely be stabilized and transferred elsewhere. Even if a transfer were attempted, critical questions remain: How long would it take for EMS to arrive? How would delays from traffic, weather, or hospital transport logistics affect outcomes? The claim that transfers to Saint Alexius would take only 15–20 minutes fails to account for these variables. (For the record, the drive time is approximately 20 minutes, on a good day of traffic/construction/weather.) Once a patient arrives at Saint Alexius, further time would be lost transferring within the facility up an elevator for appropriate care—delays that could cause irreversible harm or even loss of life for both mother and baby.

While surrounding hospitals may have been informed of the discontinuation of labor and delivery services at Alexian Brothers, the full impact of the resulting increase in obstetric emergencies will only become evident once it occurs. Additionally, while Ascension highlights outpatient women’s health services as a continued offering, this approach represents a fragmentation of care across multiple sites rather than true continuity of care—an issue that Illinois Birth Equity Initiatives (1) have explicitly linked to poorer maternal and infant outcomes.

2. Will patients, especially those from underserved communities, be forced to travel further, increasing risks and potentially delaying emergency care?

While access to healthcare services may appear adequate when viewed on a map, such an assessment fails to account for the significant population density in each service area—particularly within Cook County, where our patient population is highly concentrated. Geographic proximity does not equate to practical accessibility, especially during obstetric emergencies when every minute matters.

Moreover, reliance on the Emergency Medical Treatment and Labor Act (EMTALA) offers hospitals only a limited legal safeguard; it does not guarantee that patients will receive care from the appropriate or specialized providers. The protections of EMTALA ensure only that patients are stabilized—not that they receive continuity of care or appropriate follow-up from their chosen or qualified obstetric providers.

One particularly concerning case involves a private practicing solo OB provider with delivery privileges at Saint Alexius who has reportedly been encouraged to seek privileges at another facility due to doubts that the volume of her deliveries would be accommodated. This directive is both ethically irresponsible and legally questionable. It is unreasonable—and unsafe—to expect a physician to divide their time and responsibilities between two separate hospitals (who knows if they’ll be able to secure privileges elsewhere and how distant the hospitals may be from one another) simply to maintain care for their patients. Patients should not have to be concerned with added distances because Ascension cannot accommodate an additional provider with privileges. Such fragmentation undermines patient trust, disrupts established provider relationships, delays care, and directly contradicts principles of patient-centered and equitable care.

3. What measures are being taken to ensure that all patients have access to equivalent and quality obstetric care at the new location in Hoffman Estates?

The suggestion that centralizing certain services will reduce duplication, increase efficiency, and maximize the level of care provided fails to acknowledge a critical reality: an obstetric emergency is a true emergency—one that carries potentially greater consequences than many other medical crises: the loss of *two* lives.

This is not a matter affecting rural or sparsely populated areas such as Oswego or Kankakee. It concerns the densely populated and rapidly expanding northwest suburbs of Chicago. Women and families in these communities deserve the assurance that the same reliable and accessible obstetric services remain available where they always have been—and that they can continue to receive care from the appropriate, trusted providers.

Historically, while rare, we have transferred both mothers and newborns to Loyola, Advocate Lutheran General and Northwestern Memorial when Saint Alexius Medical Center was on bypass due to unavailable beds. Those transfers were necessary because those facilities provide a higher level of neonatal and maternal care. However, it is important to note that Alexian Brothers offers nearly the same level of services as Saint Alexius aside from Level III NICU status, and yet its capabilities have been consistently downplayed and underutilized in planning and application.

Additionally, the planned expansion of the Saint Alexius NICU is projected to take approximately two years to complete. This raises pressing questions: Why are these service reductions at Alexian Brothers occurring now, before that expansion is available? How will mothers and newborns be safely accommodated during this prolonged interim period? Ignoring these realities places expectant mothers and infants at unnecessary risk and contradicts the very principles of efficiency and quality of care that Ascension's centralization plan claims to promote.

4. How will the hospital address the concern that patients who are not familiar with the new arrangements may show up at the Elk Grove location expecting to deliver and be turned away?

While emergency deliveries will inevitably continue at Alexian Brothers Medical Center, the question remains: what will those deliveries look like, and under what terms will they occur? Even if a formal hospital agreement is established with local EMS providers, those providers will still be obligated to assess patient stability and transport individuals to the nearest appropriate facility. Given geographic proximity, that facility will likely be Northwest Community Hospital—not Saint Alexius.

This raises significant concerns: Who will determine whether a pregnant or laboring patient is “stable” for transfer, and on what clinical basis if a covering obstetrician has up to one hour to arrive to the hospital per Ascension executives? (At this time, there is no current plan for who will be covering the OB provider call responsibilities. The Ascension OB group has formally submitted a refusal to cover the emergency room call for OB/GYN patients. With Ascension

extending the offer to other practicing OBs, the offer has been reported to be less than appealing due to: 1. Liability insurance will not be covered by the hospital 2. Those doctors will not have the same access to a trained obstetric team to safely support them or welcome their own patients to deliver 3. The expectation of being accessible 24/7 while maintaining their own office schedule and deliveries offsite is unrealistic and not sustainable. This clearly shows a lack of consideration and respect for our OB/GYNs. Without appropriate fetal monitoring equipment in the emergency department or during transfer, it will be impossible to accurately assess fetal well-being or detect distress. This alone is reason enough for any provider to not want to assume liability. If fetal distress is suspected or confirmed, what is the plan when the covering obstetrician may have up to an hour to arrive? Will a general surgeon be expected to perform an emergency cesarean section?

Such scenarios present serious patient safety risks. Postpartum complications, such as hemorrhage, require immediate, specialized management from obstetric teams trained to recognize and respond to these emergencies. The emergency department and surgical teams at Alexian Brothers—though highly skilled in their respective fields—do not routinely perform these procedures and will not possess the specific expertise required to manage complex obstetric crises or mitigate their complications.

Additionally, how will the hospital manage cases involving ruptured ectopic pregnancies? Expecting general surgeons to perform such operations—procedures they do not routinely undertake—significantly increases the risk of complications, including the potential for loss of fertility.

While offering a full complement of outpatient obstetric services may create the impression that comprehensive care remains available, this is far from sufficient. Even with the most carefully crafted birth plans, obstetric emergencies are unpredictable, and patients in distress will seek care at the nearest hospital. Given Alexian Brothers' central location and accessibility, many of these patients—including those who have not established care locally—will continue to arrive at its doors in labor or in life-threatening situations.

5. How will the closure impact the dedicated labor and delivery nurses and staff, including those with decades of experience at the Elk Grove location?

To date, fewer than the reported 89% of affected associates are expected to continue through the transition process, largely due to the rising number of resignations and others actively seeking new employment in anticipation of Alexian Brothers Medical Center's closure. As of October 27, 2025, this percentage has declined to 81% and is projected to continue decreasing. Among labor and delivery nurses—the area of highest demand—only 64% are expected to remain.

Although Ascension offered a retention bonus to associates who remain through the transition, the same 4.0% pay increase was simultaneously extended to Saint Alexius nurses. What was initially presented as an incentive for Alexian staff—recognizing their dedication, flexibility, and willingness to transition to a higher level of care—was, in fact, a general market adjustment applied across both hospitals. This approach undermined the intended purpose of the retention incentive and failed to acknowledge the exceptional contributions of Alexian's experienced

nursing team. Nursing staff brought the concern of initial incentive being nullified to the attention of HR, where HR simply stated this matter was “noted” – no follow up plan to honor the original intent of the wage increase has been offered to date.

While educational sessions and an orientation period were offered to support Alexian staff transitioning to Saint Alexius, these opportunities have been repeatedly interrupted by high patient census days at Alexian Brothers. Moreover, orientations have not been and will not be individualized to meet nurses’ varying experience levels or practice needs. For example, one Mother-Baby nurse with no prior labor and delivery experience requested a full orientation appropriate to her new role offered as a labor and delivery nurse, but was denied this request. Out of concern for patient safety and the protection of her professional license, she chose to resign—a decision that, unfortunately, is not isolated.

These issues are compounded by longstanding challenges at Saint Alexius, where staff retention and workplace culture are already deeply concerning in labor and delivery. When Alexian nurses voiced apprehension about transitioning into what they perceived as an unsafe, unsupportive, and “chaotic” environment described by a current Saint Alexius nurse, they were met with dismissive responses such as, *“That’s why we need you. We can’t do this without you.”* These statements highlight a lack of genuine effort by Ascension to address the root causes of poor retention or workplace dissatisfaction.

Further, while new hires with as little as one year of experience are being offered sign-on bonuses of up to \$12,500, Alexian nurses—many of whom have dedicated 20, 30, or even 40 years to Women and Infant Services—are being denied similar recognition. This disparity is both insulting and disrespectful to the very professionals who have sustained the quality and reputation of care at Alexian Brothers for decades.

Most recently, day-shift nurses were informed that they would be required to work a number of night shifts to offset Saint Alexius’s ongoing staffing shortages. This change was not included in the original transition offer letters and places additional burdens on an already strained workforce—without commensurate compensation or consideration for work-life balance. Ascension’s current approach reflects a troubling disregard for its nursing staff and the vital role they play in ensuring patient safety and continuity of care. Without meaningful investment in culture, retention, and respect for experience, the organization risks not only losing invaluable staff but also compromising the quality of care delivered to patients and families across the region.

6. Will the nurses and staff be guaranteed new positions at the Hoffman Estates location with comparable wages and benefits?

During orientation and shadowing at Saint Alexius, Alexian Brothers nurses were made aware of a bug infestation in one of the recovery areas now designated for use as part of the transition plan, and a “fly problem” in one of their OR suites. This discovery immediately raised concerns about infection control, patient safety, and overall facility readiness. In addition to environmental issues, nurses observed significant cultural and structural challenges within the Saint Alexius obstetric unit. The unit’s large layout, limited workstations, and dispersed staff

contribute to a sense of separation and reduced collaboration. Alexian nurses, by contrast, are accustomed to a team-based model in which staff work closely together and respond rapidly to one another's needs, particularly during obstetric emergencies. The current setup at Saint Alexius appears to discourage this kind of teamwork and communication, reinforcing the same concerns voiced by former Saint Alexius nurses who have already resigned or transferred to lower-stress roles within and outside the hospital due to feeling unsafe or unsupported. This is not a conducive environment for Saint Alexius new hires with little experience, these nurses need support.

Compounding these operational issues are **serious human resources concerns**, particularly regarding pay equity and staff valuation. Despite being asked to transition, Alexian nurses are being offered only a 4.0% “market adjustment”—again, the same exact increase given to Saint Alexius nurses, which in some cases merely brings a nurses’ pay to base rate of **\$39.66 per hour**. At the same time, newly hired nurses—some with as little as one year of experience—are being offered the \$39.66 base rate *with a sign-on bonuses of up to \$12,500* (as advertised on Indeed.com as of October 22, 2025).

This practice is not only inequitable but also demoralizing. One example involves a nurse with seven years of experience as a registered nurse—six of those dedicated to Labor and Delivery at Alexian Brothers—and a master’s degree who also works as a nurse educator in the specialty. Despite her advanced education and proven expertise, she now earns the same base wage as a new hire and receives no bonus or transition incentive. Requests for reconsideration of this inequity have been denied, with HR refusing to negotiate.

Such practices send a clear message that experience, loyalty, and professional excellence are undervalued. Meanwhile, turnover data suggests that these short-term financial incentives are not effective in improving retention. According to Interim CEO Polly Davenport’s boastful mention of, Saint Alexius’s “90% one-year retention rate” among new hires effectively reflects the period required for staff to receive their bonus—after which many resign, citing safety concerns and lack of support. That is not something to highlight and celebrate as the truth of the matter unfolds. The result is a unit heavily dependent on **agency staff**, particularly on night shifts, which further destabilizes quality of care and staff morale. There has been no viable strategy offered to fix this crucial aspect in need of repair. No nurses, no care. Ascension needs a strategy to fix their nursing crisis.

In an effort to seek clarification regarding financial incentives, both hospitals’ Chief Nursing Officers were respectfully contacted to review the discrepancies and confusion surrounding compensation outlined in their transition offer letters. Rather than receiving a direct response, the messages were forwarded to Human Resources, whose only reply was that the concern was “noted. “This dismissive response further underscores the disconnect between leadership and frontline staff. Without meaningful engagement, equitable pay, and a safe, collaborative work environment, Ascension risks deepening its staffing crisis, compromising patient care, and losing the trust of its most experienced and dedicated clinicians.

7. How will Ascension ensure a smooth and safe transition of patients and medical records between the two facilities?

Although a patient's healthcare records—including laboratory results, imaging, and office notes, etc. —should, in theory, be readily accessible across Ascension facilities, a new patient encounter will still be created if the individual is transferred from the Alexian Brothers Emergency Department. This duplication of encounters not only interrupts the continuity of care but also generates additional and unnecessary costs for both the patient and the healthcare system.

Given that such transfers are a direct result of Ascension's own restructuring decisions, the organization should be **willing to assume responsibility for these added costs** associated with seeking a higher level of care within its own network. Patients should not bear the financial burden created by administrative or operational inefficiencies, particularly when those inefficiencies stem from the reduction of essential services.

8. Is the decision to discontinue services driven by financial considerations?

While I cannot speak on behalf of Ascension, I can share information previously provided by former Alexian Brothers leadership. Historically, Alexian Brothers was regarded as a highly successful and financially stable hospital, maintaining consistent profitability until Ascension assumed management oversight.

According to leadership at the time, an analogy used to illustrate the hospital's fiscal health was that Alexian Brothers generated approximately \$40 million in annual profit, with certain departments—such as Labor and Delivery—costing around \$2 million to operate. This cost was considered relatively minor and largely inconsequential to corporate leadership in St. Louis because the hospital's overall financial position remained strong.

However, following several years of reported financial losses under Ascension's management, internal funds were reportedly redirected from Alexian Brothers to offset deficits at other facilities. On paper, this made it appear that Alexian Brothers' profit margin had dropped from roughly \$40 million to around \$10 million annually. Within this new financial framework, the cost of services such as Labor and Delivery suddenly appeared burdensome. Consequently, corporate leadership determined that maintaining those services was no longer feasible, ultimately leading to their elimination.

Publicly available IRS tax documents appear to support a pattern of financial instability following this transition. Form 990 filings submitted by Alexian Brothers Medical Center show significant operational losses—such as a **negative net income of approximately \$113 million on revenues of about \$482 million for the fiscal year ending June 2024**—while simultaneously reporting **executive compensation exceeding \$1 million** for several senior leaders, including one listed at approximately **\$2.3 million** in total compensation. (ProPublica).

This juxtaposition—declining financial performance, no reported employee claims, and rising executive pay—raises serious questions about fiscal oversight and priorities. While frontline

workers and community services like Labor and Delivery were scaled back or eliminated, executive salaries increased at an alarming rate. Taken together, these trends suggest a broader systemic issue in how nonprofit healthcare systems like Ascension allocate resources and manage once-thriving hospitals such as Alexian Brothers.

ProPublica. (2025). *Alexian Brothers Medical Center — Form 990 filings and financial data*. Nonprofit Explorer. Retrieved October 29, 2025, from <https://projects.propublica.org/nonprofits/organizations/362596381>

9. What are the specific challenges that led to the discontinuation of the OB Unit?

Staff have observed what appears to be a deliberate strategy over the past several years to reduce the viability of the unit. This included providers being encouraged to leave, others not being offered competitive contracts, and the gradual loss of practices—all of which contributed to a decrease in the number of deliveries of which is tracked measuring a unit's success. Since it takes approximately three years to establish a new OB practice, the lack of hiring new private providers, combined with the Ascension OB Group's new competitive positioning upon their joining, may have been intended to justify transferring services to Saint Alexius by citing "low utilization." Ascension attempted to transfer their OB group of physicians to Saint Alexius in April 2024. They refused to go.

Despite these challenges, our unit has continued to manage a significant patient load. Since April 2025, we have maintained over 100–130 deliveries per month despite administration's attempt to drive women and infant services into the ground, and have cared for numerous triage patients, stabilizing them and either discharging them safely or transferring them to higher levels of care. While these contributions are not reflected in official delivery counts, they represent a substantial and continuous workflow, underscoring the ongoing demand for our services.

It is noteworthy that the discontinuation of Alexian's long-standing hospital services is being described as a "consolidation." This change will unfortunately mark the end of compassionate emergency obstetric care provided by experienced and dedicated professionals. Consequently, the new service location for the region is likely to face higher patient volumes and increased operational challenges. The associated risks may include a rise in neonatal intensive care unit (NICU) admissions, as care could be delivered by less experienced nurses and resident physicians in an already overburdened specialty hospital. Again, these developments raise concerns about patient safety and quality of care.

10. Did the hospital explore alternative solutions to maintain OB services in Elk Grove Village? If so, what are those alternatives?

Alternative solutions aimed at long-term sustainability—such as updating the obstetrics department, recruiting new providers, and creating a more supportive environment to retain existing practitioners at Alexian—were not adequately considered. Additionally, proper billing practices based on the services rendered, as well as improving the system to ensure accurate billing of public aid and private insurance (addressing the current practice of billing both

identically by Ascension OB Group), were overlooked. Leveraging OB residents to help offset the costly House Officer program and potentially generate additional revenue per resident was also ignored.

Instead, corporate and administrative leadership found it more appealing to close services rather than invest, as births—particularly those of low to moderate risk—are often viewed as financially unprofitable due to minimal interventions and the relatively good health of the population (which should be desired). Reports concerning the residency program at Saint Alexius have been less than favorable due to chaotic work environment, and with the closure of Alexian’s services, new OB providers have one fewer option as they enter the field, perpetuating a concerning trend in healthcare and the competition for resources cited.

It is important to emphasize that not every birth requires medical interventions. At Alexian Brothers, women have the option of something called “expectant management,” allowing labor to progress as naturally as possible when appropriate, particularly given our low- to moderate-risk patient population. This approach uses patience, and supports healthier outcomes for both mother and baby, enhances patient satisfaction, and empowers families to participate in their birthing experience. This is what families desire, and this is what Illinois should be supporting.

In contrast, Saint Alexius has been described as a “baby factory,” where standardized interventions are applied to all patients—regardless of risk—often performed by resident physicians for their learning, leaving patients with limited input in their care. Unnecessary interventions increase risk and can lead to poorer outcomes. As labor and delivery nurses, we advocate passionately for our patients because we are committed to achieving the healthiest outcomes possible while respecting each family’s choices. Our community will be losing one of the last of its kind, and not for the benefit of anyone besides Ascension’s pocket books.

11. What steps is the hospital taking to engage the community and address their concerns regarding the closure?

The recent community forum was convened in response to growing concerns and protests from nurses and community members regarding the future of Alexian Brothers Medical Center. Meaningful discussions with elected officials—including Elk Grove Village Mayor Craig Johnson and the Board of Trustees—only began after significant public concern emerged following Ascension’s own community forum.

Unfortunately, that forum, led by Ascension Interim CEO Polly Davenport and Interim CMO Dr. David Bordo, left residents feeling even more uncertain about why their once highly regarded community hospital appears to be deteriorating. Rather than instilling confidence and trust, the event deepened the community’s anxiety and confusion.

The outcome of the meeting was so unsatisfactory that Mayor Johnson and board recommended holding another session to help residents better understand Ascension’s decision-making processes—not only regarding obstetric services but the hospital’s overall operations. Questions raised during the September 4, 2025 meeting remained largely unanswered, leading many to

conclude that Ascension may be preparing to sell additional hospitals to Prime Health or another interested system, following minimal and temporary facility repairs to the parking garage, emergency department, and the nearly condemned West Tower.

The future of Alexian Brothers Medical Center remains uncertain. However, what has become increasingly clear is that Ascension's handling of this transition—and its recent transactions with Prime Health—has eroded community trust and driven many residents to consider seeking care elsewhere.

Mayor Johnson expressed hope at a Town Hall Meeting that Ascension's leadership will reconsider their approach and make a restorative decision. As skilled frontline obstetric staff, we hoped the same: to maintain a smaller-scale obstetric department capable of handling walk-in deliveries and emergency maternal cases that will inevitably occur due to the hospital's prime location.

Ascension has made it clear that they are determined to shut down this unit at any cost—even if it puts lives at risk. Their willingness to accept state fines as a mere cost of doing business reveals a shocking disregard for the people who depend on their care.

The State Board has both the power and the moral obligation to deny this closure. Illinois cannot allow a major healthcare provider to prioritize profit over human life. Resources from fines should be directed toward strengthening healthcare access and protecting patients across our state—not padding the pockets of a corrupt administration. This is a moment for leadership, accountability, and compassion. The Board must act decisively to stand on the side of healthcare workers and patients, not corporate greed.

As a governing body with authority to approve or deny such consequential decisions, we urge you not to view this matter merely as a business issue beyond your control. Instead, we ask that you consider the profound implications for maternal and infant health in Illinois—and weigh carefully whether this course of action is worth the risk of even *one* mother or *one* baby.

With deep appreciation for all you do, both known and known, for the health and safety of all Illinoisans,

Kaylyn Krolicki, BSN, RN
Labor and Delivery
Alexian Brothers Medical Center
Elk Grove Village, IL

Community Support

<https://chnng.it/ZMbFtWKbfY>

Media and News Coverage

<https://www.nbcchicago.com/news/local/ascension-alexian-brothers-hospital-in-nw-suburbs-to-eliminate-labor-and-delivery-services/3781057/?amp=1>

<https://www.nbcchicago.com/news/local/ascension-nurses-rally-against-suburban-labor-and-delivery-unit-closure/3783048/?amp=1>

<https://abc7chicago.com/amp/post/ascension-alexian-brothers-medical-center-elk-grove-village-close-maternity-ward-transfer-care-saint-alexius/17185964/>

<https://wgntv.com/news/northwest-suburbs/elk-grove-village-hospital-to-discontinue-labor-and-delivery-services/amp/>

<https://www.dailyherald.com/20250701/news/ascension-closure-of-delivery-services-sparks-protest/>

<https://www.journal-topics.com/articles/mayor-concerned-about-loss-of-maternity-ward-at-alexian-brothers-medical-center/>

<https://www.dailyherald.com/20250717/news/elk-grove-village-officials-decry-proposed-closure-of-hospitals-maternity-ward/>

<https://m.youtube.com/watch?v=OBcp75Mmus0&pp=0gcJCfwAo7VqN5tD>

<https://www.dailyherald.com/20250905/news/ascension-officials-face-community-concerns-at-elk-grove-village-town-hall/>

<https://egtv6.cablecast.tv/CablecastPublicSite/show/1696>