ORIGINAL

12-064

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED
JUL 26 2012
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:	St. Alexius Medical Center		
Street Address:	1555 N. Barrington Road		
City and Zip Code:	Hoffman Estates, IL 60194		
County: Cook	Health Service Area VII	Health Planning Area: A-07	

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	St. Alexius Medical Center
Address:	1555 N. Barrington Road Hoffman Estates, IL 60194
Name of Registered Agent:	
Name of Chief Executive Officer:	Edward M. Goldberg
CEO Address:	1555 N. Barrington Road Hoffman Estates, IL 60194
Telephone Number:	847/843-2000

Type of Ownership of Applicant/Co-Applicant

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which 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 during the review period]

Name:	Ms. Kelley Clancy
Title:	Vice President
Company Name:	Alexian Brothers Health System
Address:	3040 W. Salt Creek Lane Arlington Heights, IL 60005
Telephone Number:	847/385-7112
E-mail Address:	clancyk@alexian.net
Fax Number:	847/483-7057

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

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

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:	St. Alexius Medical Center		
Street Address:	1555 N. Barrington Road		
City and Zip Code:	Hoffman Estates, IL 60194		
County: Cook	Health Service Area VII		Health Planning Area: A-07

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Alexian Brothers Health System
Address:	3040 W. Salt Creek Lane Arlington Heights, IL 60005
Name of Registered Agent:	
Name of Chief Executive Officer:	Mark A. Frey
CEO Address:	3040 W. Salt Creek Lane Arlington Heights, IL 60005
Telephone Number:	847/385-7100

Type of Ownership of Applicant/Co-Applicant

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

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

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Primary Contact
[Person to receive all correspondence or inquiries during the review period]

Name:	Ms. Kelley Clancy
Title:	Vice President
Company Name:	Alexian Brothers Health System
Address:	3040 W. Salt Creek Lane Arlington Heights, IL 60005
Telephone Number:	847/385-7112
E-mail Address:	clancyk@alexian.net
Fax Number:	847/483-7057

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

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

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:	St. Alexius Medical Center		
Street Address:	1555 N. Barrington Road		
City and Zip Code:	Hoffman Estates, IL 60194		
County: Cook	Health Service Area VII	Health Planning Area: A-07	

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Ascension Health
Address:	4600 Edmunson Road St. Louis, MO 63134
Name of Registered Agent:	
Name of Chief Executive Officer:	Robert J. Henkel, FACHE
CEO Address:	4600 Edmunson Road St. Louis, MO 63134
Telephone Number:	314/773-8000

Type of Ownership of Applicant/Co-Applicant

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which 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 during the review period]

Name:	Ms. Kelley Clancy
Title:	Vice President
Company Name:	Alexian Brothers Health System
Address:	3040 W. Salt Creek Lane Arlington Heights, IL 60005
Telephone Number:	847/385-7112
E-mail Address:	clancyk@alexian.net
Fax Number:	847/483-7057

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

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance

Name:	Ms. Kelley Clancy
Title:	Vice President
Company Name:	Alexian Brothers Health System
Address:	3040 W. Salt Creek Lane Arlington Heights, IL 60005
Telephone Number:	847/385-7112
E-mail Address:	clancyk@alexian.net
Fax Number:	847/483-7057

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Ascension Health

Address of Site Owner: 4600 Edmunson Road St. Louis, MO 63134

Street Address or Legal Description of Site: 1555 N. Barrington Road Hoffman Estates, IL 60194

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, 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: St. Alexius Medical Center

Address: 1555 N. Barrington Road Hoffman Estates, IL 60194

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

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which 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 co-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 not applicable, no new construction

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 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 #2005-5 **(http://www.hfsrb.illinois.gov)**.

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 1110.40 and Part 1120.20(b)]

Part 1110 Classification:	Part 1120 Applicability or Classification: [Check one only.]
☐ Substantive	☐ Part 1120 Not Applicable
X Non-substantive	X Category A Project
	☐ Category B Project
	☐ DHS or DVA Project

2. Narrative Description

Provide in the space below, 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.

St. Alexius Medical Center and Alexian Brothers Health System received a CON Permit (#07-146) on April 8, 2008 to establish an eight-station neonatal intensive care unit ("NICU") at St. Alexius Medical Center; and that program became operational in July 2010. On March 2, 2010 the same applicants received a CON Permit (#09-054) for a $117 million modernization project at St. Alexius Medical Center; and that project is anticipated to be completed during the first quarter of 2014.

The eight-station NICU surpassed the IDPH target occupancy rate during its third month of operation, and has experienced monthly occupancy rates exceeding the IDPH target level with regularity since that time.

The project addressed in this *Application for Permit* expands the NICU's capacity from eight to sixteen stations.

The project is "non-substantive" because it does not involve the establishment or discontinuation of a facility or category of service.

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 equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$25,000		$25,000
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	1,588,678		1,588,678
Modernization Contracts	1,462,200		1,462,200
Contingencies	73,000		73,000
Architectural/Engineering Fees	168,800		168,800
Consulting and Other Fees	80,000		80,000
Movable or Other Equipment (not in construction contracts)	1,179,650		1,179,650
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	$4,577,328		$4,577,328
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$2,988,650		$2,988,650
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources	$1,588,678		$1,588,678
TOTAL SOURCES OF FUNDS	$4,577,328		$4,577,328

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 ☐ Yes X No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes X 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

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary

X Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): ____October 31, 2013_____

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
X Project obligation 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

Are the following submittals up to date as applicable:

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

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

Cost Space Requirements

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

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

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

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are 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: St. Alexius Medical Center			**CITY: Hoffman Estates**		
REPORTING PERIOD DATES:		**From: January 1, 2011**	**to: December 31, 2011**		
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	212	11,454	50,964	None	212
Obstetrics	38	3,402	8,847	None	38
Pediatrics	17	946	2,919	None	17
Intensive Care	35	1,728	7,068	None	35
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care	8	141	2,404	+8	16
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	310	17,671	72,202	+8	318

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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

This Application for Permit is filed on the behalf of St Alexius Medical Center* 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE	SIGNATURE
JAMES J. SANLES	Edward M Goldberg
PRINTED NAME	PRINTED NAME
TREASURER	President and CEO
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 10 day of July 2012	Notarization: Subscribed and sworn to before me this 10 day of July 2012
Signature of Notary	Signature of Notary
Seal: NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS — MELISSA KULIK MY COMMISSION EXPIRES FEBRUARY 4, 2014	Seal: NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS — MELISSA KULIK MY COMMISSION EXPIRES FEBRUARY 4, 2014

*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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

This Application for Permit is filed on the behalf of __Alexian Brothers Health 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE	SIGNATURE
JAMES J. SANCES	TRACY A. ROGERS
PRINTED NAME	PRINTED NAME
VP & CFO	VP AND COO
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 29 day of June, 2012	Notarization: Subscribed and sworn to before me this 29 day of June, 2012
Signature of Notary	Signature of Notary
Seal: NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS — MELISSA KULIK MY COMMISSION EXPIRES FEBRUARY 4, 2014	Seal: NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS — MELISSA KULIK MY COMMISSION EXPIRES FEBRUARY 4, 2014

*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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

This Application for Permit is filed on the behalf of Ascension Health* **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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.**

SIGNATURE	SIGNATURE
Katherine Arbuckle	Charles J. Barnett
PRINTED NAME	PRINTED NAME
Sr. Vice President & CFO	President, Healthcare Operations & COO
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 11th day of July, 2012	Notarization: Subscribed and sworn to before me this 11th day of July, 2012
Signature of Notary	Signature of Notary
Seal	Seal

*Insert EXACT legal name of the applicant

NOTARY PUBLIC NOTARY SEAL STATE OF MISSOURI

NANCY M. WASHINGTON
My Commission Expires
January 7, 2016
St. Louis City
Commission #11416088

NOTARY PUBLIC NOTARY SEAL STATE OF MISSOURI

NANCY M. WASHINGTON
My Commission Expires
January 7, 2016
St. Louis City
Commission #11416088

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.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, 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 the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

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, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as 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 age and condition and 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 Agency 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** of 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 1110.234 - 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.**

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;

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;

   c. The project involves the conversion of existing space that results in excess square footage.

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?
NICU/Level III Nursery	8,248 DGSF	<9,088 DGSF	840 DGSF	YES

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	MET STANDARD?
YEAR 1	NICU	2,354 pt days	4,090	4,380+	NO
YEAR 2	NICU		4,550	4,380+	YES

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

UNFINISHED OR SHELL SPACE:

not applicable, no shell space

Provide the following information:

1. Total gross square footage of the proposed shell space;

2. The anticipated use of the shell space, specifying the proposed GSF tot 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 are 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.

D. Criterion 1110.930 - Neonatal Intensive Care

This section is applicable to all projects proposing to add neonatal intensive care beds.

1. **Criterion 1110.930(a), Staffing**

   Read the criterion and for those positions described under this criterion provide the following information:

   1. The name and qualifications of the person currently filling the job.
   2. Letters of interest from potential employees.
   3. Applications filed for each position.
   4. Signed contracts with the required staff.
   5. A detailed explanation of how you will fill the positions.

2. **Criterion 1110.930(b), Letter of Agreement**

   Read the criterion and provide the required letter of agreement.

3. **Criterion 1110.930(c), Need for Additional Beds**

   Read the criterion and provide the following information:

   a. The patient days and admissions for the affiliated center for each of the last two years; or

   b. An explanation as to why the existing providers of this service in the planning area cannot provide care to your projected caseload.

4. **Criterion 1110.930(d), Obstetric Service**

   Read the criterion and provide a detailed assessment of the obstetric service capability.

APPEND DOCUMENTATION AS ATTACHMENT-23, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections DO NOT need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

bond rating attached

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

VIII. - 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
	TOTAL FUNDS AVAILABLE	

APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability **bond rating attached**

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. **All of the projects capital expenditures are completely funded through internal sources**
2. **The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent**
3. **The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.**

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

bond rating attached

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

   A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

   B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing **no debt financing**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT -42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement not applicable

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

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

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

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

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

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

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaidpatients. 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 43.

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

APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information Alexian Brothers Medical Center

Charity Care information MUST be furnished for ALL projects.

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 44.

CHARITY CARE			
	2009	2010	2011
Net Patient Revenue	$224,215,240	$412,577,097	$417,752,000
Amount of Charity Care (charges)	$26,789,000	$29,868,000	$34,910,000
Cost of Charity Care	$6,735,450	$7,362,312	$8,064,013

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information Alexian Brothers Behavioral Health Hospital

Charity Care information MUST be furnished for ALL projects.

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 44.

CHARITY CARE			
	2009	2010	2011
Net Patient Revenue	$53,180,731	$57,228,539	$61,913,545
Amount of Charity Care (charges)	$1,670,000	$1,514,000	$1,451,000
Cost of Charity Care	$818,511	$653,600	$562,652

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

St. Alexius Medical Center

Charity Care information MUST be furnished for ALL projects.

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 44.

CHARITY CARE			
	2009	2010	2011
Net Patient Revenue	$304,415,000	$310,498,000	$327,217,080
Amount of Charity Care (charges)	$29,560,000	$31,191,000	$40,593,000
Cost of Charity Care	$4,435,201	$7,209,198	$8,618,783

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

File Number 6009-640-6

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ST. ALEXIUS MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 21, 1998, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1216502552

Authenticate at: http://www.cyberdriveillinois.com

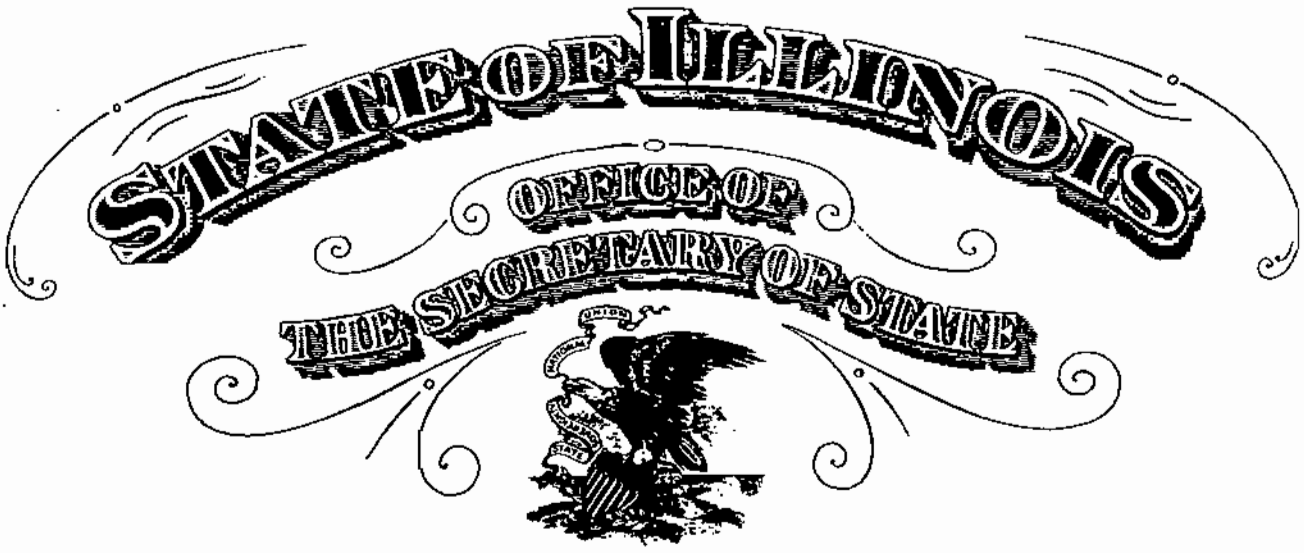
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 13TH *day of* JUNE *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

ATTACHMENT 1

File Number 5322-408-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ALEXIAN BROTHERS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 03, 1983, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1216700590

Authenticate at: http://www.cyberdriveillinois.com

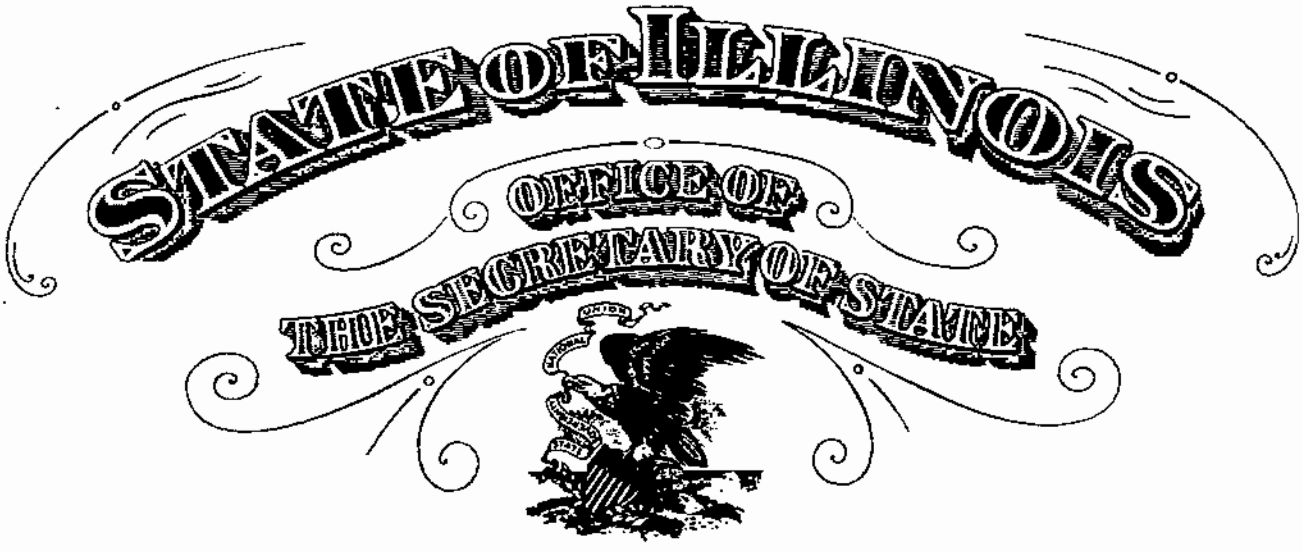
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* JUNE *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

ATTACHMENT 1

File Number 6783-860-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ASCENSION HEALTH, INCORPORATED IN MISSOURI AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 27, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.

Authentication #: 1216502622

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 13TH *day of* JUNE *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

ATTACHMENT 1

AFFIDAVIT OF CHRISTINE K. MCCOY

I, Christine K. McCoy, being first duly sworn upon my oath, make this affidavit based on personal knowledge.

1. I am a person of the full age of majority, of sound mind, capable of making this affidavit and personally acquainted with the facts herein. My business address is Ascension Health, 4600 Edmundson Road, St. Louis, MO 63144.
2. I am the Sr. Vice President, Legal Services and General Counsel for Ascension Health.
3. Ascension Health serves as a parent corporation in a national Catholic health care system. Ascension Health is a Missouri not-for-profit corporation and serves as the sole corporate member of Alexian Brothers Health System (ABHS), an Illinois not-for-profit corporation.
4. ABHS is the national member of St. Alexius Medical Center ("St. Alexius"), an Illinois not-for-profit corporation. ABHS owns and controls St. Alexius, which owns its buildings and other real estate, through powers reserved for the national member.
5. I hereby verify and attest that the foregoing is true and accurate.

Christine Kocot McCoy

Christine Kocot McCoy

STATE OF MISSOURI }
} ss.
COUNTY OF ST. LOUIS }

Subscribed and sworn to before me this 6th day of July, 2012.

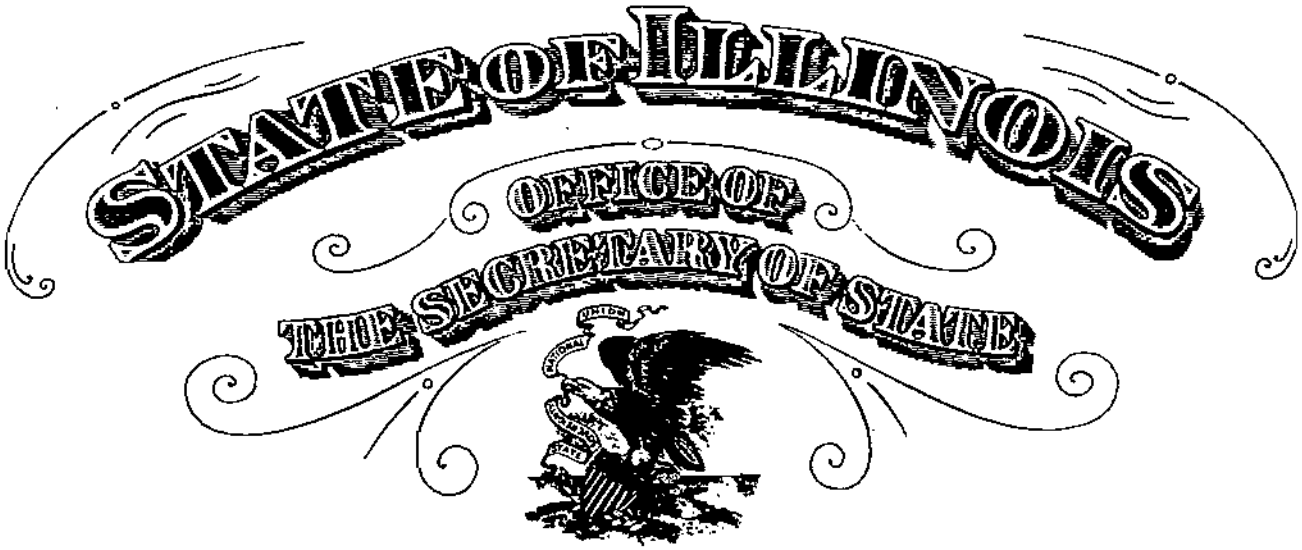
Notary Public Nancy M. Washington

My Commission Expires: 1-7-2016

NOTARY PUBLIC NOTARY SEAL STATE OF MISSOURI

NANCY M. WASHINGTON
My Commission Expires
January 7, 2016
St. Louis City
Commission #11416068

File Number 6009-640-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ST. ALEXIUS MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 21, 1998, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1216502552

Authenticate at: http://www.cyberdriveillinois.com

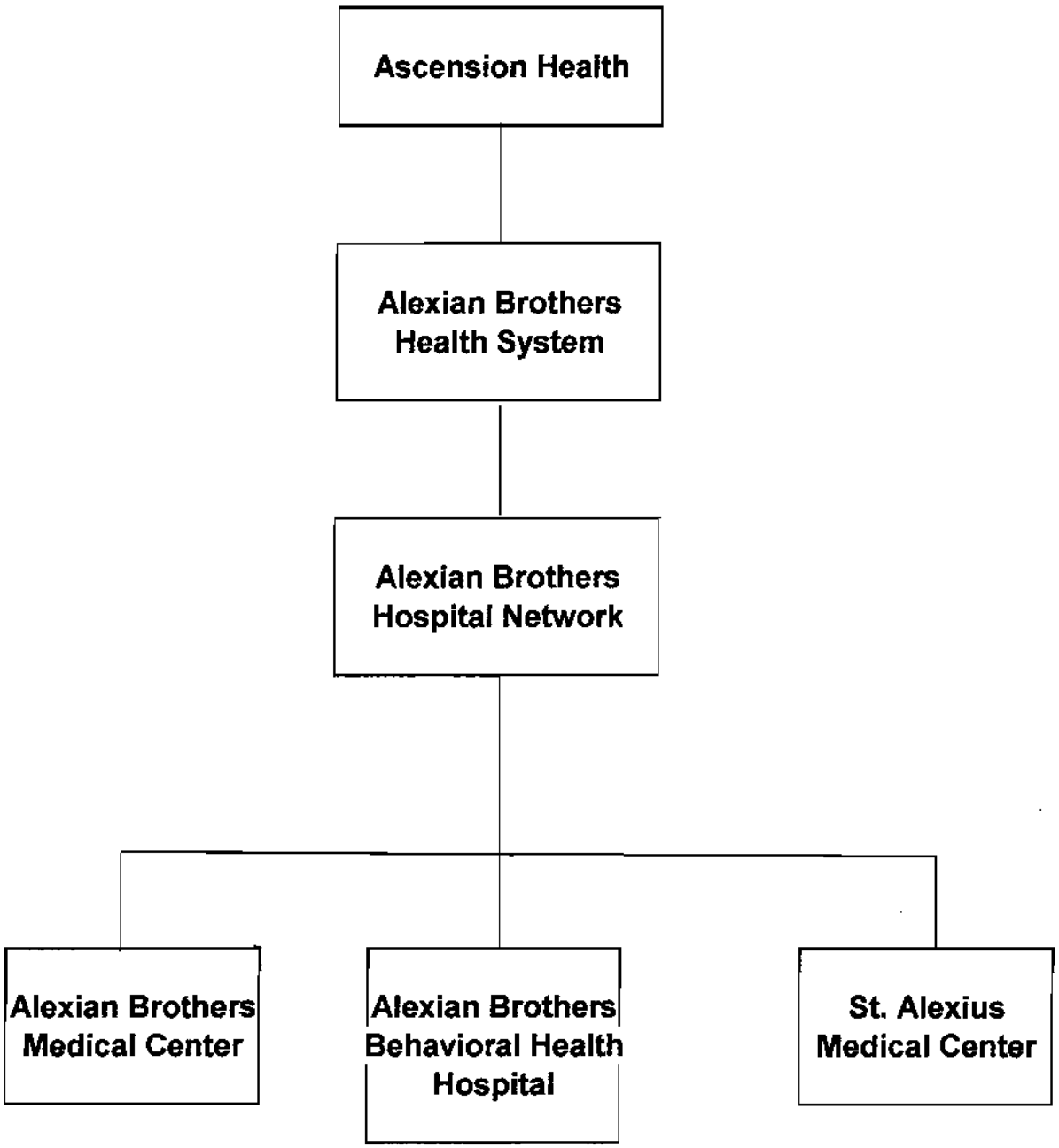
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 13TH *day of* JUNE *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

ATTACHMENT 3

ORGANIZATIONAL CHART



ATTACHMENT 4

ALEXIAN BROTHERS
Health System

July 2, 2012

Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

To Whom It May Concern:

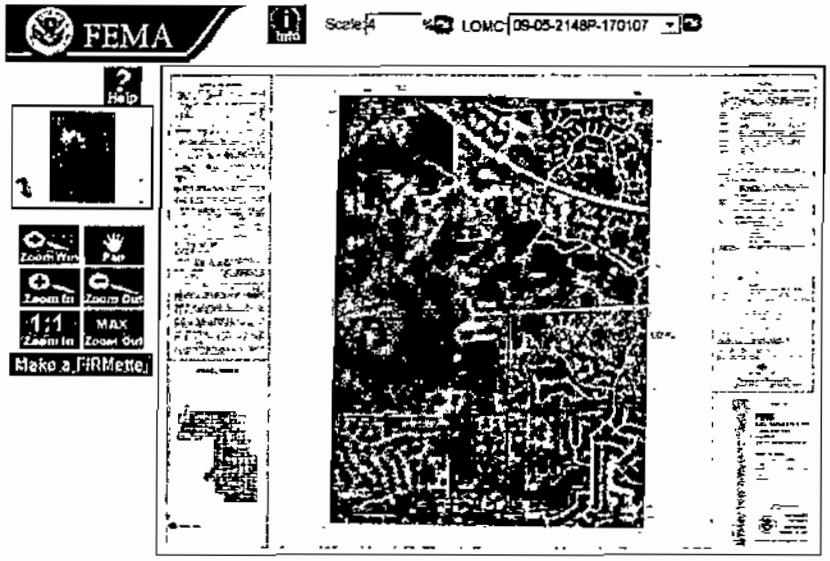
I hereby attest that St. Alexius Medical Center's campus in Hoffman Estates, Illinois is not located within a special flood hazard area, and that the proposed development of a cancer center on that site is consistent with Illinois Executive Order #2005-5.

Sincerely,

James Sances
Vice President & Chief Financial Officer

ATTACHMENT 5

3040 Salt Creek Lane, Arlington Heights, Illinois 60005
847.385.7100 fax 847.483.7035



ATTACHMENT 5

Illinois Historic Preservation Agency

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

Cook County
Hoffman Estates
Expansion of NICU, St. Alexius Medical Center
1555 Barrington Road
IHPA Log #015061512

June 21, 2012

Jacob Axel
Axel & Associates, Inc.
675 North Court, Suite 210
Palatine, IL 60067

Dear Mr. Axel:

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

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

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

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

PROJECT COSTS AND SOURCES OF FUNDS

Preplanning Costs ($25,000)
Estimate of the costs associated with the evaluation of alternatives.

New Construction ($1,568,678)
This amount represents the cost of the "core and shell" for the space to be used for the additional eight NICU stations, per Application 09-054. The space was initially designated as "non-clinical", and the associated "core and shell" cost is being included in this project cost consistent with the direction given during a technical assistance conference with IHFSRB staff.

Modernization Contracts ($1,462,200)
Estimate of the conversation of the space identified above for use as eight NICU stations, using a cost complexity ratio of 1.21.

Contingencies ($73,000)
Allowance for un-anticipated renovation-related costs.

Architectural and Engineering Fees ($168,800)
Estimate of design costs and the costs associated with required interface with governmental agencies related to the design.

Consulting and Other Fees ($80,000)
Estimate of CON-related costs, other required Permits, and interaction with regulatory agencies.

Movable and Other Equipment ($1,179,650)
Estimate of the cost of equipping eight additional NICU stations, as identified by ABHS staff. List attached.

Equipment List	Quantity	Price	Total
Headwall	8	5000	$40,000
Omni Bed	8	40,000	$320,000
Physiological Monitors	8	30,000	$240,000
Vaccum Regulator	16	550	$8,800
Alaris pumps 1 brain, 3 modules	8	3,000	24000
Oxygen blender	8	1,000	$8,000
Diaper scale	8	1,500	$12,000
Smart pumps	24	1,000	$24,000
Breast pumps	8	1,000	$8,000
Procedure cart	8	1,700	$13,600
Television	8	800	$6,400
Sleeper couch	8	3,300	$26,400
Rocker - recliner	8	2,250	$18,000
Computers	16	1,500	$24,000
Transport Isolette	1	110,000	110,000
Ventilators	3	45,500	$136,500
Bubble C-pap	2	5,000	$10,000
High-Flow	2	5000	$10,000
Scale	2	4,000	$8,000
Incubator -Intra-transport	1	20,000	$20,000
Photo therapy	2	4,500	$9,000
Transilluminator	1	1,200	$1,200
Crematocrit	1	1,750	$1,750
Misc. <$500, each			$100,000
TOTAL			$1,179,650

ATTACHMENT 7

Cost Space Requirements

				Amount of Proposed Total Square Feet			
		Gross Square Feet			That is:		
				New			Vacated
Dept./Area	Cost	Existing	Proposed	Const.	Modernized	As Is	Space
Reviewable							
NICU	$ 4,577,328	2,742	7,616		4,874	2,742	
TOTAL	$ 4,577,328	2,742	7,616		4,874	2,742	

BACKGROUND

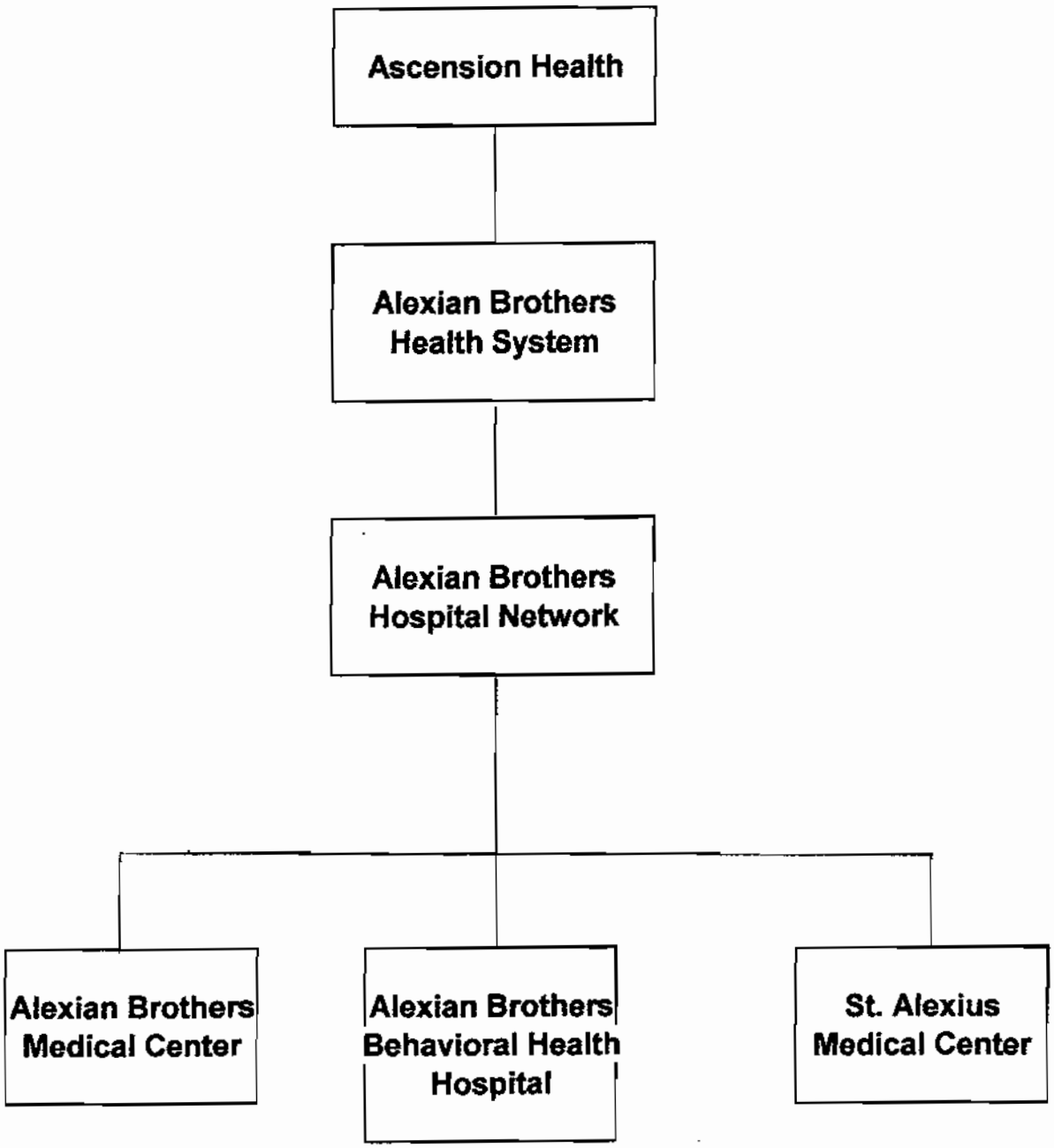
The applicants are St. Alexius Medical Center ("SAMC"), Alexian Brothers Health System ("ABHS") and Ascension Health ("Ascension"). SAMC is the license holder, and Ascension has "ultimate control" over ABHS and SAMC. An organizational chart identifying the relationship between the applicants is attached, as is a map, identifying the location of Ascension's Health Ministries (map was developed just prior to ABHS' affiliation with Ascension). ABHS operates as one of Ascension's Health Ministries.

ABHS operates two IDPH-licensed health care facilities in Illinois, in addition to SAMC: Alexian Brothers Medical Center in Elk Grove Village, and Alexian Brothers Behavioral Health Hospital in Hoffman Estates.

Attached are copies of the IDPH licenses and Joint Commission letters for each of the three hospitals, as well as an "adverse action" letter.

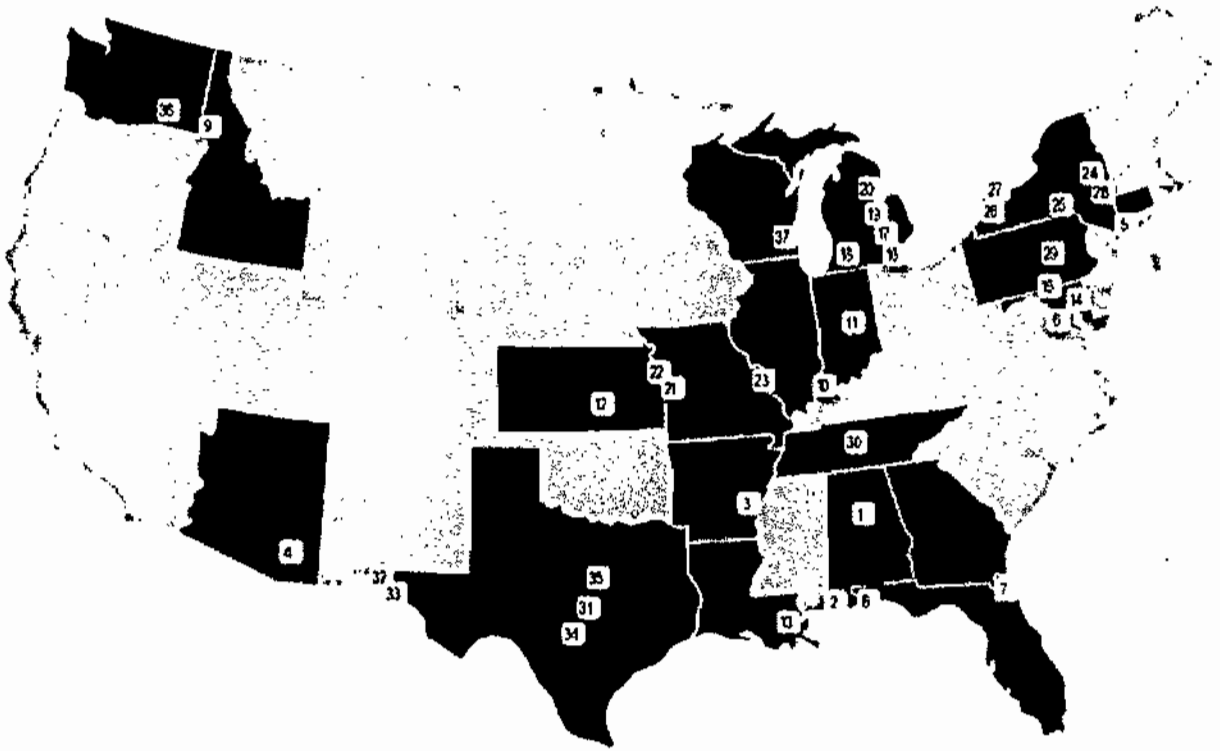
ATTACHMENT 11

ORGANIZATIONAL CHART



ATTACHMENT 11

Health Ministries



1. St.Vincent's Health System
2. Providence Hospital
3. Daughters of Charity Services of Arkansas
4. Carondelet Health Network
5. St.Vincent's Health Services
6. Providence Hospital
7. St.Vincent's HealthCare
8. Sacred Heart Health System
9. St. Joseph Regional Medical Center
10. St. Mary's Health System
11. St.Vincent Health
14. Saint Agnes HealthCare
15. St. Joseph's Ministries
16. St. John Providence Health System
17. Genesys Health System
18. Borgess Health
19. St. Mary's of Michigan
20. St. Joseph Health System
21. Carondelet Health
22. Seton Center Family & Health Services
23. Ascension Health System Office
24. St. Mary's Healthcare
26. Catholic Health**
27. Mount St. Mary's Hospital and Health Center
28. Seton Health
29. Seton Manor
30. Saint Thomas Health
31. Seton Healthcare Family
32. Centro San Vicente***
33. Nazareth Hall Nursing Center
34. Daughters of Charity Services of San Antonio
35. Providence Healthcare Network
36. Lourdes Health Network

ATTACHMENT 11

12. Via Christi Health *
13. Daughters of Charity Services of New Orleans
25. Our Lady of Lourdes Memorial Hospital
37. Columbia St. Mary's

** Via Christi Health is affiliated with Ascension Health and Marian Health System.*
*** Catholic Health is sponsored by Ascension Health, Catholic Health East and the Diocese of Buffalo.*
**** Supported by Ascension Health, Centro San Vicente is independently owned and operated and has been designated as a Federally Qualified Health Center.*

4 of 4

ATTACHMENT 11

State of Illinois 2067190
Department of Public Health

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.

Issued under the authority of The State of Illinois Department of Public Health

KENNETH SOYENI, M.D. M.P.H.
ACTING DIRECTOR

EXPIRATION DATE	CATEGORY	ID NUMBER
01/31/13	E63D	0004994

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 02/01/12

BUSINESS ADDRESS

ST. ALEXIUS MEDICAL CENTER
1555 BARRINGTON ROAD
HOFFMAN ESTATES IL 60194

The seal of the State of Illinois • 4/97 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ST. ALEXIUS MEDICAL CENTER

EXPIRATION DATE	CATEGORY	ID NUMBER
01/31/13	E63D	0004994

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 02/01/12

12/03/11
ST. ALEXIUS MEDICAL CENTER
1555 BARRINGTON ROAD
HOFFMAN ESTATES IL 60194

FEE RECEIPT NO.

42

ATTACHMENT 11

State of Illinois 2067191
Department of Public Health

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.

Issued under the authority of
The State of Illinois
Department of Public Health

KENNETH SCYEMI, M.D. M.P.H.
ACTING DIRECTOR

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/31/13	BGBD	0005009

FULL LICENSE

PSYCH. HOSPITAL

EFFECTIVE: 02/01/12

BUSINESS ADDRESS

ALEXIAN BROTHERS BEHAVIORAL
HEALTH HOSPITAL
1650 MOON LAKE BOULEVARD

HOFFMAN ESTATES IL 60194

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2067191
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ALEXIAN BROTHERS BEHAVIORAL

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/31/13	BGBD	0005009

FULL LICENSE

PSYCH. HOSPITAL

EFFECTIVE: 02/01/12

12/03/11

ALEXIAN BROTHERS BEHAVIORAL
HEALTH HOSPITAL
1650 MOON LAKE BOULEVARD
HOFFMAN ESTATES IL 60194

FEE RECEIPT NO.

43

ATTACHMENT 11

State of Illinois 208731
Department of Public Health

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.

LA MAR HASBROUCK, MD, MPH
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
06/30/13	BGBD	0002238

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 07/01/12

BUSINESS ADDRESS

ALEXIAN BROTHERS MEDICAL CENTER
800 WEST BIESTERFIELD ROAD
ELK GROVE VILLAG IL 60007

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •

44

ATTACHMENT 11

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2 [illegible] 4
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ALEXIAN BROTHERS MEDICAL CENTER

EXPIRATION DATE	CATEGORY	ID NUMBER
06/30/13	BGBD	0002238

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 07/01/12

05/05/12

ALEXIAN BROTHERS MEDICAL CENTER
800 WEST BIESTERFIELD ROAD
ELK GROVE VILLAG IL 60007

FEE RECEIPT NO.

St. Alexius Medical Center

Hoffman Estates, 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

March 5, 2011

Accreditation is customarily valid for up to 36 months.

Isabel V. Hoverman, MD, MACP
Chair, Board of Commissioners

Organization ID #: 5173
Print/Reprint Date: 06/03/11

Mark R. Chassin, MD, FACP, MPP, MPH
President

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.

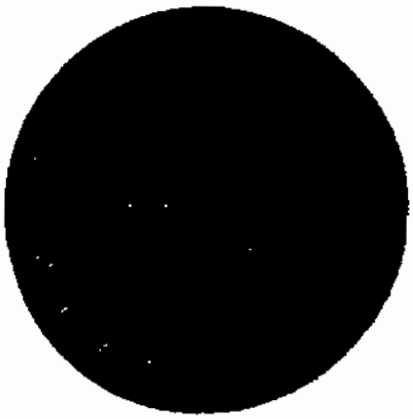
This reproduction of the original accreditation certificate has been issued for use in regulatory/payer agency verification of accreditation by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current accreditation status and for a listing of the organization's locations of care.

ATTACHMENT 11

Alexian Brothers Medical Center

Elk Grove Village, 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 12, 2010

Accreditation is customarily valid for up to 39 months.

David L. Nahrwold, M.D.
Chairman of the Board

Organization ID #7340
Print/Reprint Date: 11/11/10

Mark Chassin, M.D.
President

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.

ATTACHMENT 11

Alexian Brothers Behavioral Health Hospital

Hoffman Estates, 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

October 28, 2011

Accreditation is customarily valid for up to 36 months.

Isabel V. Hoverman, MD, MACP
Chair, Board of Commissioners

Organization ID #: 263831
Print/Reprint Date: 02/07/12

Mark R. Chassin, MD, FACP, MPP, MPH
President

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.

This reproduction of the original accreditation certificate has been issued for use in regulatory/payer agency verification of accreditation by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current accreditation status and for a listing of the organization's locations of care.

ATTACHMENT 11

ALEXIAN BROTHERS
Health System

July 3, 2012

Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

To Whom it May Concern:

In accordance with Review Criterion 1130.520.b.3, Background of the Applicant, we are submitting this letter assuring the Illinois Health Facilities and Services Review Board that:

Alexian Brothers Health System ("ABHS") has not had any adverse actions against any Illinois health care facility owned or operated by ABHS during the three (3) year period prior to the filing of this application.

In order to facilitate the processing of the captioned COE applications, ABHS authorizes the State Board and Agency access to information to verify documentation or information submitted in response to the requirements of Review Criterion 1130.520.b.3 or to obtain any documentation or information which the State Board or Agency finds pertinent to this COE application.

If we can in any way provide assistance to your staff regarding these assurances or any other issue relative to this application, please do not hesitate to call me.

Sincerely,

James Sances
Vice President and Chief Financial Officer

Notarized: Margaret J. Wendell

NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS
MARGARET J WENDELL
MY COMMISSION EXPIRES
AUGUST 8, 2014

3040 Salt Creek Lane, Arlington Heights, Illinois 60005
847.385.7100 fax 847.483.7035

PURPOSE

The proposed project, which is limited to the addition of eight neonatal intensive care unit ("NICU") stations at St. Alexius Medical Center ("SAMC"), will improve access to this service for newborns by reducing travel times to other NICUs when St. Alexius Medical Center's unit is operating at capacity. As of the filing of this application, SAMC's NICU has been operational for 23 months. The IDPH's 75% target utilization level was surpassed during the initial 12-month period, as has been the case during the subsequent eleven months. In fact, a sufficient number of NICU patient days of care were provided during that 11-month period to ensure that the target utilization level will be surpassed during the second twelve months of operation.

Also significant is the payor mix of newborns admitted to the NICU. 34.2% of all non-Medicare recipients admitted to SAMC in 2011 were Medicaid recipients. During that same period, 47.5% of the newborns admitted to the NICU were covered by Medicaid.

It is anticipated that the planning or service area will not change appreciably from the existing services area, which is comprised of the far northwestern suburbs. The table on the following page identifies, on a ZIP Code-specific basis, the historical patient origin of the 8-station NICU.

St. Alexius Medical Center
Level III Nursery Patient Origin
February 1, 2011-January 31, 2012

ZIP Code and Community	%	Cumulative %
60107 - STREAMWOOD	10.98%	10.98%
60133 - HANOVER PARK	8.94%	19.92%
60169 - HOFFMAN ESTATES	8.94%	28.86%
60103 - BARTLETT	6.10%	34.96%
60120 - ELGIN	5.69%	40.65%
60110 - CARPENTERSVILLE	4.88%	45.53%
60074 - PALATINE	4.47%	50.00%
60194 - SCHAUMBURG	4.47%	54.47%
60193 - SCHAUMBURG	3.66%	58.13%
60007 - ELK GROVE VILLAGE	2.85%	60.98%
60123 - ELGIN	2.44%	63.41%
60172 - ROSELLE	2.44%	65.85%
60047 - LAKE ZURICH	2.03%	67.89%
60067 - PALATINE	2.03%	69.92%
60005 - ARLINGTON HEIGHTS	1.63%	71.54%
60056 - MOUNT PROSPECT	1.63%	73.17%
60090 - WHEELING	1.63%	74.80%
60102 - ALGONQUIN	1.63%	76.42%
60142 - HUNTLEY	1.63%	78.05%
60173 - SCHAUMBURG	1.63%	79.67%
60195 - SCHAUMBURG	1.63%	81.30%
60140 - HAMPSHIRE	1.22%	82.52%
other ZIP Code areas, <1.00%	17.48%	100.00%

Newborns from throughout the far northwestern suburbs are routinely admitted to SAMC's Level III nursery following delivery at the hospital (SAMC does not operate a transport program for newborns from other hospitals), with twenty-three ZIP Code areas accounting for 82.52% of the admissions. Each of those ZIP Code areas accounted for a minimum of 1.00% of the NICU's admissions during the twelve-month period.

The measurable goals of the project, which are intended to be reached within three months of the project's completion are: 1) the elimination of the need to refuse

admission to the NICU due to a lack of available stations, and 2) the lowering of the NICU's occupancy rate, consistent with the IDPH standard.

ALTERNATIVES

When the Certificate of Need application was filed for the establishment of a level III nursery/NICU at St. Alexius Medical Center in late 2007, it was believed by the applicants that a 16-station NICU could be supported, but existing space constraints limited the size of the proposed unit to only eight stations. High utilization levels of that NICU have resulted in the decision to expand its capacity, as presented in this application.

Three alternatives to the proposed project were considered.

The first alternative considered was to do nothing. That alternative was immediately dismissed due to the high experienced occupancy rate of the current eight-station NICU, as well as an anticipated increase in births at St. Alexius. From 2007 through 2011 SAMC has experienced an average annual increase in live births of 2.5%. That trend is anticipated to increase for a variety of reasons, including the relocation of Sherman Hospital to the west, an increase in the size of ethnic populations within the service area that have historically had higher birth rates than the population in general, and Alexian Brothers Health System's area primary care clinics. With an increased number of deliveries, the demand for NICU care will increase, mandating additional capacity. This alternative would have no capital or operating costs, and the quality of

care provided to those babies admitted to the NICU would not change. The lack of stations, however, would result in greatly diminished accessibility.

The second alternative considered was the expanding of SAMC's NICU capacity, but consistent only with historical utilization. During the past twelve months, SAMC's NICU operated with an average daily census (ADC) of 6.75 patients, supporting a "need" for 12 stations. This alternative was viewed as being shortsighted, and dismissed, given the historical growth in births at the hospital, the inevitable need to expand again within 2-3 years, and the disruption to the on-going operation of the NICU that a second expansion would create. The initial capital costs savings associated with the alternative are estimated to be approximately $1.2M. Because direct patient care staffing is largely based on patient census, no significant operating costs savings would be associated with this alternative. Initial accessibility and quality of care would be similar to that of the proposed project.

The third alternative considered was the establishment of a 6-8 station NICU at Alexian Brothers Medical Center. The capital costs associated with doing so was estimated to be approximately $3.05M. The quality of care, non-staffing operating costs, and access to services associated with this alternative would be similar to those of the proposed project. However, due to the duplicative staffing that would be associated with Alexian Brothers Health System's operating of two NICUs in close proximity to one another, the resulting staffing costs would exceed those of the proposed project by approximately 20%.

SIZE

Upon completion, the 16-station NICU will consist of 7,616 DGSF, or 476 DGSF per station, consistent with the IDPH standard of 434-569 DGSF/station. The space to be used consists of 2,742 DGSF identified for an 8-station NICU in Application #09-054, and 4,874 DGSF initially identified in that application as physicians' office space, and subsequently revised to "shell" space in the alteration filed concurrent with the filing of this application. Because the "shell" space is located contiguous to the originally-designated NICU space, all sixteen stations will be located in a single unit on the fourth floor of the hospital.

UTILIZATION

Following receipt of a CON Permit to do so, St. Alexius Medical Center ("SAMC") opened an eight-station Neonatal Intensive Care Unit ("NICU") in August 2010. The NICU was given a temporary location, pending the availability of permanent space being developed as a component of the SAMC's major modernization program, currently under construction. The approved NICU was minimally sized in response to the lack of available space, and the intent was to expand its capacity as demand increased.

Because of its limited capacity, the existing eight-station facility accepts only newborns born at SAMC, as opposed to many other NICU's that accept newborns in need of NICU services from other hospitals. Even SAMC's nearby sister hospital, Alexian Brothers Medical Center ("ABMC"), which had nearly 2,300 live births in 2011, transfers its newborns in need of NICU services elsewhere.

During the 12-month period ending June 30, 2011—the 12th through 23rd months of the NICU's operation—utilization was sufficient to support 9+ stations. During approximately one out of every six days, SAMC's NICU operates at 100% or greater of its approved capacity. The incremental admissions required to support the proposed sixteen stations will come primarily from three sources: 1) Many of the incremental

patients will be under the care of maternal-fetal medicine specialists and other obstetricians who admit patients to SAMC in anticipation of their babies requiring NICU care. The number of such patients is anticipated to increase. 2) A program to facilitate the transfer of newborns from area hospitals not having NICU capabilities will be developed. Because of capacity issues, SAMC has not accepted transfers from other hospitals in the past. As part of the plans to expand its NICU capacity, however, SAMC will be implementing a transfer program once sufficient station capacity is available. 3) The number of anticipated deliveries at SAMC is projected to increase. Over the five year period 2007-2011, SAMC's live births increased from 2,879 to 3,169; resulting in a growth rate of 2% per year. Growth is anticipated to continue, for a variety of reasons, including high birth rates in communities to the southwest, west and northwest of the hospital, the relocation of Sherman Hospital to the west, and Alexian Brothers Health System's network of primary care clinics in the area, offering prenatal care to the uninsured population in the area.

Consistent with IHFSRB expectations, attached are letters from area physicians and other referral sources, addressing their anticipated referral volume to SAMC's NICU during it's first two years following expansion. Cumulatively, those letters identify 102 incremental NICU admissions, resulting in 1,739 NICU patient days, based on the 2011 average length of stay of 17.05 days. Combined with the 2,540 patient days of care provided during the 12-month period ending June 30, 2012 (the unit has been open for only 23 months, as of the filing of this application), and using the IHFSRB's 75% target occupancy rate, the proposed sixteen NICU stations are supported.

ALEXANDER & ASSOCIATES WOMEN'S HEALTH CARE, S.C.
DR. ANGELO ALEXANDER
PRACTICE LIMITED TO OBSTETRICS & GYNECOLOGY

June 29, 2012

Illinois Health Facilities
And Services Review Board
Springfield, IL 62761

To Whom It May Concern:

Please accept this letter as an indication of my support of St. Alexius Medical Center's Efforts to expand the size of its NICU.

I am an obstetrician with an active practice in the northwest suburbs, and I am a member of St. Alexius Medical Center's Medical Staff. During the past twelve months, I have delivered approximately 76 babies, which were delivered at St. Alexius. During that period, approximately 4 of the newborns that I delivered required NICU services, and admitted to St. Alexius' NICU.

With the proposed expanded capacity of St. Alexius's NICU, I believe that within two years, I will be referring approximately 8 newborns to that program on an annual basis.

Sincerely,

Angelo Alexander, MD
1555 Barrington Rd. Suite 335
Hoffman Estates, IL 60169

Cc M. Traxler
Alexian Brothers Health System

OFFICIAL SEAL
ELIZABETH D NEARY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/10/16

Elizabeth D Neary
6/29/12

ATTACHMENT 15

PHONE (847) 839-0900 1555 Barrington Road, Doctor's Bldg. One, Suite 335, Hoffman Estates, IL 60169 FAX (847) 839-0910

CAREY M. BACALAR, M.D., S.C.
1555 N. Barrington Road - Suite 225 - Hoffman Estates, IL 60169
Ph 847-882-1121 Fax 847-882-0041

June 29, 2012

Illinois Health Facilities
and Services Review Board
Springfield, IL 62761

To Whom It May Concern:

Please accept this letter as an indication of my support of St. Alexius Medical Center's efforts to expand the size of its NICU.

I am an obstetrician with an active practice in the northwest suburbs, and I am a member of St. Alexius Medical Center's Medical Staff. During the past twelve months, I have delivered approximately 115 babies, which were delivered at St. Alexius. During that period, approximately 8 of the newborns that I delivered required NICU services, and admitted to St. Alexius' NICU.

With the proposed expanded capacity of St. Alexius' NICU, I believe that within two years, I will be referring approximately 13 newborns to that program on an annual basis.

Sincerely,

Carey M. Bacalar, MD. S.C.
1585 Barrington Rd. Suite 225
Hoffman Estates, IL 60169

cc M. Traxler
Alexian Brothers Health System

Notarized:

OFFICIAL SEAL
ELIZABETH D NEARY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/10/16

Elizabeth D Neary
6/29/12

ATTACHMENT 15

Mother and Child Healthcare
Obstetrics and Gynecology

June 29, 2012

Illinois Health Facilities
and Services Review Board
Springfield, IL 62761

To Whom It May Concern:

Please accept this letter as an indication of my support of St. Alexius Medical Center's efforts to expand the size of its NICU.

I am an obstetrician with an active practice in the northwest suburbs, and I am a member of St. Alexius Medical Center's Medical Staff. During the past twelve months, I have delivered approximately 237 babies, which were delivered at St. Alexius. During that period, approximately 15 of the newborns that I delivered required NICU services, and admitted to St. Alexius' NICU.

With the proposed expanded capacity of St. Alexius' NICU, I believe that within two years, I will be referring approximately 20 newborns to that program on an annual basis.

Sincerely,

German Calonje, MD
Mother and Child Care
1585 Barrington Rd Ste 204
Hoffman Estates, IL 60169

cc M. Traxler
Alexian Brothers Health System

Notarized:

(847) 755-1300
The Doctors Building One
1555 N. Barrington Road, Suite 515
Hoffman Estates, IL 60169
PPO, HMO & Public Aid Accepted

ATTACHMENT 15

PROGRESSIVE WOMENS HEALTHCARE

OBSTETRICS
GYNECOLOGY
INFERTILITY
PRIMARY CARE
AESTHETICS
NUTRITION

June 29, 2012

Illinois Health Facilities
and Services Review Board
Springfield, IL 62761

To Whom It May Concern:

Please accept this letter as an indication of my support of St. Alexius Medical Center's efforts to expand the size of its NICU.

I am an obstetrician with an active practice in the northwest suburbs, and I am a member of St. Alexius Medical Center's Medical Staff. In addition to St. Alexius, I admit patients to Alexian Brothers Medical Center and Sherman Hospital. During the past twelve months, I have delivered approximately 170 babies, 150 of which were delivered at St. Alexius. During that period, approximately 10 of the newborns that I delivered required NICU services, and 10 of those were admitted to St. Alexius' NICU.

With the proposed expanded capacity of St. Alexius' NICU, I believe that within two years, I will be referring approximately 13 newborns to that program on an annual basis.

Sincerely,

Mona Ghosh

Mona Ghosh, MD
Progressive Women's Health Care
1585 N. Barrington Road
Doctors Building 2 (Suite 204)
Hoffman Estates, IL 60169

cc M. Traxler
Alexian Brothers Health System

Notarized:

OFFICIAL SEAL
ELIZABETH D NEARY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/10/16

Elizabeth D Neary
6/29/12

Dr. Mona Ghosh M.D

1555 N Barrington Road
Suite 130
Hoffman Estates, IL 60169

P: 847.884.9000
F: 847.884.9979
obgynedoctor@gmail.com
www.obgynedoctor.com

ATTACHMENT 15

ELITE
WOMEN'S CARE
SUSAN A. ORHAN, M.D., P.C.

OBSTETRICS
AND
GYNECOLOGY

June 29, 2012

Illinois Health Facilities
And Services Review Board
Springfield, IL 62761

To Whom It May Concern:

Please accept this letter as an indication of my support of St. Alexius Medical Center's efforts to expand the size of its NICU.

I am an obstetrician with an active practice in the northwest suburbs, and I am a member of St. Alexius Medical Center's Medical Staff. In addition to St. Alexius, I admit patients to **Northwest Community Hospital and Alexian Brothers Medical Center**. During the past twelve months, I have delivered approximately 165 babies, 129 of which were delivered at St. Alexius. During that period, approximately 19 of the newborns that I delivered required NICU services, and 14 of those were admitted to St. Alexius' NICU.

With the proposed expanded capacity of St. Alexius' NICU, I believe that within two years, I will be referring approximately 24 newborns to that program on an annual basis.

Sincerely,

Peter J. Johnson, M.D.
Elite Women Care
1555 N Barrington Rd-Suite 410
Hoffman Estates, IL 60169

CC M. Traxler
Alexian Brothers Health System

Susan A. Orhan, M.D.
F.A.C.O.G.

Peter J. Johnson, M.D.

Renee L. Keeney
CNM, MSN

Jessica Coconate
MSN, APN, FNP

Main Practice
1555 North Barrington Road
Doctor's Office Building # 1
Suite 410
Hoffman Estates, IL 60169
847-781-1894 phone
847-781-1895 fax

800 Biesterfield Road
Brock Plaza
Suite 2001
Elk Grove Village, IL 60007
847-439-1894 phone
847-640-2230 fax

OFFICIAL SEAL
ELIZABETH D NEARY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/10/16

Elizabeth D Neary
6/29/12

ATTACHMENT 15

K. K. LAKHANI, M.D.

[redacted]
2500 W. Higgins Rd., Ste. 330 - Hoffman Est., IL 60195 (847) 882-6060
1601 Tanglewood, Suite 105 - Hanover Park, IL 60133 (630) 213-3388

June 29, 2012

Illinois Health Facilities
and Services Review Board
Springfield, IL 62761

To Whom It May Concern:

Please accept this letter as an indication of my support of St. Alexius Medical Center's efforts to expand the size of its NICU.

I am an obstetrician with an active practice in the northwest suburbs, and I am a member of St. Alexius Medical Center's Medical Staff. In addition to St. Alexius, I admit patients Alexian Brothers Medical Center and Northwest Community Hospital. During the past twelve months, I have delivered approximately **150** babies, **101** of which were delivered at St. Alexius. During that period, approximately 15 of the newborns that I delivered required NICU services, and 9 of those were admitted to St. Alexius' NICU.

With the proposed expanded capacity of St. Alexius' NICU, I believe that within two years, I will be referring approximately 12 newborns to that program on an annual basis.

Sincerely,

Kishore Lakhani, MD
2500 West Higgins Road #330
Hoffman Estates, IL 60169

cc M. Traxler
Alexian Brothers Health System

Notarized:

OFFICIAL SEAL
ELIZABETH D NEARY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/10/16

Elizabeth D Neary
6/29/12

ATTACHMENT 15

TELEPHONE (847) 437-9505
FAX (847) 981-5572

24-HOUR ANSWERING SERVICE
(847) 758-2852

ALEX B. LIPOWICH, M.D.
MARGARET M. DE VAULT, PA-C
OBSTETRICS and GYNECOLOGY
BROCK MEDICAL PLAZA
800 BIESTERFIELD ROAD, SUITE 2004
ELK GROVE VILLAGE, ILLINOIS 60007

July 6, 2012

Illinois Health Facilities
and Services Review Board
Springfield, IL 62761

To Whom It May Concern:

Please accept this letter as an indication of my support of St. Alexius Medical Center's efforts to expand the size of its NICU.

I am the Chief of Obstetrics at Alexian Brothers Medical Center in Elk Grove Village, which is located approximately 15 minutes to the east of St. Alexius. Last year, nearly 2,300 babies were born at Alexian Brothers Medical Center. Twelve high-risk obstetrics patients were transferred to Loyola University Medical Center and twelve newborns were transferred to that hospital's NICU, following birth at Alexian Brothers. With the proposed additional capacity at St. Alexius, and with St. Alexius' ability to facilitate transfers into its NICU from other hospitals, it is reasonable to anticipate that 25 babies from Alexian Brothers will be admitted to St. Alexius' NICU on an annual basis.

Sincerely,

ALEX LIPOWICH, M.D.

cc M. Praxler
Alexian Brothers Health System

Notarized:

_____
witnessing or attesting a signature

State of Illinois
County of Cook
Signed (or subscribed or attested) before me on July 11, 2012
(date) by Alex Lipowich
(name of person).
(seal)

Nancy H. Briggs
signature of notary public

OFFICIAL SEAL
NANCY H BRIGGS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/21/13

ATTACHMENT 15

Women's Doc
Women caring for women

Obstetrics • Gynecology • Infertility

June 29, 2012

Illinois Health Facilities
and Services Review Board
Springfield, IL 62761

To Whom It May Concern:

Please accept this letter as an indication of my support of St. Alexius Medical Center's efforts to expand the size of its NICU.

I am an obstetrician with an active practice in the northwest suburbs, and I am a member of St. Alexius Medical Center's Medical Staff and Alexian Brothers Medical Center. During the past twelve months, I have delivered approximately 80 babies, 76 of which were delivered at St. Alexius. During that period, approximately 5 of the newborns that I delivered required NICU services, and admitted to St. Alexius' NICU.

With the proposed expanded capacity of St. Alexius' NICU, I believe that within two years, I will be referring approximately 8 newborns to that program on an annual basis.

Sincerely,

Sherri Merchant

Sherri B. Merchant, MD
1585 Barrington Rd. Suite 201
Hoffman Estates, IL 60169

cc M. Traxler
Alexian Brothers Health System

Notarized:

OFFICIAL SEAL
ELIZABETH D NEARY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/10/16

Elizabeth D Neary
6/29/12

SUBURBAN MATERNAL FETAL MEDICINE, LLC

Donald Taylor D.O., FACOOG Lee Yang, D.O., FACOOG
Jill Moran MD, FACOG

1555 N. Barrington Rd.
BOB #1, Suite 215
Hoffman Estates, IL 60169
847-490-6960
847-490-2916 FAX

100 Spalding Dr.
MOB #1, Suite 112
Naperville, IL 60540
630-527-3276
630-527-7459 FAX

June 29, 2012

Illinois Health Facilities
and Services Review Board
Springfield, IL 62761

To Whom It May Concern:

I am a maternal and fetal medicine specialist, practicing actively at St. Alexius Medical Center in Hoffman Estates. Many of the high risk obstetrics patients that I admit to St. Alexius lead to the admission of a newborn or, in the case of multiple births, newborns to St. Alexius' NICU. During the past twelve months 3 newborns coming directly from my practice have been admitted to St. Alexius' NICU.

In addition to practicing at St. Alexius, I admit patients to **Edward Hospital in Naperville, IL** and during the past twelve months approximately 4 newborns from my practice were admitted to NICUs at **Edward Hospital** as a result of my activities at hospitals other than St. Alexius.

St. Alexius' NICU has operated at a high utilization level, and has not accepted newborns from other hospitals. With the proposed addition of eight stations and the instituting of a patient transfer program, St. Alexius will be better equipped to address the needs of my patients. This expanded capability, coupled with anticipated growth of my practice will result in me referring an increasing number of newborns to St. Alexius' NICU. Within two years of the proposed expansion and transport capability, I anticipate referring approximately 5 newborns to St. Alexius' NICU on an annual basis.

Please accept this letter as an indication of my support of the proposed program expansion at St. Alexius Medical Center.

Sincerely,

Jill Moran, MD
Perinatologist, Suburban Fetal Medicine, LLC

cc M. Traxler
Alexian Brothers Health System

Notarized:

OFFICIAL SEAL
ELIZABETH D NEARY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/10/16

Elizabeth D Neary
6/29/12

ELITE
WOMEN'S CARE
SUSAN A. ORHAN, M.D., P.C.

OBSTETRICS
AND
GYNECOLOGY

June 29, 2012

Illinois Health Facilities
And Services Review Board
Springfield, IL 62761

To Whom It May Concern:

Please accept this letter as an indication of my support of St. Alexius Medical Center's efforts to expand the size of its NICU.

I am an obstetrician with an active practice in the northwest suburbs, and I am a member of St. Alexius Medical Center's Medical Staff. During the past twelve months, I have delivered approximately 400 babies, of which were delivered at St. Alexius. During that period, approximately 39 of the newborns that I delivered required NICU services, and were admitted to St Alexius' NICU.

With the proposed expanded capacity of St. Alexius' NICU, I believe that within two years, I will be referring approximately 52 newborns to that program on an annual basis.

Sincerely,

Susan Orhan, M.D.
Elite Women Care
1555 N Barrington Rd-Suite 410
Hoffman Estates, IL 60169

CC M. Traxler
Alexian Brothers Health System

Susan A. Orhan, M.D.
F.A.C.O.G.

Peter J. Johnson, M.D.

Renee L. Keeney
CNM, MSN

Jessica Coconate
MSN, APN, FNP

Main Practice
1555 North Barrington Road
Doctor's Office Building # 1
Suite 410
Hoffman Estates, IL 60169
847-781-1894 phone
847-781-1895 fax

800 Biesterfield Road
Brock Plaza
Suite 2001
Elk Grove Village, IL 60007
847-439-1894 phone
847-640-2230 fax

OFFICIAL SEAL
ELIZABETH D NEARY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/10/16

Elizabeth D Neary
6/29/12

ATTACHMENT 15

ISHWAR K. PATEL, M.D., S.C.
Obstetrics & Gynecology

1555 Barrington Road, Suite 130
The Doctors Building One
Hoffman Estates, IL 60169-5026
Telephone: (847) 882-2577
Fax: (847) 882-2550

June 29, 2012

Illinois Health Facilities
and Services Review Board
Springfield, IL 62761

To Whom It May Concern:

Please accept this letter as an indication of my support of St. Alexius Medical Center's efforts to expand the size of its NICU.

I am an obstetrician with an active practice in the northwest suburbs, and I am a member of St. Alexius Medical Center's Medical Staff. During the past twelve months, I have delivered approximately 67babies, which were delivered at St. Alexius. During that period, approximately 5 of the newborns that I delivered required NICU services, and admitted to St. Alexius' NICU.

With the proposed expanded capacity of St. Alexius' NICU, I believe that within two years, I will be referring approximately 8 newborns to that program on an annual basis.

Sincerely,

Ishwar Patel, MD, SC
1555 Barrington Road
Suite 130 Building 1
Hoffman Estates, IL 60169-5026

cc M. Traxler
Alexian Brothers Health System

Notarized:

OFFICIAL SEAL
ELIZABETH D NEARY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/10/16

Elizabeth D Neary
6/29/12

ATTACHMENT 15

68

SUBURBAN MATERNAL FETAL MEDICINE, LLC

Donald Taylor D.O., FACOOG Lee Yang, D.O., FACOOG
Jill Moran MD, FACOG

1555 N. Barrington Rd.
DOB #1, Suite 215
Hoffman Estates, IL 60169
847-490-6960
847-490-2916 FAX

100 Spalding Dr.
MOB #1, Suite 112
Naperville, IL 60540
630-527-3278
630-527-7459 FAX

June 29, 2012

Illinois Health Facilities
and Services Review Board
Springfield, IL 62761

To Whom It May Concern:

I am a maternal and fetal medicine specialist, practicing actively at St. Alexius Medical Center in Hoffman Estates. Many of the high risk obstetrics patients that I admit to St. Alexius lead to the admission of a newborn or, in the case of multiple births, newborns to St. Alexius' NICU. During the past twelve months 4 newborns coming directly from my practice have been admitted to St. Alexius' NICU.

In addition to practicing at St. Alexius, I admit patients to **Edward Hospital in Naperville, IL** and during the past twelve months approximately 4 newborns from my practice were admitted to the NICU at **Edward Hospital** as a result of my activities at hospitals other than St. Alexius.

St. Alexius' NICU has operated at a high utilization level, and has not accepted newborns from other hospitals. With the proposed addition of eight stations and the instituting of a patient transfer program, St. Alexius will be better equipped to address the needs of my patients. This expanded capability, coupled with anticipated growth of my practice will result in me referring an increasing number of newborns to St. Alexius' NICU. Within two years of the proposed expansion and transport capability, I anticipate referring approximately 10 newborns to St. Alexius' NICU on an annual basis.

Please accept this letter as an indication of my support of the proposed program expansion at St. Alexius Medical Center.

Sincerely,

Rupesh I. Patel, D.O., M.S., M.B.A
Perinatologist, Suburban Fetal Medicine, LLC

cc M. Traxler
Alexian Brothers Health System

Notarized:

OFFICIAL SEAL
ELIZABETH D NEARY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/10/16

Elizabeth D Neary
6/29/12

ATTACHMENT 15

Midwest Center for Women's HealthCare

Kathryn M. Ray, MD - M. Susan Scanlon, MD, NCMP
Mary S. Farhi, MD, MPH, NCMP

June 29, 2012

Illinois Health Facilities
and Services Review Board
Springfield, IL 62761

To Whom It May Concern:

Please accept this letter as an indication of my support of St. Alexius Medical Center's efforts to expand the size of its NICU.

I am an obstetrician with an active practice in the northwest suburbs, and I am a member of St. Alexius Medical Center's Medical Staff. In addition to St. Alexius, I admit patients to **Northwest Community**. During the past twelve months, I have delivered approximately 250 babies, 177 of which were delivered at St. Alexius. During that period, approximately 30 of the newborns that I delivered required NICU services, and 23 of those were admitted to St. Alexius' NICU.

With the proposed expanded capacity of St. Alexius' NICU, I believe that within two years, I will be referring approximately 27 newborns to that program on an annual basis.

Sincerely,

Kathryn Ray, MD
Midwest Center for Women's Healthcare
1555 Barrington Road
Suite 4300 Building 3
Hoffman Estates, IL 60169

cc M. Traxler
Alexian Brothers Health System

Notarized:

OFFICIAL SEAL
ELIZABETH O NEARY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 06/10/16

Elizabeth O'Neary
6/29/12

1083 Lake Cook Road
Wheeling, IL 60090
(847) 808-7070 Tel
(847) 808-7474 Fax

1555 Barrington Rd., Suite 4300
Hoffman Estates, IL 60169
(847) 884-9800 Tel
(847) 884-0808 Fax

www.mcwhc.com

ATTACHMENT 15

SUBURBAN MATERNAL FETAL MEDICINE, LLC

Donald Taylor D.O., FACOOG Lee Yang, D.O., FACOOG
Jill Moran MD, FACOG

1555 N. Barrington Rd.
DOB #1, Suite 215
Hoffman Estates, IL 60169
847-490-6960
847-490-2916 FAX

100 Spalding Dr.
MOB #1, Suite 112
Naperville, IL 60540
630-527-3278
630-527-7459 FAX

June 29, 2012

Illinois Health Facilities
and Services Review Board
Springfield, IL 62761

To Whom It May Concern:

I am a maternal and fetal medicine specialist, practicing actively at St. Alexius Medical Center in Hoffman Estates. Many of the high risk obstetrics patients that I admit to St. Alexius lead to the admission of a newborn or, in the case of multiple births, newborns to St. Alexius' NICU. During the past twelve months 6 newborns coming directly from my practice have been admitted to St. Alexius' NICU.

In addition to practicing at St. Alexius, I admit patients to **Edward Hospital in Naperville, IL** and during the past twelve months approximately 5 newborns from my practice were admitted to NICUs at **Edward Hospital** as a result of my activities at hospitals other than St. Alexius.

St. Alexius' NICU has operated at a high utilization level, and has not accepted newborns from other hospitals. With the proposed addition of eight stations and the instituting of a patient transfer program, St. Alexius will be better equipped to address the needs of my patients. This expanded capability, coupled with anticipated growth of my practice will result in me referring an increasing number of newborns to St. Alexius' NICU. Within two years of the proposed expansion and transport capability, I anticipate referring approximately 7 newborns to St. Alexius' NICU on an annual basis.

Please accept this letter as an indication of my support of the proposed program expansion at St. Alexius Medical Center.

Sincerely,

Donald R. Taylor, DO
Perinatologist, Suburban Fetal Medicine, LLC

cc M. Traxler
Alexian Brothers Health System

Notarized:

OFFICIAL SEAL
ELIZABETH D NEARY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/10/16

Elizabeth D Neary
6/29/12

ATTACHMENT 15

Greater Elgin Family Care Center

June 29, 2012

Illinois Health Facilities
and Services Review Board
Springfield, IL 62761

To Whom It May Concern:

Greater Elgin Family Care Center is a Federally-Qualified Health Center (FQHC) based in Elgin, Illinois. We have enjoyed a close relationship with Alexian Brothers Health System, and many of our clients have used their services and facilities.

Among the Alexian Brothers services used by our clients are their obstetrics, newborn, and pediatrics programs, and particularly those offered at St. Alexius Medical Center.

St. Alexius' plans to expand the capacity of their neonatal intensive care unit will be a benefit to our clients. During the past year, approximately 6 of our clients have required the services of a NICU, and 3 of those received those NICU services at St. Alexius.

Given our present growth rates and the expanded capacity of St. Alexius' NICU, it is possible that 6 GEFCC patients per year will be receiving St. Alexius NICU services on an annual basis in the future.

Sincerely,

Mark Thompson, MD
Medical Director

OFFICIAL SEAL
ELIZABETH D NEARY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/10/16

Elizabeth D Neary
6/29/12

370 Summit Street • Elgin, Il 60120 • Phone (847) 608-1344
450 Dundee Avenue • Elgin, IL 60120 • Phone (847) 608-1344
901 Center Street • Elgin, IL 60120 • Phone (847) 608-1344
1435 Randall Road • Elgin, IL 60123 • Phone (847) 608-1344
3901 Mercy Drive • McHenry, IL 60050 • Phone (815) 363-9900

Administrative Office • 860 Summit Street • Elgin, IL 60120

www.gefcc.org

ATTACHMENT 15

United Way

SUBURBAN MATERNAL FETAL MEDICINE, LLC

Donald Taylor D.O., FACOOG Lee Yang, D.O., FACOOG
Jill Moran MD, FACOG

1555 N. Barrington Rd.
DOB #1, Suite 215
Hoffman Estates, IL 60169
847-490-6960
847-490-2916 FAX

100 Spalding Dr.
MOB #1, Suite 112
Naperville, IL 60540
630-527-3278
630-527-7459 FAX

June 29, 2012

Illinois Health Facilities
and Services Review Board
Springfield, IL 62761

To Whom It May Concern:

I am a maternal and fetal medicine specialist, practicing actively at St. Alexius Medical Center in Hoffman Estates. Many of the high risk obstetrics patients that I admit to St. Alexius lead to the admission of a newborn or, in the case of multiple births, newborns to St. Alexius' NICU. During the past twelve months 5 newborns coming directly from my practice have been admitted to St. Alexius' NICU.

In addition to practicing at St. Alexius, I admit patients to **Edward Hospital in Naperville, IL** and during the past twelve months approximately 4 newborns from my practice were admitted to the NICU at **Edward Hospital** as a result of my activities at hospitals other than St. Alexius.

St. Alexius' NICU has operated at a high utilization level, and has not accepted newborns from other hospitals. With the proposed addition of eight stations and the instituting of a patient transfer program, St. Alexius will be better equipped to address the needs of my patients. This expanded capability, coupled with anticipated growth of my practice will result in me referring an increasing number of newborns to St. Alexius' NICU. Within two years of the proposed expansion and transport capability, I anticipate referring approximately 11 newborns to St. Alexius' NICU on an annual basis.

Please accept this letter as an indication of my support of the proposed program expansion at St. Alexius Medical Center.

Sincerely,

Lee C. Yang, DO
Perinatologist, Suburban Fetal Medicine, LLC

cc M. Traxler
Alexian Brothers Health System

Notarized:

OFFICIAL SEAL
ELIZABETH D NEARY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/10/16

Elizabeth D Neary
6/29/12

ATTACHMENT 15

400 N Highland Ave.
Aurora IL 60506

(630) 978-2532 Tel
(630) 978-2709 Fax
www.vnahealth.com

VNA Health Care

Professional Care by Caring Professionals.

July 10, 2012

Illinois Health Facilities and
Services Review Board
525 W. Jefferson St.
Springfield, IL 62761

To Whom It May Concern,

VNA Health Care is a Federally Qualified Health Center (FQHC) serving low income, underinsured and uninsured individuals, with clinic locations in Aurora and Elgin. This autumn, VNA will be operating a clinic in Bensenville as well.

Among the Alexian Brothers services used by our clients are their obstetrics, newborn and pediatric programs; and particularly those offered at St. Alexius Medical Center. VNA potentially could refer 10 patients annually to St. Alexius. St. Alexius' plans to expand the capacity of their neonatal intensive care unit will be a great benefit to our patients.

Sincerely,

Linnea Windel

Linnea Windel
President/CEO

cc: M. Traxler, Alexian Brothers Health System

OFFICIAL SEAL
ELIZABETH D NEARY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/10/16

Elizabeth D Neary 7/10/12

ATTACHMENT 15

PRESIDENT
C. Gary Leofanti

CEO
Raul Garza

OFFICERS
Deborah Watson
Chairperson

John Annis
Immediate
Past Chairperson

Darryl Stroud
Vice Chairperson

Andrew Jones
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HONORARY MEMBERS
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Peggy Eisenstein

Services radiating from sites in 15 counties:
Coles County
Cook County
Douglas County
Edgar County
Effingham County
Grundy County
Iroquois County
Kane County
Kankakee County
Marion County
Pulaski County
Stark County
Vermilion County
Wabash County
Will County

June 29, 2012

Illinois Health Facilities and Services Review Board
Springfield, IL 62761

To Whom It May Concern:

I write to give my unqualified support to St. Alexius as they expand the capacity of their Neonatal Intensive Care Unit (NICU). As a Federally Qualified Health Center, Aunt Martha's cares for a depth and variety of patients whom suffer from decreased access to care and health disparities. As such, these persons often present late to care, and come with very serious hazards to their health. A growing population are Low and Very Low Birth Weight Neonates. It is energizing to know that St. Alexius will be available for the tertiary care of our patients whom need this level of service.

Further, Greater Elgin Family Care Center is a Federally-Qualified Health Center (FQHC) located in Elgin, Illinois with whom we have worked closely. Over the years we have enjoyed a collegial and productive relationship with Alexian Brothers Health System, and many of our clients have used their services and facilities.

Among the Alexian Brothers services used by our clients are their Obstetrics, Newborn, and Pediatrics programs; and particularly those offered at St. Alexius Medical Center. St. Alexius' plans to expand the capacity of their Neonatal Intensive Care unit will be a benefit to our patients and families. It is notable that during the past year, approximately 10 (ten) of our patients have required the services of a NICU, and 4 (four) received those services at St. Alexius. With the expanded capacity of St. Alexius' NICU, I anticipate that within two years, several more, at least six to eight, of our patients will need just this kind of specialized care and services on an annual basis.

Please feel free to contact me at any time regarding this very vital project.

Sincerely yours,

Raul Garza
Chief Executive Officer
Aunt Martha's Youth Services Center, Inc.
19990 Governors Highway
Olympia Fields, IL 60461

cc M. Traxler
Alexian Brothers Health System

Notarized:

OFFICIAL SEAL
ELIZABETH D NEARY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/10/16

Elizabeth D Neary
6/29/12

Administrative Office
19990 Governors Highway
Olympia Fields, IL 60461
(708) 747-7100
www.auntmarthas.org

ATTACHMENT 15

STAFFING

St. Alexius Medical Center currently operates a Level III nursery/NICU, and either employs or has direct access through Medical Staff privileges to all of the positions identified in Section 1110.930(a), including:

A) Full-time Neonatal Director: Ichwar K. Patel, MD (CV attached)

B) Full-time Subspecialty Obstetrical Director: Maliha J. Shareef, MD (CV attached)

C) Other Neonatologists: Jessica Corsino, MD
Renato Fontanilla, MD
Trish Thompson, MD
Jonathan Murakas, MD, PRN
Marc G. Weis, MD, PRN
Christine Sajous, MD

Other Maternal Fetal Medicine Specialists: Jill Moran, MD
Donald Taylor, MD
Lee Yang, MD
Rupesh Patel, MD

D) Full-time Nurse Director: Korina Sanchez, RN, BSN (CV attached)

E) Other nurses: all units are fully-staffed

F) Board-Certified Anesthesiologists with training in maternal, fetal and neonatal anesthesia: Maribel Galiano-Goll, MD
Shanthi Aribindi, MD

G) Licensed social workers: Kristi Moran, MSW
Becca Mazzaco, MSW

H) Respiratory therapists with experience in neonatal care:
Soumaya Olsen, 18 years
Sarah Huntley, 15 years
Carol Gibson, 10 years

ATTACHMENT 23a

I) Registered dietician with experience in perinatal nutrition:
Kimberly Mack, MS, RD, LDN, CNSC (CV attached)

The NICU nursing staff consists of 35.1 FTE RNs, and routinely "floats" between the NICU and the Level I nursery, resulting in both a Level I nursing staff more highly qualified than typical and a larger pool of qualified RNs to staff the Level III nursery. With the proposed addition of eight Level III stations, 13.8 additional FTE RN positions will be filled. St. Alexius does not anticipate any unusual difficulties in attracting high caliber staff for these positions. As is the norm at SAMC, the positions will initially be made available to qualified candidates from the two Alexian Brothers Hospital Network general hospitals through in-house postings, after which normal recruitment avenues, such as advertisements in local newspapers and professional publications, will be utilized. The active recruitment process will be initiated 2-3 months prior to the opening of the incremental Level III stations, with on-site orientation taking place in the existing NICU.

ISHWAR K. PATEL, M.D., S.C.
Obstetrics & Gynecology
1555 Barrington Rd. Suite130
Hoffman Estates IL 60169-5026
Phone: (847)882-2577
Fax: (847)882-2550

CURRICULUM VITAE

Undergraduate University	M.S. University, Baroda, India **June 64 to June 66**
Medical School	Medical School Baroda, India **June 66 to May 72**
General Surgical Residency	S. S. G. Hospital, Baroda, India
Internship	South Chicago Hospital (now Trinity Hospital) 2320 E. 93rd St Chicago IL **January 73 to June 74**
Residency Training	Mount Sinai Hospital 1500 S. California Ave Chicago IL **July 74 to June 77**
Specialty	Obstetrics & Gynecology Board certified – November 09, 1979 (American Board of Obstetrics and Gynecology)

Hospital OB/GYNE Department Services

St. Alexius Medical Center
Obstetrics & Gynecology Department
1555 Barrington Road
Hoffman Estates, IL 60169

Vice Chairman
January 92 to December 2007

Chairman
January 08 to Present

ATTACHMENT 23A

76

Work History	Private Practice at: Present Address **January 1979 to Present** Humana Michael Reese 1931 Meacham Rd Schaumburg Il 60173 **January 1986 to March 96**
Organizations	American Medical Association Illinois State Medical Society Chicago Medical Society
Special Courses	Infertility Laser Surgery Women's Hospital of Texas, Houston, TX Gynecologic Surgery - YAG Laser Education Design Inc, Park Ridge, IL Obstetrics / Gynecology Review course Northwest Community Hospital, Arlington Heights, IL
Teaching Appointments	Loyola University Medical Students at Alexian Brothers Medical Center, Elk Grove Village, IL
Hospital Affiliations	**St. Alexius Medical Center** 1555 N. Barrington Rd. Hoffman Estates IL 60194 **Northwest Community Hospital** 800 W. Central Rd. Arlington Heights IL 60005
References	**Gordon H. Davis, M.D.** 2500 W. Higgins Rd Suite 640 Hoffman Estates IL 60195 Phone: (847)884-0906 **Carey M. Bacalar, M.D.** 1555 Barrington Rd, Suite 225 Hoffman Estates IL 60169 Phone: (847)882-1121

CURRICULUM VITAE

MALIHA J. SHAREEF

OFFICE ADDRESS: Loyola University Medical Center
Department of Pediatrics
2160 South First Avenue
Maywood, IL 60153
(708) 216-6967 Fax: (708) 216-9434

HOME ADDRESS: 1623 Norbury Avenue
Lombard, IL 60148

PERSONAL: Married to Professor Shareef, Ph.D., P.E., 2 Children

EDUCATION:

1999	BOARD CERTIFIED IN NEONATAL-PERINATAL MEDICINE, RECERTIFIED 2007
1996	BOARD CERTIFIED IN PEDIATRICS RECERTIFIED 2003
1993 - 1996	CANDIDATE FOR Ph.D. IN MICROBIOLOGY & IMMUNOLOGY *Loyola University Medical Center*, Maywood, Illinois
1988	M.S. IN MICROBIOLOGY *Bradley University*, Peoria, Illinois
1983	DOCTOR OF MEDICINE & SURGERY, M.D. *Osmania University*, Hyd., India

MEDICAL LICENSURE

1989 - Present	STATE OF ILLINOIS (Active)

ATTACHMENT 23A

EXPERIENCE

2009- Present	MEDICAL DIRECTOR, NEONATOLOGY Alexian Brothers Women and Children's Hospital Hoffman Estates, Illinois
2007 - Present	ASSOCIATE PROFESSOR & ATTENDING NEONATOLOGIST *Loyola University Medical Center,* Maywood, Illinois
2008 - Present	ASSOCIATE PROFESSOR & ATTENDING NEONATOLOGIST *Gottlieb Memorial Hospital,* Melrose Park, Illinois
2007 - Present	ASSOCIATE PROFESOR & ATTENDING NEONATOLOGIST *Alexian Brothers Medical Center,* Elk Grove Village, Illinois
2007 - 2008	ASSOCIATE PROFESSOR & ATTENDING NEONATOLOGIST *Elmhurst Memorial Hospital,* Elmhurst, Illinois
2005 - 2007	ASSISTANT PROFESSOR & ATTENDING NEONATOLOGIST *Loyola University Medical Center,* Maywood, Illinois
2005 - 2007	ASSISTANT PROFESSOR & ATTENDING NEONATOLOGIST *Elmhurst Memorial Hospital,* Elmhurst, Illinois
2002 - 2005	ASSISTANT PROFESSOR & ATTENDING NEONATOLOGIST *University of Illinois School of Medicine,* Peoria, Illinois Neonatology Associates 530 NE Glen Oak Avenue, Peoria, Illinois
1999 - 2002	ASSISTANT PROFESSOR & ATTENDING NEONATOLOGIST *Loyola University Medical Center,* Maywood, Illinois
1999 - 2002	ASSISTANT PROFESSOR & ATTENDING NEONATOLOGIST *Elmhurst Memorial Hospital,* Elmhurst, Illinois
1996 - 1999	CLINICAL INSTRUCTOR & ATTENDING NEONATOLOGIST *Prentice Women's Hospital,* Chicago, Illinois *Northwestern University,* Chicago, Illinois *LaGrange Memorial Hospital,* LaGrange, Illinois
1/93 – 6/96	CANDIDATE for Ph.D.

ATTACHMENT 23A

	Loyola University of Chicago Graduate School, Maywood, Illinois Department of Microbiology & Immunology Doctoral Thesis work in *Growth inhibition of Candida Albicans by interleukin-2 activated neonatal lymphocytes*
1/96 – 6/96	RESEARCH FELLOW IN NEONATOLOGY *Loyola University Medical Center,* Maywood, Illinois
1/93 - 12/95	CLINICAL FELLOW IN NEONATOLOGY *Loyola University Medical Center*, Maywood, Illinois
7/91 - 12/92	RESIDENT IN PEDIATRICS *Rush Presbyterian St. Luke's Medical Center*, Chicago, Illinois
7/90 - 6/91	RESIDENT IN 2+2 MEDICINE-PEDIATRICS *St. Francis Medical Center*, Peoria, Illinois
7/89 - 6/90	RESIDENT IN PEDIATRICS *Rush Presbyterian St. Luke's Medical Center*, Chicago, Illinois
1/89 - 6/89	OBSERVER IN FAMILY PRACTICE *Cook County Hospital*, Chicago, Illinois
8/85 - 12/88	GRADUATE RESEARCH ASSISTANT *Bradley University*, Peoria, Illinois M.S. Thesis: *Investigations of porin presence in flavobacterium meningosepticum*
1/84 - 6/85	JUNIOR MEDICAL OFFICER *Mahavir Hospital and Research Center*, Hyderabad, India
9/82 - 12/83	RESIDENT HOUSE OFFICER,O*smania General Hospital*, Hyderabad, India

PUBLICATIONS & ABSTRACTS

1. L B Vargas, R Rokosh, **M Shareef**. Department of Pediatrics, Loyola University Medical Center, Maywood, IL. Effect of Antenatal Betamethasone vs Dexamethasone on the Severity of Intraventricular Hemorrhage in Premature Infants: 10 Years Experience in a Single Tertiary Center. *Pediatric Research* 2009; 66(4),482(67).

Cite 2. J Corrales, **M Shareef**. Department of Pediatrics, Loyola University Medical Center, Maywood, IL. Early Extubation and High Flow Nasal Cannula after Surfactant Treatment for Respiratory Distress among Preterm Infants. *Pediatric Research* 2008.

3. **Shareef MJ,** Jones C, Galley B, Picken-Mrozowicz M, Ghai R, Alshaar M. Department of Neonatology and Department of Pathology, Loyola University Medical Center, Maywood, Illinois. Monozygotic Twins with Trisomy 13 Presenting with Variable Phenotype. Submitted to *Journal of Perinatology*, 9/2007.

4. Drenckpohl D, Hocker, JR, **Shareef, MJ,** Vagunta, R, Colgan C. Adding Dietary Green Beans Resolves The Diarrhea Associated With Bowel Surgery in Neonates: A Case Study. *Nutrition in Clinical Practice* 2005;20:674-677.

5. **Shareef, MJ,** Macwan KS, Hocker JR, Clark SE, Ramiro SB, Albert V, Klein S. Dept. of Pediatrics, St. Francis Medical Center, Peoria, Illinois. Reduced Neonatal Candida Infection As A Result Of Medical Practice Intervention. *Pediatric Research* 2005; 55(4):672(30).

6. Macwan KS, **Shareef MJ**, Hocker JR, Clark SE, Ramiro SB, Drenckphol D, McConnell C, Buss K. Restricted Fluid Intake and Outcome Of Neonates With Birth Weight 750-1500g. PAS 2005; 57: 3219.

7. Moeenuddin ZF, **Shareef MJ**, Hocker JR, Viola A. Transcutaneous Bilirubinometry (TcB) as a Screening Tool for Jaundiced Preterm Infants in NICU. PAS 2005; 57: 3219.

8. Macwan KS, **Shareef MJ,** Albert V, Drenckpohl D. Initiation Of Oral Feedings In Infants Less Than 34 Weeks To Facilitate Early Discharge From NICU. *Pediatric Research* 2004; 55(4):672(30).

9. **Shareef MJ**, Lawlor-Klean P, Kelly KA, LaMear NS, Schied MJ. Collodion Baby - A Case Report. *Journal of Perinatology* 2000; 4:267-269.

10. **Shareef MJ,** Myers TF, Mathews HL, Witek-Janusek L. Reduced capacity of neonatal lymphocytes to inhibit the growth of Candida albicans. *Biology of the Neonate* 1999; 75: 31-39.

11. **Shareef MJ**, Myers TF, Mathews HL, Witek-Janusek L. Reduced capacity of neonatal lymphocytes affect the growth of Candida albicans. *Pediatric Research* 1996; 39(4):301A.

12. **Shareef MJ**, Myers TF, and Mathews HL. Bound neonatal lymphocytes affect the growth of Candida albicans. *Pediatric Research* 1996; 39(4):301A.

13. Jain R, **Shareef MJ**, Rowley, Raible MD, Husain AN, Myers TF. Disseminated herpes simplex virus infection presenting as fever in the newborn - a lethal outcome. *Journal of Infection* 1996; 32:239-241.

14. **Shareef MJ,** Myers TF, Anderson CL and Mathews HL. Neonatal lymphocytes affect the growth of Candida albicans. *Pediatric Research* 1995; 37(4):299A.

15. **Shareef MJ**, Myers TF, and Mathews HL. Growth inhibition of Candida albicans by interleukin-2 activated human lymphocytes and by the human large granular lymphocyte like cell line, YT. *Pediatric Research* 1994; 35 (4):303A.

CHAPTERS IN A BOOK:

1. "Neonatal Sepsis" and "Hyperbilirubinemia," chapters in Loyola Neonatal Intensive Care Unit Resident Physician Manual, July, 2006.

LECTURES:

1. CME Lecture: "Neonatal Hyperbilirubinemia," Saint Mary and Elizabeth Medical Center Chicago, IL, Primary Care Physicians, September 2008

2. Grand Rounds: "Apnea & SIDS," Loyola University Medical Center, Stritch School of Medicine, Pediatrics Department, March, 2007.

3. Grand Rounds: "Hyperbilirubinemia," Loyola Universitiy Medical Center, Stritch School of Medicine, Pediatrics Department, October, 2006.

PRESENTATIONS:

Platform

1. **Shareef MJ.** St. Albert's Day, Stritch School of Medicine, Loyola University Medical Center, Maywood, IL, Oral Presentation Session III, November 13, 2009.

2. **Shareef MJ**, Knight K, Bennett LN, Weiss MG. Meconium, Maternal Fever and Neonatal Sepsis in Term Newborns. 31st Aspen Conference on Perinatal Research, Aspen, Colorado, September 21-23, 2002.

3. **Shareef MJ**, Myers TF, Anderson CL and Mathews HL. Neonatal Lymphocytes Affect the Growth of Candida Albicans. 24th Aspen Conference on Perinatal Research, Aspen, Colorado, September 28-29, 1995.

4. **Shareef MJ**, Myers TF, Mathews HL. Inhibition of Candida Albicans Hyphae by Neonatal Lymphocytes. American Federation for Clinical Research Midwest Meeting, Chicago, IL, Sept.28-30, 1995.

5. **Shareef MJ**, Myers TF, Mathews HL. Growth Inhibition of Candida Albicans by Interleukin-2 Activated Human Lymphocytes and by the Human Large Granular Lymphocyte Like Cell Line. 17th Annual Midwestern Conference on Perinatal Research, Galena, Illinois, September 21-23, 1994.

Poster

1. L B Vargas, R Rokosh, **M Shareef**. Department of Pediatrics, Loyola University Medical Center, Maywood, IL. Effect of Antenatal Betamethasone vs Dexamethasone on the Severity of Intraventricular Hemorrhage in Premature Infants: 10 Years Experience in a Single Tertiary Center. St. Albert's Day, Stritch School of Medicine, Loyola University Medical Center, Maywood, IL, November 13, 2009.

2. L B Vargas, R Rokosh, **M Shareef**. Department of Pediatrics, Loyola University Medical Center, Maywood, IL. Effect of Antenatal Betamethasone vs Dexamethasone on the Severity of Intraventricular Hemorrhage in Premature Infants: 10 Years Experience in a Single Tertiary Center. Midwest SPR, Chicago, IL, October 8-9, 2009.

3. J Corrales, **M Shareef**. Department of Pediatrics, Loyola University Medical Center, Maywood, IL. Early Extubation and High Flow Nasal Cannula after Surfactant Treatment for Respiratory Distress among Preterm Infants. Midwest SPR, Cleveland, OH, October 15-17, 2008.

4. **Shareef MJ,** Macwan KS, Hocker, JR, Clark SE, Ramiro SB, Albert V, Klein S. Dept. of Pediatrics, St. Francis Medical Center, Peoria, Illinois. Reduced Neonatal Candida Infection as a Result of Medical Practice Intervention. Midwest SPR, St. Louis, Missouri, October 20-21, 2005.

5. Macwan KS, **Shareef MJ**, Hocker JR, Clark SE, Ramiro SB, Drenckphol D, McConnell

C, Buss K. Restricted Fluid Intake and Outcome of Neonates with Birth Weight 750-1500g. PAS 2005;57:3219. PAS Washington, DC, May 14-17, 2005.

6. Moeenuddin ZF, **Shareef MJ**, Hocker JR, Viola A. Transcutaneous Bilirubinometry (TcB) as a Screening Tool for Jaundiced Preterm Infants in NICU. PAS, Washington, DC, May 14-17, 2005.

7. Macwan KS, **Shareef MJ,** Albert V, Drenckpohl D. Initiation of Oral Feedings in Infants less than 34 Weeks to Facilitate Early Discharge from NICU. Midwest SPR, St. Louis, Missouri, October 20-21, 2004.

8. **Shareef MJ**, Myers TF, and Mathews HL. Effect of Neonatal Lymphocytes upon the Growth of Candida Albicans. Workshop on Perinatal Practice, Scottsdale, Arizona, April 24-26, 1998.

9. **Shareef MJ**, Myers TF, and Mathews HL. Effect of Neonatal Lymphocytes upon the Growth of Candida Albicans. Pediatric Academic Societies Annual Meeting, Washington, DC, May 5, 1997.

10. **Shareef MJ**, Myers TF, and Mathews HL. The Effect of Neonatal Lymphocytes upon the Growth of Candida Albicans. American Society for Microbiology, 96th General Meeting, New Orleans, Louisiana, May 19-23, 1996.

11. **Shareef MJ**, Myers TF, and Mathews HL. Bound Neonatal Lymphocytes upon the Growth of Candida Albicans. Pediatric Academic Societies Annual Meeting, Washington, DC. May 8, 1996.

12. **Shareef MJ**, Myers TF, and Mathews HL. The Effect of Neonatal Lymphocytes upon the Growth of Candida Albicans. ASM Conference on Candida and Candidiasis: Biology, Pathogenesis, and Management, San Diego, California, March 24-27, 1996.

13. **Shareef MJ**, Myers TF, and Mathews HL. Neonatal Lymphocytes Affect the Growth of Candida Albicans. 24th Annual Autumn Immunology Conference, Chicago, Illinois, November 18-20, 1995

14. **Shareef MJ,** Myers TF, Anderson CL and Mathews HL. Neonatal Lymphocytes Affect the Growth of Candida Albicans. Pediatric Academic Societies' Annual Meeting, San Diego, California, May 8, 1995.

PROFESSIONAL SOCIETY MEMBERSHIP:

FELLOW

American Academy of Pediatrics	2000 - Present

MEMBER

American Academy of Pediatrics	1991 - Present
Section of Perinatal Pediatrics, AAP	1991 - Present
Illinois Chapter, AAP	1991 - Present
American Medical Association	1991 - Present
American Association for the Advancement of Science	1993 - 1996
American Society for Microbiology	1993 - 1996

GRANTS & AWARDS:

TUTOR OF THE YEAR AWARD 1999
LaGrange Memorial Hospital

Neonatal Lymphocytes Affect the Growth of Candida Albicans - A Mother-Baby Pair Study. Wyeth Pediatrics Neonatology Research Grant, 1995-1996. $3586

Neonatal Lymphocytes Affect the Growth of Candida Albicans. Wyeth Pediatrics Neonatology Research Grant, 1994-1995. $3445

Inhibition of Candida Albicans Hyphae by Neonatal Lymphocytes.
Trainee Investigator Award, AFCR, MWSPR, Sept. 28, 1995. $ 200

Evaluation of the Role of Gastroesophageal Reflux in Apnea of the Newborn With Multichannel Intraluminal Impedence Study in Children. Children's Miracle Network Grant, 2003.
$19758

Accuracy and Precision of Transcutaneous Bilirubinometery in Preterm Infants. 2004. $18278

2/23/09

Korina M Sanchez

Education

Pursuing Masters of Science in Nursing, Administration **2014**

Aurora University, Aurora, Illinois, Current GPA 4.0

Bachelor of Science in Nursing **1998**

Aurora University, Aurora, Illinois

Magna Cum Laude

Dean's List

Recipient, Gold Ivy Leaf Award for Academic Achievement

Recipient, Sharon Beverly Award for Spirit, Determination, and Leadership

Recipient, Presidential Transfer Scholarship

Sigma Theta Tau, Honor Society of Nursing

Omicron Delta Kappa, National Leadership Honor Society

Professional Affiliations

Member, Chicago Area Association of Neonatal Nurses

Member, National Association of Neonatal Nurses

Certifications/ Licensure

Registered Nurse, Illinois License #041-312198

Neonatal Resuscitation Provider Certification

BLS for Healthcare Providers

Korina M Sanchez

10624 Golden Gate Avenue• Huntley, Illinois 60142
Phone: 847-669-1822 • Fax: 847-669-1822 • E-Mail: korinamsanchez@yahoo.com

Professional Summary

Nursing professional with over 13 years experience in Neonatal Intensive Care

Experience

Director, Neonatal Intensive Care Unit, Newborn Nursery **2007-Present**

Director, Pediatric Intensive Care Unit **2007-2009**

St Alexius Medical Center, Hoffman Estates, Illinois

- Responsible for daily operations, budget, quality, and staff development of a Level III Neonatal Intensive Care Unit and Newborn Nursery
- Facilitated Level III Perinatal Designation for St Alexius Medical Center
- Successful recruitment of Level III experienced RN staff to meet IDPH Level III resource requirement
- Developed policies and procedures and established multidisciplinary processes for Level III NICU care
- Prepared RN staff for Level III NICU care through extensive education and training
- Worked in collaboration with project manger and architect for construction of 8 bed Level III NICU
- Member, Alexian Brothers Women and Children's Hospital Advisory Board, new facilities planning

Clinical Nurse Coordinator **2004-2007**

Acting Clinical Nurse Coordinator **2003-2004**

Day Shift Nurse Coordinator **2002-2003**

Staff Nurse **1998-2003**

Rush University, Chicago, Illinois, Neonatal Intensive Care Unit

- Provided family centered and compassionate care for acutely ill term and preterm neonates with varying diagnosis in a 57 bed Level III NICU, experienced with NO, HFOV, CPAP, conventional ventilation, multiple continuous medication infusions, post-surgical cases
- Assisted with the supervision and evaluation of over 170 employees, evaluator for 30 RN staff
- Served as NICU nurse recruiter for RN staff and nurse assistants
- Served on the Unit Advisory Committee, Professional Nursing Staff Committee, Policy and Procedure Committee, and Hospital-Wide Emergency Preparedness Committee
- Prepared staff for Magnet Designation and Joint Commission Surveys
- Served on the New Facilities Planning Committee, NICU lead for 2 unit construction expansion projects, NICU resource for new tower expansion

Kimberly Mack, MS, RD, LDN, CNSC
315 Skyvue Lane Schaumburg, IL 60193 (847) 885-0994 knkmack@yahoo.com

OBJECTIVE
Employment position that will allow me to utilize and expand my skills in the field of nutrition and dietetics. Continued advancement in the area of pediatric and NICU areas.

SUMMARY of EXPERIENCE
Broad background in marketing, promotion, business planning and budgeting. Extensive work in education and counseling of individuals and groups on nutrition and physical activity topics. Experience in catering and hospital food service, as well as, working as a Clinical Dietitian in Hospital and Long Term care facilities.

EDUCATION
Certified Nutrition Support Clinician 2010
M.S., Summer 2008 - Northern Illinois University, DeKalb, IL, Nutrition and Dietetics, G.P.A. 3.9/4.0
B.S., May, 2002 - Northern Illinois University, DeKalb IL, Nutrition and Dietetics Overall G.P.A.: 3.4/4.0
B.F.A., May, 1987 The School of the Art Institute of Chicago, Chicago IL, Interior Architecture
A.S., June, 1998 William Rainey Harper College, Palatine IL
RELATED Seminars - Seminar Neonatal Nutrition Conference Baylor College of Medicine and Texas Children's Hospital and Maternal Nutrition from University of Wisconsin.

CURRENT EMPLOYMENT
Sodexo - St. Alexius Medical Center, 1555 Barrington Road, Hoffman Estates, IL 60194 - 2003-Present
Clinical Inpatient Dietitian-Units: NICU, Maternal, Pediatric, PICU, General Adult.

- Team member in NICU upstart project, creation of policies and procedures, and education of NICU staff members regarding nutrition and neonates
- Participate as member of grand rounds, committees and pediatric rounds/NICU medical and discharge rounds, currently writing TPN for NICU area.
- Start up project managers and currently supervise formula area for NICU area: write formulas, train and supervise dietary techs, as well as discharge planning
- Implementation for Room Service project and education for nursing and dietary staff

College of DuPage, 425 Fawell Boulevard, Glen Ellyn, IL 60137 - Fall 2008 - Present

- Provide core curriculum for nursing students in preparation for clinical rotation and nursing certification exam in an engaging manner.
- Provide nutritional presentations, case study and projects to assist students in a basic understand of nutrition and nutritional concepts for themselves and future patients.
- Developed curriculum for combination of in-class lectures, small group projects, case study application of skills learned in class and through on-line projects

SPECIAL SKILLS

- Certifications: Food Safety and Sanitation Certificate, ServeSafe, American Red Cross: First Aid, CPR, Life Saving, American Heart Association Heartsaver AED
- American Council on Exercise: Group Fitness Instructor, Personal Trainer, Master Practical Trainer 1995, Lifestyle and Weight Management Consultant, National Academy of Sports Medicine, Aquatic Exercise Association: Aquatic Fitness Instructor

HONORS

- Outstanding Undergraduate Dietetic Student and Graduate Dietetic Intern from Northern Illinois University
- Member of Kappa Omicron Nu Honor Society, October 2002
- Who's Who among Students in American Universities & Colleges 2002
- Excellence in Writing Award, Northern Illinois University, Summer 2001

ACTIVITIES AND MEMBERSHIPS

ATTACHMENT 23A

- Original Contribution-Electronic Portfolios, Food & Nutrition Conference and Exhibition, October 2002
- Student Advisory Committee - Colleges of Health and Human Science, 2001
- Undergraduate Coordinating Council, 2001

RELATED EXPERIENCE

Personal Trainer, Athletic Coach, Group Exercise Leader, and Lifestyle and Weight Management The Wellness Center, Arlington Heights, IL, 1995 - Present.

- Provide assessment, program design and implementation of exercise programs to training clients
- Lead group exercise classes to both land and aqua club members and coached Master Swim Team
- Produce and present fitness and health related lectures for the education of our members
- Present lectures for community programs-Mall walkers, Seniors, and Fundraising seminars

Master Practical Trainer, American Council on Exercise, San Diego, CA, 1995 - Present

- Instruct a 15 hour Continuing Education Credit Course for certified trainers
- Demonstrate practical skills that the trainer are to be able to master by the end of the course
- Observe and evaluate the demonstrated abilities of the participants
- Assist in translating book knowledge into practical abilities

Nutrition Care Systems, Inc., Consultant for Long Term Care Facilities - 2005-2007

- Provide screening, assessment, evaluation, and follow up for at risk residents
- Support and monitor dietary staff and manager and provide monthly in-services
- Implement care plans and review residents on a Quarterly and Annual basis

Healthy Changes Coordinator, The Wellness Center, Arlington Heights, IL, 1998 - 2000

- Launched a multi-disciplinary weight management program and created the business and marketing plan
- Planned the lessons for the 16-week physical fitness and assessment modules
- Reported financial data and research statistics to Center Director
- Consulted participants individually on their exercise and nutritional care plans

Special Programming Coordinator, The Wellness Center, Arlington Heights, IL, 1995 - 1998

- Organized the Special Programming department in a new hospital based wellness center with supervision of 20 employees
- Maintained and created business plans and budgets for the department
- Coordinated the newsletter, calendar, and programming booklet for the center and proposed new programs for implementation
- Served on committees and a Council at Northwest Community Hospital

Graduate Assistantship, Catering Core Manager Northern Illinois University, De Kalb, IL, 2002-2003

- Managed events creating the menu, market orders, and production sheets
- Supported 6 student staff members for scheduled projects and events
- Recreated new formats for the existing recipes and helped develop the Catering Core web page

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2350 North Rockton Avenue
Suite 205
Rockford, IL 61103

Legal (815) 971-7420
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VIA FEDERAL EXPRESS

August 23, 2010

Ms. Joan Cappelletti
Administrative Director
Women & Children's Services
St. Alexius Medical Center
1555 Barrington Road
Hoffman Estates, Illinois 60169

Re: Perinatal Affiliation Agreement between Rockford Memorial Hospital and St. Alexius Medical Center

Dear Ms. Cappelletti:

Please find enclosed three (3) original copies of the Perinatal Affiliation Agreement for Level III Hospital ("Agreement"). I have had the Agreement executed by the appropriate parties at Rockford Memorial Hospital. Please have the appropriate parties at your institution execute the Agreement where indicated and return two (2) original copies to me at the address below. We will forward one original copy to IDPH for their records and retain the other in our files.

Thanks for your assistance with the Agreement and for your patience as I obtained appropriate signatures. If you have any questions or need anything further please contact me at (815) 971-7445.

Sincerely,

Joan E. Meyer

Joan E. Meyer, Paralegal
Rockford Health System, Office of Legal Affairs
2400 N. Rockton Avenue
Rockford, IL 61103
(815) 971-7445

Enclosures

cc: Barb Prochnicki, Perinatal Grant Administrator

ATTACHMENT 23B

PERINATAL AFFILIATION AGREEMENT
FOR LEVEL III HOSPITAL

This Perinatal Affiliation Agreement ("Agreement") is made this 30th day of July 2010 by and between St. Alexius Medical Center, ("Hospital") located and doing business in Hoffman Estates, Illinois, and the Northwest Illinois Perinatal Network at Rockford Memorial Hospital ("Perinatal Center") located and doing business in Rockford, Illinois. The Perinatal Center is recognized and designated by the Illinois Department of Public Health as a Level III Perinatal Center providing obstetrical care and neonatal care. In order to serve as a Level III affiliated perinatal facility designated by the Illinois Department of Public Health, Hospital agrees to affiliate with the above Perinatal Center on the terms and conditions set forth herein.

I. PURPOSE

This Agreement has been entered into pursuant to the Adopted Rules of the Illinois Department of Public Health, Regionalized Perinatal Health Care Code (77 Ill. Adm. Code 640), with the express purpose and intent of establishing procedures for the care, support and transport of high-risk obstetrical and neonatal patients.

II. PERINATAL CENTER OBLIGATIONS

A. The Perinatal Center will maintain "hot-lines" staffed 24-hours a day so that Hospital may consult with the Perinatal Center regarding obstetrical and neonatal patients and/or arrange for support services, referral or transport. These numbers, which are subject to change upon written notice to Hospital, shall be:

	Obstetrical Number	Neonatal Number
Rockford:	1-800-373-6155 or 815-971-6310	1-800-397-6861 or 815-971-6500

Any physician affiliated with Hospital may request a patient transfer in accordance with the terms of this Agreement by contacting the Perinatal Center through the appropriate numbers.

B. The Perinatal Center will accept all medically eligible obstetrical/neonatal patients.

C. The Perinatal Center shall provide medical and surgical treatment and support services unavailable from Hospital to those neonatal and/or obstetrical patients whom the Perinatal Center determines need such treatment or services but whom the Perinatal Center determines need not or cannot be transported to the Perinatal Center. The Perinatal Center shall bill such patients for any such treatment or services provided.

D. If the Perinatal Center is unable to accept a referred maternal or neonatal patient because of a lack of capacity or capability, Perinatal Center will assist in arranging for admission of the patient to another facility capable of providing the appropriate level of care.

E. Transportation of all patients transferred pursuant to this Agreement will be the responsibility of the Perinatal Center. Decisions regarding transport and mode of transport will be made by the Perinatal Center in collaboration with the referring physician. Responsibility for the patient remains with Hospital until the transportation selected by the Perinatal Center accepts the patient.

F. Consultation with Maternal Fetal Medicine at the Hospital in collaboration with the referring physician will occur to decide whether to have an obstetrical patient stabilized before transfer, kept in the affiliated unit or transferred immediately. If transfer is necessary, collaboration with Maternal Fetal Medicine at the Perinatal Center will occur to determine the best possible alternatives and the staff needed for transport.

G. Written protocols for the mechanism of referral/transfer/transport will be distributed by the Perinatal Center to Hospital's physicians, administration and nursing service. This is to include a mechanism for data recording of the time, date and circumstances of transfer so that this information can be utilized as part of the morbidity and mortality reviews.

H. A written summary of patient management and outcome for patients transferred under this Agreement will be sent by the Perinatal Center to the referring physician of record and to Hospital's chart at the time the patient is discharged. In addition, the Perinatal Center will endeavor to keep the referring physician informed of the patient's progress prior to discharge as appropriate.

I. The Perinatal Center will conduct Joint Mortality and Morbidity conferences at the Hospital. The parties agree that information disclosed or developed in such conferences shall be used for the exclusive purpose of evaluating and improving quality of care, and is privileged and strictly confidential and may only be used for the purposes described in the Illinois Medical Studies Act ("**Medical Studies Act**"):

1. The Perinatal Center will be represented by Maternal Fetal Medicine specialists, neonatologist, and a nursing representative.

2. The Hospital will be represented by obstetricians, maternal fetal medicine, pediatricians, neonatology, family physicians, nurse midwives, and a nursing representative.

3. The Hospital will provide case material to the Perinatal Center at least two weeks prior to conference.

4. The content of the review will be determined by the Perinatal Center and Hospital in accordance with guidelines contained in Regionalized Perinatal Health Care Code. The review must include but not limited to maternal

deaths, fetal deaths, neonatal deaths, selected morbidity, transfers, and continuous quality improvement projects.

J. The Perinatal Center will transfer patients back to Hospital when medically feasible in accordance with physician to physician consultation. Where patients are transferred back to Hospital in accordance with this paragraph, Hospital shall be responsible for notifying the appropriate health department of the patient's eventual discharge to home via the Adverse Pregnancy Outcome Reporting System (APORS) and for referring to appropriate state and local education service agencies those children having an identified handicapping condition or developmental disability. Where the Perinatal Center discharges the patient to his or her home, the Perinatal Center shall be responsible for these notifications and referrals. Each party shall use its own established procedures for making such notification and referrals and for obtaining appropriate parental consent. The Hospital will establish a method for securing a primary physician for any neonate returning from the Perinatal Center without a primary physician on admission to the Perinatal Center. Hospital and the Perinatal Center agree that stable infants with may be returned to the Hospital where Hospital resources permit:

K. The Perinatal Center will develop and offer Perinatal Outreach Education programs at a reasonable cost to include the following:

1. Periodic obstetrical and neonatal needs assessment of Hospital.

2. Protocols for patient management for Hospital.

3. Continuing Medical Education programs for obstetricians, pediatricians and family practitioners either at Hospital or at the Perinatal Center site.

4. Mini-Fellowships at the Perinatal Center for Hospital physicians and nurses.

5. Programs based on need assessment by outreach nurse educators at Hospital for obstetrical and neonatal nursing staff.

L. The Perinatal Center will establish, maintain and coordinate the educational programs offered by and for all Level I, Level II, Level II+ and Level III hospitals for which it serves.

M. The Perinatal Center shall develop a Regional Perinatal Management Group, Regional Quality Council, and Nurse Leadership Group, including, but not limited to, representatives of each hospital in the Perinatal Network. This group shall meet at least quarterly to plan management strategies, evaluate morbidity and mortality reviews, evaluate the effectiveness of current programs and services, determine the methodologies used to monitor, evaluate, and improve the quality of health care services for neonatal and obstetrical patients at Hospital, and to set future goals. The Regional Quality Council shall determine the projects and data collection system to be used.

N. Perinatal Center will provide statistical analysis of currently available data on the affiliate hospitals at their request and develop data systems as needed. All data will be presented in aggregate or coded form and neither institutional nor patient specific data will be shared with any other institution within the Perinatal Network. Aggregate, coded data of the perinatal Network will be presented at the Annual Meeting for educational and priority setting purposes.

III. HOSPITAL OBLIGATIONS

A. The Hospital, through its administrative staff, will inform the physician and nursing staff of the guidelines in this document.

B. The Hospital physicians will utilize the "hot-line" established by the Perinatal Center for consultation, referral, and transport of obstetrical and neonatal patient.

C. The Hospital designated as a Level III will usually care for maternal and neonatal patients defined in Level III guidelines of the 640 code.

D. The Hospital physicians will consult and/or transfer high risk patients to the Perinatal Center obstetrical and neonatal patients for treatment in the event the Hospital is unable to provide the specialized care required by such patients.

E. Hospital shall develop and implement a system for assigning a physician to those neonatal patients referred to the Perinatal Center who have no physician. When the Perinatal Center has determined that it is medically feasible to transfer a patient back to Hospital, such assigned physician shall become the patient's primary physician. When no physician has been assigned to such patient, Hospital agrees that the designated pediatrician on call at Hospital at the time of transfer back to the Hospital shall be designated as the patient's primary physician.

F. The Hospital staff will develop and maintain in-house continuing educational programs for obstetrical and neonatal/pediatric medical and nursing staff and other disciplines as needed. Staff will be encouraged to participate in continuing educational programs for nurses and physicians developed by the Perinatal Center.

G. The Hospital will designate representatives to serve on the Perinatal Regional Continuous Quality Improvement Council and Regional Management Group, Northwest Illinois Perinatal Regional Advisory Council (NIPRAC). It is recommended that physician, nursing and/or administration represent the Hospital.

H. The Hospital will maintain and share such statistics as the Perinatal Regional Quality Improvement Council may deem appropriate. Charts for Mortality and Morbidity cases are to be submitted to the Perinatal Center two (2) weeks prior to the conference of Mortality and Morbidity.

I. The Hospital physicians will make appropriate referrals for high-risk infants and neonates with handicapping conditions to appropriate follow-up programs.

J. The Hospital will provide documented evidence of the support services available as required by requirements for Level III hospitals in the Regionalized Perinatal Health Care Code.

K. The Hospital will participate in the Adverse Pregnancy Outcome Reporting System.

L. The Hospital will provide information, counseling and referral services to parents or potential parents of its neonatal patients who have handicapping conditions or developmental disabilities and perform an evaluation of such patients within 24 hours from the time the condition is first identified.

M. The Hospital will comply with the requirements outlined in Attachment 1.

IV. JOINT RESPONSIBILITIES

A. This agreement will remain in effect for a period of two years beginning on **July 30, 2010** and ending on **July 29, 2012**. Thereafter, this agreement may be renewed for a term mutually agreed upon by both parties. If either party wishes to terminate this agreement, they may do so upon 90 days prior written notification to the other. The Illinois Department of Public Health will also be notified of the intent to terminate.

B. Hospital and Perinatal Center acknowledge that in the course of the term of this Agreement, Hospital and Perinatal Center will have access to patient records, reports, and similar documents, and to individually identifiable health information, as that term is defined in the Health Insurance Portability and Accountability Act of 1997 (HIPAA) regulations. Hospital and Perinatal Center agree to prepare, preserve, disclose, and maintain the confidentiality and security of all such records and information in accordance with the accepted standards of medical practice, the parties' policies, the requirements of this Agreement, and all applicable laws and regulations concerning the confidentiality and disclosure of medical records, medical records information, and individually identifiable health information, including, but not limited to, HIPAA and the rules and regulations related thereto. Hospital and Perinatal Center agree to assume full responsibility for the compliance, education, and training of its respective employees and agents regarding the standards, policies, requirements, laws, and regulations referred to above. The provisions of this Section shall survive termination of this Agreement.

C. None of the provisions of this Agreement are intended to create, nor shall they be deemed or construed to create, any relationship between the parties other than that of independent entities contracting or cooperating with each other solely for the purpose of effectuating the provisions of this Agreement. Neither party to this Agreement, nor their respective employees, contractors, or agents, shall be construed to be the agent, employer, employee, or representative of the other or entitled to any benefits provided by the other to its employees or contractors.

D. Any notice required or permitted under the terms of this Agreement shall be in writing and shall be deemed to have been given: (1) upon delivery when delivered

personally; (2) one (1) business day after dispatch by a nationally recognized overnight delivery service; or (3) three (3) business days after deposit in the United States mail with first-class postage and registered mail or certified mail fees prepaid, return receipt requested, to the following address or addresses (or at such other addresses designated by the parties in writing from time to time):

If to Hospital:	St. Alexius Medical Center 1555 Barrington Rd. Hoffman Estates, IL 60194 Attention: Chief Executive Officer
If to Perinatal Center:	Rockford Memorial Hospital 2400 North Rockton Avenue Rockford, IL 61103 Attention: Barb Prochnicki Perinatal Grant Administrator
With Copy To:	Rockford Health System 2400 North Rockton Avenue Rockford, IL 61103 Attention: VP Legal Affairs

V. MISCELLANEOUS

A. Hospital will maintain a Level III nursery, with a Board Certified Neonatologists director. The director shall be responsible for:

1. Supervising and coordinating the care provided at the nursery and providing consultation to other physicians when needed; and

2. Securing twenty-four hour coverage, 365 days a year (366 on leap years) by developing and implementing a call schedule.

The director or his designee will be notified of all admissions to the nursery and will decide in conjunction with the private physician whether consultation is needed, consistent with the terms and conditions of this Agreement. All neonatologists providing coverage for the nursery shall be Board Certified or Eligible.

B. Both parties agree to comply with all applicable laws and regulations in effect at the time of this Agreement, as amended from time to time.

C. It is required that the Chairpersons of Hospital's Departments of Obstetrics and Gynecology, and Neonatology be Board Certified.

To evidence their agreement, the parties each have caused this Agreement to be duly executed and delivered in its name and on its behalf.

Rockford Memorial Hospital

Dan Parod — 8/19/10 Date
Sr. V.P. Hospital and Administrative Affairs

St. Alexius Medical Center

Edward Goldberg — 8/27/2010 Date
President and CEO

Paula Melone, D.O. — 8/6/10 Date
Director, Maternal Fetal Medicine

Lee Yang, D.O. — 8/27/2010 Date
Director, Maternal Fetal Medicine

Jose Gonzalez, M.D. — 8/11/10 Date
Director, Neonatology

Ishwar K. Patel, M.D. — 8/27/10 Date
Chairman, Department of Obstetrics and Gynecology

Alireza Zand, M.D. — 8/27/10 Date
Chairman, Department of Pediatrics

Maliha Shareef, M.D. — 8/27/10. Date
Director, NICU

ATTACHMENT 1

LEVEL III HOPSITAL

A. St. Alexius agrees to comply with all requirements of the Illinois Department of Public Health as a Level III facility within the Perinatal Network ("Network"), including assumption of responsibility for, consultation, education, data collection and administration of perinatal services for the hospitals affiliated with the Hospital through the Network.

B. The Hospital will maintain 24-hour obstetrical and neonatal telephone numbers located in Labor and Delivery and the Intensive Care Nursery for consultation and transfer/transport calls and will accept all medically eligible Illinois residents from Network hospitals.

C. The Hospital will provide timely and regular communication to referring physicians regarding management and outcomes of their patients transferred to the Hospital

D. The Hospital will establish a system to return patients to referring hospitals within the Network when such patients become stable.

E. The Hospital will provide all services/personnel as required of a Level III perinatal facility in the Illinois Perinatal Rules and Regulations, as may be amended from time to time, including, without limitation:

- Maintain a full-time Medical Director of Neonatology certified by the American Board of Pediatrics, with a subspecialty certificate in Neonatal/Pediatric Medicine.
- Maintain a full-time Medical Director certified by the American Board of Obstetrics and Gynecology in the subspecialty of Maternal and Fetal Medicine or a licensed osteopathic physician with equivalent training and experience and certified by the American Osteopathic Board of Obstetricians and Gynecologists;
- Maintain 24-hour in-house obstetrical coverage by a board-certified or board-eligible candidate in obstetrics;
- Develop/maintain an Administrative Director to direct planning, development and operations of the non-medical aspects of the Level III facility;
- Maintain a physician or advanced practice nurse experienced in the management of mechanically ventilated infants in-house during the entire time any infant receives mechanical ventilation;
- Provide pediatric/neonatal respiratory therapy services under the direction of a full-time licensed respiratory care practitioner with at least three years experience in all aspects of pediatric and neonatal respiratory care, preferably with a bachelor's degree, and one successful completion of the neonatal/pediatric exam of the National Board of Respiratory Care;
- Provide dedicated obstetrical anesthesia services under the direct supervision of a board-certified anesthesiologist with extensive training or experience in maternal, fetal and neonatal anesthesia available 24 hours per day;
- Provide neonatal surgical services 24 hours per day supervised by a board-certified surgeon or a board-eligible candidate in pediatric surgery;

- Provide neonatal surgical anesthesiologists with extensive training and/or experience in pediatric and neonatal anesthesia for neonatal surgical services;
- Maintain neonatal radiology services 24 hours per day;
- Have available consultative neonatal neurology services 24 hours per day;
- Have available consultative neonatal cardiology services 24 hours per day; Provide other clinical and follow-up services as outline in the State of Illinois Perinatal Rules and Regulations, as amended; and
- Maintain policy for referral of patients to genetics and maintain Full time genetic counselor.

F. If there is a material change in personnel that would affect the ability of the Hospital to met the requirements set forth in this Attachment, or any of the above services are otherwise unavailable, the Hospital shall immediately notify the Perinatal Center office at Rockford Memorial Hospital

NEED

Section 1110.930 identifies four circumstances under which the need for NICU stations can be substantiated, three of which can be used by existing providers. Subsection 1110.930.c)1)D), addressing one of the circumstances, states that additional beds are needed when "...for each of the last two years for which data is available, the yearly occupancy rate for the service at the applicant facility has exceeded the target occupancy rate."

St. Alexius Medical Center's NICU admitted its first patient in August 2010 and surpassed the 75% target occupancy rate on a monthly basis two months later, in October 2010, when its occupancy exceeded 85%. During the NICU's first twelve months of operation, 2,354 patient days of care were provided, resulting in an 80.6% occupancy rate. During the subsequent eleven months (August 1, 2011-June 30, 2012), 2,316 patient days of care were provided, resulting in an average daily census of 6.93 patients during that period. Even if no NICU patient days of care were to be provided in July, the occupancy rate for the second twelve-month period following the NICU's opening (August 1, 2011-July 31, 2012) would be 79.3%. As a result, the threshold for need addressed in Subsection 1110.930.c)1)D) has been surpassed in the initial 24 months of operation.

OBSTETRICS SERVICE

St. Alexius Medical Center has a large and well-qualified obstetrics service, including the ability to provide services to high-risk mothers. During 2011 nearly 3,200 babies were born at SAMC. The high-risk staff includes four obstetricians/maternal fetal medicine specialists and a geneticist. These physicians are supported by specially-trained nurses and other personnel.

STANDARD & POOR'S

Global Credit Portal
RatingsDirect®

May 9, 2011

Ascension Health, Missouri; System

Primary Credit Analyst:
Kevin Holloran, Dallas (1) 214-871-1412; kevin_holloran@standardandpoors.com

Secondary Contact:
Martin D Arrick, New York (1) 212-438-7963; martin_arrick@standardandpoors.com

Table Of Contents

Rationale

Outlook

Operations Span The Nation

Financial Performance Is Strong

Balance Sheet

Short-term credit factors

Debt Derivative Profile: Very Low Risk

Related Criteria And Research

Ascension Health, Missouri; System

Credit Profile

Indiana Hlth Fac Fin Auth, Indiana

Ascension Hlth, Missouri

Indiana Hlth Fac Fin Auth (Ascension Health) sr lien

Long Term Rating	AA+/Stable	Upgraded

Rationale

Standard & Poor's Ratings Services raised its long-term rating to 'AA+' from 'AA' on Ascension Health, Mo.'s senior revenue bonds (various series and issuers) and raised its long-term rating to 'AA' from 'AA-' on Ascension Health's series 2005A subordinated revenue bonds. The outlook is stable.

The 'AA+' long-term component of the various ratings is based on Ascension Health's credit quality, while the 'A-1+' short-term component of the ratings is based on Ascension Health's self-liquidity.

The 'AA+' long-term rating reflects Ascension Health's:

- Excellent geographic and financial dispersion as the largest nongovernmental not-for-profit health system in the country, with approximately $15 billion in operating revenue and total assets of about $18 billion;
- Continued robust financial performance in fiscal 2010 (ended June 30, 2010) and into fiscal 2011 (unaudited third-quarter results through March 31, 2011) highlighted by solid operating income, which produced very strong total debt service coverage of about 8.6x as of March 31, 2011;
- Growth in unrestricted liquidity and the balance sheet, providing Ascension Health with significant financial flexibility, highlighted by operational liquidity of 203 days' cash on hand as of March 31, 2011; and
- Strong management practices, with an exceptional central team that influences health care on a national level and with a proven commitment to providing clinically excellent, affordable, and available health care.

Ascension Health has approximately $4.2 billion in total debt. Our analysis reflects the results of Ascension Health as a whole, because the vast majority of its assets are within the credit group, and we include the New York affiliates as limited designated affiliates. Ascension Health has approximately $3.6 billion of obligations under its senior master trust indenture secured by revenue from the senior obligated group members, and about $514 million of obligations under its subordinated master indenture. The 'A-1+' short-term rating reflects Ascension Health's ample liquidity and the quality of its short-term, short-duration assets, which are sufficient to meet potential puts or purchases.

Ascension Health has a variety of swaps. Standard & Poor's assigned a Debt Derivative Profile (DDP) overall score to Ascension Health's swap portfolio of '1.5', on a four-point scale, with '1' representing minimal risk. The overall score of '1.5' indicates that in our view, the swaps pose a very low risk to the system's credit quality.

Standard & Poor's is aware of the April 27, 2011, announcement that Ascension Health has signed a non-binding letter of intent to acquire Illinois-based Alexian Brothers Health System.

Outlook

The stable outlook reflects our view of Ascension Health's strong operations and strengthened liquidity position during fiscal 2010 and into fiscal 2011, which solidify its overall credit profile and afford it ample financial flexibility. We view downward rating pressure as very unlikely, given Ascension Health's considerable credit strengths, but markedly weakened operations or a sizable debt issuance that critically affects balance sheet metrics could pressure the rating.

Operations Span The Nation

Ascension Health's size and geographic diversity are among its main credit strengths. Ascension Health consists of 70 acute-care hospitals; two long-term, acute-care hospitals; three rehabilitation hospitals; four psychiatric hospitals; and a wide range of ambulatory and home health services. The system has approximately 18,400 available beds (including more than 17,800 acute-care beds), and is the largest nongovernmental, not-for-profit hospital system in the nation, in terms of both total number of hospitals and total revenues. Ascension Health operates in 20 states and the District of Columbia, providing significant revenue diversity and insulating the system from economic trends in any one market.

Utilization declined slightly systemwide in fiscal 2010, with acute-care admissions totaling 636,687 in fiscal 2010 as compared with 638,209 in fiscal 2009. Ascension Health has a number of markets of significant size, including Detroit, Mich., Indianapolis, Ind., Nashville, Tenn., and Austin, Texas., which account for approximately 46.8% of its total net patient revenue income (based on March 31, 2011), but no single market accounts for more than 14% of total net patient revenue.

Financial Performance Is Strong

Fiscal 2010 (audited year ending June 30, 2010) showed a continuation of the strong financial performance Ascension Health has demonstrated over the last several fiscal years (see table). Operating revenue grew by about 3.4% in fiscal 2010 to more than $14.7 billion, from $14.2 billion the previous year. The system generated more than $503 million in operating income (including minority interest in consolidated entities), or a 3.4% operating margin, in fiscal 2010, highly consistent with its $471 million operating income, or a 3.3% operating margin, in fiscal 2009.

Non-operating earnings (as calculated by Standard & Poor's) in fiscal 2010 resulted in excess income of $915 million, or a 6% excess margin, due to the rebound in the equities market, combined with robust cash flow from operations. Fiscal 2010's results compare more favorably with the excess loss of $302 million, or negative 2.2% excess margin, in fiscal 2009 (June 30, 2009) that resulted from the volatility in the equities market that affected virtually the entire health care sector. Ascension Health generated very good maximum annual debt service (MADS) of 7.4x at fiscal year end 2010. (Standard & Poor's analysis excludes unrealized investment income and loses.)

Ascension Health's year-to-date operating results in fiscal 2011 have remained solid, with nine-month results (unaudited through March 31, 2011) showing that the system generated more than $356 million in operating income, or a 3.1% operating margin. Ascension Health also earned more than $885 million in excess income, or an 8.1% margin, which generated MADS coverage of 8.6x.

A few markets are failing to generate positive income from operations in the fiscal year to date, but given Ascension Health's size and geographic dispersion, we expect occasional operational challenges in various markets due to market and/or economic conditions. Given the challenges, management has initiated or intensified improvement initiatives in those markets. Ascension Health's management has repeatedly demonstrated the ability to manage the dynamics of each market successfully, resolving unfavorable financial conditions in underperforming markets.

Ascension Health, Mo. Financial Statistics

	--Fiscal year ended--			
	March 31, 2011	June 30, 2010	June 30, 2009	June 30, 2008
Income statement and cash flow				
Operating revenue ($000s)	11,678,236	14,773,336	14,276,669	13,489,323
Total expenses ($000s)	11,321,785	14,270,331	13,805,320	12,981,915
Operating income ($000s)	356,451	503,005	471,349	507,408
Operating margin (%)	3	3	3	4
Net nonoperating revenues ($000s)	566,307	455,655	(700,175)	449,303
Excess income ($000s)	885,024	915,034	(301,863)	865,585
Excess margin (%)	7	6	(2)	6
Change in net assets ($000s)	1,616,486.0	1,139,081.0	(1,430,864.0)	1,292,958.0
EBIDA/total revenue (%)	12.1	11.2	3.4	11.7
Cash flow/total liabilities (%)	22	18	4	17
Capital expenditures ($000s)	N.A.	622,486	768,001	1,085,432
Debt				
Net available for debt service ($000s)	1,477,433	1,696,613	459,656	1,613,407
Maximum debt service ($000s)	230,445	230,445	230,445	248,759
Maximum debt service coverage (x)	8.5	7.4	2.0	6.5
Maximum debt service to total revenue (%)	1	2	2	2
Balance sheet				
Unrestricted cash and investments ($000s)	8,034,996	7,049,642	5,688,081	6,238,221
Restricted cash ($000s)	1,001,962	901,614	827,570	927,420
Unrestricted days' cash on hand	203.0	189.0	158.0	184.0
Unrestricted cash/debt (%)	190.6	166.4	135.7	146.7
Cushion ratio (x)	35	31	25	25
Net fixed assets ($000s)	6,312,734	6,484,477	6,548,574	6,444,956
Long-term debt ($000s)	4,214,564	4,235,325	4,191,180	4,252,065
Unrestricted fund balance ($000s)	10,629,397	9,013,920	7,806,092	9,283,351
Debt/capitalization (%)	28.4	32.0	34.8	31.4
Average age of plant (years)	11.4	11	10.7	10.9

Balance Sheet

Ascension Health's solid cash flow and a rebound in the equities market have helped boost unrestricted liquidity in fiscal 2011 after the extreme volatility in fiscal 2009, which had reduced Ascension Health's balance sheet. As of March 31, 2011, unrestricted cash and investments had improved to more than $8 billion, compared with $5.7

billion at the end of fiscal 2009. This is equal to approximately 203 days' cash on hand. Leverage, as measured by debt to capitalization and cash to debt, is improved at less than 30% and almost 1.9x, respectively.

Over the last two fiscal years, Ascension Health did curtail capital spending to about 100% of annual depreciation (approximately $700 million on average in fiscals 2009 and 2010), which has helped to build balance sheet strength. Ascension Health does plan on increasing capital spending in fiscal 2011 to about 160% of annual depreciation, which, while more commensurate with historical capital spending, will place additional pressure on balance sheet metrics.

Short-term credit factors

Ascension Health has committed several sources of funds -- including its short-term fund, long-term fund, and eligible equity investments -- to support its unenhanced variable-rate demand bonds (VRDBs) and serial mode bonds, windows, and traditional commercial paper (CP) program. Ascension Health established both the long-term and short-term funds, which are managed by professional fixed-income and equity investment managers. On a monthly basis, Standard & Poor's continues to monitor both the sufficiency and the liquidity available through Ascension Health's identified eligible assets to ensure that Ascension Health can cover the purchase price of any bonds in the event of failed remarketing for VRDBs and CP. Ample liquidity is provided through the money held in domestic equities, cash, and high-quality, short-term, fixed-income assets, and is monitored by Standard & Poor's on a monthly basis.

Debt Derivative Profile: Very Low Risk

Ascension Health has a variety of swaps to hedge interest rate risk in its debt program, roughly equally split between counterparties Citibank N.A. (with parent Citigroup Inc.) and Morgan Stanley Capital Services. Standard & Poor's assigned Ascension Health's swaps a DDP overall score of '1.5' on a four-point scale, with '1' representing the lowest risk. The overall score of '1.5' indicates that Ascension's swaps pose a very low credit risk.

Specific factors include:

- Low counterparty risk due to the use of highly rated counterparties;
- Low likelihood of default or termination by Ascension Health, given the high rating on its debt and large spread between the 'AA+' rating on Ascension Health's debt and termination triggers at the 'BBB-' level;
- Good economic viability of the swap program over stressful economic cycles; and
- Strong management oversight of the swap program.

Ascension Health's swaps had a total combined unfavorable mark to market of approximately $61 million as of April 1, 2011, associated with Morgan Stanley and Citibank swaps. Collateral postings would come into play only if the mark-to-market exceeds $125 million with a single counterparty. Despite the sizable unfavorable mark-to-markets, they are unlikely to become a rating concern, given Ascension Health's sizable balance sheet and significant distance to any collateral posting with its counterparties.

Related Criteria And Research

- USPF Criteria: Not-For-Profit Health Care, June 14, 2007
- USPF Criteria: Commercial Paper, VRDO, And Self-Liquidity, July 3, 2007

Ratings Detail (As Of May 9, 2011)

Alabama Spl Care Fac Fin Auth of Birmingham, Alabama		
Ascension Hlth, Missouri		
Alabama Spl Care Fac Fin Auth of Birmingham sr ln (Ascension Hlth) sys		
Long Term Rating	AA+/Stable	Upgraded
Alabama Spl Care Fac Fin Auth of Birmingham (Ascension Health) jr lien		
Long Term Rating	AA/Stable	Upgraded
Alabama Spl Care Fac Fin Auth of Mobile, Alabama		
Ascension Hlth, Missouri		
Alabama Spl Care Fac Fin Auth of Mobile (Ascension Health) sr lien		
Long Term Rating	AA+/Stable	Upgraded
Connecticut Hlth & Educl Facs Auth, Connecticut		
Ascension Hlth, Missouri		
Connecticut Hlth & Educl Facs Auth (Ascension Health) sr lien		
Long Term Rating	AA+/Stable	Upgraded
Short Term Rating	NR	
Escambia Cnty Hlth Fac Auth, Florida		
Ascension Hlth, Missouri		
Escambia Cnty Hlth Fac Auth (Ascension Health) sr lien		
Long Term Rating	AA+/Stable	Upgraded
Illinois Educl Fac Auth, Illinois		
Ascension Hlth, Missouri		
Illinois Fin Auth (Ascension Hlth) sys		
Long Term Rating	NR	Affirmed
Short Term Rating	A-1+	
Indiana Hlth Fac Fin Auth, Indiana		
Ascension Hlth, Missouri		
Indiana Hlth Fac Fin Auth jr ln (Ascension Hlth) sys		
Long Term Rating	AA/Stable	Upgraded
Indiana Hlth Fac Fin Auth (Ascension Health) jr lien		
Long Term Rating	AA/A-1+/Stable	Upgraded
Indiana Hlth Fac Fin Auth (Ascension Health) sr lien		
Long Term Rating	AA+/A-1+/Stable	Upgraded
Unenhanced Rating	NR(SPUR)	
Indiana Hlth Fac Fin Auth (Ascension Health) sr lien		
Unenhanced Rating	NR(SPUR)	
Jacksonville Hlth Fac Auth, Florida		
Ascension Hlth, Missouri		

Ratings Detail (As Of May 9, 2011) (cont.)

Jacksonville Health Facilities Authority (Ascension Health) sr lien		
Long Term Rating	AA+/Stable	Upgraded
Michigan St Hosp Fin Auth, Michigan		
Ascension Hlth, Missouri		
Michigan St Hosp Fin Auth sr lien (Ascension Hlth) sys		
Long Term Rating	AA+/A-1+/Stable	Upgraded
Michigan St Hosp Fin Auth (Ascension Health) jr lien		
Long Term Rating	AA/A-1+/Stable	Upgraded
Michigan St Hosp Fin Auth (Ascension Health) sr lien		
Long Term Rating	AA+/Stable	Upgraded
Michigan St Hosp Fin Auth (Ascension Health) (MBIA)		
Long Term Rating	AA+/A-1+/Stable	Upgraded
Unenhanced Rating	AA+(SPUR)/Stable	Upgraded
Missouri Hlth & Educ Facs Auth, Missouri		
Ascension Hlth, Missouri		
Missouri Hlth & Ed Facs Auth (Ascension Health) sr lien		
Unenhanced Rating	AA+(SPUR)/Stable	Upgraded
Nashville & Davidson Cnty Metro Govt Hlth & Ed Fac Brd, Tennessee		
Ascension Hlth, Missouri		
Nashville & Davidson Cnty Metro Govt Hlth & Ed Fac Brd (Ascension Health) sr lien		
Long Term Rating	AA+/A-1+/Stable	Upgraded
Puerto Rico Indl Tour Ed Med & Environ Ctrl Fac Fin Auth, Puerto Rico		
Ascension Hlth, Missouri		
Puerto Rico Indl Tour Ed Med & Environ Ctrl Fac Fin Auth (Ascension Health) sr lien		
Long Term Rating	AA+/Stable	Upgraded
Rutherford Cnty Hlth & Ed Fac Bd, Tennessee		
Ascension Hlth, Missouri		
Rutherford Cnty Hlth & Ed Fac Bd sr ln (Ascension Hlth) sys		
Long Term Rating	AA+/Stable	Upgraded
Schuylkill Cnty Indl Dev Auth, Pennsylvania		
Ascension Hlth, Missouri		
Schuylkill Cnty Indl Dev Auth (Ascension Health) sr lien		
Long Term Rating	AA+/Stable	Upgraded
Tarrant Cnty Cult Educ Facs Fin Corp, Texas		
Ascension Hlth, Missouri		
Tarrant Cnty Cult Educ Facs Fin Corp (Ascension Health) sr ln		
Long Term Rating	AA+/Stable	Upgraded
Waco Hlth Fac Dev Corp, Texas		
Ascension Hlth, Missouri		
Waco Hlth Fac Dev Corp (Ascension Health) sr lien		
Long Term Rating	AA+/Stable	Upgraded

Ratings Detail (As Of May 9, 2011) (cont.)

Wisconsin Hlth & Ed Fac Auth, Wisconsin

Ascension Hlth, Missouri

Wisconsin Hlth & Educational Fac Auth (Ascension Health) sr lien

Long Term Rating	AA+/Stable	Upgraded

Many issues are enhanced by bond insurance.

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COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department	A	B	C	D	E	F	G	H	Total
(list below)	Cost/Sq. Foot		Gross Sq. Ft.		Gross Sq. Ft.		Const. $	Mod. $	Costs
	New	Mod.	New	Circ.	Mod.	Circ.	(A x C)	(B x E)	(G + H)
Reviewable									
L III Nursery/NICU		$ 300.00			4,874			$ 1,462,200	$ 1,462,200
contingency		$ 14.98						$ 73,000	$ 73,000
		$ 314.98						$ 1,535,200	$ 1,535,200
	Note: identified square footage reflects the 8 NICU stations not approved through Project 09-054, and the modernization								
	cost reflects the incremental cost of converting space approved through Project 09-054 as physicians' offices								

113

ATTACHMENT 42C

PROJECTED OPERATING COSTS and EFFECT OF PROJECT ON CAPITAL COSTS per EQUIVALENT PATIENT DAY

ST. ALEXIUS MEDICAL CENTER
YEAR 2 FOLLOWINGPROJECT COMPLETION

ADJUSTED PATIENT DAYS:

$215,394,000	114,647
1879	

OPERATING COSTS

	NICU	HOSPITAL
salaries & benefits:	$5,814,735	$235,305,647
medical supplies:	$ 323,777	$ 36,448,129
	$6,138,512	$271,753,776

Operating Cost per Adjusted Patient Day:	$53.54	$ 2,370

CAPITAL COSTS

interest:	$7,412,814
depreciation & amort.:	$22,862,000
	$30,274,814

Capital Cost per Adjusted Patient Day:	$ 264

ATTACHMENTS 42 D and E

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	27-29
2	Site Ownership	30
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	32
5	Flood Plain Requirements	33-34
6	Historic Preservation Act Requirements	35
7	Project and Sources of Funds Itemization	36-37
8	Obligation Document if required	
9	Cost Space Requirements	38
10	Discontinuation	
11	Background of the Applicant	39-49
12	Purpose of the Project	50-52
13	Alternatives to the Project	53-54
14	Size of the Project	55
15	Project Service Utilization	56-75
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	76-103
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
39	Availability of Funds	104-112
40	Financial Waiver	
41	Financial Viability	
42	Economic Feasibility	113-114
43	Safety Net Impact Statement	
44	Charity Care Information	24-26