14-043 ORIGINAL

RECEIVED
AUG 26 2014
HEALTH FACILITIES & SERVICES REVIEW BOARD

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	St. Elizabeth's Hospital-Hospital Replacement Project				
Street Address:	211 S. Third Street, Belleville, Illinois 62220 (The project proposes relocating St. Elizabeth's Hospital to the NWQ of the Intersection of Interstate 64 and North Green Mount Road in O'Fallon, Illinois 62269)				
City and Zip Code:	Belleville, Illinois 62220				
County:	St. Clair County	Health Service Area	11	Health Planning Area:	F-01

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis
Address:	211 South Third Street, Belleville, Illinois 62220
Name of Registered Agent:	Amy L. Marquardt
Name of Chief Executive Officer:	Maryann Reese
CEO Address:	211 South Third Street, Belleville, Illinois 62220
Telephone Number:	618-641-5462

Type of Ownership of Applicant/Co-Applicant

- ☒ 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:	Susan Beeler
Title:	Project Manager
Company Name:	St. Elizabeth's Hospital
Address:	211 South Third Street, Belleville, Illinois 62220
Telephone Number:	618-234-2120 Ext. 2073
E-mail Address:	Susan.Beeler@hshs.org
Fax Number:	618-222-4650

Additional Contact

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

Name:	Janet Scheuerman
Title:	Senior Consultant
Company Name:	PRISM Healthcare Consulting
Address:	1808 Woodmere Drive, Valparaiso, Indiana 46383
Telephone Number:	219-464-3969
E-mail Address:	prismjanet@aol.com
Fax Number:	219-464-0027

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
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City and Zip Code:	Belleville, Illinois 62220				
County:	St. Clair County	Health Service Area	11	Health Planning Area:	F-01

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

Exact Legal Name:	Hospital Sisters Services, Inc.
Address:	4936 LaVerna Road, Springfield Illinois 62707
Name of Registered Agent:	Amy L. Marquardt
Name of Chief Executive Officer:	Mary Starmann-Harrison,
CEO Address:	4936 LaVerna Road, Springfield, Illinois 62707
Telephone Number:	217-523-5483

Type of Ownership of Applicant/Co-Applicant

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

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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:	Susan Beeler
Title:	Project Manager
Company Name:	St. Elizabeth's Hospital
Address:	211 South Third Street, Belleville, Illinois 62220
Telephone Number:	618-234-2120 Ext. 2073
E-mail Address:	Susan.Beeler@hshs.org
Fax Number:	618-222-4650

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

Name:	Janet Scheuerman
Title:	Senior Consultant
Company Name:	PRISM Healthcare Consulting
Address:	1808 Woodmere Drive, Valparaiso, Indiana 46383
Telephone Number:	219-464-3969
E-mail Address:	prismjanet@aol.com
Fax Number:	219-464-0027

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. Elizabeth's Hospital-Hospital Replacement Project				
Street Address:	211 S. Third Street, Belleville, Illinois 62220 (The project proposes relocating St. Elizabeth's Hospital to the NWQ of the Intersection of Interstate 64 and North Green Mount Road in O'Fallon, Illinois 62269				
City and Zip Code:	Belleville, Illinois 62220				
County:	St. Clair County	Health Service Area	11	Health Planning Area:	F-01

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

Exact Legal Name:	Hospital Sisters Health System
Address:	4936 LaVerna Road, Springfield Illinois 62707
Name of Registered Agent:	Amy L. Marquardt
Name of Chief Executive Officer:	Mary Starmann-Harrison,
CEO Address:	4936 LaVerna Road, Springfield, Illinois 62707
Telephone Number:	217-523-5483

Type of Ownership of Applicant/Co-Applicant

- ☒ 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:	Susan Beeler
Title:	Project Manager
Company Name:	St. Elizabeth's Hospital
Address:	211 South Third Street, Belleville, Illinois 62220
Telephone Number:	618-234-2120 Ext. 2073
E-mail Address:	Susan.Beeler@hshs.org
Fax Number:	618-222-4650

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

Name:	Janet Scheuerman
Title:	Senior Consultant
Company Name:	PRISM Healthcare Consulting
Address:	1808 Woodmere Drive, Valparaiso, Indiana 46383
Telephone Number:	219-464-3969
E-mail Address:	prismjanet@aol.com
Fax Number:	219-464-0027

Additional Contacts

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

Name:	Clare Connor Ranalli
Title:	Partner
Company Name:	McDermott Will & Emery
Address:	227 West Monroe Street, Chicago, Illinois 60606
Telephone Number:	312-984-3365
E-mail Address:	cranalli@mwe.com
Fax Number:	312-277-2964

Name:	Edwin Parkhurst
Title:	Managing Principal
Company Name:	PRISM Healthcare Consulting
Address:	800 Roosevelt Road, Bldg. E, Suite 110, Glen Ellyn, Illinois 60137
Telephone Number:	630-790-5089
E-mail Address:	eparkhurst@consultprism.com
Fax Number:	630-790-2696

Name:	Amy Ballance
Title:	Vice President, Business Development and Strategy
Company Name:	HSHS Southern Illinois Division
Address:	224 West Garfield Belleville, Illinois 62220
Telephone Number:	618-334-4009 (cell)
E-mail Address:	Amy.Ballance@hshs.org
Fax Number:	618-222-1100

Name:	Amy L. Marquardt
Title:	Registered Agent
Company Name:	Hospital Sisters Health System
Address:	4936 LaVerna Road Springfield, Illinois 62707
Telephone Number:	217-492-9167
E-mail Address:	Amy.Marquardt@hshs.org
Fax Number:	217-523-0542

Post Permit Contact

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

Name:	Susan Beeler
Title:	Project Manager
Company Name:	St. Elizabeth's Hospital
Address:	211 South Third Street, Belleville, Illinois 62220
Telephone Number:	618-234-2120 Ext. 2073
E-mail Address:	Susan.Beeler@hshs.org
Fax Number:	618-222-4650

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Hospital Sisters Health System
Address of Site Owner:	4936 LaVerna Road, Springfield, Illinois 62707
Street Address or Legal Description of Site:	See Site Ownership Attachment 2

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. Elizabeth's Hospital
Address:	211 South Third Street, Belleville, Illinois 62220

☒	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

[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
☐ Non-substantive	☐ 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.

Replacement of Hospital

St. Elizabeth's Hospital (St. Elizabeth's, Hospital), Hospital Sisters Services, Inc. (HSSI) and Hospital Sisters Health System (HSHS) are proposing to replace St. Elizabeth's at a new site which is 7 miles to the northeast of the current site.

77 Adm. Code, Chap. II, Part 1130.140 Definitions includes the following. "'Establish' or 'Establishment' means ... the replacement of an existing health care facility on another site..." Based on this definition, the proposed replacement of St. Elizabeth's Hospital requires the discontinuation of the existing Belleville facility and the establishment of the proposed new facility (the project).

At the new site, St. Elizabeth's will be readily accessible by the major highways serving the Metro East region which includes the established market area of the Hospital. The project has been designed to meet the challenges of the evolving healthcare delivery environment and to preserve the Hospital's ability to continue the mission of the Hospital Sisters to care for all, especially the poor and vulnerable, with a spirit of respect, care, competence, and joy. In addition, the new facility will support St. Elizabeth's established role as a regional care center and contribute to its recognized ability to quality, safe patient care.

Consistent with historic utilization trends, the project will establish 144 beds, which is 159 fewer than St. Elizabeth's current authorized bed complement. The project will reduce medical surgical beds from 202 to 100, pediatric beds from 14 to 0 (the pediatric service will be discontinued), ICU beds from 24 to 8, Obstetrics from 30 to12 and rehabilitation beds from 33 to 16. (The Acute Mental Illness category of service has been approved for discontinuation pursuant to a permit previously issued by the Health Facilities & Services Review Board.) This bed reduction will substantially contribute to the reduction of excess bed capacity identified by IDPH in Health Planning Area F-01.

The replacement hospital will be 351,130 Gross Square Feet, and will cost $253,471,535.00. In addition, to this main hospital building, St. Elizabeth's will lease 65,269 square feet of space in a physically attached ambulatory care center/physician office building for use for hospital services, administrative space and employed physician office space. The cost associated with leasing space in that building is $34,243,594. The leasing of space in that building is the subject of a separately filed Certificate of Need application.

Modernization of St. Elizabeth's Current Location

St. Elizabeth's proposes to modernize certain buildings at its current location. These buildings will continue to provide ambulatory services including a same day access clinic, laboratory, general radiology, mammography and outpatient therapies, (physical, occupational, speech, and Back to Work program). Independent physician practices will continue to lease space and operate primary care offices on the site. Other services to remain on the Belleville campus include the Southern Illinois Divisional Business Office, clinical education, health information services coders, information technology offices, physician billing, purchasing, marketing and communications, and print shop.

Modernization of the Existing O'Fallon Medical Building

For 18 years, St. Elizabeth's has leased space in a building currently known as the O'Fallon Medical Building, which is located directly across the street from the proposed project site. The Hospital currently utilizes part of this space for outpatient clinical services and subleases the remaining space to primary care and specialist physicians. Upon completion of the replacement hospital and associated ambulatory care center/physician office building, some services and physician offices located in the current O'Fallon Medical Building will be relocated to the new buildings. It will continue to provide physician office and related space.

In accordance with Public Act 96-31(a), this application is classified as substantive because it is a project to construct a replacement facility on a new site.

Letters supporting the proposed replacement of St. Elizabeth's Hospital are attached hereto.

Support Letters

❑ SPRINGFIELD OFFICE
ROOM 311C
STATE CAPITOL BUILDING
SPRINGFIELD, ILLINOIS 62706
PHONE: 217-782-5247
FAX: 217-782-8287
www.senatorhaine.com

❑ DISTRICT OFFICE
307 HENRY STREET – SUITE 210
ALTON, ILLINOIS 62002
PHONE: 618-465-4764
FAX: 618-465-4816
www.senatorhaine.com

STATE OF ILLINOIS

WILLIAM R. HAINE
SENATOR
56th Senate District

CHAIR
INSURANCE COMMITTEE

MEMBER
JUDICIARY
LICENSED ACTIVITIES
CRIMINAL LAW

July 25, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery,

I am writing in support of St. Elizabeth Hospital's plans to build a replacement hospital along Interstate 64 in St. Clair County.

This project is very important for the Metro East region and for the constituents I represent. First it will improve access to healthcare for residents in both St. Clair and Madison counties. Having a state-of-the-art hospital located just off Interstate 64 will mean residents will have faster access to life saving emergency care, and the location will be more convenient for people to drive to when they require other hospital or physician services.

Because this facility will enhance the delivery of care to area residents, it will also improve the overall quality of life for the region. When businesses look for areas to locate or expand, the quality of the life in the community is an important factor in their decision-making process. The new St. Elizabeth's Hospital in O'Fallon will strengthen the healthcare delivery system and as a result make the Metro East more attractive to businesses. Its proximity to Scott Air Force Base will also help ensure the base can continue to thrive.

At a time when our economy is still recovering, the jobs from the construction project will be a boost to those who work in construction. Once completed, the hospital will serve as

9-a

an anchor for future development in the region.

Thank you for your consideration of this important project.

Sincerely,

William R. Haine
Senator, District 56
State of Illinois

O'Fallon
ILLINOIS

July 21 , 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I am writing to you to express my strong support for St. Elizabeth Hospital's recently announced plans to build a state-of-the-art replacement hospital in St. Clair County. This new hospital will help increase access to care, further enhance quality of life for area residents and deliver a big shot in the arm to the local economy.

Metro East is the second-largest population center in Illinois outside of Chicago and one of the leading metropolitan areas in the Midwest. Our residents need – and deserve – access to cutting-edge health care treatment. By building a new, technologically advanced regional hospital in St. Clair County, we can help make that a reality for our region.

As an entrepreneur, I understand the factors that come into play when deciding to locate or expand a business, and I believe that building St. Elizabeth's replacement hospital along what some are calling the "medical mile" on Interstate 64 is the right decision for the health system, its patients and the region. The new location will help expand access to care and promote greater efficiency and collaboration in the local medical community.

Finally, constructing a new, $300 million hospital will offer tremendous economic benefits to the region. The project will create hundreds of construction jobs and bolster economic activity both today and tomorrow. I firmly believe the benefits of the new hospital will resonate long after the project is completed, creating a "ripple effect" of additional investment, jobs and opportunity in the Metro East area.

I often use the phrase, "traditional values, progressive thinking" to describe my community's philosophy and approach to economic development. I believe the same words can be used to describe St. Elizabeth's project. By building a high-tech replacement hospital, we can ensure our residents have access to the highest-quality care while also helping to keep the region's future bright.

Sincerely,

City of O'Fallon

Gary Graham
Mayor

9-c

CITY OF O'FALLON, ILLINOIS
RESOLUTION 2014 - 32

A RESOLUTION SUPPORTING HOSPITAL SISTERS HEALTH SYSTEM ON THE PROPOSED ST. ELIZABETH'S HOSPITAL

WHEREAS, the City of O'Fallon is one of the fastest-growing communities in the Metropolitan St. Louis area;

WHEREAS, access to high-quality health care is essential to the residents of the Metro East region;

WHEREAS, on Wednesday, June 25, 2014, St. Elizabeth's Hospital and Hospital Sisters Health System (HSHS) announced plans to submit a Certificate of Need application to the Illinois Health Facilities and Services Review Board to build a replacement hospital and acute care center and physician's office building;

WHEREAS, St. Elizabeth's Hospital also intends to redevelop its current campus to include a same-day ambulatory clinic that will feature radiology and laboratory services, primary and specialty care physicians' offices, and physical, occupational and Back to Work therapy, as well as administrative services, such as the HSHS Southern Illinois Division business offices, marketing and staff education;

WHEREAS, the project calls for the replacement hospital to be built along Interstate 64 and Green Mount Road in St. Clair County;

WHEREAS, the 350,000-square-foot, 144-bed replacement hospital will offer improved health care access to residents of the entire Metro East region;

WHEREAS, the replacement hospital will feature an updated emergency department, state-of-the art operating rooms, an advanced intensive care unit, progressive inpatient rehabilitation, high-quality cancer care, modern birthing suites, telehealth consultations, featuring accredited stroke care, and award-winning heart care;

WHEREAS, this project will boost the local economy, and enhance the quality of life for Southwestern Illinois residents;

WHEREAS, there is a growing medical district along Interstate 64 that will foster collaborations among health care providers such as St. Elizabeth's Hospital, Belleville Memorial, and Scott Air Force Base;

WHEREAS, St. Elizabeth's Hospital and its sponsoring religious community, the Hospital Sisters of St. Francis, have been caring for Metro East residents for nearly 140 years;

NOW THERFORE BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF O'FALLON, ILLINOIS THAT:

The Mayor and City Council of the City of O'Fallon, Illinois wholeheartedly supports the proposal by St. Elizabeth's Hospital to build a replacement hospital, acute care center and physician's office building off Interstate 64, and redevelop its current campus.

Resolved by the Mayor and City Council of the City of O'Fallon this 21st day of July 2014.

Approved:

Gary L. Graham, Mayor

Attest:

Philip A Goodwin, City Clerk

O'Fallon
ILLINOIS

CITY CLERK'S CERTIFICATE

I, PHILIP A. GOODWIN, City Clerk for said City of O'Fallon, duly elected, qualified and acting, and keeper of the records and seals thereof, do hereby certify the foregoing to be a true, complete and correct copy of Resolution Number 2014-32 duly passed by the City Council of the City of O'Fallon at a Regular meeting of said City Council on the 21st day of July 2014, as the said matter appears on file and of record in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of said City at my office in the City of O'Fallon, Illinois this 21st day of July 2014.

Philip A. Goodwin
City Clerk
St. Clair County, O'Fallon, Illinois

OFFICIAL SEAL
O'Fallon ILLINOIS
Established 1854
St. Clair County, Illinois

City Hall • 255 South Lincoln • O'Fallon, Illinois 62269 • 618 624-4500 • fax: 618 624-4508 • www.ofallon.org

OFFICE OF THE MAYOR

August 4, 2014

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

As Mayor of Collinsville, Illinois, I'm writing to you today to share my support for St. Elizabeth's Hospital and its plans for a replacement hospital in O'Fallon. The families of Collinsville deserve to have improved access to a regional referral hospital.

We have good access to health care in Collinsville. For example, we have a Hospital Sisters Health System (HSHS) Medical Group practice in town. HSHS is the parent organization to St. Elizabeth's. Dr. Loren Hughes, a former Village Trustee, opened that practice in 2010.

Over the past decade, Collinsville has experienced major growth and with this growth comes the need for 21st century, state-of-the-art health care. New families, in search of better performing schools, low-crime and thriving park districts, are drawn to the small town charm of Collinsville. Our charm is greatly enhanced by having a new, full-service hospital that is easily accessible to residents of the Metro East region.

Therefore, I fully support plans to bring a new hospital to our area for the families of the City of Collinsville.

Sincerely,

John Miller, Mayor
City of Collinsville

The City of Collinsville
125 South Center Street, Collinsville, IL 62234
Phone: (618) 346-5204
Fax: (618) 343-3688

City of Highland

August 7, 2014

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I am writing in support of St. Elizabeth's Hospital's planned replacement hospital along Interstate 64 near Green Mount Road.

Since 2005, I have had the pleasure of serving as the City Manager of Highland in Madison County, which is home to St. Elizabeth's sister hospital, St. Joseph's Hospital. It has been interesting to follow the news about St. Elizabeth's replacement hospital, since the City of Highland faced a similar situation with St. Joseph's in 2010.

The hospital had ably served the citizens of Highland for decades, but after more than 60 years the building was showing its age and not necessarily conducive to new technology upgrades needed to ensure our residents had access to the latest, cutting-edge health care treatment.

Like St. Elizabeth's, St. Joseph's also was landlocked, so expansion in its current footprint was simply not possible. HSHS decided that the best option was to build a replacement hospital on a 60-acre site on Troxler Avenue, where there was more room.

Before construction even began, however, St. Joseph's had to face many of the same questions that St. Elizabeth's is confronting today. I can tell you that those concerns vanished when St. Joseph's new hospital opened last year. The structure is designed to make it easier for patients to park close to the service they need; be it the Emergency Room, their doctor's office or the main hospital lobby. Even more importantly, the new hospital has advanced medical imaging and diagnostic equipment.

From an economic perspective, St. Joseph's is a major employer and valued member of the Highland family. The replacement hospital was a "win-win" that helped support both the future of the hospital and create new jobs and opportunity for our residents. I imagine the same would be true in the case of St. Elizabeth's.

Sincerely,

Mark Latham
City Manager

1115 Broadway - P.O. Box 218 • Highland, Illinois 62249-0218
(618) 654-9891 • www.highlandil.gov

"City of the Cedars"

CITY OF LEBANON

August 7, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

The City of Lebanon is growing, and with help from St. Elizabeth's Hospital's replacement hospital, Lebanon will continue to grow. As Mayor of Lebanon, I am eager to see the many positive things that will come from this plan.

Lebanon is the home of McKendree University, the first college in the State of Illinois. With the new replacement hospital closely located off of Interstate 64, it will bring health care closer to the students who attend McKendree.

And, constituents who may have gone to St. Joseph's Hospital Breese, an affiliate of Hospital Sisters Health System, will appreciate that St. Elizabeth's will be easily accessible if they are referred for more advanced care, such as stroke or cardiac services.

I appreciate St. Elizabeth's commitment to enhancing the health and well-being of Metro East residents. St. Elizabeth's chose a prime location for improving access to high quality health care for people in this region.

They have been fulfilling their mission for nearly 140 years, and I am convinced this replacement hospital will help them continue to do so, which is why St. Elizabeth's has my full support.

Sincerely,

Bart Bartholomew
Mayor Pro Tem

BB/ma

312 West St. Louis Street, Lebanon, IL 62254 618-537-4976

Richard S. Wilken, Mayor
Pamela Koshko, City Clerk
Paul Grob, Treasurer

Aldermen Ward I
Frank Almeter
Jack Wise

Aldermen Ward II
Stephen Hagan
Landall Mack

Aldermen Ward III
Bart Bartholomew
Cheri Wright

Aldermen Ward IV
Joe Diliberto
Mary Alice Koriath

The City Council meets every second and fourth Monday

Charles H. Kelley
Mayor

City of Sparta

114 West Jackson Street

Phone: 618-443-2917

Fax: 618-443-4712

July 29, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

As Mayor of Sparta, I am proud to say I fully support St. Elizabeth's Hospital's plan to build a replacement hospital off of Interstate 64. This plan will help people from all areas of the Metro East region, including my constituents.

Sparta Community Hospital is a referring hospital to St. Elizabeth's. Our hospital, like St. Elizabeth's, has always been committed to providing high-quality health care. But when necessary, we do refer our patients to hospitals that have more advanced medical services, such as cardiac and stroke care. With St. Elizabeth's plan to build a regional replacement hospital, I know that residents of Sparta will continue, as they have in years past, to get the best care available.

Commissioner of Accounts and Finance
Gary Stephens
City Clerk
Angie Peters

Commissioner of Streets and Public Improvements
Jason Schlimme
Coordinator of Public Affairs
Corey Rheinecker

Mayor
Charles H. Kelley

Commissioner of Public Property
Linda Boston
Treasurer
Brenda Sullivan

Commissioner of Public Health and Safety
Gary Hanna
Chief of Police
Tom Ashley

9-J

The City Council meets every second and fourth Monday

Charles H. Kelley
Mayor

City of Sparta

114 West Jackson Street

Phone: 618-443-2917

Fax: 618-443-4712

Sparta is a city with rich history, but we also understand the need to modernize. St. Elizabeth's modernization opens new opportunities to help more people, while continuing to provide high-quality care.

I am eager to see St. Elizabeth's plans for the replacement hospital realized.

Sincerely,

Charlie Kelley

Mayor

City of Sparta

Commissioner of Accounts and Finance
Gary Stephens
City Clerk
Angie Peters

Commissioner of Streets and Public Improvements
Jason Schlimme
Coordinator of Public Affairs
Corey Rheinecker

Mayor
Charles H. Kelley

Commissioner of Public Property
Linda Boston
Treasurer
Brenda Sullivan

Commissioner of Public Health and Safety
Gary Hanna
Chief of Police
Tom Ashley

9-K

From: Ballance, Amy M <Amy.Ballance@hshs.org>
To: Sterling, Melissa A <Melissa.Sterling@hshs.org>
Cc: O'Brien, Kimberly <Kimberly.OBrien@hshs.org>; Beeler, Susan M <Susan.Beeler@hshs.org>; Janet Scheuerman <prismjanet@aol.com>; Nussbaumer, Elizabeth A <Elizabeth.Nussbaumer@hshs.org>
Subject: Re: Support Letters
Date: Sat, Aug 9, 2014 3:40 pm

Mel
The highland mayor is out of town so I believe the city manager signed. Still support from the city.

Amy Ballance
Vice President, Business Development and Strategy
HSHS Southern Illinois Division
618-334-4009 (cell)
Sent from my iPhone

On Aug 9, 2014, at 1:20 PM, "Sterling, Melissa A" <Melissa.Sterling@hshs.org> wrote:

> Kim,
>
> Hi. Yes, There is a letter for Lebanon mayor (Emily brought back) and highland mayor (Margaret brought back).
>
> Both are on campus and were to get to you Friday. I wasn't there so because of the delay, I didn't rush them to you, so you will have on Monday.
>
> And the med exec resolution was delivered to you also? (Liz)
>
> Once all in hand, that closes out all asks to accompany CON.
>
> Thanks,
>
> Melissa A. Sterling
> Chief Marketing Communications Officer
> Southern Division/ Hospital Sisters Health System
> 211 South Third Street
> Belleville, IL 62220
> 618-234-2120, ext. 1357
> melissa.sterling@hshs.org
> (Please note my new email address.)
>
> steliz.org
> stjosephshighland.org
> stjoebreese.com
> stanthonyshospital.org
>
> Sent from my iPhone
>
> On Aug 8, 2014, at 10:36 AM, "O'Brien, Kimberly" <Kimberly.OBrien@hshs.org> wrote:
>
> > Melissa,

9-1

THE DIOCESE OF BELLEVILLE

July 25, 2014
Feast of St. James, the Apostle

Dear Ms. Avery:

Peace be with you!

As the Bishop of the Catholic Diocese of Belleville, I am aware of the very significant contributions of St. Elizabeth Hospital to the healthcare of the residents of all faiths in the community for many decades. The presence of a Catholic hospital in the city, next door to my Cathedral of St. Peter, has been a very positive reality to many for generations. I am not an expert in all of the matters that have led to the decision to develop a new hospital and I can understand some of the reasons why there may be individuals and groups who do not support this move. Many complex issues have had to be studied and carefully evaluated to come to the decision to relocate this important healthcare facility on a new and larger campus. First among these considerations, in my judgment, should be a concern to continue to provide quality medical services to the overall community, especially those who are most in need of care, in the years ahead.

I have carefully followed the development of this issue over several years and examined the rationale for this move provided to me on a regular basis with diligence. I wish to express my support for the proposal to build a new, full-service replacement St. Elizabeth Hospital off Interstate 64 at Green Mount Road and Regency Park.

It is my understanding that this new hospital is a part of a larger plan by the Hospital Sisters of St. Francis to improve access to healthcare throughout the Metro East region. In addition to the new hospital, there will be an Ambulatory Care Center and Physicians' Office Building at the new location, which will be connected directly to the new hospital.

As the Bishop of the Diocese of Belleville, I have pastoral responsibility for nearly 100,000 Catholics in 115 parishes located throughout 28 counties. I appreciate the focus of the proposal for a new hospital on enhancing its regional presence and choosing a location that is very accessible to the communities it currently serves and to other communities as well. The proposed location for the new healthcare facility is close to several community hospitals that currently refer patients to St. Elizabeth Hospital. A large number of these patients are members of my parish congregations.

Office of the Bishop
222 South Third • Belleville, Illinois 62220-1985
Phone (618) 277-8181 Ext. 108 • Fax (618) 277-0387
E-mail: ebraxton@diobelle.org

9-m

For nearly 140 years, St. Elizabeth Hospital, Hospital Sisters Health System, and the Sisters of St. Francis have been committed to embodying the healing love of Jesus Christ for all people through their high-quality Franciscan health care ministry. I am confident the proposed new facility will make it possible for St. Elizabeth Hospital to deepen its mission of caring for the sick in the Metro East region for generations to come. Indeed, those who have developed this plan believe that, in the long run, St. Elizabeth Hospital will serve a larger number of patients in underserved communities than it does today.

St. Elizabeth Hospital is an integral part of the ministry of the Catholic Church in southern Illinois. The goal of the Catholic Church is to serve as many people as possible through a wide variety of ministries, including healthcare. We seek to do this with confidence and joy and with care and respect for all people, in imitation of Christ Himself. It is my hope and my prayer that this bold, new vision for St. Elizabeth Hospital will only enhance the Church's 2,000 year old ministry of service and care.

Sincerely yours in Christ,

+Edward K. Braxton

The Most Reverend Edward K. Braxton, Ph.D., S.T.D.
Bishop of Belleville

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, Illinois 62761

St. Clare of Assisi Roman Catholic Church

1411 Cross Street · O'Fallon, Illinois 62269 · Telephone: (618) 632-3562 · Fax: (618) 632-9036

July 27, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

As a member of the St. Elizabeth's Hospital Board of Directors and the pastor of St. Clare of Assisi Catholic Church in Shiloh, I am blessed to have the opportunity to show my support for St. Elizabeth's plans to build a replacement hospital along Interstate 64.

A new full-service replacement hospital, which will be seven miles from our existing location, will help us reach a greater number of families in underserved areas of the Metro East region. It is our everlasting call to care for the sick, the aged, the poor and the terminally ill and the new location will be more accessible to the people who need it most. The Roman Catholic Church is one of the largest providers of health care in the world, and we are blessed to have the strong guiding presence of the Hospital Sisters of St. Francis throughout Southern Illinois.

Our approach to health care is different, led by our faith and our love of all people. As the Gospel of Matthew says, *"I was sick and you took care of Me... [W]hatever you did for one of these least brothers of Mine, you did for Me."* By building this new hospital, we will be able to continue our nearly 140-year-old mission, through Jesus Christ, to provide high-quality health care to the families of St. Clair County and beyond for generations to come.

In addition, my parishioners won't have to go to St. Louis for their care. They can stay close to their family and church. I will be able to get to the hospital quicker in emergency situations when a priest is requested by a family. I am very happy to share my support of these plans with you.

Peace be with you,

Fr James E. Deiters

Father James E. Deiters

St. Clare of Assisi Catholic Church

Parish Seal

9-0

O'Fallon - Shiloh
CHAMBER OF COMMERCE
"The Voice of Business"

Location: 116 E. First Street * O'Fallon, IL * Mail: P.O Box 371 * O'Fallon, IL 62269

July 23, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery,

I was thrilled to be present at the St. Elizabeth's Hospital news conference, where St. Elizabeth's President and Chief Executive Officer Maryann Reese announced the hospital's plans to build a replacement hospital, acute care center and physician's office building on land just off Interstate 64 in St. Clair County.

On behalf of the O'Fallon-Shiloh Chamber of Commerce and its 552+ members, it is with great pleasure that we offer our full support for this project. We heard Maryann's message loud and clear that almost 15,000 adult patients are leaving the Metro East area each year to obtain their inpatient medical care across the river in Missouri. We are eager to see this project advance because we believe a modern medical facility with state of the art capabilities and increased efficiencies will help address outmigration issues to keep patients in Illinois for their healthcare services.

Without a doubt, new modern hospitals will also help the Metro East region recruit and retain top medical talent which is necessary as our community expands both commercially and residentially. Our Chamber of Commerce has experienced significant growth in recent years, growing at 35% within the past 3 years and is representative of the growth our region continues to experience. This replacement hospital will help increase economic development in the Metro East region and further enable us to facilitate this welcome growth.

Ellen Krohne, Executive Director of the Leadership Council of Southwestern Illinois, summarized it well, "improvements in these facilities strengthen the region's ability to develop good, quality health care that is good for the region."

St. Elizabeth's Hospital has our full support to build a replacement hospital and re-envision its current campus for the good of the Metro East region for generations to come. We look forward to welcoming St. Elizabeth's as part of the growing health care corridor along I-64.

Sincerely,

Jessica Lotz

Jessica Lotz, President
O'Fallon-Shiloh Chamber of Commerce

618-632-3377
chamber@ofallonchamber.com
OFallonChamber.com

Chartered 1907

Southwestern Illinois
Building & Construction Trades Council
AFL-CIO

2A Meadow Heights Professional Park, Collinsville, IL 62234
Phone 618-344-6050 Fax 618-344-6285

August 1, 2014

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I am pleased to offer my support of St. Elizabeth's new project on behalf of the 10,000 members of the Southwestern Illinois Building and Construction Trades Council. We believe St. Elizabeth's plans to build a replacement hospital and simultaneously redevelop its current campus will be a tremendous benefit to the area.

To put it simply, Southwestern Illinois needs this project.

I've worked with the building and construction trades for 40 years, and the past two years have been the worst for the trades in this region that I've ever seen. Since work on the Prairie State power plant and the Wood River oil refinery has ended, the construction industry has come to a standstill and the jobs have dried up. Last year, the Metro East had one of the worst-ranked job markets in the nation.

When it comes to health care for our region, St. Elizabeth's replacement hospital and the redeveloped St. Elizabeth's location in Belleville will help improve access to care and help put Metro East residents back to work. This project has the potential to create hundreds of jobs and spur additional economic activity in the region, from sales of building supplies to wages spent in local stores and restaurants.

The new hospital will also help build momentum along the I-64 corridor. Many people are predicting that this area could become a health and wellness destination for the entire region, as has happened in other areas, attracting the best health care professionals and creating even more jobs and stable employment.

We've all seen the headlines about businesses leaving Illinois. Well, St. Elizabeth's is staying. Not only that, they're doubling down on their investment in our state.

This replacement hospital and the renovated campus will be an economic boon for Southwestern Illinois. The Southwestern Illinois Building and Construction Trades Council is proud to support St. Elizabeth's and its commitment to providing health care and jobs to the residents of the Metro East region.

Best Regards,

Dale Stewart
Executive Secretary - Treasurer
Southwestern Illinois Building & Construction Trades Council

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

August 6, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

As the Chancellor of Southern Illinois University – Edwardsville (SIUE) for the past two years, I have had the pleasure of working with St. Elizabeth's Hospital. The educational partnership we have fostered with St. Elizabeth's for the past 14 years, is one that has benefited – and will continue to benefit – many of our students.

SIUE and St. Elizabeth's have worked together to provide students with the opportunity to complete their residency at St. Elizabeth's for nursing, kinesiology and health education, and speech language pathology. This provides students with the experience needed to build a career in the health industry.

I completely support St. Elizabeth's plans to build a replacement hospital. The modernized facilities will grant our students the opportunity to learn how to use the newest medical technology. The replacement hospital will be more conveniently located, allowing our students to easily travel to the hospital right off of Interstate 64.

We value the quality of services provided by St. Elizabeth's, and the Hospital Sisters Health System as a whole. We are looking forward to continuing our partnership and seeing St. Elizabeth's and HSHS continue to grow.

Sincerely,

Julie Furst-Bowe

Julie Furst-Bowe, Ed.D.
Chancellor

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Dr. Darcy G. Benway
Superintendent

Rich Bickel
Principal

Smiley Campus
(618) 632-3507
(618) 206-2468 Fax

Milburn Campus
(618) 622-9647
(618) 622-9630 Fax

August 6, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

Our district would greatly benefit by having St. Elizabeth's Hospital build a new facility in St. Clair County and I'm writing in support of their plans. We serve approximately 2,500 students – many of whom come from Scott Air Force Base – and employ more than 200 faculty and staff from an area of 50 square miles in St. Clair County.

Numerous students in the O'Fallon school system have dreams of joining the medical field and many people aren't aware that St. Elizabeth's provides clinical education and training to future doctors, nurses, and other health care professionals. Our students have the opportunity to take part in shaping the future of health care in the Metro East region because of the volunteer opportunities available at St. Elizabeth's.

With news surrounding physician shortages, the new hospital will allow for care to be provided in a more accessible, modern health care facility. The new facility, with more space for innovative, state-of-the-art equipment and technology, will attract more students to careers in health care.

I am proud to say that O'Fallon Township High School District #203 has been recognized by the United States Department of Education as one of the finest high schools in the country. We continue to perform in the top 7 percent of all high schools in the state academically. With the new replacement hospital closely located off of Interstate 64, it will bring health care closer to the students who attend our school.

The region and its residents deserve to have access to high-quality health care and I support St. Elizabeth's efforts to build a new hospital.

Yours for Excellence in Education,

Dr. Darcy G. Benway
Superintendent
O'Fallon Township High School District 203

SCH

July 21, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery,

As CEO of Sparta Community Hospital - a referring hospital for St. Elizabeth's -I voice my support for the hospital's plans to build a state-of-the-art replacement facility. This project, combined with the ambulatory care center and physicians' office building, will provide better access to advanced medical care to the entire Metro East region.

The Sparta Community Hospital District staff shares St. Elizabeth's commitment to meeting the needs of the communities we serve. The story of our own hospital began in the late 1930s when Dr. J. C. Sutherland decided the people of Sparta needed more than just the 12-bed facility currently available. Dr. Sutherland converted a two-story brick home into a larger hospital. This re-envisioning improved patients' access to the quality medical care he believed they deserved.

St. Elizabeth's Hospital has reviewed the needs of the region in much the same way, and found that it cannot, at its current campus, continue to deliver the high-quality care to which it is committed. Modern medical service needs to be provided in an equally advanced facility - one that can be accessed by the greatest number of the region's residents.

I believe St. Elizabeth's plan to build a regional replacement hospital will enhance our partnership with them. We'll be able to focus on strengthening our obstetrics education programs, continuing our collaboration with the Prairie Heart Institute, and reinforcing partnerships in other highly specialized medical care, such as stroke or cancer care.

St. Elizabeth's Hospital has my support to build a replacement hospital and re-envision its current campus to provide the communities of the Metro East region with the best possible care.

Sincerely,

Joann Emge

Joann Emge
CEO
Sparta Community Hospital

Big Brothers Big Sisters
of Southwestern Illinois

2726 Frank Scott Parkway West
Belleville, IL 62223
618.398.3162
618.398.3791

www.bbbsil.org

July 22 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

We are writing today to share our support for St. Elizabeth's Hospital's recently announced plans to build a full-service replacement hospital in St. Clair County, just off Interstate 64. We believe this decision to enhance St. Elizabeth's regional hospital at a more accessible campus will help it reach even more people in underserved areas of the Metro East.

It is clear St. Elizabeth's is focused on the future of the communities it serves, much like Big Brothers Big Sisters of Southwestern Illinois. Our mission is to help children realize their potential and build their futures through nurturing mentorships. We share St. Elizabeth's inherent belief that *all* communities in our region deserve access to the resources they need in order to thrive. This state-of-the-art replacement hospital will ensure St. Elizabeth's can continue delivering the highest quality care to the greatest number of people well into the future.

These plans also will strengthen our region beyond the growing medical care sector along I-64. By developing into a health and wellness destination, the Metro East will attract the best health care professionals, creating additional investment, opportunity and an expanded network of mentors to match with our area's underserved children.

It is the belief of Big Brother Big Sisters of Southwestern Illinois that when you provide a child with an environment that supports them, you "start something big™." St. Elizabeth's Hospital, by enhancing the environment in which it delivers high-quality care to our communities, is set to start something big.

We fully support St. Elizabeth's plans to positively shape the future of our region.

Sincerely,

Barbara Cempura
Barbara Cempura
President and CEO

Ron Hodgkins, Chairman
Board of Directors

PROFESSIONAL
THERAPY
SERVICES, INC.

PTS

July 28, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

As a licensed physical therapist and president of Professional Therapy Services (PTS), I know we need to work hard in order for progress to be made. Whether it is someone getting used to his or her new prosthetic leg, or a hospital finding a location to build a new facility, change will benefit those affected for years to come.

I have been providing health care for more than 30 years, and I understand the importance of modern facilities. As health care technology advances, the buildings supplying the health care need to be modernized, something that is difficult for St. Elizabeth's to achieve in its current location.

Recently, St. Elizabeth's purchased a new anti-gravity treadmill for the Belleville location. I understand and appreciate St. Elizabeth's need to build a modernized hospital, so they are able to continue adding new technology to improve patient care.

I also understand the importance of having areas like the medical corridor that is beginning to develop along Interstate 64. When patients have the ability to address all of their medical needs in one location, it gives them the opportunity to regain their health more efficiently.

I want my patients to have the best possible care. That's why I fully support St. Elizabeth's efforts to build a technologically advanced replacement hospital, as well as, its plans to re-envision the Belleville campus.

Sincerely,

Michael R. Riley
President

9-W

Copper Bend Centre 2810 Frank Scott Parkway West, Suite 824 Belleville, IL 62223-5026 (618) 234-9705

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August 4, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery,

I take a lot of pride in being part of St. Elizabeth's Hospital Board, which is part of why I am in full support of St. Elizabeth's plan to build a replacement hospital. Our plan is to work to continue to improve the quality of the health care we provide, and with modernized facilities we will be able to do so.

St. Elizabeth's is a teaching hospital that helps students from various universities gain the experience necessary to obtain careers in the health care industry. We are proud of our award-winning heart care and accredited stroke care. By having a technology advanced replacement hospital, we will be able to continue providing outstanding health care, while educating future doctors, nurses and pharmacists.

It also is important to right-size the hospital. St. Elizabeth's current facilities are almost 1 million square feet, whereas the new facility will be 350,000 square feet. The bed count will also decrease to 144 beds. It is important to size the facility to the need of our community, and we believe the replacement hospital is a much better fit.

As a second-generation Realtor I understand the importance of location. St. Elizabeth's replacement hospital will be located at Green Mount Road and Regency Park in St. Clair County. This is a great choice for two reasons:

1. It is located along Interstate 64 where there is an up-and-coming medical corridor that will allow Metro East residents to address their health and wellness needs in one area; and
2. It improves access to residents of the whole region, particularly our referring hospitals.

As a Board member and a Belleville resident, I am in complete support of St. Elizabeth's plans to build a replacement hospital and re-envision its existing campus. I can't wait to see what St. Elizabeth's, the City of Belleville and our community comes together to envision for the future of our current campus.

Sincerely,

Stephanie Strano Maine

Stephanie Strano-Maine
St. Elizabeth's Board, Community leader

9-x

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August 4, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

Not only am I Chair of the Friends Leadership Council of St. Elizabeth's Hospital, I was born at St. Elizabeth's Hospital in 1950 in the original hospital building. I support St. Elizabeth's planned replacement hospital along I-64, at Green Mount Road and Regency Park for many different reasons.

My years serving on the Friends Leadership Council have brought me into direct contact with St. Elizabeth's committed staff and volunteers. I have witnessed the close-knit family they've become, one that strives daily to deliver the highest quality health care to *our* families - the brothers, mothers, fathers, nephews and nieces who make up the Metro East region.

As a business owner in Belleville, Illinois it has become increasingly evident that the St. Elizabeth's family has outgrown its current home. The hospital's decision to expand services to the planned regional hospital will be like a growing family moving to a new, beautiful home - an occasion for joy and a celebration of their success.

A state-of-the-art hospital will provide a safer, high-quality work environment for St. Elizabeth's staff and volunteers, one in which they can take great pride. In turn, better employee engagement will result in even better experiences for the patients they serve.

My family business, Jim Taylor, Inc. has been operating in Belleville since 1905, over 100 years and I say from experience that an organization can *best* fulfill its mission to serve the community when outfitted with the best tools of its trade. I give my full support to St. Elizabeth's plans to construct a replacement hospital that provides the highest quality care to the greatest number of ***regional*** patients, ensuring the hospital's mission is carried into the future for generations to come.

Very Sincerely,

Catherine Taylor Yank

Catherine Taylor Yank
Chair
Friends Leadership Council of St. Elizabeth's Hospital

9-Y

August 5, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery,

I'm writing to share with you my support for St. Elizabeth's Hospital's plans to build a replacement hospital along Interstate 64 at Green Mount Road.

I grew up in Belleville and now live outside of Millstadt. I'm a life-long Metro East resident. My family has lived in the region since my grandfather came over from Germany to eventually work in Belleville's coal mines. After years of coal work, my grandfather started a construction company – Bauer Brothers Construction Company – that I had the opportunity to lead for many years. We grew to a second office in Evansville, Ind., and worked on projects throughout the United States. But, our headquarters was always Belleville. And, together, my grandfather, father and I helped build much of the Metro East.

I had the pleasure of being the general contractor for the construction of the patient towers at the current St. Elizabeth's Hospital between the years of 1952 and 1954. To build the hospital, we used concrete caissons, which were considered modern technology at the time. Today, contractors are using stronger materials to make buildings that last.

Though I take great pride in the work my team and I did at St. Elizabeth's, I am looking forward to the future and the replacement hospital. I know the existing building is outdated because I'm also a St. Elizabeth's patient. I know firsthand that it is not easy for St. Elizabeth's physicians and staff to provide 21st century care in a 20th century facility.

I also can't wait to see what's in store for the current campus. Those 17 acres could bring more businesses to the downtown area or park space for concerts or baseball games. I think these plans are just what residents of the Metro East region need and deserve. And, I'm proud to be part of the future of St. Elizabeth's by expressing my support.

Sincerely,

Jack Bauer

Jack Bauer
Former President
Bauer Brothers Construction Company

July 25, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery,

My name is David Carlon and I am a resident of Fairview Heights, IL. I moved back to the Metro-East area in 2012 after I retired from 25 years active duty in the US Air Force. I was stationed at Scott AFB from 2001 – 2003 and was happy to move back to the area when a job became available.

I was born with a bicuspid aortic valve, a heart defect that developed aortic stenosis. I have been under the care of a cardiologist from Prairie Cardiovascular at St. Elizabeth's Hospital since December of 2012 and had open heart surgery on June 4th 2014 at St. Elizabeth's to install a mechanical aortic heart valve. The surgery was a success. I spent five days in the ICU and am scheduled to start Cardiac Rehab next week at St. Elizabeth's. I have been impressed with the support and high-quality care that I have received to date. This hospital is an important part of my health and life. When I recently learned of plans to build a replacement hospital, I thought that it would be a great way to help bring this excellent care to more people in the Metro East region. I completely support the plan to build a replacement hospital.

When stationed at Scott AFB, I lived in the Cambridge Commons sub-division in O'Fallon. Our neighborhood was just across the street from the proposed site for St. Elizabeth's new facility off of Interstate 64. I think the replacement hospital's location will improve accessibility for many patients in this area. St. Elizabeth's physicians and staff provide high-quality care in a facility that has seen better days. Building a replacement hospital will finally give St. Elizabeth's an opportunity to improve efficiency and offer 21st century medicine in a 21st century facility. I know that building a new hospital will enable St. Elizabeth's to continue improving the care provided and maybe even expand the reach of their mission.

I see the Metro East region as a whole; never thinking of the individual cities as separate from each other. When I see something that can help this region, I support it. Everyone in the Metro East deserves the best possible health care, and St. Elizabeth's replacement hospital will help provide that.

Sincerely,

David L. Carlon
St. Elizabeth's Hospital Patient

20 July 2014

Ms. Courtney Avery

Administrator

Illinois Health Facilities & Services Review Board

525 W. Jefferson St. 2nd Floor

Springfield, IL. 62761

Dear Ms. Avery,

As a resident of Mascoutah, Illinois, I am extremely pleased to hear about St. Elizabeth's Hospital's plans to build a replacement hospital. As a patient of St. Elizabeth's, I know that it will be much easier for me to get to the new location off Interstate 64 in St. Clair County.

Over the past 35 years I have had a lot of experience as an inpatient and outpatient to include surgery, x-rays, MRI's, and outpatient pulmonary care, and I have always been happy with the care the hospital provides. I have also worked with a dietician St. Elizabeth's who is very knowledgeable and caring. She has helped me improve my health and well-being. St. Elizabeth's is a wonderful hospital, and I know that the replacement hospital will allow them to continue to provide excellent care.

The current St. Elizabeth's is located in outdated facilities. Their amazing physicians, staff and patients deserve to have access to a more modern facility. While the quality of health care at St. Elizabeth's continues to improve, they are unable to update their buildings because of the old structure. This new location will benefit many people in the Metro East area, and it is something that is a necessity.

St. Elizabeth's accessibility and older facilities have always been a concern of mine. It is about time that St. Elizabeth's great services have facilities to match. I fully support this project. So many positive things will come from St. Elizabeth's replacement hospital that will help so many people in the region.

Sincerely,

R. Sue Morris

R. Sue Morris

St. Elizabeth's Hospital Patient

July 30, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

We're overjoyed to write to you with our support for St. Elizabeth's Hospital and its plans to build a replacement hospital on what was formerly our family farm just off Interstate 64.

My Dad, Lee Rasp, purchased the farm in 1978. And, he always said that he would never move again. But, when my Dad, a lifelong Catholic, was approached by Hospital Sisters Health System and St. Elizabeth's Hospital, he wasn't going to stand in the way of progress. And, honestly, he couldn't have been happier.

He was excited about the possibility of a state-of-the-art hospital going up on his land, and all the hotels that would be built to give hospital visitors places to stay. We only wish that he could have lived to see the sale completed and be at the announcement about the plans. He passed away in November 2010.

Now that the plans for the replacement hospital, ambulatory care center and physicians' office building have been made, our whole family wishes the groundbreaking was tomorrow. My Mom Lucille Rasp hopes that, God willing, she'll see the groundbreaking.

When we think hospital, we think St. Elizabeth's. My parents were born in their homes. But, my sister, Rita Kramkowski and I were born at St. Elizabeth's. My husband and I had our children at St. Elizabeth's, and we have a grandbaby on the way, who also will be born at St. Elizabeth's. Additionally, my husband's parents battled cancer with the care of St. Elizabeth's.

We feel at home at St. Elizabeth's. It has played an important role in the life of our families. However, when we go to the hospital these days, it is showing its age. If the dedicated staff at St. Elizabeth's is to continue providing health care to the Metro East region, they need a modern replacement hospital.

On behalf of my late father, my mother, and the Rasp, Kramkowski and Obernuefemann families, we are thrilled to be part of improving health care access to Metro East residents, and wholeheartedly support St. Elizabeth's plans.

Yours truly,

Doris (nee Rasp) and Jerry Obernuefemann
Residents of O'Fallon

9-cc

Hospital Sisters of St. Francis
P.O. Box 19431 • Springfield, IL 62794-9431
217-522-3387 • *hospitalsisters.org*

July 24, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery,

Since the Hospital Sisters of St. Francis arrived in Belleville more than 139 years ago and established St. Elizabeth's Hospital, we and our colleagues have been dedicated to caring for the sick, poor, and terminally ill, regardless of ethnicity, race, or economic status. Over the years, the delivery of that care has been provided from many different locations. Whether it was a renovated schoolhouse or a multi-story inpatient tower, the location did not affect our mission of serving those in need. That commitment has remained constant.

I am writing to express my enthusiastic support for St. Elizabeth's Hospital's replacement hospital project. After thoughtful discernment and planning for how best to continue our healing ministry in Southwestern Illinois, we determined it would be in the best interest of our patients, and the community as a whole, to build a new, state-of-the-art hospital along Interstate 64, seven miles from our current hospital campus.

The project being proposed will build upon an outstanding tradition of holistic healing and will allow our mission to survive and thrive. I believe the replacement hospital is critically important to the residents of Southwestern Illinois as our current 60 year-old hospital was not built for the delivery of 21st Century health care.

I respectfully ask that members of the Health Facilities and Services Review Board consider the positive impact this new hospital will have for residents in St. Clair and Madison counties and surrounding communities and vote to approve this project.

Sincerely,

Sister Jomary Trstensky

Sister Jomary Trstensky, OSF
Provincial Superior
Hospital Sisters of St. Francis

9-dd

St. Elizabeth's Hospital

WHEREAS, access to high-quality health care is essential to the residents of the Metro East region;

WHEREAS, St. Elizabeth's Hospital is currently located on a 17-acre, landlocked site, with an outdated facility that makes it difficult for us to continue to meet 21st century health care needs;

WHEREAS, on Wednesday, June 25, 2014, St. Elizabeth's Hospital and Hospital Sisters Health System (HSHS) announced plans to submit a Certificate of Need application to the Illinois Health Facilities and Services Review Board to build a replacement hospital and acute care center and physicians' office building;

WHEREAS, St. Elizabeth's Hospital also intends to re-envision its current campus to include a same-day ambulatory clinic that will feature radiology and laboratory services, primary and specialty care physicians' offices, and physical, occupational and Back to Work therapy, as well as administrative services, such as the HSHS Southern Illinois Division business offices, marketing and staff education;

WHEREAS, health care is changing dramatically, and our patients will benefit from having outpatient services at our current location, and a new campus seven miles from our existing site that is designed to meet their needs;

WHEREAS, the project calls for the replacement hospital to be built along Interstate 64 and Green Mount Road in St. Clair County;

WHEREAS, the 350,000-square-foot, 144-bed replacement hospital will offer improved health care access to residents of the entire Metro East region;

WHEREAS, the replacement hospital will feature an updated emergency department, state-of-the art operating rooms, an advanced intensive care unit, progressive inpatient rehabilitation, high-quality cancer care, modern birthing suites, telehealth consultations, featuring accredited stroke care, and award-winning heart care;

WHEREAS, there is a growing medical district along Interstate 64 that will foster collaborations among health care providers such as St. Elizabeth's Hospital, Belleville Memorial, and Scott Air Force Base;

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org

An Affiliate of Hospital Sisters Health System

WHEREAS, St. Elizabeth's Hospital and its sponsoring religious community, the Hospital Sisters of St. Francis, have been caring for Metro East residents for nearly 140 years;

BE IT THERFORE RESOLVED THAT, the medical executive team of St. Elizabeth's Hospital fully supports the proposal by our employer to build a replacement hospital, acute care center and physicians' office building off Interstate 64, and re-envision our current campus to meet the needs of our patients and their families.

Shelly S. Harkins, MD, MHA
Chief Medical Officer

Gregory P. Holdener, MD
Medical Staff President

St. Elizabeth's Hospital

July 30, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

For nearly 140 years, St. Elizabeth's Hospital has served people in the Metro East region with the best available medical care. As time has passed, we have continued to advance our health care delivery and use new technology. But, we have gotten to a point where our current facilities can no longer support all of the latest advancements in medical technology. This is why I support St. Elizabeth's plans to build a replacement hospital.

The replacement hospital and its convenient location off of Interstate 64 will attract new physicians and specialists. This is important for tertiary care. With more specialists and newer medical technology, we will be able to care for a wider variety of health concerns.

Health care is changing dramatically, and we need to stay up to speed with those changes for the benefit of our patients. This is a project that I confidently support, and I look forward to working with my colleagues in the new facility.

Sincerely,

Judith Weis MD

Judy Weis
Medical Staff Past President, (June 2012-June 2014)
St. Elizabeth's Hospital

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org

An Affiliate of Hospital Sisters Health System

9-99

St. Elizabeth's Hospital

July 30, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

For nearly 140 years, St. Elizabeth's Hospital has served people in the Metro East region with the best available medical care. As time has passed, we have continued to advance our health care delivery and use new technology. But, we have gotten to a point where our current facilities can no longer support all of the latest advancements in medical technology. This is why I support St. Elizabeth's plans to build a replacement hospital.

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Health care is changing dramatically, and we need to stay up to speed with those changes for the benefit of our patients. This is a project that I confidently support, and I look forward to working with my colleagues in the new facility.

Sincerely,

Judy Weis
Medical Staff Past President, (June 2012-June 2014)
St. Elizabeth's Hospital

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org

An Affiliate of Hospital Sisters Health System

INFINITY HEALTHCARE Meds®

August 6, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

As an emergency medicine physician at St. Elizabeth's Hospital, St. Joseph's Hospital Breese and St. Joseph's Hospital Highland, I completely understand and support the need for St. Elizabeth's to build a replacement hospital.

One of the most important factors of successful health care is the ability to collaborate. In its new location off of Interstate 64, St. Elizabeth's regional hospital will be more accessible to its community hospital partners. And, will join a growing medical corridor where patients will be able to address many of their health and wellness needs in one convenient area.

I want to be clear that St. Elizabeth's is looking to collaborate, not duplicate. Some of our local media are reporting that our replacement hospital will replicate services already in the area. This is not true. We will continue to offer the same services we do now, just seven miles away in a modern hospital.

Another important factor of successful health care is access. Time is everything when it comes to someone's health. St. Elizabeth's replacement hospital's new location will improve access for many patients. When time is limited, it is important to have a location that is easily accessible.

The last important factor of successful health care is technology. A state-of-the-art hospital is a game changer that will attract new physicians and specialists to the Metro East. The hospital's electronic health records will allow doctors and nurses to acquire patients' histories quickly and efficiently in an emergency. And, the modern facilities also will support new, more advanced equipment.

These three factors are the key to providing the best available care to patients. I am in full support of St. Elizabeth's plans to build a replacement hospital to improve these factors.

Sincerely,

Dr. Len Glover
Emergency Room Physician
St. Elizabeth's Hospital

Hospital Sisters
HEALTH SYSTEM

August 4, 2014

Belleville, IL
St. Elizabeth's Hospital

Breese, IL
St. Joseph's Hospital

Decatur, IL
St. Mary's Hospital

Effingham, IL
St. Anthony's Memorial Hospital

Highland, IL
St. Joseph's Hospital

Litchfield, IL
St. Francis Hospital

Springfield, IL
St. John's Hospital

Streator, IL
St. Mary's Hospital

Chippewa Falls, WI
St. Joseph's Hospital

Eau Claire, WI
Sacred Heart Hospital

Green Bay, WI
St. Mary's Hospital Medical Center
St. Vincent Hospital

Sheboygan, WI
St. Nicholas Hospital

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery,

I write to express my robust support for St. Elizabeth's Hospital's plans to build a replacement hospital in St. Clair County seven miles from the hospital's current location.

As the President and CEO of Hospital Sisters Health System (HSHS) I feel strongly that this project is critically important to our ability to provide coordinated, cost-effective, high quality care to the residents of Southwestern Illinois. St. Elizabeth's is one of four hospitals in our Southern Illinois Division and serves as a referral medical center for our HSHS hospitals and other community hospitals and health centers in the region.

In order for St. Elizabeth's to continue to provide high quality care to residents from across the region, it needs to modernize its facility. For the past several years we have done an extensive evaluation of what would be the best means to modernize St. Elizabeth's. We determined that renovating our existing campus would be cost-prohibitive and very disruptive to the delivery of care to our patients. After years of planning, we determined that building a new state-of-the-art hospital and medical office building along I-64 would best serve the needs of our patients for decades to come.

Our replacement hospital is designed with the future in mind. We recognize that fewer patients require inpatient hospitalization and increasingly receive care in outpatient settings. As a result, our new hospital will have significantly fewer beds than our current facility and is designed for easy access to physician offices and other ambulatory services. We also are building on a site that will allow us to grow in the future, giving us the potential to work with community organizations on health and wellness programming.

I respectfully ask for the Board's support of this very important project for HSHS and for the residents of Southwestern Illinois.

Sincerely,

Mary Starmann-Harrison

Mary Starmann-Harrison
President and CEO
Hospital Sisters Health System

P.O. Box 19456
Springfield, Illinois
62794-9456
P: 217-523-4747
F: 217-523-0542
www.hshs.org

Sponsored by the Hospital Sisters of St. Francis

St. Elizabeth's
HOSPITAL
BELLEVILLE, ILLINOIS

July 28, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I'm writing to you today to express my unwavering support in favor of St. Elizabeth's Hospital's plans to build a replacement hospital on 114 acres of land off Interstate 64 in St. Clair County, Illinois.

I grew up in Belleville. I went to Cathedral High School, which used to be right across the street from St. Elizabeth's. I was born at St. Elizabeth's and my family goes to St. Elizabeth's whenever we need hospital care. In fact, not too long ago my mother was admitted to St. Elizabeth's for a brief stay and she told me, "It's a good hospital, but it's really time for the hospital to modernize."

Many residents of St. Clair County and surrounding counties also have expressed their support of the replacement hospital and I firmly believe the entire region deserves to have access to a modern health care facility. This 21st century facility will allow the wonderful, hard-working people of the Metro East region to receive the most advanced health care available. The community and its future generations deserve this.

By bringing this new hospital to the area, specifically near I-64, the residents of Southern Illinois and their children and grandchildren will reap the benefits of such a facility. The new site allows for imminent growth and as the regional population increases, the new facility will be equipped to provide high-quality health care to meet the changing needs of our patients.

The current hospital is landlocked on 17 acres; it is obsolete and outdated. To retrofit and bring the old buildings up to date, it would take significantly more capital than constructing a new facility, while disrupting services and not improving geographic access. A new full-service, technologically advanced facility is needed to enhance the quality of life of the residents of the Metro East region and that is why it should be built.

As Chairman of the St. Elizabeth's Hospital Board of Directors, whose members represent communities throughout the area, I am proud to say that our board voted unanimously in favor of the replacement hospital. The board firmly believes that by building a replacement hospital, HSHS is bringing better access to health care to the region and investing in the future of St. Elizabeth's communities.

Again, St. Elizabeth's Hospital has my full support on this project. I welcome a replacement hospital to the ever-growing medical district along I-64. I also completely support the re-development of St. Elizabeth's current campus for the good of the entire Metro East community.

Very Truly Yours,

William Lyke
Chairman
St. Elizabeth's Hospital Board of Directors

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org

9-KK

St. Joseph's Hospital Breese
AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

9515 Holy Cross Lane
PO Box 99
Breese, IL 62230
(618) 526-4511
www.stjoebreese.com

July 29, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I'm grateful for the opportunity to share with you my support for St. Elizabeth's Hospital's plans to build a replacement hospital near Interstate 64 at Green Mount Road and Regency Park.

As an affiliate of the Hospital Sisters Health System, St. Joseph's Hospital is pleased that our system is committed to improving access to advanced, 21st century health care for residents of Southern Illinois.

When suffering from a medical emergency such as a stroke or heart attack, a patient's life depends on receiving medical attention as quickly as possible and St. Elizabeth's new location is perfect. St. Joseph's emergency services personnel would save about 15 minutes in travel time to transport patients to the more advanced stroke and cardiac care available at St. Elizabeth's. Those 15 minutes also are important to our patients' families, who would be able to spend that extra time comforting their loved ones.

I'm proud to say that St. Joseph's Hospital and St. Elizabeth's have both been serving the Metro East region for more than 100 years. And, St. Elizabeth's new facility will allow it to continue providing high-quality Franciscan health care to all, especially the underserved, well into the future. The new campus also will enhance St. Elizabeth's role as a regional teaching hospital that collaborates with area colleges and universities to train the next generation of health care providers.

And, for those reasons, I'm thrilled to say I welcome St. Elizabeth's Hospital's plans to build a new, state-of-the-art hospital along I-64.

Regards,

Paulette Evans RN, MSN

Paulette Evans, RN, MSN
Interim President and CEO

St. Joseph's Hospital Highland

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

July 29, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery,

I'm thrilled to support St. Elizabeth's Hospital's plans to build a replacement hospital, ambulatory care center and physicians' office building on land just off Interstate 64 in St. Clair County. St. Joseph's Hospital Highland, an affiliate of Hospital Sisters Health System (HSHS), often refers our patients to St. Elizabeth's for more advanced care, such as cardiac and stroke services.

St. Elizabeth's role as one of our referral hospitals is a very important one. We provide the best possible care to our patients, but there are times when our patients need more specialized care in which case we send them to St. Elizabeth's.

The location of St. Elizabeth's technologically advanced replacement hospital will bring many benefits to patients at hospitals like ours throughout the Metro East region.

We understand how important it is to update hospital facilities. Thanks to the approval from the Illinois Health Facilities and Services Review Board of our Certificate of Need application, we built and opened a replacement hospital almost one year ago. We have received many positive comments about our modernized facility from patients and staff.

Like St. Elizabeth's, we are committed to our mission to reveal and embody Christ's healing love for all through our high-quality Franciscan health care ministry. I believe that the new location will help St. Elizabeth's continue its mission for generations to come.

The St. Elizabeth's replacement hospital is vital to improving access to high-quality care for Metro East residents, and thus has my full support.

Sincerely,

Peggy Sebastian

Peggy Sebastian
President and CEO
St. Joseph's Hospital Highland

St. Anthony's Memorial Hospital

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

July 28, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

As the President and CEO of St. Anthony's Memorial Hospital in Effingham, and as someone who has worked in health care in the region for the past 35 years, I wanted to share my perspective and support regarding the plans for St. Elizabeth's Hospital to build a replacement hospital in Southwestern Illinois.

It is my belief that St. Elizabeth's decision to build a hospital along I-64 is well considered and will have significant ongoing benefits for the region.

St. Elizabeth's and Hospital Sisters Health System's (HSHS) seven other hospitals in Central and Southern Illinois have always been major employers and economic drivers. Since the Hospital Sisters of St. Francis began caring for Springfield's sick and poor in the 1870s, the health of the System and of the region have been intertwined.

The replacement hospital would help strengthen HSHS during a time of extreme transition in the health care industry. Factors such as the Affordable Care Act, medical technology advancements, and patients' preferences have completely altered the landscape for hospitals in the last few years, and will continue to do so into the foreseeable future.

In addition to ensuring the health of Metro East residents, the new hospital facilities – which would include an ambulatory care center and a physicians' office building – would help foster collaborations with other providers in the region. At St. Anthony's, over 65 percent of our revenue comes from outpatient services, demonstrating the need for services in an ambulatory care setting. In addition, evidence has shown partnerships with local providers result in more efficient care and can help attract more high-quality physicians and specialists to the area.

Each year, we know that nearly 15,000 Metro East adult inpatients alone are admitted to Missouri hospitals. We want to keep those patients here in Illinois – closer to their families, and to our state's talented medical professionals.

St. Elizabeth's proposed replacement hospital will help us realize that vision and allow HSHS to continue providing our high-quality Franciscan health care ministry to residents throughout southern Illinois.

Health to you and yours,

Theresa J. Rutherford, RN, MSN, MBA, FACHE
President and CEO
St. Anthony's Memorial Hospital
Effingham, Illinois

August 5, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I'm pleased to have the opportunity to share my support for St. Elizabeth's Hospital's plans to build a regional replacement hospital that will join the growing medical corridor along Interstate 64.

This replacement hospital is part of a larger vision by the Hospital Sisters of St. Francis to improve access to high-quality health care throughout the Metro East region. St. Elizabeth's also is planning to build an acute care center and physicians' office building on its site in St. Clair County, and re-envision its existing campus.

During my service with Missionary Oblates of Mary Immaculate, Friends of St. Elizabeth's and other faith-based organizations, I have seen the growing needs of the residents of the Metro East region. These medical needs cannot be met in a facility that is landlocked and outdated.

And, as a longtime volunteer at St. Elizabeth's, I've witnessed the care, administered by a committed staff, advance beyond the capacity of the current campus. I hear time and again - from patients, staff and fellow volunteers - that St. Elizabeth's existing facility is old and inefficient.

I support St. Elizabeth's decision to develop a technologically advanced regional hospital at a location that is extremely accessible to all, especially to our underserved communities and referring hospitals.

Leaders of the Friends of St. Elizabeth's Hospital know that an investment in the mission of St. Elizabeth's is an investment in the future of our communities. I therefore give my full support to these plans to improve the health of our region's residents, economy and prospects for growth.

Sincerely,

Jack Weck
Leadership Council
Friends of St. Elizabeth's Hospital

CITY OF O'FALLON

GARY L. GRAHAM
Mayor

PHILIP A. GOODWIN
City Clerk

DAVID H. HURSEY
City Treasurer

Walter Denton
City Administrator

ALDERMAN

Gene McCoskey	Ward 1	John Drolet	Ward 4
Richie Meile	Ward 1	Michael Bennett	Ward 5
Ed True	Ward 2	Courtney Cardona	Ward 5
Jerry Albrecht	Ward 2	Jim Hursey	Ward 6
Jerry Mouser	Ward 3	Ray Holden	Ward 6
Kevin Hagarty	Ward 3	David Cozad	Ward 7
Herb Roach	Ward 4	Harlan Gerrish	Ward 7

CITY COUNCIL MEETING
A G E N D A
Monday, July 21, 2014
7:00 P.M. – Council Chambers

I. CALL TO ORDER

II. PLEDGE OF ALLEGIANCE

III. ROLL CALL

IV. APPROVAL OF MINUTES – July 7, 2014

V. PUBLIC HEARING –

VI. REPORTS

A. Residents of O'Fallon – This portion of the City Council meeting is reserved for any resident wishing to address Council. The Illinois Open Meetings Act (5 ILCS 120/1) mandates NO action shall be taken on matters not listed on this agenda, but Council may direct staff to address the topic or refer the matter to a committee. Please provide City Clerk with name & address; speak into microphone; limit presentation to 3 minutes; and avoid repetitious comments. Thank you.

B. Clerk's Report

1. Request to conduct a raffle from the Wheels of Freedom MC, Inc. for a wheelbarrow of alcohol from July 22, 2014 – October 25th, 2014

C. Mayor's Report

1. Presentation by Miss O'Fallon, Brittany Gray
2. This month's Southwestern Illinois Council of Mayors meeting will be held Thursday, July 31st at the Shrine of Our Lady of Snows. Please contact Jamie by July 25th to secure reservations.

VII. RESOLUTIONS –

ITEM 1 – Resolution supporting Hospital Sisters Health System on the proposed St. Elizabeth Hospital

VIII. ORDINANCES

A. 1st reading –

Project Costs and Source of Funds

Replacement Hospital

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$1,168,100	$623,291	$1,791,391
Site Survey and Soil Investigation	$96,918	$51,715	$148,632
Site Preparation	$3,972,789	$2,119,855	$6,092,645
Off Site Work	$3,153,968	$1,682,938	$4,836,905
New Construction Contracts	$83,027,409	$44,302,907	$127,330,316
Modernization Contracts	$0	$0	$0
Contingencies	$8,302,741	$4,430,291	$12,733,032
Architectural / Engineering Fees	$4,358,939	$2,325,903	$6,684,842
Consulting and Other Fees	$5,351,610	$2,855,586	$8,207,196
Moveable or Other Equipment	$34,082,558	$802,353	$34,884,911
Bond Issue Expense (project related)	$1,702,957	$908,687	$2,611,644
Net Interest Expense During Construction (project related)	$10,217,739	$5,452,122	$15,669,861
Fair Market Value of Leased Space or Equipment	$0	$0	$0
Other Costs to be Capitalized	$13,777,160	$8,444,066	$22,221,226
Other Costs to be Capitalized - Belleville Health Center	$976,802	$5,904,185	$6,880,987
Other Costs to be Capitalized - O'Fallon Health Center	$957,542	$2,420,406	$3,377,948
Acquisition of Buildings or Other Property (excluding land)	$0	$0	$0
TOTAL USES OF FUNDS	**$171,147,232**	**$82,324,304**	**$253,471,535**
SOURCES OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities			$ 75,386,353
Pledges			$0
Gifts and Bequests			$ 4,632,457
Bond Issues (project related)			$ 173,452,725
Mortgages			$0
Leases (fair market value)			$0
Grants			$0
Other Funds and Sources			$0
TOTAL SOURCES OF FUNDS	**$ 171,147,232**	**$ 82,324,304**	**$ 253,471,535**
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHEMENT-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 ☒ No
Purchase Price: $_____
Fair Market Value: $_____
* The proposed site was purchased in November 2011 (See Attachment 2)

The project involves the establishment of a new facility or a new category of service
☒ Yes ☐ 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 $ 1,265,000.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary
☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): St. Elizabeth's authorized pediatric beds will be discontinued when this application for permit is approved. The St. Elizabeth's Hospital replacement project will be completed by December 31, 2017.

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
☒ 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:

☒ Cancer Registry
☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
☒ ESRD DPH Facility Survey @ Illinois.gov - Not applicable.

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. Elizabeth's Hospital		**CITY:** Belleville, Illinois			
REPORTING PERIOD DATES:	**From:** January 1, 2013		to: December 31, 2013		
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days** [2]	**Bed Changes**	**Proposed Beds** [4]
Medical/Surgical	202	6,066	24,181	(102)	100
Obstetrics/Gyn	30	1,038	2,342	(18)	12
Pediatrics	14	0	0	(14)	0
Intensive Care	24	1,318 [1]	5,074	(8)	16
Comprehensive Physical Rehabilitation	33	463	5,416	(17)	16
Acute/Chronic Mental Illness [3]	35	1,458	5,888	(35)	0
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	338	10,343	42,901	(194)	144

1. Direct Admissions Only
2. Excludes observation days
   - Medical Surgical 2,976
   - Pediatrics 0
   - Intensive Care 47
   - Obstetrics/Gynecology 94
   - Acute Mental Illness 0
   - Rehabilitation Beds 0
   - Total 3,117
3. The HFSRB approved the discontinuation of the Acute/Chronic Mental Illness Category of Service on September 24, 2013, Permit 13-034. Approved discontinuation date is January 15, 2016.
4. Bed decreases as part of the proposed project.

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. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis*
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.**

Maryann L Reese
SIGNATURE

Maryann L. Reese
PRINTED NAME

President and CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29 day of July, 2014

Yvonne S Stroder
Signature of Notary

Seal

"OFFICIAL SEAL"
YVONNE S STRODER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 12/10/2015

Lawrence P Schumacher
SIGNATURE

Lawrence P. Schumacher
PRINTED NAME

Chief Operating Officer
Hospital Sisters Health System
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 21 day of August, 2014

Donna J Chase
Signature of Notary

Seal

OFFICIAL SEAL
DONNA J CHASE
Notary Public - State of Illinois
My Commission Expires Jun 21, 2018

*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 Hospital Sisters Services, Inc. * in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application 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.

Mary Starmann-Harrison
SIGNATURE

Mary Starmann-Harrison
PRINTED NAME

President and Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 21 day of August, 2014

Donna J Chase
Signature of Notary

Seal

OFFICIAL SEAL
DONNA J CHASE
Notary Public - State of Illinois
My Commission Expires Jun 21, 2018

Lawrence P. Schumacher
SIGNATURE

Lawrence P. Schumacher
PRINTED NAME

Chief Operating Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 21 day of August, 2014

Donna J Chase
Signature of Notary

Seal

OFFICIAL SEAL
DONNA J CHASE
Notary Public - State of Illinois
My Commission Expires Jun 21, 2018

*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 Hospital Sisters 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.

Mary Starmann-Harris
SIGNATURE

Mary Starmann-Harrison
PRINTED NAME

President and Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 21 day of August, 2014

Donna J Chase
Signature of Notary

Seal

OFFICIAL SEAL
DONNA J CHASE
Notary Public - State of Illinois
My Commission Expires Jun 21, 2018

Lawrence P. Schumacher
SIGNATURE

Lawrence P. Schumacher
PRINTED NAME

Chief Operating Officer
Hospital Sisters Health System
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 21 day of August, 2014

Donna J Chase
Signature of Notary

Seal

OFFICIAL SEAL
DONNA J CHASE
Notary Public - State of Illinois
My Commission Expires Jun 21, 2018

*Insert EXACT legal name of the applicant

SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

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

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

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

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 Board Report.

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

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?**

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					
YEAR 2					

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

UNFINISHED OR SHELL SPACE: **NOT APPLICABLE**

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 to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
   a. Historical utilization for the area for the latest five-year period for which data 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: **NOT APPLICABLE**

Submit the following:

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

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

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

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

A. Criterion 1110.530 - Medical/Surgical, Obstetric, Pediatric and Intensive Care

1. Applicants proposing to establish, expand and/or modernize Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:

2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☒ **Medical/Surgical**	**202**	**100**
☒ **Obstetric**	**30**	**12**
☒ **Pediatric**	**14**	**0**
☒ **Intensive Care**	**24**	**16**

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.530(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.530(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.530(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.530(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.530(b)(5) - Planning Area Need - Service Accessibility	X		
1110.530(c)(1) - Unnecessary Duplication of Services	X		
1110.530(c)(2) - Maldistribution	X	X	
1110.530(c)(3) - Impact of Project on Other Area Providers	X		
1110.530(d)(1) - Deteriorated Facilities			X

APPLICABLE REVIEW CRITERIA		Establish	Expand	Modernize
1110.530(d)(2) -	Documentation			X
1110.530(d)(3) -	Documentation Related to Cited Problems			X
1110.530(d)(4) -	Occupancy			X
110.530(e) -	Staffing Availability	X	X	
1110.530(f) -	Performance Requirements	X	X	X
1110.530(g) -	Assurances	X	X	X

APPEND DOCUMENTATION AS ATTACHMENT-20, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

B. Criterion 1110.630 - Comprehensive Physical Rehabilitation

1. Applicants proposing to establish, expand and/or modernize Comprehensive Physical Rehabilitation category of service must submit the following information:

2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☒ **Comprehensive Physical Rehabilitation**	**33**	**16**

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.630(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.630(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.630(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.630(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.630(b)(5) - Planning Area Need - Service Accessibility	X		
1110.630(c)(1) - Unnecessary Duplication of Services	X		
1110.630(c)(2) - Maldistribution	X		
1110.630(c)(3) - Impact of Project on Other Area Providers	X		
1110.630(d)(1) - Deteriorated Facilities			X
1110.630(d)(2) - Documentation			X
1110.630(d)(3) - Documentation Related to Cited Problems			X
1110.630(d)(4) - Occupancy			X
1110.630(e(1) and (2) - Staffing	X	X	
1110.630(e)(2) - Personnel Qualifications	X		
1110.630(f) - Performance Requirements	X	X	X
1110.630(g) - Assurances	X	X	X

APPEND DOCUMENTATION AS ATTACHMENT-21, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

E. Criterion 1110.1230 - Open Heart Surgery

This section is applicable to all projects proposing to establish the open heart surgery category of service.

1. **Criterion 1110.1230(a), Peer Review**

Read the criterion and submit a detailed explanation of your peer review program.

2. **Criterion 1110.1230(b), Establishment of Open Heart Surgery**

Read the criterion and provide the following information:

a. The number of cardiac catheterizations (patients) performed in the latest 12-month period for which data is available.
b. The number of patients referred for open heart surgery following cardiac catheterization at your facility, for each of the last two years.

3. **Criterion 1110.1230(c), Unnecessary Duplication of Services**

Read the criterion and address the following:

a. Contact all existing facilities within 90 minutes travel time of your facility which currently provide or are approved to provide open heart surgery to determine what the impact of the proposed project will be on their facility.
b. Provide a sample copy of the letter written to each of the facilities and include a list of the facilities sent letters.
c. Provide a copy of all of the responses received.

4. **Criterion 1110.1230(d), Support Services**

Read the criterion and indicate on a service by service basis which of the services listed in this criterion are available on a 24-hour inpatient basis and explain how any services not available on a 24 hour inpatient basis can be immediately mobilized for emergencies at all times.

5. **Criterion 1110.1230(e), Staffing**

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

a. The name and qualifications of the person currently filling the job.
b. Letters of interest from potential employees.
c. Application filed for a position.
d. Signed contracts with the required staff.
e. A detailed explanation of how you will fill the positions.

APPEND DOCUMENTATION AS ATTACHMENT-24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

F. Criterion 1110.1330 - Cardiac Catheterization

This section is applicable to all projects proposing to establish or modernize a cardiac catheterization category of service or to replace existing cardiac catheterization equipment.

1. **Criterion 1110.1330(a), Peer Review**

   Read the criterion and submit a detailed explanation of your peer review program.

2. **Criterion 1110.1330(b), Establishment or Expansion of Cardiac Catheterization Service**

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

   a. A map (8 1/2" x 11") showing the location of the other hospitals providing cardiac catheterization service within the planning area.

   b. The number of cardiac catheterizations performed for the last 12 months at each of the hospitals shown on the map.

   c. Provide the number of patients transferred directly from the applicant's hospital to another facility for cardiac catheterization services in each of the last three years.

3. **Criterion 1110.1330(c), Unnecessary Duplication of Services**

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

   a. Copies of the letter sent to all facilities within 90 minutes travel time which currently provide cardiac catheterization. This letter must contain a description of the proposed project and a request that the other facility quantify the impact of the proposal on its program.

   b. Copies of the responses received from the facilities to which the letter was sent.

4. **Criterion 1110.1330(d), Modernization of Existing Cardiac Catheterization Laboratories**

   Read the criterion and, if applicable, submit the number of cardiac catheterization procedures performed for the latest 12 months.

5. **Criterion 1110.1330(e), Support Services**

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

6. **Criterion 1110.1330(f), Laboratory Location**

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

7. **Criterion 1110.1330(g), Staffing**

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

8. **Criterion 1110.1330(h), Continuity of Care**

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

9. Criterion 1110.1330(i), Multi-institutional Variance

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

a. A copy of a fully executed affiliation agreement between the two facilities involved.

b. Names and positions of the shared staff at the two facilities.

c. The volume of open heart surgeries performed for the latest 12-month period at the existing operating program.

d. A cost comparison between the proposed project and expansion at the existing operating program.

e. The number of cardiac catheterization procedures performed in the last 12 months at the operating program.

f. The number of catheterization laboratories at the operating program.

g. The projected cardiac catheterization volume at the proposed facility annually for the next 2 years.

h. The basis for the above projection.

APPEND DOCUMENTATION AS ATTACHMENT-25 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

O. Criterion 1110.3030 - Clinical Service Areas Other than Categories of Service

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than Categories of Service must submit the following information:
2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
☐		
☐		
☐		

SEE ATTACHMENT 34

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

:

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
New Services or Facility or Equipment	(b) –	Need Determination – Establishment
Service Modernization	(c)(1) –	Deteriorated Facilities
		and/or
	(c)(2) –	Necessary Expansion
		PLUS
	(c)(3)(A) –	Utilization – Major Medical Equipment
		Or
	(c)(3)(B) –	Utilization – Service or Facility

APPEND DOCUMENTATION AS ATTACHMENT-34, 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):

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

NOT APPLICABLE DUE TO AA BOND RATING

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-36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability **N/A - AA BOND RATING**

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. **"A" Bond rating or better**
2. **All of the projects capital expenditures are completely funded through internal sources**
3. **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**
4. **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-37, 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:	**NOT APPLICABLE – DOUBLE A BOND RATING**			
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 38, 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

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.

NOT APPLICABLE/AA RATED

B. Conditions of 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 -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

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 Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 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-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

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

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

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

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2	Site Ownership	39-56
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	N/A
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	59-60
5	Flood Plain Requirements	61
6	Historic Preservation Act Requirements	63
7	Project and Sources of Funds Itemization	65-66
8	Obligation Document if required	
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Attachments

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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

Exact Legal Name:	St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis
Address:	211 South Third Street, Belleville, Illinois 62220
Name of Registered Agent:	Amy L. Marquardt
Name of Chief Executive Officer:	Maryann Reese
CEO Address:	211 South Third Street, Belleville, Illinois 62220
Telephone Number:	618-641-5462

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

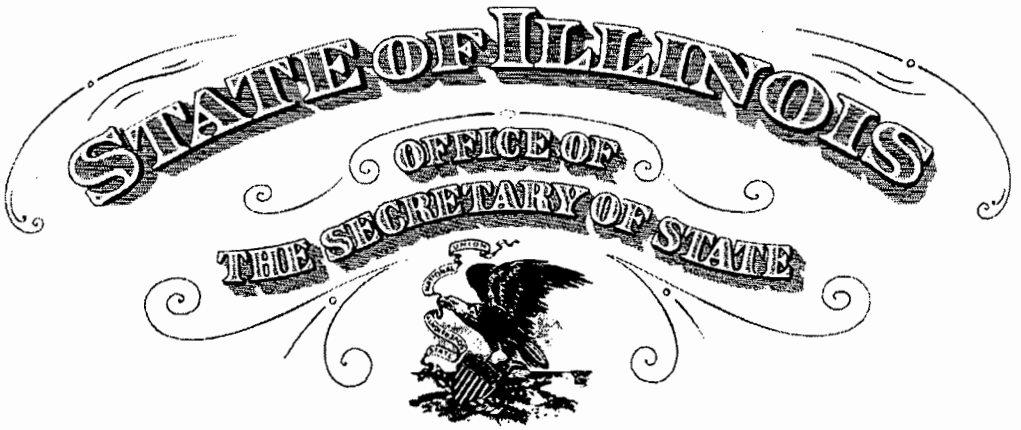
Exact Legal Name:	Hospital Sisters Services, Inc.
Address:	4936 LaVerna Road, Springfield Illinois 62707
Name of Registered Agent:	Amy L. Marquardt
Name of Chief Executive Officer:	Mary Starmann-Harrison,
CEO Address:	4936 LaVerna Road, Springfield, Illinois 62707
Telephone Number:	217-523-5483

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

Exact Legal Name:	Hospital Sisters Health System
Address:	4936 LaVerna Road, Springfield Illinois 62707
Name of Registered Agent:	Amy L. Marquardt
Name of Chief Executive Officer:	Mary Starmann-Harrison,
CEO Address:	4936 LaVerna Road, Springfield, Illinois 62707
Telephone Number:	217-523-5483

See Attached Certificates of Good Standing.

File Number 3515-860-0



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. ELIZABETH'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 11, 1955, 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 #: 1409000546
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* 31ST *day of* MARCH *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

File Number 5325-639-2

To all to whom these Presents Shall Come, Greeting:

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

HOSPITAL SISTERS SERVICES, INC., A DOMESTIC CORPORATION. INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 04, 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 #: 1409000488

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* 31ST *day of* MARCH *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

File Number 5163-355-5

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

HOSPITAL SISTERS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 26, 1978, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 31ST *day of* MARCH *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

Authentication #: 1409000428

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Hospital Sisters Health System
Address of Site Owner:	4936 LaVerna Road, Springfield, Illinois 62707
Street Address or Legal Description of Site:	NWQ of the Intersection of Interstate 64 and North Green Mount Road in the City of O'Fallon and Unincorporated in St. Clair County, Illinois. The parcels included in the site are 02350407030, 03250408016, 03250407029, 03250407032, 03360200022, 03360200014, 03360204011, 03360204014, 03360204013, 03360200025, and 03360200004.

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.

The special Warranty Deed/Trustee Deed for the property is attached hereto.

Note: Site ownership will be transferred to St. Elizabeth's Hospital once the new Hospital is constructed.

A02291494
MICHAEL T. COSTELLO
RECORDER OF DEEDS
ST. CLAIR COUNTY
BELLEVILLE, IL
11/30/2011 10:43:20AM
PREP FEE: 10.00
TOTAL FEE: $37.00
PAGES: 11

CHICAGO TITLE

(The Space Above this Line is for Recorder's Use Only)

SPECIAL WARRANTY DEED

THIS INDENTURE WITNESSETH that, on the 22nd day of November, 2011, Grantor, **RP SOUTH, L.L.C.**, an Illinois limited liability company duly organized and existing under and by the virtue of the laws of the State of Illinois and duly authorized to transact business in the State where the following described real estate is located, for and in consideration of Ten Dollars ($10.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, does hereby GRANT, BARGAIN, SELL AND CONVEY to Grantee, **HOSPITAL SISTERS HEALTH SYSTEM**, an Illinois not-for-profit corporation, whose address is 720 W. Main Street, Suite 300, Belleville, Illinois, all of the following described real estate situated in the County of St. Clair and State of Illinois known and described as follows, to-wit:

See Exhibit "A," which is incorporated by reference herein as if fully set forth.

Permanent Parcel No: 03-36-0-204-011; 03-36-0-204-014; 03-36-0-204-013; 03-36-0-200-004; 03-36-0-204-007, and 03-36-0-204-012

Together with all the estate and rights of Grantor in such property

This conveyance is subject to (i) real estate taxes and assessments not yet due and payable; (ii) all applicable zoning laws and ordinances; and (iii) the Permitted Exceptions attached hereto as Exhibit "B" and incorporated by reference herein as if fully set forth.

Grantor covenants that Grantor will warrant and defend the property hereby conveyed against the lawful claims and demands of all persons claiming by, through, or under Grantor, but against no other person.

Hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

IN WITNESS WHEREOF, Grantor has caused this Special Warranty Deed to be executed as of the day and year first above written.

RP SOUTH, L.L.C., an Illinois limited liability company

By: MILES PROPERTIES, INC., an Illinois corporation, its Manager

By: Darwin M. Miles
Darwin Miles, President

STATE OF ILLINOIS)
) SS
COUNTY OF ST. CLAIR)

I, the undersigned, a notary public in and for said County in the State aforesaid, DO HEREBY CERTIFY, that DARWIN MILES personally known to me to be the President of MILES PROPERTIES, INC., an Illinois corporation, the Manager of RP SOUTH, L.L.C., being the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he signed and delivered the said instrument pursuant to the authority of the Members of said limited liability company, as his own free and voluntary act and as the free and voluntary act of said limited liability company, for the uses and purposes therein set forth.

Given under my hand and notarial seal this 22 day of November, 2011.

OFFICIAL SEAL
CHERYL BARHAM
Notary Public - State of Illinois
My Commission Expires Oct 28, 2012

Cheryl Barham
Notary Public

My Commission Expires

Future Taxes to Grantee's Address:

720 W. Main Street, Suite 300
Belleville, IL 62220

Return this document to:

Walter Cupkovic
Thompson Coburn LLP
55 East Monroe Street, 37th Floor
Chicago, Illinois 60603

This document prepared by:

Lynn T. Goessling
Herzog Crebs LLP
100 North Broadway
14th Floor
St. Louis, MO 63102

and reviewed by:

Walter Cupkovic
Thompson Coburn LLP
55 East Monroe Street, 37th Floor
Chicago, Illinois 60603

"Exempt under provisions of Paragraph B ; Section 4 Real Estate Transfer Tax Act.

11/22/11 Jessica LeQuatte
Date Buyer, Seller, or Representative
as agent

EXHIBIT A

LEGAL DESCRIPTION

TRACT 2:

PARCEL 1: The Northeast Quarter of the Northeast Quarter of Section 36, Township 2 North, Range 8 West of the Third Principal Meridian, St. Clair County, Illinois;

EXCEPTING that part thereof conveyed to Estella and Edwin Schwaegel by Quit Claim Deed from Theodore Schwaegel; etal dated October 14, 1937 and recorded November 13, 1937 in Book 882 Page 79, described as follows, to wit:

Commencing at the Northeast corner of said Section 36; thence South 333.88 feet; thence West 704.88 feet; thence North 333.88 feet to the North line of said Section 36; thence East 704.88 feet to the point of beginning of said exception;

ALSO EXCEPTING that part thereof conveyed by the Illinois Terminal Railroad Company to Lee and Lucille Rasp by Quit Claim Deed recorded July 14, 1980 as Document A656996 in Book 2488 Page 1089 being that part of the Illinois Terminal Railroad Company's abandoned right-of-way being the North 25 feet of the Northeast quarter of Section 36 in Township 2 North, Range 8 which lies East of the East right-of-way line of FAI Route 64.

ALSO EXCEPTING that part thereof described as follows:

Commencing at the iron bar which marks the Northeast corner of said Section 36; thence Southerly, along the East line of said Section 36, a distance of 1,289.49 feet to the point of beginning of the exception herein described tract, said point being 35.00 feet North of the Southeast corner of the Northeast Quarter of the Northeast Quarter of said Section 36; thence Westerly, parallel to the South line of said Northeast Quarter of the Northeast Quarter of Section 36, being a line which makes a counterclockwise angle of 90 degrees 05 minutes with the said East line of Section 36, a distance of 225.00 feet to an iron bar; thence Southerly, parallel to said East line, being a line which makes a clockwise angle of 90 degrees 05 minutes with the last described line, a distance of 35.00 feet to an iron bar on the South line of said Northeast Quarter of the Northeast Quarter of said Section 36; thence Easterly, along said South line, being a line which makes a clockwise angle of 89 degrees 55 minutes with the last described course, a distance of 225.00 feet to an iron bar which marks the Southeast corner of said Northeast Quarter of the Northeast Quarter of Section 36; thence Northerly, along the East line of said Section 36, a distance of 35.00 feet to the point of beginning of said exception;

ALSO known as part of Lot 1 of "The Shoppes at Green Mount"; reference being had to the plat thereof recorded in the Recorder's Office of St. Clair County, Illinois in Plat Book 105 Page 92.

ALSO EXCEPTING therefrom the following described tract of land:

Commencing at a two inch iron pipe at the Northeast corner of Section 36; thence Southerly, along the East line of Section 36, having an assumed bearing of South 00 degrees 02 minutes 10 Seconds West 333.88 feet to the point of beginning of the tract herein excepted; thence continuing along said East line, South 00 degrees 02 minutes 10 seconds West 956.34 feet to a point 35.00 feet North of the Northeast corner of the Southeast Quarter of the Northeast Quarter of Section 36 as measured along said East line of Section 36; thence North 89 degrees 27 minutes 02 seconds West 23.01 feet; thence North 00 degrees 14 minutes 52 Seconds West

244.87 feet; thence North 03 degrees 22 minutes East 167.56 feet; thence North 00 degrees 46 minutes 38 seconds West 114.84 feet; thence North 04 degrees 05 minutes 23 seconds West 131.57 feet; thence North 00 degrees 16 minutes 42 seconds West 298.11 feet; thence South 89 degrees 29 minutes 35 seconds East 28.13 feet to the point of beginning of said exception;

ALSO EXCEPTING therefrom that part thereof described as follows:

Commencing at the Northeast corner of Section 36; thence South 00 degrees 12 minutes 47 seconds West (bearing assumed), along the East line of said Northeast Quarter, 695.17 feet; thence South 90 degrees 00 minutes 00 seconds West 21.86 feet to the West right of way line of North Greenmount Road, which is also the point of beginning of said exception; thence continuing South 90 degrees 00 minutes 00 seconds West 359.24 feet; thence South 00 degrees 00 minutes 00 seconds West 361.50 feet; thence North 90 degrees 00 minutes 00 seconds East 355.59 feet to said West right of way line; thence along said West right of way line as follows: North 00 degrees 04 minutes 16 seconds West 12.34 feet; North 03 degrees 13 minutes 58 seconds East 167.56 feet; North 00 degrees 36 minutes 02 seconds West 114.84 feet; North 03 degrees 54 minutes 47 seconds West 67.19 feet to the point of beginning of said exception;

ALSO EXCEPTING that part falling within Lot 12A and Outlot 12E of "The Shoppes at Green Mount 1st Amendment and North Adjacent 7.79 Acres"; reference being had to the plat thereof recorded as Document A02066634.

Also except coal, gas and other mineral rights conveyed, excepted or reserved in prior conveyances.

Situated in St. Clair County, Illinois.

PARCEL 2:

Part of the Southeast quarter of the Northeast quarter of Section 36, Township 2 North, Range 8 West of the Third Principal Meridian, St. Clair County, Illinois, being a strip of land 10.60 feet in width lying parallel and adjacent to and 10.60 feet South of the North line of said Southeast quarter of the Northeast quarter of Section 36, and being more particularly described as follows:

Commencing at the iron bar which marks the Northeast corner of said Southeast quarter of the Northeast quarter of Section 36, thence Westerly along the North line of said Southeast quarter of the Northeast quarter of Section 36, being a line which makes a counterclockwise angle of 90 degrees 05 minutes with the East line of said Section 36, a distance of 225.00 feet to an iron bar which marks the point of beginning of the herein described tract of land; thence continuing Westerly, along said North line of the Southeast quarter of the Northeast quarter of Section 36, a distance of 1113.88 feet to a railroad rail with a cross which marks the Northwest corner of said Southeast quarter of the Northeast quarter of Section 36; thence Southerly, parallel to the East line of said Section 36, and being a line which makes a clockwise angle of 90 degrees 05 minutes with the last described line, a distance of 10.60 feet to an iron bar; thence Easterly, along a line which makes a clockwise angle of 89 degrees 55 minutes with the last described line, a distance of 1113.88 feet to an iron bar; thence Northerly, along a line which makes a clockwise angle of 90 degrees 05 minutes with the last described line, a distance of 10.60 feet to the point of beginning.

EXCEPTING THEREFROM that part falling within Lot 12A and Outlot 12E of "The Shoppes at Green Mount 1st Amendment and North Adjacent 7.79 Acres"; reference being had to the plat thereof recorded as Document A02066634.

Also except coal, gas and other mineral rights conveyed, excepted or reserved in prior conveyances.

Situated in St. Clair County, Illinois.

TRACT 3:

Part of the Northeast quarter of the Northeast quarter of Section 36 in Township 2 North, Range 8 West of the Third Principal Meridian, St. Clair County, Illinois, described as follows:

Commencing at the Northeast corner of Section 36; thence South 00 degrees 12 minutes 47 seconds West (bearing assumed) along the East line of said Northeast quarter, 695.17 feet; thence South 90 degrees 00 minutes 00 seconds West, 21.86 feet to the proposed West right of way of North Green Mount Road which is also the point of beginning; thence continuing South 90 degrees 00 minutes 00 seconds West, 359.24 feet; thence South 00 degrees 00 minutes 00 seconds West, 361.50 feet; thence North 90 degrees 00 minutes 00 seconds East, 355.59 feet to said West right of way, thence along said proposed West right of way line as follows: North 00 degrees 04 minutes 16 seconds West, 12.34 feet; North 03 degrees 13 minutes 58 seconds East, 167.56 feet; North 00 degrees 36 minutes 02 seconds West, 114.84 feet; North 03 degrees 54 minutes 47 seconds West, 67.19 feet to the point of beginning.

EXCEPTING THEREFROM that part falling within Outlot 12E of "The Shoppes at Green Mount 1st Amendment and North Adjacent 7.79 Acres"; reference being had to the plat thereof recorded in the Recorder's Office of St. Clair County, Illinois as Document A02066634.

Except the coal and other minerals underlying the surface of said land and all rights and easements in favor of the estate of said coal and other minerals.

Situated in St. Clair County, Illinois.

TRACT 4:

Part of the Northeast Quarter of Section 36, in Township 2 North, Range 8 West of the Third Principal Meridian; reference being had to the plat thereof recorded in the Recorder's Office of St. Clair County, Illinois, in Book of Plats Survey Record "A" on page 169, being more particularly described as follows, to-wit:

Commencing the survey thereof at the Northeast corner of said Section 36; thence South 333.88 feet; thence West 10.68 chains; thence North 333.88 feet to the North line of said Section 36; thence East 10.68 chains to the point of beginning.

EXCEPTING that part thereof conveyed to the County of St. Clair, a Municipal Corporation of the County of St. Clair and State of Illinois, by Warranty Deed made by James Rotramel and Patricia Rotramel, husband and wife, recorded November 6, 2000 as Document No. A01583713 in Book 3477 on page 1759 and being more particularly described as follows, to-wit:

Commencing at a two inch iron pipe at the Northeast corner of Section 36; thence Southerly along the East line of Section 36, having an assumed bearing of South 00 degrees 02 minutes 10 seconds West 7.620 meters (25.00 feet) to a point on the South right of way line of the former St. Louis and O'Fallon and Lebanon Railroad Company, said point also being the point of beginning of the tract herein described, thence continuing along said East line of Section 36 South 00

degrees 02 minutes 10 seconds West 94.147 meters (308.88 feet); thence North 89 degrees 29 minutes 35 seconds West 8.575 meters (28.13 feet); thence North 00 degrees 16 minutes 42 seconds West 7.610 meters (24.97 feet); thence North 04 degrees 26 minutes 55 seconds East 48.832 meters (160.2 feet); thence North 01 degree 01 minute 14 seconds East 37.819 meters (124.08 feet); thence East along said South right of way line of the former St. Louis and O'Fallon and Lebanon Railroad Company South 89 degrees 29 minutes 35 seconds East 4.210 meters (13.81 feet) to the point of beginning.

EXCEPTING FURTHER, that part thereof conveyed by the Illinois Terminal Railroad Company to Lee and Lucille Rasp, by Quit Claim Deed recorded July 14, 1980 as Document A656996 in Book 2488 on page 1089 being that part of the Illinois Terminal Railroad Company's abandoned right of way being the North 25 feet of the Northeast Quarter of Section 36 in Township 2 North, Range 8 West, which lies East of the East right of way line of FAI Route 64.

ALSO EXCEPTING therefrom all coal and other minerals underlying and all rights and easements in favor of the estate of said coal and other minerals.

Situated in St. Clair County, Illinois.

TRACT 5:

Part of the Southeast quarter of Section 25; AND, part of the Northeast quarter of Section 36, all in Township 2 North, Range 8 West of the Third Principal Meridian, St. Clair County, Illinois, described as follows:

Commencing at the Northeast corner of said Northeast Quarter of Section 36; thence, North 89 degrees 33 minutes 15 seconds West (bearing assumed), along the North line of said Northeast Quarter of Section 36, 1857.35 feet to the point of beginning; thence, North 00 degrees 10 minutes 48 seconds West, collinear with the East line of Glenview Subdivision as recorded in Plat Book 2, page 34, of the St. Clair County, Illinois Records, 25.00 feet to the South line of Carr Street; thence, North 89 degrees 33 minutes 15 seconds West, parallel with and 25 feet North of said North line of the Northeast Quarter of Section 36, 702.52 feet; thence, South 30 degrees 25 minutes 36 seconds East, 179.35 feet; thence, along a curve having a radius point to the Northeast, a radial distance of 300.00 feet, a chord bearing, South 59 degrees 59 minutes 25 seconds East, and a chord distance of 296.04 feet; thence, South 89 degrees 33 minutes 15 seconds East, 112.65 feet; thence, along a curve having a radius point to the Southwest, a radial distance of 360.00 feet, a chord bearing, South 59 degrees 59 minutes 25 seconds East, and a chord distance of 355.24 feet; thence, South 30 degrees 25 minutes 36 seconds East, 293.74 feet; thence, along a curve having a radius point to the West, a radial distance of 360.00 feet, a chord bearing, South 21 degrees 07 minutes 36 seconds East , and a chord distance of 116.35 feet; thence, South 11 degrees 49 minutes 36 seconds East, 461.51 feet; thence, along a curve have a radius point to the East, a radial distance of 270.00 feet, a chord bearing South 19 degrees 05 minutes 08 seconds East, and a chord distance of 68.23 feet to a point on the South line of the Northwest Quarter of said Northeast Quarter; thence, South 89 degrees 36 minutes 32 seconds East, along said South line of the Northwest Quarter of the Northeast Quarter, 141.06 feet; thence, North 00 degrees 01 minutes 33 seconds West, 1300.78 feet to an iron pin on the South line of the abandoned Illinois Terminal Railroad R.O.W.; thence, North 89 degrees 33 minutes 15 West, along said abandoned Illinois Terminal Railroad R.O.W., which is parallel with and 25 feet South of said North line of the Northwest Quarter of the Northeast Quarter, 512.87 feet; thence, North 00 degrees 10 minutes 48 seconds West, 25.00 feet to the point of beginning.

EXCEPTING THEREFROM any part thereof that falls within that portion conveyed to D&D Lodging, LLC by Warranty Deed recorded July 13, 2007 as Document Number A02054557 and being described as follows:

A TRACT OF LAND BEING A PART OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 36, TOWNSHIP 2 NORTH, RANGE 8 WEST OF THE THIRD PRINCIPAL MERIDIAN, ST. CLAIR COUNTY, ILLINOIS AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHEAST CORNER OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SAID SECTION 36; THENCE NORTH 89 DEGREES 30 MINUTES 43 SECONDS WEST, ALONG THE SOUTH LINE OF SAID NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 36, FOR A DISTANCE OF 141.06 TO THE NORTHEASTERLY RIGHT OF WAY LINE OF REGENCY PARK DRIVE AS SHOWN ON THE ROADWAY AND EASEMENT DEDICATION PLAT; REFERENCE BEING HAD TO THE PLAT THEREOF RECORDED IN THE RECORDER'S OFFICE OF ST. CLAIR COUNTY, ILLINOIS IN PLAT BOOK 105 PAGE 41; THENCE, ALONG SAID NORTHEASTERLY LINE, IN A NORTHWESTERLY DIRECTION, ALONG A CURVE TO RIGHT HAVING A RADIUS 270.00 FEET AN ARC LENGTH OF 16.24 FEET; THENCE LEAVING SAID NORTHEASTERLY LINE, SOUTH 89 DEGREES 30 MINUTES 43 SECONDS EAST, FOR A DISTANCE OF 147.79 FEET TO THE EAST LINE OF SAID NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 36; THENCE SOUTH 00 DEGREES 04 MINUTES 32 SECONDS WEST, ALONG SAID EAST LINE, FOR A DISTANCE OF 14.71 FEET TO THE POINT OF BEGINNING;

EXCEPT THE COAL AND OTHER MINERALS UNDERLYING THE SURFACE OF SAID LAND AND ALL RIGHTS IN FAVOR OF THE ESTATE OF SAID COAL AND OTHER MINERALS.

ALSO EXCEPTING THEREFROM that portion conveyed to D&D Lodging, LLC by Warranty Deed recorded July 13, 2007 as Document Number A02054556 and being described as follows:

A TRACT OF LAND BEING A PART OF THE NORTHEAST QUARTER AND SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 36, TOWNSHIP 2 NORTH, RANGE 8 WEST OF THE THIRD PRINCIPAL MERIDIAN, ST. CLAIR COUNTY, ILLINOIS AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHWEST CORNER OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SAID SECTION 36; THENCE NORTH 00 DEGREES 04 MINUTES 32 SECONDS EAST, ALONG THE WEST LINE OF SAID NORTHEAST QUARTER OF THE NORTHEAST QUARTER, FOR A DISTANCE OF 14.71 FEET; THENCE LEAVING SAID WEST LINE, SOUTH 89 DEGREES 30 MINUTES 43 SECONDS EAST, FOR A DISTANCE OF 228.40 FEET; THENCE ALONG A CURVE TO THE LEFT HAVING A RADIUS OF 194.12 FEET, AN ARC LENGTH OF 100.25 FEET AND A CHORD BEARING OF SOUTH 74 DEGREES 43 MINUTES 02 SECONDS EAST, FOR A DISTANCE OF 99.14 FEET TO THE NORTH LINE OF LOT 12 OF THE SHOPPES AT GREEN MOUNT, REFERENCE BEING HAD TO THE PLAT THEREOF RECORDED IN THE RECORDER'S OFFICE OF ST. CLAIR COUNTY, ILLINOIS AS DOCUMENT NUMBER A0191664 (PLAT BOOK 105 PAGE 92); THENCE NORTH 89 DEGREES 30 MINUTES 43 SECONDS WEST, ALONG SAID NORTH LINE, FOR A DISTANCE OF 324.04 FEET; THENCE NORTH 00

DEGREES 04 MINUTES 28 SECONDS WEST FOR A DISTANCE OF 10.61 FEET TO THE POINT OF BEGINNING;

ALSO EXCEPT THE COAL AND OTHER MINERALS UNDERLYING THE SURFACE OF SAID LAND AND ALL RIGHTS IN FAVOR OF THE ESTATE OF SAID COAL AND OTHER MINERALS.

Situated in St. Clair County, Illinois.

TRACT 6:

Lot 12E in The Shoppes at Green Mount 1st Amendment and North Adjacent 7.79 Acres according to the plat thereof recorded as Document Number A02066634, being a resubdivision of all of lot 12 of the Shoppes at Green Mount according to the plat thereof recorded in plat book 105 page 92.

Except the coal and other minerals underlying the surface of said land and all rights and easements in favor of the estate of said coal and other minerals.

Situated in St. Clair County, Illinois.

EXHIBIT B

PERMITTED EXCEPTIONS

- General real estate taxes not yet due and payable;
- Rights of way for drainage tiles, ditches, feeders, laterals and underground pipes, if any (Exception "E");
- Easement in favor of Illinois Power Company recorded in Book 1035 on Page 438 (Affects Tracts 2, 3 and 6) (Exception "Z");
- Easement for pipeline in favor of Illinois Power Company, dated April 12, 1960 and recorded May 18, 1960 in Book 1682 on Page 98 as Document No. A34111 (Affects Tract 2 and 6) (Exception "AA");
- Easement in favor of Illinois Power Company, dated June 10, 1993 and recorded July 13, 1993 in Book 2925 on Page 930 as Document No. A01177385 (Affects Tract 2 and 6) (Exception "AC");
- Right of Way Plat Plans for North Greenmount Road, St. Clair County, Illinois, Section #95-0333-02-PV dated February 22, 2001 and recorded February 22, 2001 in Plat Book 125 on Pages 23-34 as Document A01597477 (Affects Tracts 2, 3, 4 and 6) (Exception "AD");
- Detention Easement and Maintenance Agreement by and between Schwaegel Limited Partnership, an Illinois limited partnership, and Halloran Construction Inc., dated September 8, 2004 and recorded September 29, 2004 in Book 4088 on Page 1723 as Document No. A01869006. Assignment recorded September 29, 2004 as Document A01869007 in Book 4088 Page 1741 whereby Halloran construction, Inc. assigns all right, title, and interest in, to and under the above easement to The Shoppes at Green Mount, LLC (Affects Tracts 2 and 6) (Exception "AE");
- Restrictive Covenants contained in Special Warranty Deed recorded May 9, 2007 as Document A02041949 from Schwaegel Limited Partnership to RP South, LLC (Affects Tract 2) (Exception "AF");
- Easement to Illinois Power Company dated July 2, 1959 and recorded July 8, 1959 as Document 993240 in Book 1630 on page 640 (Affects Tract 4) (Exception "AI");
- Easement in favor of Illinois Power Company dated June 12, 1993 and recorded July 13, 1993 as Document A01177386 in Book 2925 on page 932 (Affects Tract 4) (Exception "AJ");
- Provisions contained in deed recorded November 6, 2000 as Document No. A01583713 made by James Rotramel and Patricia Rotramel to the County of St. Clair, that grantor, without limiting the above interest above granted and conveyed, does hereby acknowledge that upon payment of the agreed consideration, all claims arising out of the above acquisition have been settled, including any diminution in value to any remaining property of the Grantor caused by the opening, improving and using the above described premises for highway purposes. This acknowledgment does not waive any claim for

trespass or negligence against the Grantee or Grantee's agents which may cause damage to the Grantor's remaining property (Affects Tract 4) (Exception "AK");

- Easement in favor of Illinois Power Company recorded October 9, 1956 as Document 862497 (Affects Tract 5) (Exception "AO");
- Easement in favor of Illinois Power Company recorded February 9, 1960 as Document A21818 (Affects Tract 5) (Exception "AP");
- Easement in favor of Illinois Power Company recorded April 20, 1972 as Document A397699 in Book 2325 Page 39 (Affects Tract 5) (Exception "AS");
- Easement in favor of AT&T Communications of Illinois Inc. recorded February 1, 1990 as Document A01009788 in Book 2771 Page 836 (Affects Tract 5) (Exception "AT");
- Easement in favor of AT&T Communications of Illinois Inc. recorded February 1, 1990 as Document A01009789 in Book 2771 Page 837 (Affects Tract 5) (Exception "AU");
- Easement in favor of AT&T Communications of Il Inc. recorded February 1, 1990 as Document A01009790 in Book 2771 Page 838 (Affects Tract 5) (Exception "AV");
- Easement in favor of Illinois Power Company recorded May 26, 1993 in Book 2917 Page 1064 (Affects Tract 5) (Exception "AW");
- Ordinance No. 3305A recorded December 28, 2004 as Document A01884911 in Book 4124 Page 912 concerning the establishment of Special Service Area #4 (Regency Extension) of the City of O'Fallon, Illinois (Affects Tract 5) (Exception "AY");
- Irrevocable Waiver with respect to Special Service Area No. 4 (Regency Extension) recorded December 28, 2004 as Document A01884912 in Book 4124 Page 928 (Affects Tract 5) (Exception "AZ");
- Plat of Roadway and Easement Dedication recorded March 8, 2005 in page 105 Page 41 dedicating Regency Park for the use of the public forever (Affects Tract 5) (Exception "BA");
- Easements as shown on the Plat of Roadway and Easement Dedication recorded March 8, 2005 in Plat Book 105 Page 41 (Affects Tract 5) (Exception "BB");
- Declaration of Covenants and Restrictions recorded March 1, 2005 as Document A01895223 in Book 4146 Page 1806, as amended (Affects tract 6) (Exception "BR");
- Detention and drainage easements, and detention pond effluent drainage easement as shown on the plats of subdivision (Affects Tract 6) (Exception "CC");
- Covenants and restrictions contained in Warranty Deed made by Schwaegel Limited Partnership to RP South, LLC, an Illinois limited liability company recorded May 9, 2007 as Document A02041949 (Affects Tract 6) (Exception "CF");
- Easements as shown on the plat of subdivision (Affects Tract 6) (Exception "CM");

- Annexation Ordinance No. 3647 recorded February 22, 2010 as Document Number A02202137 (Affects Tract 6) (Exception "CN");

- Resolution No. 09-72 relating to Annexation Agreement recorded February 22, 2010 as Document Number A02202138 (Affects Tract 6) (Exception "CO");

- Matters disclosed by that certain ALTA/ACSM Land Title Survey dated and certified November 10, 2011, prepared by Thouvenot, Wade & Moerchen, Inc. and referenced as Project No.: L12110394 and that certain ALTA/ACSM Land Title Survey dated and certified November 10, 2011, prepared by Thouvenot, Wade & Moerchen, Inc. and referenced as Project No.: L12110394A.

A02291665 6
A02291665
MICHAEL T. COSTELLO
RECORDER OF DEEDS
ST. CLAIR COUNTY
BELLEVILLE, IL
12/01/2011 11:48:29AM
RHSP FEE: 10.00
TOTAL FEE: $32.00
PAGES: 6

TRUSTEES DEED
ST. CLAIR COUNTY

After Recording Return to:
P. K. Johnson IV
Attorney at Law
11 South High Street
Belleville, IL. 62220-2102

Mail Subsequent Tax Bills to: Hospital Sisters Health System
720 West Main St., Ste. 300
Belleville, IL 62220

CHICAGO TITLE
25491
(3)

This Space for Recorder's Information

TRUSTEES DEED

The Grantors, **Doris Jean Obernuefemann, as Successor Co-Trustee under the Second Restatement and Amendment to the Lee Rasp Family Trust created by the Lee T. Rasp Revocable Trust dated March 4, 1993, Rita Mae Kramkowski, as Successor Co-Trustee under the Second Restatement and Amendment to the Lee Rasp Family Trust created by the Lee T. Rasp Revocable Trust dated March 4, 1993, and Lucille M. Rasp, as Trustee under the Second Restatement and Amendment to the Lucille M. Rasp Revocable Trust under Agreement dated March 4, 1993, as amended and restated,** acting pursuant to the powers set forth therein, for and in consideration of the sum of Ten Dollars ($10.00) and other good and valuable consideration in hand paid, the receipt and sufficiency of which is hereby acknowledged, does hereby **CONVEY** and **QUIT CLAIM** to **Hospital Sisters Health System,** an Illinois not-for-profit corporation, 720 West Main Street, Suite 300, Belleville, Illinois 62220, of the County of St. Clair and State of Illinois, as the following described real estate, to wit:

SEE ATTACHED LEGAL DESCRIPTION

Commonly known as:
Permanent Index Number: pins on legal page

IN WITNESS WHEREOF, **Doris Jean Obernuefemann, as Successor Co-Trustee under the Second Restatement and Amendment to the Lee Rasp Family Trust created by the Lee T. Rasp Revocable Trust dated March 4, 1993, Rita Mae Kramkowski, as Successor Co-Trustee under the Second Restatement and Amendment to the Lee Rasp Family Trust created by the Lee T. Rasp, Revocable**

APPROVED MAPPING & PLOTTING Director SUBJECT TO ZONING REGULATIONS

St. Clair County IL Recorder of Deeds Document Number: A02291665 Page 1 of 6

Trust dated March 4, 1993, and Lucille M. Rasp as Trustee under the Second Restatement and Amendment to the Lucille M. Rasp Revocable Trust under Agreement dated March 4, 1993, as amended and restated, as aforesaid, have hereunto set their hands and seals this 22nd day of November, 2011.

Rita Mae Kramkowski
Successor Co-Trustee

Doris Jean Obernuefemann
Successor Co-Trustee

Lucille M. Rasp, Trustee

STATE OF ILLINOIS)
) ss:
COUNTY OF ST. CLAIR)

I, the undersigned, a Notary Public in and for the above County and State, do hereby certify that Doris Jean Obernuefemann, Rita Mae Kramkowski and Lucille M. Rasp, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and notarial seal this 22nd day of November 2011.

OFFICIAL SEAL
ELLEN E HEIEN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/17/12

Notary Public

This Document Prepared by:
P.K. Johnson, IV
Johnson & Johnson
11 S. High St.
Belleville, IL 62220-2102

*Exempt under provisions of Paragraph B, Section 4 Real Estate Transfer Tax Act.

11/22/11 Date — agent Buyer, Seller, or Representative

St. Clair County IL Recorder of Deeds Document Number: A02291665 Page 2 of 5

EXHIBIT A

LEGAL DESCRIPTION

TRACT I:

PARCEL I:

Part of the West half of the Southeast quarter of Section No. 25 in Township 2 North, Range 8 West of the Third principal Meridian, St. Clair County, Illinois, more particularly described as follows, to-wit:

Beginning at the Southeast corner of "Glenview Subdivision" as the same appears in Plat Book L, Page 34 of the records of the Recorder of Deeds of st. Clair County, Illinois; thence North 0 degrees 17 minutes West from said beginning point along the East line of said "Glenview Subdivision", "Glenn's First Addition to Glenview Subdivision" Plat Book M, Page 17, and "Glenn's Second Addition to Glenview Subdivision" Plat Book X, Page 17 a distance of 1121.50 feet to the Northeast corner of "Glenn's Second Addition"; thence North 89 degrees 38 minutes West along the North line of said subdivision a distance of 463.20 feet to a point 349.8 feet East of the West line of the Southeast quarter of Section 25; thence North 0 degrees 17 minutes West along a line parallel to and 349.8 feet East of, measured at right angles to, the West line of the Southeast quarter of Section 25 a distance of 815.03 feet; thence North 89 degrees 56 minutes 30 seconds East a distance of 864.40 feet to a point 125.0 feet West of the East line of West half of the Southeast quarter of Section 25; thence South 0 degrees 03 minutes 30 seconds West along a line parallel to and 125.0 feet West of, measured at right angles to, the East line of the West half of the Southeast quarter of Section 25 a distance of 74.98 feet; thence North 89 degrees 56 minutes 30 seconds East a distance of 125.0 feet to the East line of the West half of the Southeast quarter of Section 25; thence South 0 degrees 03 minutes 30 seconds West along said line a distance of 1868.32 feet to the North right-of-way line of the Illinois Terminal Railroad (Abandoned); thence North 89 degrees 38 minutes West along said right-of-way line a distance of 514.92 feet to the point of beginning.

EXCEPT That portion conveyed to The City of O'Fallon in Warranty Deed recorded March 27, 1990 as Document No. A01015427 and described as follows:
Part of the West Half of the Southeast Quarter of Section 25, Township 2N, Range 8 West of The Third Principal Meridian, St Clair County, Illinois, described as follows:

Beginning at a point on the North line of "Glenn's Second Addition to Glenview Subdivision;" reference being had to the plat thereof recorded in the Recorder's Office of St. Clair Co., IL, in Book of Plats "X" on page 17, said point being 349.8 feet East of the West line of the Southeast Quarter of Section 25; thence

St. Clair County IL Recorder of Deeds Document Number: A02291665 Page 3 of 6

North 0 degrees 17 minutes West along a line parallel with and 349.8 feet East of, measured at right angles to the West line of the Southeast Quarter of Section 25, a distance of 815.03 feet to a point; thence North 89 degrees 56 minutes 30 seconds East a distance of 20.2 feet to a point, said point being 370.0 feet East of the West line of the Southeast Quarter of Section 25; thence South 0 degrees 17 minutes East along a line parallel with and 370.0 feet East of, measured at right angles to the West line of the Southeast Quarter of Section 25, a distance of 815.18 feet to a point on the North line of "Glenn's Second Addition to Glenview Subdivision"; thence North 89 degrees 38 minutes West along the North line of "Glenn's Second Addition to Glenview Subdivision", a distance of 20.2 feet to the point of beginning.

Except the coal, oil, gas and other minerals underlying the surface of said land and all rights and easements in favor of the estate of said coal, oil, gas and other minerals.

Situated in St. Clair County, Illinois.

PARCEL II:

A Tract of land located in the West half of the Southeast quarter of Section 25, Township 2N., Range 8 West of the Third Principal Meridian, Caseyville Township, St Clair County, Illinois, more fully described as follows:
From a point on the North line of Harding Street in "Glenn's Second Addition to Glenview Subdivision",(Plat Book "X", page 17) which point is 349.8 feet East of, measured at right angles to the West line of the Southeast quarter of Section 25; thence North 0 degrees 17 minutes West, along a line 349.8 feet East of, measured at right angles to, the West line of the Southeast quarter of Section 25, a distance of 815.03 feet; thence North 89 degrees 56 minutes 30 seconds East, a distance of 864.40 feet to a point 125.0 feet West of the East line of the West half of the Southeast quarter of Section 25 and the POINT OF BEGINNING of the following described tract; thence South 0 degrees 03 minutes 03 seconds West from said beginning point and parallel to said East line a distance of 74.98 feet; thence North 89 degrees 56 minutes 30 seconds East a distance of 125.0 feet to the East line of the West half of the Southeast quarter of Section 25; thence North 0 degrees 03 minutes 30 seconds East along said East line a distance of 74.98 feet; thence South 89 degrees 56 minutes 30 seconds West a distance of 125 feet to the POINT OF BEGINNING

Except the coal, oil, gas and other minerals underlying the surface of said land and all rights and easements in favor of the estate of said coal, oil, gas and other minerals.

Situated in St. Clair County, Illinois.

PARCEL III:

St. Clair County IL Recorder of Deeds Document Number: A02291665 Page 4 of 6

That part of the West half of the Southeast quarter of Section 25, Township 2 North, Range 8 West of the Third Principal Meridian, St Clair County, Illinois, described as follows:

From a point on the North line of Harding Street in "Glenn's Second Addition to Glenview Subdivision",(Plat Book "X", page 17) which point is 349.8 feet East of, measured at right angles to the West line of the Southeast quarter of Section 25; thence North 0 degrees 17 minutes West, along a line lying parallel to the West line of the Southeast quarter of Section 25, a distance of 815.03 feet to a point; thence North 89 degrees 56 minutes 30 seconds East, a distance of 864.4 feet to an iron pin which marks the point of beginning of the tract of land herein described; thence continuing East along the extension of the last described line, a distance of 123.9 feet to an iron rod set on the West line of lot 14 of "Mary Scheibel Tracts Assessment Plat"; thence North, along the West line of lot 14 of "Mary Scheibel Tracts Assessment Plat" a distance of 233.02 feet to an old stone that marks the Northwest corner of said lot 14; thence in a Southwesterly direction along a line that makes a clockwise angle of 82 degrees 35 minutes with the last described line, a distance of 125.25 feet to an iron rod set on the East line of an 8.0 acre tract conveyed to Huller Ford Co.; thence South along the East line of said 8.0 acre tract and making an interior angle of 97 degrees 21 minutes with the last described line, a distance of 217.0 feet to the point of beginning.

Except the coal, oil, gas and other minerals underlying the surface of said land and all rights and easements in favor of the estate of said coal, oil, gas and other minerals.

Situated in St. Clair County, Illinois.

PARCEL IV:

That part of lot 14 of the "Assessment Plat of part of Lots 11 & 14 of Mary Scheibel Tracts Assessment Plat", of the East half of the Southeast quarter of Section 25, Township 2N., Range 8 West of the Third Prinicpal Meridian, reference being had to the plat therof recorded in the Recorder's Office of St. Clair County, Illinois, in Book of Plats "54" on Page 88, described as follows:

A strip of land 200 feet in width (being measured at a right angle) off the West side of said Lot 14 and a strip of land 655.1 feet in width (being measured at a right angle)off the South side of the above described assessment plat. Subject to an easement 25.0 feet in width off the East side of Lot 14.

Excepting that part thereof conveyed to the County of St. Clair, a Municipal Corporation, by Trustees Deed recorded July 27, 2000 as Document A01567282 in Book 3452 on pae 1942.

St. Clair County IL Recorder of Deeds Document Number: A02291665 Page 5 of 6

Except the coal, oil, gas and other minerals underlying the surface of said land and all rights and easements in favor of the estate of said coal, oil, gas and other minerals.

Situated in St. Clair County, Illinois.

PARCEL V:

That part of the Illinois Terminal Railroad Company's abandoned right-of-way lying in Sections 25 and 36 and between Schwaegel Road, aka O'Fallon Township Line Road, and the East right-of-way line of FAI Route 64 in Caseyville Township and further described as being the North 25 feet of the Northeast quarter of Section 36 and the South 25 feet of the Southeast quarter Section 25, Township 2 North, Range 8 West of the Third Principal Meridian, St. Clair County, Illinois, which lies East of the East right-of-way line of FAI Route 64.

Excepting from PARCEL V that portion of the above described property conveyed to Regency Partners, Inc. in Trustee's Warranty Deed recorded July 5, 1996 as Document A01331278 in Book 3103 page 2335 and further described as follows: Part of the Southeast Quarter of Section 25 and part of the Northeast Quarter of Section 36, all in Township 2 North, Range 8 West of the Third Principal Meridian, St. Clair County, Illinois, described as follows:

Commencing at the Northeast corner of said Northeast Quarter of Section 36; thence North 89 degrees 33 minutes 15 seconds West, (bearing assumed), along the North line of said Northeast Quarter of Section 36, 1857.35 feet to the point of beginning; thence North 00 degrees 10 minutes 48 seconds West, collinear with the East line of Glenview Subdivision as recorded in Plat Book 2, Page 34, of the St. Clair County, Illinois Records, 25.00 feet to the South line of Car Street; thence, North 89 degrees 33 minutes 15 seconds West, parallel with and 25 feet North of said North line of the Northeast Quarter of Section 36, 783.60 feet to the East Right of Way of F.A.I. Route 64; thence, South 30 degrees 21 minutes 34 seconds East, along said East Right of Way Line, 58.22 feet; thence South 89 degrees 33 minutes 15 seconds East, parallel with and 25 feet South of said North line of the Northeast Quarter of Section 36, 754.33 feet; thence, North 00 degrees 10 minutes 48 seconds West, 25.00 feet to the point of beginning.

Except the coal, oil, gas and other minerals underlying the surface of said land and all rights and easements in favor of the estate of said coal, oil, gas and other minerals.

Situated in St. Clair County, Illinois.

PINS: 03-25-0-407-030; 03-25-0-408-016; 03-25-0-407-029; 03-25-0-407-032; 03-36-0-200-022; and 03-36-0-200-014

- 8 -

Operating Identity/Licensee

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

Exact Legal Name:	St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis
Address:	211 South Third Street, Belleville, Illinois 62220

☒	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.

St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis will be licensed to operate the replacement hospital in O'Fallon.

See attached Certificate of Good Standing.

File Number 3515-860-0

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

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. ELIZABETH'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 11, 1955, 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.

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 1409000546
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* 31ST *day of* MARCH *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

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.

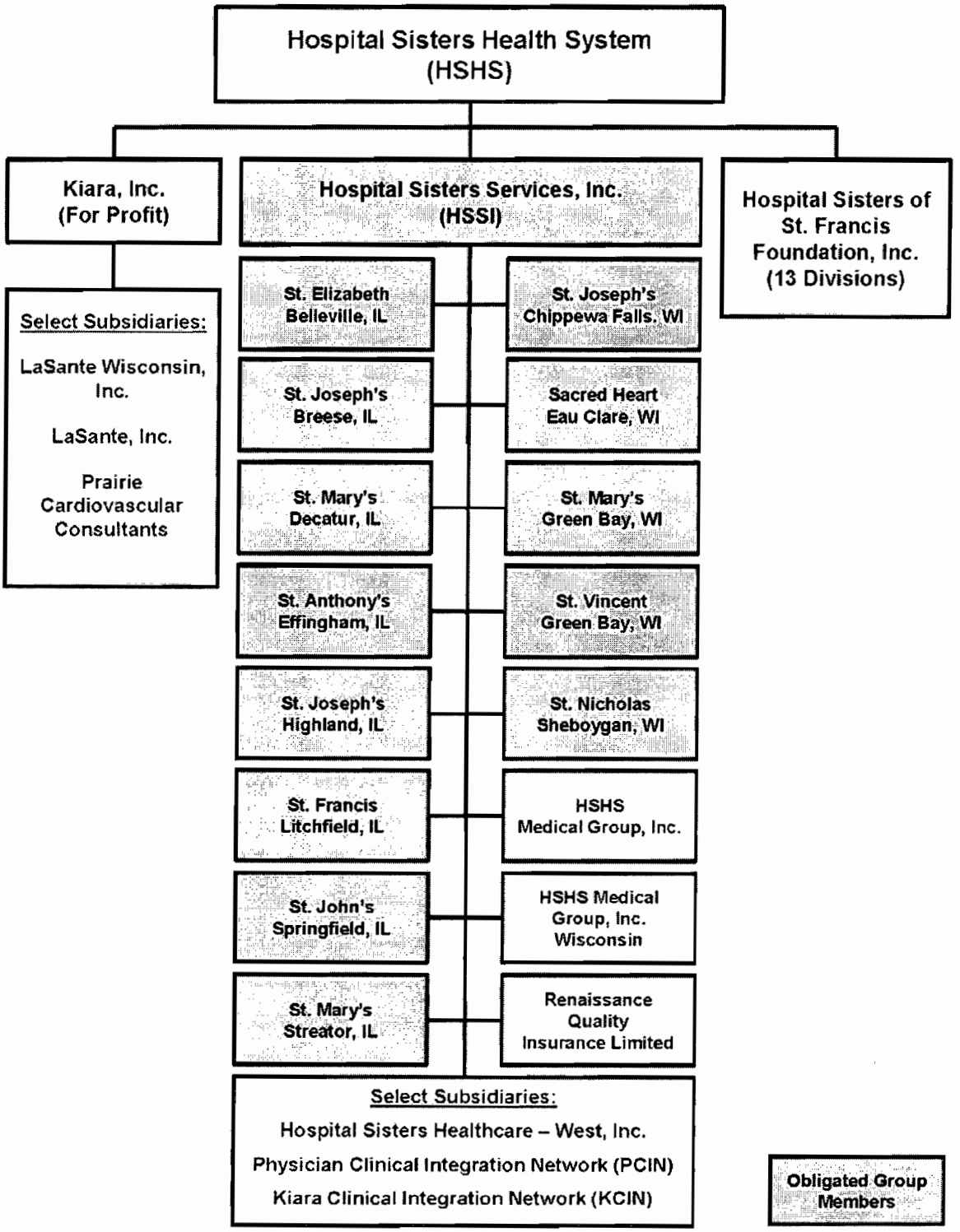
APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Hospital Sisters Health System (HSHS), an Illinois not-for-profit corporation, considers all wholly owned or controlled entities as subsidiaries for consolidated financial statement purposes. HSHS is the parent corporation for several subsidiary corporations and exerts control through various reserved powers. The subsidiary corporations and controlled entities presented in the attached organization chart include HSHS, Hospital Sisters Services, Inc. (HSSI), the 13 hospitals in Illinois and Wisconsin and the HSHS Medical Group, Inc. and the HSHS Wisconsin Medical Group, Inc. (collectively referred to as the Medical Group). Each of the 13 hospitals is separately incorporated and has a seven to eleven member board of directors. The Medical Group is separately incorporated and has boards of directors for each entity.

Hospital Sisters Services, Inc. (HSSI), an Illinois non-for-profit holding company, is the sole member of the 13 hospital in Illinois and Wisconsin (collectively referred to as the Obligated Group). HSSI and the 13 hospitals have formed an Obligated Group for debt financing purposes. HSSI and the 13 hospitals are the only members of the Obligated Group. The hospitals are organized for the purpose of providing inpatient and outpatient healthcare services.

HSSI is also the sole member of the HSHS Medical Group, Inc. and the HSHS Wisconsin Medical Group, Inc. (collectively referred to as the Medical Group) as well as a number of other not-for-profit entities. HSSI formed the Medical Group for the purpose of affiliating with physicians both to improve access to care and to improve the continuum of care for patients within HSHS.

HSHS Organization Chart



Flood Plain Requirements

[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.

In accordance with the Flood Plain Requirements in the July 2013 Edition of the Certificate of Need application, Illinois Executive Order #2005-5, and by the signatures on this application, Hospital Sisters Health System, Hospital Sisters Services, Inc., and St. Elizabeth's Hospital attest that the proposed site for the replacement and establishment of St. Elizabeth's Hospital is not in a flood plain and that the location complies with Flood Plain Rule under Executive Order #2005-5.

See attached letter from the HPA.

Illinois Historic Preservation Agency

1 Old State Capitol Plaza, Springfield, IL 62701-1512

FAX (217) 524-7525
www.illinoishistory.gov

St. Clair County
Belleville and O'Fallon
Demolition, Vacate Existing Structures, Modernization and New Construction of Replacement Hospital, St. Elizabeth's Hospital
211 S. 3rd St., 340 W. Lincoln St., 311 W. Lincoln St., 301 W. Lincoln St., 160 S. 3rd St., Belleville; 915 St. Clair St., Area Bounded by Regency Park, Green Mount Road and Main St., O'Fallon
IHPA Log #022072214

August 12, 2014

Janet Scheuerman
PRISM Healthcare Consulting
1808 Woodmere Drive
Valparaiso, IN 46383

Dear Ms. Scheuerman:

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

For TTY communication, dial 888-440-9005. It is not a voice or fax line.

Itemization of Project Costs

Note: The project cost line items that are reviewed per State Board guidelines are all within those guidelines.

PROJECT COSTS

Items	Cost
Pre-Planning	**$ 1,791,391**
Initial Program Management	$ 92,566
Financial Consulting Services	$ 272,614
CON Prep Consultant	$ 296,308
CON Preplanning	$ 117,648
Planning & Programming Fees	$ 1,012,254
Site Survey	**$ 148,632**
Geotechnical & Surveying Services	$ 31,737
Natural Resource Consulting	$ 9,758
Soils Testing and Borings	$ 107,137
Site Preparation	**$ 6,092,645**
Existing Site Demolition	$ 90,779
Excavation and Backfill	$ 6,001,865
OFF-Site Work	**$ 4,836,905**
Drainage,utilities,roads	$ 2,631,674
Ameren Gas Line Relocation	$ 2,008,814
Power Line Relocation	$ 196,417
New Construction Contracts	**$ 127,330,316**
Contingencies	**$ 12,733,032**
Architect/Eng Fees	**$ 6,684,842**
Consulting and Other Fees	**$ 8,207,196**
Program Management	$ 4,079,408
Signage/Graphic Design	$ 163,428
Interior Designer and FFE	$ 453,513
Acoustics and Vibration	$ 40,857
Models/Presentation Materials	$ 8,171
Helicopter Pad Consultant	$ 20,429
Helicopter Noise and Plume Studies	$ 20,429
Elevator/Conveyance Consultant	$ 40,857
Radiation Physicist	$ 20,429
Traffic Engineer	$ 20,429
Medical Equipment Planner	$ 520,110
IT Planner - EDI	$ 325,651
Food Service Planner-Stewart Design	$ 62,511
Artwork Planner	$ 20,429
Construction Audit Services	$ 77,628
Commissioning Services	$ 204,285
Traffic &Consultant	$ 20,429
Legal Services	$ 155,257
Waterproofing Consultant	$ 20,429
Parking Consultant	$ 9,806
CON Design Serivces	$ 1,841,001
CON Application Fee	$ 81,714
Moveable/Equipment (not in construction contracts)-HOSP	**$ 34,884,911**
Cardiac Diagnostics	$ 2,532,420
Clinical Decision Unit	$ 471,629
Clinical Education	$ 10,419
Development/Volunteers	$ 3,121
Distribution/Central Supply	$ 281,239
Emergency/BH Intake	$ 802,103
Environmental Services & Housekeeping	$ 14,581
Food & Nutrition Services	$ 8,404
Gift Shop	$ 8,387

Hemodialysis	$	38,058
ICU IP Unit	$	1,720,700
Imaging, Diagnostic	$	8,504,564
Invasive Cardiology	$	4,282,321
Med Surg/Acute Care	$	3,357,603
Obstetrics/Women's IP Unit	$	1,499,923
On-Call Rooms	$	363
Pastoral Care	$	549
Patient Intake/Placement	$	2,599
Pharmacy	$	354,592
Plant/Clinical Engineering	$	3,344
Public Concourse	$	24,532
Rehabilitation Care IP Unit	$	615,753
Respiratory Therapy/PFT	$	247,445
Safety/Security	$	9,572
Sterile Processing/Central Sterile	$	1,135,385
Surgery/PrepHold/PACU/Endo/Pain	$	6,882,935
Surgical Home	$	35,774
Discounts, Salvage,Freight	$	2,036,596
Bond Issuance Expense (project related)	**$**	**2,611,644**
Net Interest Expense During Construction (project related)	**$**	**15,669,861**
Other Costs to be Capitalized	**$**	**22,221,226**
Furniture	$	1,973,853
Exterior Signage	$	245,142
Interior Signage	$	122,571
OFCI(Dispensers (towels, soap), glove box holders, trash cans,etc.)	$	490,284
Artwork	$	20,429
Software Applications & Licenses	$	1,634,280
Telephone System (VoIP)	$	842,226
Network Equipment (Wireless, LAN,etc)	$	735,426
Televisions	$	188,841
IT - Workstations, Displays, Etc.	$	1,147,265
AV - Presentations Systems	$	113,991
Parking Controls	$	20,429
Personal Communications Systems	$	114,400
Inside re-Radiating 802.11 & Tracking Ready	$	553,083
Relocate Emergecny Radios	$	8,171
Time & Attendance Clocks	$	28,600
IT Relocation	$	81,714
IT Relocation Costs	$	81,714
IT Misc	$	555,014
Site Permit Fees	$	40,857
FAA Fee	$	20,429
Temporary Signage	$	20,429
Temporary Utility Costs - Substantial Completion to Opening	$	81,714
HSHS Internal Staffing (PM, Facility Manager, Admin, IT, etc)	$	929,905
HSHS Internal Misc Costs (Security, Shuttle,etc)	$	559,743
Independent Testing Services -	$	945,035
Exterior Wall Tests	$	40,857
Keying System Coordination	$	4,086
Parking Lot : Pavement, Lighting, Curbs & Gutters	$	3,478,269
Mine Mitigation -Design	$	249,986
Mine Mitigation	$	6,892,465
Other Costs to be Capitalized - Belleville Health Center	**$**	**6,880,987**
Other Costs to be Capitalized - O'Fallon Health Center	**$**	**3,377,948**

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary

☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): St. Elizabeth's authorized pediatric beds will be discontinued when this application for permit is approved. The St. Elizabeth's Hospital replacement project will be completed by December 31, 2017.

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
☒ Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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.

See attached.

Attachment 9 updated 8 20 2014 cost_space 8/20/2014

Project Cost / Space Requirements							
		Gross Square Feet		Amount of Proposed Total GSF That Is:			
Department	Project Cost	Existing	Proposed	New Construction	Remodeled	As Is	Vacated Space
Reviewable / Clinical							
Intensive Care	$ 8,233,932	10,598	10,112	10,112			10,598
Medical Surgical Service	$ 45,133,544	60,625	55,428	55,428			60,625
Obstetric Services, Postpartum	$ 5,914,882	10,304	7,264	7,264			10,304
Newborn Nursery	$ 1,491,749	2,237	1,832	1,832			2,237
Comprehensive Rehabilitation Care Service	$ 8,569,413	19,427	10,524	10,524			19,427
Invasive Cardiac Labs	$ 5,648,614	12,233	6,937	6,937			12,233
Surgery	$ 22,254,091	22,663	27,330	27,330			22,663
Endoscopy	$ 2,041,383	3,741	2,507	2,507			3,741
Post Anesthesia Recovery (Phase I)	$ 2,280,730	3,013	2,801	2,801			3,013
Prep/Recovery Phase II	$ 14,236,755	8,740	17,484	17,484			8,740
Emergency Services	$ 14,384,953	12,621	17,666	17,666			12,621
Emergency Department Observation Unit	$ 3,500,561	0	4,299	4,299			0
General Radiology Fluoroscopy	$ 5,210,535	6,595	6,399	6,399			6,595
Ultrasound	$ 1,453,478	470	1,785	1,785			470
Computerized Tomography	$ 1,889,928	4,616	2,321	2,321			4,616
Magnetic Resonance Imaging	$ 1,310,166	4,129	1,609	1,609			4,129
Nuclear Medicine	$ 1,135,911	1,622	1,395	1,395			1,622
LDR Suite	$ 5,149,465	4,630	6,324	6,324			4,630
C-Section Suite	$ 2,615,496	1,808	3,212	3,212	0		1,808
Non Invasive Cardiodiagnostics	$ 5,107,123	8,243	6,272	6,272			8,243
Respiratory Therapy/Pulmonary	$ 1,569,105	2,659	1,927	1,927			2,659
Non Invasive Neurodiagnostics [1]	$ -	0	0	0			0
Inpatient Physical Medicine [2]	$ 3,217,194	0	3,951	3,951			0
Preadmission Testing	$ 1,957,513	0	2,404	2,404			0
Pharmacy	$ 2,613,003	3,567	3,209	3,209			3,567
Central Sterile Processing	$ 2,753,053	3,122	3,381	3,381			3,122
Acute Dialysis Service	$ 1,474,649	1,014	1,811	1,811			1,014
Total Clinical	$ 171,147,232	208,677	210,184	210,184	0		208,677

Attachment 9 updated 8 20 2014 cost_space 8/20/2014

Project Cost / Space Requirements							
		Gross Square Feet		Amount of Proposed Total GSF That Is:			
Department	Project Cost	Existing	Proposed	New Construction	Remodeled	As Is	Vacated Space
Non Clinical							
Patient Process/Registration	$ 1,410,563	841	2,415	2,415			841
Social Services Care Coordination [1]	$ -	1,573	0	0			1,573
Conference Rooms [2]	$ -	9,315	0	0			9,315
Education Services - Clinical Education [3]	$ -	2,246	0	0			2,246
Food/Nutrition/Dining	$ 6,090,244	21,536	10,427	10,427			21,536
Gift Shop	$ 706,158	778	1,209	1,209			778
Hospital Administration [4]	$ 977,173		1,673	1,673			0
Information Technology Server Room	$ 697,396	9,336	1,194	1,194			9,336
On Call Rooms	$ 1,028,572	0	1,761	1,761			0
Pastoral Care	$ 1,318,862	6,048	2,258	2,258			6,048
Surgery/Cath Lab/ICU Offices	$ 821,806	0	1,407	1,407			0
Plant/Clinical/Engineering	$ -	10,146	0	0			10,146
Environmental Services	$ -	1,757	0	0			1,757
Security/EMS/Switchboard	$ -	2,292	0	0			2,292
Central Dist./Materials Management/Purchasing	$ -	9,466	0	0			9,466
Subtotal Support Services	$ 6,530,643	23,661	11,181	11,181			-
Lobbies/Public Space [5]	$ 5,899,248	0	10,100	10,100			0
Interdepartmental Circulation	$ 18,138,729	147,932	31,055	31,055			147,932
Mechanical Spaces/Equipment [5]	$ 23,377,962	0	40,025	40,025			0
Stairs/Elevators [5]	$ 7,169,631	0	12,275	12,275			0
Exterior Skin [5]	$ 7,328,502	0	12,547	12,547		253,471,535	0
Ambulance Garage [5]	$ 828,815	0	1,419	1,419			0
Subtotal Other	$ 62,742,888	147,932	107,421	107,421			147,932
Total Non-Clinical	82,324,304	223,266	140,946	140,946			223,266
Total Project	$253,471,535	208,677	351,130	351,130			431,943

[1] On nursing units and in Performance Excellence

[2] Decentralized to departments

[3] On nursing units

[4] See ACC for existing square footage

[5] Included in Interdepartmental circulation

SECTION II. DISCONTINUATION – St. Elizabeth's Hospital Pediatrics

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

7. Identify the categories of service and the number of beds, if any that is to be discontinued.
8. Identify all of the other clinical services that are to be discontinued.
9. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
10. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
11. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
12. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

4. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
5. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
6. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

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

Attachment 10 is presented in this application in two parts – Attachment 10A Discontinuation Pediatrics and Attachment 10B Discontinuation St. Elizabeth's Hospital.

Discontinuation of Pediatrics is provided as a separate section because this category of service will not be relocated from the current Belleville site to the proposed O'Fallon site. The pediatric category of service will be discontinued immediately upon receipt of approval from the Health Facilities and Services Review Board.

Discontinuation of St. Elizabeth's Hospital includes all categories of service, clinical service areas and nonclinical spaces that will be discontinued and simultaneously reestablished.

Section 1110.130 Discontinuation of Authorized Pediatric Inpatient Beds

GENERAL INFORMATION REQUIREMENTS

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

St. Elizabeth's Hospital (St. Elizabeth's, Hospital) currently provides a pediatric program that includes 14 authorized pediatric beds. The Hospital is proposing to continue to provide the pediatric program but to discontinue the 14 authorized pediatric beds immediately upon receipt of the certificate of need to discontinue the Belleville hospital and relocate in O'Fallon. During the last 2 years (2012 and 2013), no more than 3 days of inpatient pediatric care were reported in the Hospital's medical surgical beds; none was reported in the pediatric beds.

While inpatient services will be discontinued prior to the proposed replacement of the Hospital, the outpatient pediatric services will remain in place. Although inpatient pediatric volume is very low, the Hospital continues to serve area children in most clinical service areas within the Hospital and will continue to do so at the proposed new location. In December 2013 the Hospital's Emergency Department received IDPH certification as an Emergency Department Approved for Pediatrics (EDAP). In addition, the department has 2 rooms that are staffed with pediatricians and used as a pediatric clinic from 12:00 to 4:00 PM on Monday through Friday. This Clinic provides improved access to pediatric care because of the shortage of pediatricians in the Hospital's service area.

The Outpatient Therapy Service also provides extensive care to children – particularly occupational therapy, speech therapy, and audiology. Children also receive outpatient diagnostic and treatment services in surgery, laboratory and imaging.

In summary, all clinical service areas at the proposed replacement Hospital in O'Fallon will continue to be available, as appropriate, to children.

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

See Attachment 10B.

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

The pediatric beds will be discontinued at the time that this certificate of need is approved by the Health Facilities and Services Review Board. For other hospital services see Attachment 10B.

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

St. Elizabeth's expects that the space vacated by the 14-bed pediatric inpatient unit will be used for non-clinical functions with no associated modernization cost.

5. *Provide the anticipated disposition and location of all medical records pertaining to pediatric inpatient utilization.*

All paper medical records related to pediatric patients will be scanned into St. Elizabeth's Meditech system where they will be stored for 30 years. All paper records will be destroyed after 90 days. The electronic medical records will be managed according to the Hospital's then-current medical records policy which will continue to meet all licensure and regulatory requirements.

6. *For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and date required by HFSRB or DPH (e.g. annual questionnaires, capital expenditures, surveys, etc.) will be provided through the date of discontinuation and that the required information will be submitted no later than 60 days following the date of discontinuation,*

Not Applicable.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See Criterion 1110.130 (b) for examples.

The basis for the request to discontinue is low volume / no need.

For the last several years, almost all pediatric patients requiring inpatient care from either St. Elizabeth's Emergency Department or physician practices have been referred to children's hospitals and especially SSM Cardinal Glennon Children's Medical Center, St. Louis Children's Hospital, and St. John's Mercy Hospital in St. Louis, Missouri. St. Elizabeth's has transfer agreements with the children's hospitals in St. Louis. This shift of care to specialized children's hospitals is consistent with national experience.

Consequently, St. Elizabeth's Hospital has recorded no more than 3 pediatric days in any of the last 2 years either in the authorized pediatric beds or in medical surgical beds, warranting discontinuation of its pediatric unit.

There are 5 existing hospitals within 45 minutes travel time of St. Elizabeth's with authorized pediatric beds that have excess capacity to serve pediatric patients.

IMPACT ON ACCESS

1. *Document that the discontinuation of St. Elizabeth Hospital's 14 authorized pediatric beds will not have an adverse effect upon access to care for the residents of the facility's market area.*

The available pediatric beds in the Hospital's market area could support the current annual utilization of approximately 3 days at the unit proposed for discontinuation at St. Elizabeth's.

2. *Document that a written request for an impact statement was received by all existing or approved hearth care facilities (that provide inpatient pediatric services located within 45 minutes travel time of the applicant facility*

St. Elizabeth's Hospital sent letters to the 5 area hospitals with authorized pediatric beds within 45-minute travel time of the existing Belleville location requesting a statement of the impact the discontinuation would have on each respective facility. These letters, in addition to the documentation that the letters were sent return receipt requested and the letters received by St. Elizabeth's in response, are included in Appendices attached to this application. No Hospitals that have responded to date have indicated a negative impact relating to the proposed pediatric discontinuation. Any letters received from other area pediatric providers after this application is filed will be forwarded to the State Agency upon receipt.

Section 1110.130 Discontinuation
Poor Geographic Access, Limited Space and
Deteriorated and Functionally Obsolete Facilities
Attachment 10B

Background / Introduction

St. Elizabeth's Hospital was designed in the late 1940's as an acute care, inpatient focused hospital. Built in the 1950's, the main hospital facility is over 60 years old and functionally obsolete. The Hospital building is at the end of its useful life, and requires constant costly maintenance.

The Hospital was built based on an acute inpatient care delivery model prevalent sixty some years ago, and healthcare delivery has changed significantly. It does not reflect the ongoing trend emphasizing ambulatory and outpatient care.

There are a myriad of infrastructure issues which clearly define specific building systems requiring replacement and/or significant upgrade to meet basic as well as contemporary hospital standards, codes, and regulations.

Section 1110.130 Discontinuation

1. Categories of Service to be discontinued and re-established on the new site.
    a. Beds

Beds			
Service	Current	Discontinued	Proposed
Medical / Surgical	202	102	100
Pediatric	14	14	0
ICU	24	8	16
OB / Gyn	30	18	12
AMI*	35	35	0
Rehab	33	17	16
Total	338	194	144

* 35 AMI beds were discontinued in Permit 13-034 with a completion date of January 15, 2016.

    b. Other Categories of Service
        1. Open Heart Surgery

2. Cardiac Catheterization

2. The entire hospital will be discontinued and replaced.
3. The anticipated discontinuation date will coincide with the simultaneous opening of the replacement hospital and ACC/POB. The applicants anticipate the replacement hospital will be certified for occupancy on or before December 31, 2017, which will be the date of the discontinuation of the current Hospital.
4. Anticipated Physical Plant and Equipment Use.

   The existing Hospital will be vacated (see Attachment 9). The Hospital will continue to maintain it until an appropriate re-use (if any) can be decided upon. It plans to work with the City of Belleville and the community generally to determine an appropriate re-use.

   As feasible, certain clinical and other equipment will be relocated to the new facility. Some equipment will be scrapped if at the end of its useful life, while some will remain on site for use in the remaining services to be retained on the Belleville Campus.

5. Medical Record Disposition

   The proposed project is for discontinuation/re-establishment, and hence the applicable records will be retained and managed by St. Elizabeth's Hospital under their then current policies which comply with applicable rules and regulations.

6. Discontinuation of an Entire Facility

   Not applicable, as the proposed project is a replacement hospital project, involving the "discontinuation" and "(re-)establishment" of an existing hospital facility.

REASONS FOR DISCONTINUATION

St. Elizabeth's proposes to discontinue and (re)establish as described herein based on two major factors: 1) Functionally obsolete and deteriorated facilities; and 2) Accessibility.

Major deficiencies / deteriorated facilities include:

Patient Care / Nursing Units

1. Nursing Unit Space Requirements
    a. Current rooms are designed as semi-private; private rooms are the contemporary standard. While the current Hospital offers many private rooms, they were not originally designed as private and are awkward in design and set up as a result. Many do not have private washrooms.
    b. Patient care rooms, when utilized as semi-private, do not have minimum clearance.
2. Hand-washing facilities
    a. Hand-washing facilities are not available in the patient room.
    b. Hand-washing stations are not convenient to those entering and leaving a patient room.
3. Bathing facilities
    a. Bathing facilities are not provided in each patient room.
    b. Toilets and hand-washing facilities are not provided in central bathing facilities.
4. Isolation Rooms
    a. Hand-washing facilities are not available in each patient room.
    b. Bathing facilities are not available in each isolation room; toilets are provided.
5. Protective environment rooms; not available for profoundly immunosuppressed patients.
6. Patient Care Unit Support Areas
    a. Convenient hand-washing facilities are not available.
    b. Work counters and hand-washing stations are not available in medicine preparation rooms.
    c. Soiled workrooms do not universally have flushing rim clinical service sinks.
    d. Many floors / units do not have staff toilet facilities.
    e. Visitor / family lounges are not available on each unit / floor.

Critical Care Units

1. There is insufficient space for support space, storage space and equipment storage to accommodate utilization.
2. Patient rooms are outdated; some rooms have no doors which compromise HIPPA compliance, noise suppression, privacy and potentially infection control.
3. Elevator sizes do not accommodate required clearance space for patient transport, staff support, nor necessary equipment.
4. ICU rooms do not confirm to necessary clearance standards and the existing structure / column grid precludes modernization to achieve a contemporary room.

Obstetrical Unit

1. The Post-Partum Unit has similar deficiencies to the general nursing units.
2. Hand-washing facilities are available, but not generously provided.
3. Isolation rooms are available, but in limited supply.

LDR Rooms

1. These rooms are minimally sized given occupancy standards.
2. Hand-washing facilities are available, but limited.
3. Support facilities are available, but limited based on occupancy standards.

C-Section Delivery Rooms

1. These rooms are minimally sized given contemporary standards.
2. Infant resuscitation occurs within the room; a separate room is recommended.
3. Support facilities are available, but constrained.
4. Staff support areas are not able to be shared due to the facilities design.

Nursery

1. Family space is not available except to utilize vacant patient rooms.
2. St. Elizabeth's does not have provisions for a baby holding nursery as recommended.
3. There is insufficient space to provide 8-foot clear in the special care nursery.
4. A designated lactation support room is not available.

Emergency Services

1. Space is limited compared to contemporary emergency departments.
2. Facilities to accommodate bariatric patients are not generally available.
3. Public telephones are not available.
4. Equipment and supply areas are greatly undersized.
5. The facility lacks full lockdown capability due to layout constraints.
6. The triage area is not visible due to design and facility constraints impacting on correction.
7. Public support facilities (waiting, toilets) are undersized.
8. The communications center (EMS base station) is not free of disruption.
9. Separate pediatric treatment rooms are not available.
10. Trauma rooms are undersized.
11. The Department does not have a decontamination room.
12. In general, all support areas / facilities are undersized; no designated space exists for wheelchair storage.
13. No secure holding room is available in the Emergency Department.

Bereavement Room

1. One is available in the Hospital, but it is too small to be functional.

Surgical Services

1. Design is not contemporary, internal flows are compromised, and overall total space is lacking.
2. Facilities for specialized surgical procedures are not contemporary.
3. The surgical suite is not part of a contemporary interventional platform.
4. The department was designed for inpatient care / support, not for today's ambulatory emphasis.

Diagnostic Imaging

1. The department is not contemporary and lacks functionality due to its various expansions over the years.
2. The department was designed for inpatient care / support, not for today's ambulatory emphasis.

In addition to the foregoing, there is a constant need for costly maintenance just due to the age of the building. These costs are unnecessary and take away from spending toward health care services and resources, versus maintaining an aging and poorly designed (for the current health care environment) building. The Hospital has cramped space for employee and medical staff use, and poor visitor way finding. The current building footprint does not allow for nursing pods, for better patient room access and observation. There are currently no design standard or pending building deficiencies that the Hospital is addressing with the Illinois Department of Public Health as open items. However, due to the age of the building, in order to be life safety code compliant, significant monies are expended on a regular basis in simply maintaining the core structure, electrical, plumbing and HVAC functions. The floor to ceiling height makes it impossible to significantly upgrade electrical and HVAC. The parking structure is vertical and does not contain adequate space for visitor, employee and/or patient parking. The ORs are too small based on current equipment and OR standards. There is not enough room for recovery space. The Hospital was built when computers were not used. In today's environment, technology is pervasive and the Hospital's current structure makes it difficult to provide state of art technology. For an example, physicians, staff and patients do not have cell coverage within the hospital. Patient and staff changing space in most areas is not available or hampered. These are just some examples of impediments due to the age of the building.

The Hospital building and campus is on cramped ground space. It is difficult to access for its regional market within St. Clair County. It was built to be accessible to train traffic, which is another example of obsoleteness. The new location is immediately off Interstate 64, with exit ramps going both directions on the high way. Patients will no longer need to drive in to Belleville to obtain care, facing many stop signs and lights and one way streets with poor parking availability.

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

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

6. 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.

7. 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.**

8. 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.

III. Criterion 1110.230 – Background of the Applicant

St. Elizabeth's Hospital is a member of the Hospital Sisters Health System (HSHS) that includes 8 hospitals in Illinois and 5 in Wisconsin as well as the HSHS Medical Group. Section 1110.350 of the Illinois Health Facilities and Planning Act includes the following: "The State Board encourages the development of interrelationships between and among health care providers when such relationships increase efficiency, effectiveness, and quality of care." HSHS exemplifies this policy of the State Board.

Since 1875 when the Hospital Sisters arrived in Belleville and 5 other communities in Southwestern Illinois, the ministries have collaborated to serve their patients. In the spirit of the founding Sisters, a key goal of HSHS today is to bring together the fragmented health care system to provide superior value to patients and to promote efficiency. As part of this initiative, HSHS is building partnerships with a variety of providers to unify key components of care delivery using both technology (including electronic medical records) and relationships to deliver seamless care.

In 1962, the Hospital Sisters developed a small central staff of specialists to provide consultation and support to their local hospitals. In 1978, Hospital Sisters Health System was incorporated. Today, HSHS is one of the leading health care systems in the United States.

Working as a system, HSHS member hospitals benefit from:

- AA credit, resulting in access to simple low cost debt in municipal and bank markets
- Sharing resources among hospitals
- Economies of scale created by critical mass and leveraging size
- Centralizing physician resources and medical group development
- Centralization and standardization of expensive support systems, such as information technology, and
- Centralized management, typically more experienced than an individual hospital could support. These management functions include information services including materials management, project management, human resources, information systems, medical informatics, and network services; supply chain services; system redesign/operational excellence; advocacy; public policy and community benefit; care integration; communications; executive strategy and planning; finance; Franciscan formation/mission integration; general counsel; governance; philanthropy; quality; risk services; System responsibility; and treasury.

These HSHS services save the member hospitals millions of dollars each year through access to lower debt and reduced interest expense, insurance costs, supply chain efforts, and other shared initiatives.

More recently, HSHS developed regional organizations that could further benefit hospitals at a more local level. Today the Southern Illinois Division (SID) includes St. Joseph's, Highland, St. Joseph's, Breese, St. Anthony's, Effingham and St. Elizabeth's, Belleville. HSHS has designated St. Elizabeth's as the SID regional referral hospital. In this role, the Hospital provides clinical and administrative support not only to the other SID hospitals, but also provides outreach to other local community, rural and critical access hospitals in the region. These services further reduce redundancy, reduce cost while maintaining quality, and increase access to services for patients living in Southeastern Illinois.

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

Certified Listing of Health Care Facilities Owned or Operated by the Applicants in Illinois

St. Elizabeth's Hospital (St. Elizabeth's, Hospital) is one of 8 Hospital Sisters Health System hospitals in Illinois.

St. Elizabeth's Hospital participates in Medicare and Medicaid.

Illinois license numbers and Joint Commission Accreditation Numbers for St. Elizabeth's and the other hospitals owned and operated by Hospital Sisters Health System are included below.

Facility	Location	Illinois License Number	Joint Commission Accreditation Number
St. Elizabeth's Hospital	Belleville	0002345	ID #2345
St. Joseph's Hospital	Highland	0002543	ID #2825
St. Anthony's Memorial Hospital	Effingham	0002279	ID #7335
St. Francis Hospital	Litchfield	0002386	ID #7374
St. John's Hospital	Springfield	0002451	ID #7432
St. Joseph's Hospital	Breese	0002527	ID #7250
St. Mary's Hospital	Decatur	0002592	ID #4605
St. Mary's Hospital	Streator	0002659	ID #7436
Prairie Diagnostic Center at St. John's Hospital	Springfield	7003157	ID #7432
St. John's Surgery Suites Montvale	Springfield	7003187	ID #7432

Source: HSHS Records

Note: Prairie Diagnostic Center at St. John's Hospital and St. John's Surgery Center are separately licensed as ASTCs with their own license number.

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.*

See Attached

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 authorizations shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.*

See Attached

4. *If during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior application 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.*

Not applicable. This is the first certificate of need application filed in 2014 by St. Elizabeth's Hospital.

St. Elizabeth's Hospital

August 25, 2014

Ms. Courtney Avery
Administrator
Illinois Health and Facilities and Services Review Board
525 West Jefferson, Second Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I hereby certify under penalty of perjury as provided in 1-109 of the Illinois Code of Civil Procedures, 735 ILCS 5/1-109 that no adverse action has been taken against any facility owned or operated in Illinois by Hospital Sisters Health System, including St. Elizabeth's Hospital during, the three years prior to filing this application.

Neither St. Elizabeth's Hospital nor any of its corporate officers or directors:

- have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of (1) any felony or misdemeanor or violation of the law, except for minor parking violations or (2) the subject of any juvenile delinquency or youthful offender proceeding; or

- has been charged with fraudulent conduct or any act involving moral turpitude; or

- has any unsatisfied judgments against him or her; or

- is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency.

Additionally, pursuant to 77 Ill. Admin. Code 1110.1540(b)(3)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org

An Affiliate of Hospital Sisters Health System

obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

Lawrence P. Schumacher

Lawrence P. Schumacher
Chief Operating Officer Notarization:

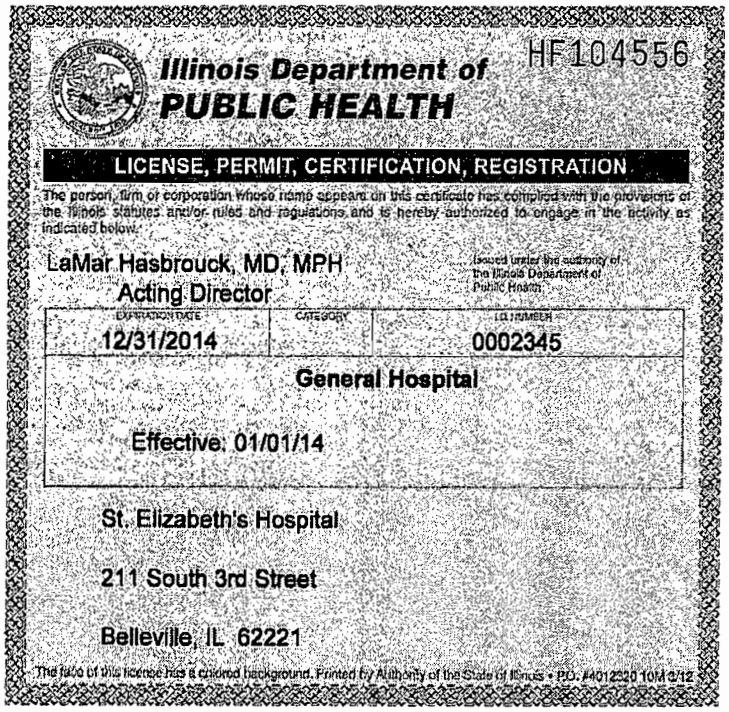
Subscribed and sworn to before me

This 21 day of August, 2014

Signature of Notary

Seal

OFFICIAL SEAL
DONNA J CHASE
Notary Public - State of Illinois
My Commission Expires Jun 21, 2018



HF104556

Illinois 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.

LaMar Hasbrouck, MD, MPH
Acting Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	LIC NUMBER
12/31/2014		0002345

General Hospital

Effective: 01/01/14

St. Elizabeth's Hospital

211 South 3rd Street

Belleville, IL 62221

The face of this license has a colored background. Printed by Authority of the State of Illinois • PO: #4012320 10M 2/12

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2014

Lic Number 0002345

Date Printed 11/25/2013

St. Elizabeth's Hospital

211 South 3rd Street

Belleville, IL 62221

FEE RECEIPT NO.

The Joint Commission

April 30, 2014

Maryann Reese
Chief Executive Officer
St. Elizabeth's Hospital
211 South Third Street
Belleville, IL 62220

Joint Commission ID #: 7242
Program: Hospital Accreditation
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 04/30/2014

Dear Mrs. Reese:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning September 21, 2013. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

Please visit Quality Check® on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark Pelletier

Mark G.Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations

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

PURPOSE OF PROJECT

7. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
8. Define the planning area or market area, or other, per the applicant's definition.
9. 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.]
10. Cite the sources of the information provided as documentation.
11. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
12. 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 Board Report.

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

The project proposes to replace St. Elizabeth's Hospital at a new site. The general purpose of the replacement is to address the requirement of Section 1100.360 of the Illinois Health Facilities Planning Act that *"The people of Illinois should have facilities which are modern, in accord with recognized standards of design, construction, operation, and which represent the most cost efficient alternative for the provision of quality care."* The current hospital is more than 60 years old; it is based on a 70-year old design standards. It is located in the middle of the City of Belleville, which was a convenient location over 100 years ago when the original hospital was established, but not now given traffic and growth. (The limitations of the Hospital's location, design, construction, and operation are detailed in Attachment 10B, Hospital Discontinuation.)

Generally, the proposed project will provide better access to care in a setting that is more appropriate for the current health care environment. It will improve access to emergency and same day clinic care which are a prevalent need within the community. At the same time, the purpose is to outline the current Hospital's mission of providing care to all, regardless of ability to pay. The location of the project will place the Hospital in an area that is geographically accessible. The proposed site will be at least, if not more, accessible to the poor and Medicaid and Medicare recipients than the current site.

1 & 2 Document that the project will provide health services that improve the health care or well-being of the market area population to be served. Define the planning area or market area, or other, per the applicant's definition.

The purpose of the proposed replacement of St. Elizabeth's Hospital is to improve the health care and the well-being of the market population to be served. This purpose is fully consistent with the mission of St. Elizabeth's Hospital and the Hospital Sisters Health System.

The proposed replacement facility will improve the health care and well-being of the Hospital's established service area in the Metro East region of Southwestern Illinois by substantially improving access, providing contemporary facilities that can efficiently and effectively provide inpatient, observation, and outpatient care, and delivering high quality care with demonstrable outstanding clinical outcomes and safety for patients and staff.

St. Elizabeth's Hospital has defined the market area of the replacement facility in O'Fallon based on its current patient origin. There will be no change in the patient origin by zip code when the Hospital relocates except for the exclusion of acute mental illness patients because this service will not be relocated to the O'Fallon site.

Market Area of St. Elizabeth's Hospital
Excluding AMI

Area	No. of Patients	Percent of Patients
Market Area	7,458	83.9
Extended Market Area	1,426	16.1
Total	8,884	100.0

Source: Hospital Records
Note: Excludes AMI and pediatric categories of service which will not be relocated to the new site.

Of St. Elizabeth's total patients, 83.9 percent reside in the defined market area and 16.1 percent are from beyond that area. A map of the Hospital's total service area is attached. The proposed relocated hospital will provide health services to improve the health and well-being of the market population to be served.

Considerations Used to Determine Priority Initiatives to Improve the Health and Well-Being of the Service Area Population

In order to identify and prioritize recruitment, program development, and community outreach alternatives, St. Elizabeth's Hospital studies a range of population characteristics and evaluates their impact on the health and well-being of the area. The Hospital uses Illinois data as a benchmark.

Market Area Population 2013-2019

The current adult population of St. Elizabeth's proposed market area for the replacement hospital is 316,774 people; the population is expected to increase 4.2 percent between 2013 and 2019, the second full year of operation of the proposed replacement facility.

Market Area Population by Age Cohort, 2013

Age Cohort	15-44	45-64	65-74	75+	Total
Total Market Area	155,494	108,737	27,161	25,381	316,774

Source: Claritas

Market Area Population by Age Cohort, 2019

Age Cohort	15-44	45-64	65-74	75+	Total
Total Market Area	157,779	111,203	33,734	27,310	330,026

Source: Claritas

Percent Change Market Area Population by Age Cohort, 2013-2019

Age Cohort	15-44	45-64	65-74	75+	Total
Total Market Area	1.5	2.3	24.2	7.6	4.2

Source: Claritas

The obstetric population is expected to increase modestly. The population in the 45-64 age cohort is expected to experience growth overall while the senior age groups (65-74 and 75+) are expected to show strong growth in the market area. The increasing proportion of seniors in the population will place additional demands on health care providers since seniors are more likely to have one or more chronic conditions as well as acute episodes and therefore require more physician office visits as well as more medical-surgical and rehabilitation inpatient and outpatient services than do the younger age cohorts.

Comparison of Demographic Characteristics, St. Clair County and Illinois

The following describes several key demographic characteristics of St. Clair County and the State of Illinois.

Population

Population growth between 2012 and 2017 (the latest year provided by DataBay Resources) is expected to be 3.3 percent for St. Clair County and 3.05 percent for Illinois suggesting that the County's population growth is slightly stronger than Illinois overall.

Comparison of 2012 Age Distribution of St. Clair County and Illinois

Age Cohort	Percent St. Clair County	Percent Illinois
0-14	21.0	20.5
15-44	40.3	41.6
45-64	26.2	25.6
65-74	6.3	6.5
75+	6.2	5.8
Total	100.0	100.0

Source: DataBay Resources

Socioeconomic Factors

Health disparity is generally defined as adverse differences in death rates (mortality), survivorship, and the burden of health conditions that exist among certain population groups. These population groups may be characterized by age, disability, education, ethnicity, race, gender or income. Research also shows that medically underserved populations are more likely to be diagnosed with end-stage diseases that might have been treated more effectively or cured if diagnosed earlier.

St. Elizabeth's Hospital regularly monitors the socioeconomic characteristics of St. Clair County and the defined service area to identify health needs and to provide direction to physician recruitment and new program development. The following profiles describe the socioeconomics of St. Clair County compared to Illinois.

Race and Ethnicity

St Clair County has a substantially higher percentage of African Americans than does the State; it also has a lower percentage of Hispanic residents. Health disparities between African Americans and other racial and ethnic populations are apparent in life expectancy rates and other measures of health status and risk conditions and behaviors. For example, obesity is more prevalent in African American and Hispanic populations than for White Americans.

Comparison of 2012 Racial Composition of St. Clair County and Illinois

Race	Percent St. Clair County	Percent Illinois
African American	31.3	14.5
Asian	1.3	4.8
Native American	0.2	0.4
Other	1.1	7.0
Pacific Islander	0.1	>0.1
Two or More Races	2.4	2.3
White	63.6	71.1
Unknown	--	--
Total	100.0	100.0

Source: DataBay Resources and 2012 AHQ

Comparison of 2012 Ethnicity Composition of St. Clair County and Illinois

Ethnicity	Percent St. Clair County	Percent Illinois
Hispanic	3.3	16.4
Non Hispanic	96.7	83.6
Unknown	--	--
Total	100.0	100.0

Source: DataBay Resources and 2012 AHQ

Average Household Income

The proportion of low income households, those typically with the most challenging access to health care, is higher in St. Elizabeth's home county than in Illinois. Hospital Sisters Health System's mission focuses on uninsured and vulnerable populations. The Hospital, in collaboration with the East Side Health District, took an active role to help the uninsured enroll in the Health Insurance Marketplace or Medicaid. Further, the Hospital published a brochure encouraging enrollment and provided important facts about the Health Insurance Marketplace.

Comparison of 2012 Household Income of St. Clair County and Illinois

2012 Household Income	Percent St. Clair County	Percent Illinois
Less than $15,000	14.9	11.6
$15,000 to $24,999	11.4	9.6
$25,000 to $34,999	12.5	10.3
$35,000 to $49,999	15.6	15.1
$50,000 to $74,999	19.8	20.2
$75,000 to $99,999	11.9	13.1
$100,000 to $149,999	9.7	12.6
$150,000 to $499,999	3.9	6.8
$500,000 or more	0.3	0.7
Total	100.0	100.0

Source: DataBay Resources

Unemployment

According to *"County Health Rankings & Roadmaps"* the unemployed population experiences poorer health and higher mortality rates than the employed population. Unemployment has been shown to increase unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise and other health-related behaviors, which in turn can lead to increased risk for disease or mortality. Because employer-sponsored health insurance has been the most common source of health insurance coverage, unemployment can also limit access to health care. During 2011 and 2012, the unemployment rate in St. Clair County has been similar to the State average but substantially higher than the national target of 5 percent.

Comparison of 2012
Unemployment Rates in St. Clair County and Illinois

Unemployment Rate –Not Seasonably Adjusted	Rate in St. Clair County	Rate in Illinois
2010	9.7	10.4
2011	10.1	9.7
2012	9.1	8.9

Source: US Department of Labor, Bureau of Labor Statistics

Medically Underserved Areas/Population, Health Manpower Shortage Areas

St. Clair County has been designated as a Health Manpower Shortage Area and a Medically Underserved Area/Population by the Health Resources and Services Administration. (*Federal Register, June 25, 2014).* According to the Health Resources and Services Administration, St. Clair County has a shortage of 18 primary care and mental health physicians and dentists and is designated as a MUA/Population (medically underserved area/population). These data were also reported in the June 25, 2014 *Federal Register.*

Both the *"County Health Rankings & Roadmaps: A Healthier Nation, County by County"* and the section of this application related to the Comparison of Demographic Characteristics, St. Clair County and Illinois describe an area that will require more health care services than many other counties in Illinois.

St. Elizabeth's Hospital is attending to the identified health care needs in St. Clair County and the Metro East region in the following ways.

First, St. Elizabeth's is investing capital to establish a modern and accessible hospital, on a campus with an ambulatory care building that anticipates the continued trend toward outpatient care. Second, the Hospital will continue to partner with local providers and other agencies to improve all of the factors that contribute to the health and wellness of the population and to develop a comprehensive integrated care delivery model in the region. Third, the Hospital is actively recruiting physicians, developing new clinical programs and expanding others where there is evidence of need to serve this growing, high risk population.

3. *Define 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.*

Location and Site

The current St. Elizabeth's Hospital campus dates to 1880 when the Hospital Sisters chose this site for a new 58-bed facility because it was near the railroad station; railroads were the most common means of transportation for patients more than 130 years ago. This location is now part of downtown Belleville and must be accessed by city streets that carry substantial traffic. The Hospital is bounded by many one-way streets, and has limited parking spaces. In addition to poor location and access, the site is very small. It contains only 17 acres and currently 98 percent of the site is covered with buildings and parking so that any future development on the site would require phasing over many years that would cause both disruption to patients and others using the facilities as well as substantial additional project cost. Further, this poor site contributes to unnecessary patient outmigration to Missouri.

Hospital Facility

The current hospital facility opened on the existing site in the 1950s; based on a 1940s design. Consistent with health care delivery 70 years ago, the design of the building is bed-centric and at one time housed 506 beds; it does not adapt well to either the expanding volume and special requirements of outpatient services or the increasing importance of observation capabilities. Not only is the building operationally dysfunctional, it has extensive deficiencies that encompass both the infrastructure and the patient care and support areas. It cannot support contemporary medical technology. Operational and maintenance costs for the building are high reflecting the age, design and size of the building.

Quality

The Hospital Sisters have always provided the highest quality care consistent with the times. They continually adapted better techniques and methods to improve quality and to this day quality of care is the highest priority of the Hospital Sisters. However, its continued ability to do so is jeopardized by the existing physical impediments of the aging St. Elizabeth's facility. The new location will allow for a host of opportunities to improve quality of care through a more modern and state-of-the-art facility.

4. *Cite the sources of the information used in this documentation.*

The following sources of information were used in the development of the responses in this application.

- Hospital Sisters Health System and St. Elizabeth's Hospital clinical, administrative, and financial data
- State of Illinois and local demographic reports
- IDPH's *Hospital Profiles*
- HFSRB Rules
- HFSRB Standards and Guidelines
- MapQuest
- Claritas
- DataBay Resources
- Summaries of studies performed by external planners, architects and engineers, construction managers, and equipment planners
- *"County Health Rankings & Roadmaps; A Healthier Nation County by County,"* University of Wisconsin Population Health Institute
- *"Health Care System 'In Pursuit of Excellence' Case Example," December 2009* American Hospital Association (http://aha.org/about/membership/constituency/hcs/hshscare.shtml,12/23/2013).
- Guidance from State Staff
- US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics
- Healthcare literature relating to departments that are included in the project
- Healthcare literature relating to trends in utilization
- Healthcare literature related to possible implications of State and National health care reform
- Illinois Department of Public Health Licensing Code
- Illinois and local building, mechanical, electric and accessibility codes
- ACCF/AHA Practice Guideline; 2011 ACCF Guideline for Coronary Artery Bypass Graft Surgery; A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines:
  L. David Hills et al. Circulation, 2011: 124:e652-e735. Published online before print November 7, 2011, doi:10:1161/CIR 0b)13e31823c074e.
  http://circ.ahajournals.org/content/12423/e652.full.

- Goff, S.L., Pekow, P.S. and others. Patterns of obstetric infection rates in a large sample of U.S. hospitals. American Journal of Obstetrics and Gynecology

5. *Detail how the project will address or improve the previously referenced issues*

Location and Site

In the Metro East region, the best means of transportation to health care services is done via interstate and highway. The proposed site is accessible to the major highway systems within the Metro East region which includes the established market area of St. Elizabeth's Hospital, hence will be very accessible to the population being served. There are two exits flanking the highway from both directions and once a patient exits the interstate, there is immediate access to the proposed campus. Further, this undeveloped site contains 114 acres, of which 97 acres are buildable. It will permit not only a single phase of construction with no disruption of operations, but will also allow for surface parking (which is less costly than parking garages) and the development of spaces to promote health such as walking and running tracks. For these reasons, the proposed new accessible site will improve the health and well-being of the regional population to be served.

Hospital Facility

The replacement hospital will be developed with a conservative 144-bed complement and organized to also provide high acuity inpatient care, convenient lower acuity outpatient care, and observation status accommodations. The design of the building considers the size and other requirements of contemporary clinical technology. It also addresses cost effective operations, such as the size of the patient care units, as well as patient privacy and ease of movement for outpatients within the structure. An ambulatory care center/physician office building will be attached to the hospital, further enhancing the delivery of outpatient services, improving access to physician offices, and thereby enhancing continuity of care. This development acknowledges the trend toward outpatient and preventive care. For these reasons, the proposed replacement facility will improve the health and well-being of the regional population to be served.

A modern facility accessible to the communities serviced is imperative to the continued success of these efforts.

Quality

As stated above, the new facility has been designed to contribute to continually improving quality care and safety initiatives; performance improvement will be an ongoing effort at the new hospital. For these reasons, the proposed replacement facility will improve the health and well-being of the regional population to be served.

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

The overarching goal for the proposed St. Elizabeth's Hospital replacement project is to continue the mission of the Hospital Sisters to provide quality and accessible health care. This goal is to be achieved by replacing the existing outdated hospital facilities with a new hospital and an associated ambulatory care center/physician office building (ACC/POB). The Hospital will continue to provide ambulatory care services as well as non-clinical services on the present campus.

Goal 1 – Location

Replace St. Elizabeth's from the current inaccessible site to one that is readily accessible to major east-west and north-south highways that interconnect the Metro East region and serve the Hospital's market area and referring hospitals. Target Timeframe – December 2017.

Goal 2 – Campus Size

Redevelop the Hospital on a 114-acre site that is large enough to build the proposed hospital, including an attached ACC/POB, has sufficient land to develop surface parking, and has additional acreage to expand when justified in an orderly manner without disruption to the campus and costly phasing. Target Timeframe – December 2017.

Goal 3 – Hospital Facility

Construct a functional hospital that is right-sized, has appropriate adjacencies and necessary support spaces, is flexible enough to accommodate continuing advances in the delivery of health care including outpatient facilities and physician office space, supports the Hospital's role as a regional referral center, and represents the prudent use of scarce capital. Target Timeframe – December 2017.

Goal 4 – Quality and Safe Care

Achieve ratings among the top 10 percent of U.S. hospitals in quality measures that are relevant to the Hospital's programs and services as well as partner with other county organizations to contribute to the overall St. Clair County improvement in *County Health Rankings and Roadmaps* to become the "healthiest county in Illinois by 2020." Target Timeframe: Incremental Improvement To Meet the Targets of the Hospital and the County Will Occur Gradually as Quality Standards Also Continue to Increase.

SEB Replacement Hospital
Population Projections

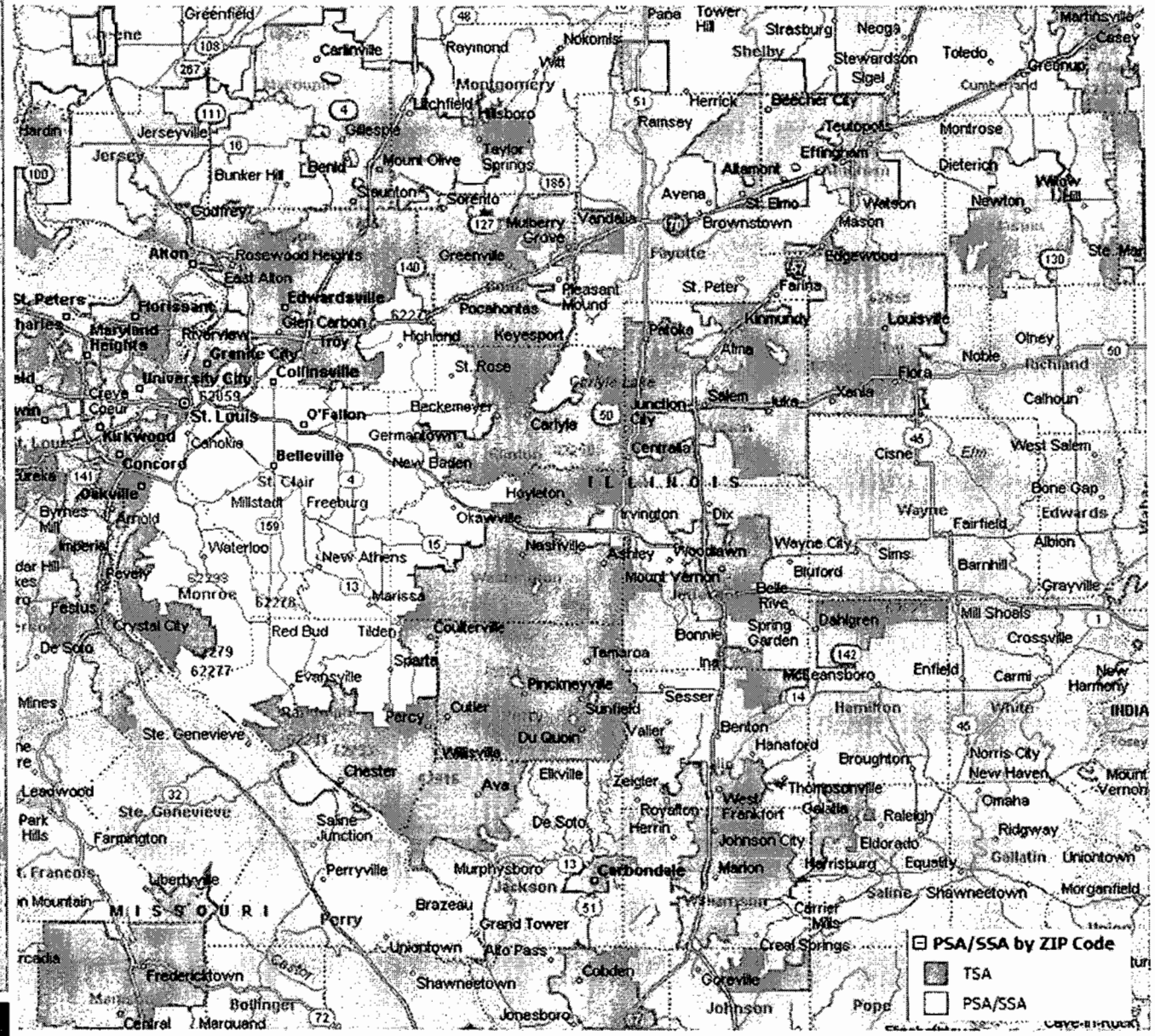
Zip Code	City Name	2013 15-44	45-64	65-74	75+	Total	2019 15-44	45-64	65-74	75+	Total	Percent Change, 2013 to 2019 15-44	45-64	65-74	75+	Total
62226	Belleville	11,616	8,581	2,152	2,566	24,915	11,554	8,625	2,582	2,667	25,428	-0.5%	0.5%	20.0%	3.9%	2.1%
62208	Fairview Heigh	7,223	4,954	1,276	1,245	14,697	7,489	5,065	1,669	1,361	15,584	3.7%	2.2%	30.8%	9.4%	6.0%
62220	Belleville	8,119	5,395	1,181	1,215	15,910	8,163	5,394	1,478	1,266	16,301	0.5%	0.0%	25.1%	4.2%	2.5%
62221	Belleville	10,970	7,280	1,664	1,339	21,252	11,420	7,604	2,187	1,458	22,669	4.1%	4.5%	31.4%	8.9%	6.7%
62223	Belleville	6,241	5,130	1,402	1,671	14,444	6,142	5,012	1,675	1,731	14,560	-1.6%	-2.3%	19.5%	3.6%	0.8%
62225	Scott AFB	2,986	501	11	11	3,508	3,125	597	11	11	3,744	4.7%	19.1%	4.8%	4.8%	6.7%
62254	Lebanon	2,811	1,813	501	424	5,548	2,937	1,933	591	478	5,939	4.5%	6.6%	18.1%	12.9%	7.1%
62258	Mascoutah	3,790	2,559	580	570	7,499	4,069	2,772	759	658	8,258	7.4%	8.3%	30.9%	15.4%	10.1%
62269	O'Fallon	13,201	9,428	1,933	1,324	25,884	14,229	10,325	2,661	1,546	28,761	7.8%	9.5%	37.7%	16.8%	11.1%
PSA TOTAL		**66,955**	**45,640**	**10,698**	**10,363**	**133,656**	**69,128**	**47,327**	**13,613**	**11,176**	**141,244**	**3.2%**	**3.7%**	**27.2%**	**7.8%**	**5.7%**
62034	Glen Carbon	5,642	3,588	912	996	11,138	5,968	3,777	1,164	1,076	11,985	5.8%	5.3%	27.6%	8.0%	7.6%
62060	Madison	1,914	1,241	296	271	3,722	1,784	1,156	347	272	3,559	-6.8%	-6.8%	17.1%	0.5%	-4.4%
62062	Maryville	2,870	2,322	626	469	6,287	3,051	2,483	788	542	6,864	6.3%	6.9%	25.9%	15.5%	9.2%
62090	Venice	444	310	86	59	899	366	252	89	53	760	-17.5%	-18.6%	3.2%	-10.5%	-15.4%
62201	East Saint Louis	3,382	1,519	426	377	5,703	3,167	1,411	479	371	5,428	-6.4%	-7.1%	12.6%	-1.5%	-4.8%
62203	East Saint Louis	3,248	2,296	741	502	6,788	2,974	2,030	821	519	6,344	-8.4%	-11.6%	10.8%	3.3%	-6.5%
62204	East Saint Louis	3,108	1,945	522	324	5,899	2,781	1,727	571	338	5,417	-10.5%	-11.2%	9.5%	4.3%	-8.2%
62205	East Saint Louis	3,435	2,373	716	685	7,209	3,239	2,188	802	673	6,902	-5.7%	-7.8%	12.0%	-1.7%	-4.3%
62206	East Saint Louis	6,781	3,835	780	737	12,133	6,401	3,589	910	739	11,639	-5.6%	-6.4%	16.7%	0.3%	-4.1%
62207	East Saint Louis	3,248	2,034	512	540	6,333	3,093	1,908	579	538	6,118	-4.8%	-6.2%	13.1%	-0.4%	-3.4%
62230	Breese	2,372	1,377	497	489	4,735	2,441	1,806	594	523	5,364	2.9%	31.1%	19.6%	7.0%	13.3%
62232	Caseyville	2,794	2,078	559	561	5,992	2,790	2,030	648	577	6,045	-0.1%	-2.3%	15.9%	2.9%	0.9%
62234	Collinsville	13,497	8,853	2,332	2,090	26,772	13,516	8,830	2,939	2,233	27,518	0.1%	-0.3%	26.0%	6.9%	2.8%
62243	Freeburg	2,047	1,926	425	457	4,854	2,136	2,042	523	502	5,203	4.3%	6.0%	23.2%	9.9%	7.2%
62249	Highland	6,110	4,481	1,194	1,207	12,992	6,388	4,735	1,540	1,337	14,000	4.5%	5.7%	29.0%	10.7%	7.8%
62255	Lezburg	370	362	84	80	896	355	345	102	85	887	-4.1%	-4.7%	22.2%	5.9%	-1.0%
62257	Marissa	1,211	1,079	350	269	2,908	1,152	1,007	421	293	2,873	-4.8%	-6.7%	20.4%	8.9%	-1.2%
62260	Millstadt	2,508	2,326	557	598	5,989	2,645	2,425	740	657	6,467	5.5%	4.2%	32.9%	9.9%	8.0%
62264	New Athens	1,203	989	253	276	2,720	1,225	1,014	308	296	2,843	1.9%	2.5%	21.9%	7.4%	4.5%
62265	New Baden	2,026	1,437	334	282	4,078	2,085	1,504	417	319	4,325	2.9%	4.7%	24.9%	13.3%	6.1%
62278	Red Bud	2,358	1,952	597	626	5,533	2,352	1,949	699	674	5,674	-0.2%	-0.2%	17.0%	7.6%	2.5%
62281	Saint Jacob	842	698	171	102	1,812	890	738	227	128	1,983	5.8%	5.8%	32.9%	25.2%	9.4%
62285	Smithton	1,612	1,339	325	294	3,569	1,750	1,484	402	336	3,972	8.6%	10.8%	23.9%	14.2%	11.3%
62286	Sparta	2,324	2,086	688	543	5,640	2,244	2,010	784	576	5,614	-3.4%	-3.6%	14.0%	6.1%	-0.5%
62293	Trenton	1,682	1,361	366	319	3,728	1,720	1,416	489	346	3,971	2.3%	4.0%	33.7%	8.5%	6.5%
62294	Troy	5,593	4,170	850	663	11,275	5,891	4,472	1,152	758	12,273	5.3%	7.3%	35.6%	14.4%	8.9%
62298	Waterloo	5,924	5,122	1,268	1,204	13,518	6,247	5,548	1,586	1,373	14,754	5.5%	8.3%	25.1%	14.1%	9.1%
TOTAL SSA		**88,539**	**63,097**	**16,463**	**15,019**	**183,118**	**88,651**	**63,876**	**20,121**	**16,134**	**188,782**	**0.1%**	**1.2%**	**22.2%**	**7.4%**	**3.1%**
TOTAL PSA/SSA		**155,494**	**108,737**	**27,161**	**25,381**	**316,774**	**157,779**	**111,203**	**33,734**	**27,310**	**330,026**	**1.5%**	**2.3%**	**24.2%**	**7.6%**	**4.2%**

Source: Hospital Records

SEB Replacement Hospital
Population Projections

Zip Code	City Name	2019 15-44	2019 45-64	2019 65-74	2019 75+	2019 Total	2022 15-44	2022 45-64	2022 65-74	2022 75+	2022 Total	Percent Change, 2019 to 2022 15-44	45-64	65-74	75+	Total
62226	Belleville	11,554	8,625	2,582	2,667	25,428	11,538	8,636	2,833	2,737	25,744	-0.1%	0.1%	9.7%	2.6%	1.2%
62208	Fairview Height	7,489	5,065	1,669	1,361	15,584	7,644	5,122	1,898	1,429	16,093	2.1%	1.1%	13.7%	5.0%	3.3%
62220	Belleville	8,163	5,394	1,478	1,266	16,301	8,202	5,393	1,645	1,299	16,539	0.5%	0.0%	11.3%	2.6%	1.5%
62221	Belleville	11,420	7,604	2,187	1,458	22,669	11,706	7,777	2,479	1,532	23,495	2.5%	2.3%	13.4%	5.1%	3.6%
62223	Belleville	6,142	5,012	1,675	1,731	14,560	6,090	4,941	1,836	1,772	14,640	-0.8%	-1.4%	9.6%	2.4%	0.5%
62225	Scott AFB	3,125	597	11	11	3,744	3,220	637	11	11	3,880	3.1%	6.7%	0.0%	0.0%	3.6%
62254	Lebanon	2,937	1,933	591	478	5,939	3,026	1,999	643	506	6,174	3.0%	3.4%	8.8%	5.9%	4.0%
62258	Mascoutah	4,069	2,772	759	658	8,258	4,224	2,872	862	705	8,664	3.8%	3.6%	13.6%	7.1%	4.9%
62269	O'Fallon	14,229	10,325	2,661	1,546	28,761	14,839	10,821	3,079	1,674	30,414	4.3%	4.8%	15.7%	8.3%	5.7%
PSA TOTAL		**69,128**	**47,327**	**13,613**	**11,176**	**141,244**	**70,491**	**48,199**	**15,288**	**11,664**	**145,642**	**2.0%**	**1.8%**	**12.3%**	**4.4%**	**3.1%**
62034	Glen Carbon	5,968	3,777	1,164	1,076	11,985	6,181	3,884	1,308	1,129	12,503	3.6%	2.8%	12.4%	5.0%	4.3%
62060	Madison	1,784	1,156	347	272	3,559	1,710	1,103	373	274	3,461	-4.1%	-4.6%	7.6%	0.9%	-2.7%
62062	Maryville	3,051	2,483	788	542	6,864	3,163	2,579	880	584	7,205	3.7%	3.9%	11.6%	7.7%	5.0%
62090	Venice	366	252	89	53	760	322	217	88	49	676	-12.1%	-14.0%	-0.7%	-6.8%	-11.1%
62201	East Saint Louis	3,167	1,411	479	371	5,428	3,050	1,344	509	369	5,273	-3.7%	-4.7%	6.3%	-0.5%	-2.9%
62203	East Saint Louis	2,974	2,030	821	519	6,344	2,817	1,875	869	526	6,087	-5.3%	-7.7%	5.8%	1.3%	-4.1%
62204	East Saint Louis	2,781	1,727	571	338	5,417	2,603	1,599	602	343	5,148	-6.4%	-7.4%	5.5%	1.6%	-5.0%
62205	East Saint Louis	3,239	2,188	802	673	6,902	3,129	2,085	854	671	6,739	-3.4%	-4.7%	6.5%	-0.3%	-2.4%
62206	East Saint Louis	6,401	3,589	910	739	11,639	6,203	3,432	985	738	11,358	-3.1%	-4.4%	8.2%	-0.2%	-2.4%
62207	East Saint Louis	3,093	1,908	579	538	6,118	3,013	1,829	622	538	6,002	-2.6%	-4.1%	7.4%	0.0%	-1.9%
62230	Breese	2,441	1,806	594	523	5,364	2,479	1,823	650	543	5,495	1.6%	0.9%	9.4%	3.8%	2.4%
62232	Caseyville	2,790	2,030	648	577	6,045	2,776	1,992	695	585	6,048	-0.5%	-1.9%	7.3%	1.5%	0.0%
62234	Collinsville	13,516	8,830	2,939	2,233	27,518	13,558	8,836	3,289	2,320	28,003	0.3%	0.1%	11.9%	3.9%	1.8%
62243	Freeburg	2,136	2,042	523	502	5,203	2,188	2,102	581	527	5,397	2.4%	2.9%	11.1%	4.9%	3.7%
62249	Highland	6,388	4,735	1,540	1,337	14,000	6,556	4,873	1,743	1,415	14,587	2.6%	2.9%	13.2%	5.8%	4.2%
62255	Lezburg	355	345	102	85	887	346	334	113	87	881	-2.5%	-3.1%	11.2%	2.8%	-0.7%
62257	Marissa	1,152	1,007	421	293	2,873	1,124	963	463	305	2,854	-2.4%	-4.4%	10.0%	4.1%	-0.6%
62260	Millstadt	2,645	2,425	740	657	6,467	2,724	2,483	845	694	6,745	3.0%	2.4%	14.2%	5.7%	4.3%
62264	New Athens	1,225	1,014	308	296	2,843	1,235	1,028	342	307	2,911	0.8%	1.4%	10.9%	3.6%	2.4%
62265	New Baden	2,085	1,504	417	319	4,325	2,124	1,535	469	341	4,468	1.9%	2.1%	12.4%	6.8%	3.3%
62278	Red Bud	2,352	1,949	699	674	5,674	2,359	1,941	761	703	5,765	0.3%	-0.4%	8.9%	4.4%	1.6%
62281	Saint Jacob	890	738	227	128	1,983	923	760	261	142	2,086	3.7%	3.0%	14.8%	11.3%	5.2%
62285	Smithton	1,750	1,484	402	336	3,972	1,833	1,565	447	359	4,204	4.7%	5.5%	11.2%	6.8%	5.8%
62286	Sparta	2,244	2,010	784	576	5,614	2,204	1,970	837	594	5,604	-1.8%	-2.0%	6.7%	3.1%	-0.2%
62293	Trenton	1,720	1,416	489	346	3,971	1,746	1,441	560	363	4,110	1.5%	1.7%	14.5%	5.0%	3.5%
62294	Troy	5,891	4,472	1,152	758	12,273	6,088	4,631	1,328	814	12,861	3.4%	3.6%	15.3%	7.4%	4.8%
62298	Waterloo	6,247	5,548	1,586	1,373	14,754	6,431	5,765	1,774	1,464	15,434	2.9%	3.9%	11.9%	6.6%	4.6%
TOTAL SSA		**88,651**	**63,876**	**20,121**	**16,134**	**188,782**	**88,883**	**63,988**	**22,249**	**16,786**	**191,906**	**0.3%**	**0.2%**	**10.6%**	**4.0%**	**1.7%**
TOTAL PSA/SSA		**157,779**	**111,203**	**33,734**	**27,310**	**330,026**	**159,373**	**112,188**	**37,537**	**28,451**	**337,548**	**1.0%**	**0.9%**	**11.3%**	**4.2%**	**2.3%**

Source: Hospital Records



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Source: Hospital Records Market Area of St. Elizabeth's Hospital (excluding AMI)

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.

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.

For some time, the leadership of Hospital Sisters Health System (HSHS) and St. Elizabeth's Hospital (St. Elizabeth's, Hospital) realized that it would require significant capital to take the Hospital into the future and continue to maintain the highest level of quality care. They also recognized the fact that the Hospital's location created barriers to access that did not exist approximately 50 years ago. In this context, it considered four alternatives.

Alternative 1 – Replace on the Existing Site

The first alternative envisioned replacing the current St. Elizabeth's 50-year old structure with a 144-bed hospital that would be a regional referral center for HSHS Southern Illinois Division and beyond.

This alternative was rejected, primarily because it would neither address the very significant issues related to the current site being inadequately sized nor would it alleviate the geographic access issue (poor access to the market given its inner City Belleville location with one-way streets, congestion and poor parking, as well as poor access to the emergency department). These issues were equally concerning to the leadership in determining how to position the Hospital to provide tertiary care to its regional market in the future. Further, this alternative would require a multi-year phasing process including demolishing and rebuilding that would disrupt hospital operations and patient care for several years. The cost of this alternative was $364.8 million which shows no benefit over the chosen alternative cost which avoids disruption or cessation of services and provides better access.

Alternative 2 – Modernize Current Hospital Building

The applicants considered modernizing the current hospital building. However, this alternative was least favored, as the current building would have to be gutted and the core would have to be restructured. The current building footprint within the core does not allow for a design that is consistent with modern delivery of healthcare. Also, this would involve a multi-year phased construction approach, does not provide for the construction of a modern ambulatory care building with additional physician office space, and does not address the geographic access and limited space that exist at the current campus. To achieve that one of the current medical office buildings would also need to be gutted and rebuilt, or demolished and rebuilt. With all of that done, the access issue based on the Hospital's current location would not be addressed. Again, geographic access to the market was an overriding concern with respect to the project. The cost of this alternative was $352.9 million, which provided no benefit over the chosen alternative.

Alternative 3 – Exit the Market

HSHS considered exiting the market. This alternative would place a significant burden on existing area providers. For example, existing patients would not have the choice of access to a Catholic-sponsored provider which could result in more out-migration to Missouri. Existing relationships with the medical staff, Southern Illinois Health Foundation, Scott Air Force Base, the St. Clair County Health Department and the more than 30 teaching affiliations would be dissolved to the detriment of the provision of health care in the region. Nurses, technicians and all other support staff (dietary, environmental services, engineers, etc.) would lose their jobs adding to the area unemployment. It

would result in the loss of a regional referral center for the other HSHS Southern Illinois Division hospitals – St. Joseph's, Highland, St. Joseph's, Breese, and St. Anthony's, Effingham – thereby weakening their ability to serve their respective communities in the future. In addition, exiting the market would result in the loss of quality specialty programs currently offered by St. Elizabeth's to the regional market. The cost associated with leaving the market would be $193.6 million.

Alternative 4 – Relocate St. Elizabeth's Hospital to a Different Site

In 2009, the Hospital started seriously reviewing its redevelopment options and one of the clear choices was to relocate, particularly as this was the only option that would resolve the geographic access issues associated with the current site.

HSHS and St. Elizabeth's reviewed possible sites including one in St. Clair Township outside of the City and 6 miles from the existing Hospital site (this site was proposed by the City of Belleville) and another in Fairview Heights. These sites were rejected because they either did not resolve the existing site accessibility issues or did not provide the acreage needed to construct a replacement hospital, Ambulatory Care Center/Physician Office Building (ACC/POB), and parking or allow for future expansion when additional need could be justified. In addition, ultimately, the owner of the Fairview Heights site was unwilling to sell.

HSHS also reviewed a site in O'Fallon and purchased it in November 2011. This site is ideally located to provide access from 2 exits on Interstate 64, the major regional interstate. This site is more accessible by passenger and emergency vehicles than the existing site or other alternative sites that were considered.

The 114-acre O'Fallon site is not only large enough to build a contemporary, state-of-the-art hospital sized for current need with necessary surface parking, but also has enough acreage for expansion. Further, the site readily accommodates the construction of an ACC/POB adjacent and connected to the hospital. It also allows for the development of walking and running tracks for community wellness activities.

The proposed site is ideally suited to allow St. Elizabeth's to continue to serve its current market area population with improved access to many households living at or below poverty level as well as for Medicaid and Medicare patients. The location is also closer to 7 of the 10 top hospitals referring to St. Elizabeth's than its existing site as well as being closer to Scott Air Force Base with which the hospital has a long standing educational and patient care relationship.

And, St. Elizabeth's has an established presence in O'Fallon. For 18 years, it has leased space in the O'Fallon Medical Building which is immediately across the street from the proposed replacement hospital location. Finally, the City of O'Fallon developed a tax incremental financing (TIF) district to assist in reducing the costs for mine mitigation at the site. (Almost all sites throughout the region would require mine mitigation.)

Alternative 4 is the alternative of choice with a total project cost of $253,471,535.00 for construction of the main hospital building. In addition, the project includes leasing space in the attached Ambulatory Care Center/Physician Office Building at a cost $34.2 million. The total project cost is thus $287,715,129.00. (Note: the total project cost is broken down between this application and the separately filed application for the leased space in the ACC/POB. As a result, the cost stated within this replacement hospital application on the project cost and sources of funds page (page 10) is for the new hospital and not Hospital leased space in the ACC/POB, as this leased space is the subject of a separate permit application. Nonetheless, for purpose of comparing the alternative costs the applicants are providing the total cost of both components of the hospital replacement in this alternative section.)

1. B) and C) and 2. Pursuing a Joint Venture an Utilizing Other Health Care Resources and Documentation of Rationale

Pursuing a Joint Venture

The alternative of a joint venture was not considered. This alternative is inconsistent with this project.

Utilizing Other Health Care Resources

The alternative of exiting the market would address the issue of allowing other health care resources to address the problems of St. Elizabeth's aging hospital building and poor access based on geographic location. However, this alternative was rejected for the reasons stated above. Further, it would be impossible for other area providers to absorb the volume of services currently offered by St. Elizabeth's without causing significant impediments to access and quality. In 2013, for example, the Hospital reported 46,018 patient days, 59,532 emergency department visits, 11,648 surgical procedures and 103,321 imaging exams/procedures.

Summary of Alternatives		
Alternative	Total Project Cost	Rationale
1. Replace on the Existing Site	$364.8 million	Rejected for the following reasons: • Did not address related to inadequately sized site or alleviate the geographic access issue • Would require multi-year phasing with disruption to hospital operations and patient care for several years • Cost is no benefit over the chosen alternative cost
2. Modernize the Current Hospital Building	$352.9 million	Rejected for the following reasons: • Would require the current building to be gutted and the core to be restructured • Foot print of the current building does not allow for design that is consistent with modern delivery of healthcare • Would require multi-year phasing with disruption to hospital operations and patient care for several years • Did not provide a modern ambulatory care building • Access issue based on location would not be addressed • Cost is no benefit over chosen alternative cost
3. Exit the Market	$193.6 million	Rejected for the following reasons: • Would place a considerable burden on existing area providers • Patients would not have the choice of a Catholic-sponsored hospital which could result in more out-migration to Missouri • Existing relationships with the medical staff, the Southern Illinois Health Foundation, Scott Air Force Base, the St. Clair County Health Department and more than 30 teaching affiliations would be dissolved to the detriment of health care in the region • Nurses, technicians, and support staff including dietary, environmental services, engineers, etc. would lose their jobs, adding to the area unemployment. • Would result in the loss or a regional referral center weakening the other HSHS hospitals' ability to serve their communities • Exiting the market would result in the loss of quality specialty programs current offered by St. Elizabeth's to the regional market

Summary of Alternatives		
Alternative	Alternative	Alternative
4. Relocate St. Elizabeth's Hospital to a Different Site	$287.7 million	Alternative of Choice for the following reasons: • Resolves the geographic access issues associated with the current site; other sites were considered but were rejected because they did not resolve the accessibility issues and they didn't have enough acreage to develop a contemporary hospital. The proposed site is accessible to major regional highways • Proposed site allows St. Elizabeth's to serve its current market area • Proposed site provides improved access to many households living at or below poverty level as well as for Medicaid and Medicare patients • The location is closer to 7 of the top 10 hospitals referring to St. Elizabeth's current site and to Scott Air Force Base with which the Hospital has long-standing educational and patient care relationships. • St. Elizabeth's already has an established presence in O'Fallon, the community where the new site is located • The City of O'Fallon developed a tax incremental financing (TIF) district to assist in reducing the cost of mine mitigation on the site.

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

Commitment to performance improvement and quality outcomes

St. Elizabeth's Hospital is dedicated to delivering high quality care to patients.

Documentation of Recognition for Quality Outcomes

St. Elizabeth's Hospital's safe, high quality outcomes and excellent customer service have been widely acknowledged. Several of the latest honors that the Hospital has received include the Illinois Performance Excellence 2013 Bronze Award for Commitment to Excellence; the Advisory Board Company's 2013 Exceptional Improvement in Engagement Award; Truven Health Analytics 50 Top Cardiovascular Hospitals in 2013 and 2012; The Joint Commission Top Performer on Key Quality Measures 2012: Heart Attack, Heart Failure, Pneumonia, and Surgical Care; the American Heart Association "Mission: Lifeline" Receiving Center, Silver (2013) and Bronze (2012); the American College of Cardiology Foundation (ACCF)'s National Cardiovascular Data Registry (NCDR) ACTION Registry Get With The Guidelines (GWTG) Platinum Performance Achievement Award 2013; Sterile Processing Department Award from 3M, Pediatric GD Certification and Stroke Designation, and others. The new hospital will allow it to continue these initiatives and programs, while excelling even further at offering quality care in a modern environment. Examples of how the project will position St. Elizabeth's Hospital as a regional referral center and enhance quality are noted below.

Regional Referral Center Characteristics in the Proposed Facility

- An interventional platform that will include surgical services and cardiac catheterization and other interventional imaging equipment as well as recovery areas and other relevant support space.
    - The proposed replacement hospital will have 10 contemporary operating rooms with integrated information systems, video integration (for teaching and pathology consultations), image guided mapping technology, and microscopes.
    - The platform will also contain 2 contemporary cath labs, a new peripheral vascular lab and a state-of-the-art electrophysiology lab for complex diagnostic procedures and implants.

- A heart center recognized as one of the top 50 in the United States. The center will have a dedicated heart surgery operating room, as well as a full range of invasive and non-invasive cardiovascular diagnostic and treatment modalities.
- A 16-bed intensive care unit for acutely ill patients, a 4 bed step-down unit; all medical surgical beds will be telemetry capable.
- An obstetrics unit featuring a labor/delivery/recovery suite as well as surgical delivery suites, patient rooms that support family bonding including rooming-in, and a normal newborn nursery as well as 2 special care nurseries.
- A 25-station Emergency Department with 3 trauma rooms; consistent with contemporary emergency care, an Emergency Department Observation Unit will be immediately adjacent to the Department.
- A full service clinical and anatomical pathology laboratory that will be a reference laboratory for other HSHS and community hospitals in the area.
- Advanced imaging technology including a women's imaging program with stereotactic mammography and densitometry as well as both 64-slice and a 286-slice computerized tomography (CT) scanners and magnetic resonance imaging (MRI).
- A medication carousel with barcode scanning to prevent errors in medications, an electronic queue to avoid delays in medication therapy, an electronic inventory system, and lot number and expiration date tracking.
- An ambulance garage and 2 heliports to accept incoming transfers.
- A contemporary IT system including electronic medical records to be integrated across the enterprise and telemedicine linkages to the quaternary services at HSHS's St. John Hospital in Springfield and to other Southern Illinois Division and local community hospitals.

Quality Features

St. Elizabeth's considered several research-based facility concepts to enhance care quality, improve patient safety, and enhance care processes to facilitate state-of-the-art medicine and technology in their proposed replacement hospital and ACC/POB.

One important concept is to provide a therapeutic or healing environment which reduces noise, provides enhanced access to daylight, focuses on patient care processes with "off-stage" support functions, and considers family support for care processes. This design concept has demonstrated in research studies improved patient outcomes, reduced lengths of stay, improved patient satisfaction, reduced patient stress, and thereby enhancing patient recovery and healing. (Handbook of Environmental Psychology, 2002, Wiley and Sons) (How Design Impacts Wellness, John Malkin, Healthcare Forum Journal, 1992) (Inquiry by Design, John Zasel, 2006 Edition) (Various published works by the Center for Healthcare Design, Academy of Neuroscience for Architecture and respective HERD journals).

Another important design concept in the proposed new facility is recognizing how fixed and moveable equipment impacts on human performance, especially on patient safety factors. Researchers have found a link between the physical environment and patient outcomes / quality. Single bed rooms, standardized locations for equipment and supplies, as well as adequate work areas to document care, have shown to improve care quality and safety. (The Role of Physical Environment in Crossing the Quality Chasm, Joint Commission Quality Patient Safety Journal, 2007)

In addition, private rooms with self-contained toilets and showers, including adequate hand-washing facilities have been shown to reduce infection rates and nosocomial infections by reducing the risk for physical transfer of pathogens between individuals and hard surfaces, if used properly. The physical environment can enhance care, but it must also be supported by adequate operational processes.

Infrastructure and related mechanical systems have been shown to prevent and control infections. The new facility will meet all applicable codes and regulations, in particular as required by IDPH which bases its licensing criteria on applicable FGI guidelines, which in and of themselves are based on research to ensure quality and safety principles are met.

Facility design has a direct impact on patient care, quality, safety, as well as staff / family satisfaction. The proposed contemporary replacement facility will cost effectively and efficiently provide care as the design has been based on a myriad of empirical evidence some of which is referenced herein.

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:

3. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**

4. 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?**

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

Size of the Project

1. Document that the amount of physical space proposed by the project is necessary and not excessive. ***This must be a narrative.***

The amount of total space programmed for the proposed St. Elizabeth's Hospital (St. Elizabeth's, Hospital) replacement facility is necessary and conservative compared to the State Standards in Appendix 1110 B. There are no areas that exceed the State Standards in Appendix B.

The design of the new hospital is based on patient centered care principles including the entire patient care encounter from pre-encounter, through arrival and check in, patient care initiation, care delivery, care coordination/support, care assessment, departure/ check out and post encounter. The patient-centered care continuum was developed using Lean principles (define value, think value streams, create continuous flow, create pull, and strive for perfection). A further goal of the facility planning process was to design out non value added activities such as waiting, over production, rework/defects, motion, processing, inventory, intellect, and transportation.

Department/Service	Number of Key Rooms	Proposed DGSF	Proposed DGSF per Room	State Guideline/ Allowable	Difference per Key Room	Met Standard?
Replacement Hospital						
Intensive Care	16 beds	10,112	632	600 – 685	(53)	Yes
Medical Surgical	100 beds	55,428	554	500 – 660	(106)	Yes
Obstetric • Postpartum • Newborn Nursery (I and II)	12 beds 12 bassinets	7,264 1,832	605 	550 – 660 160	(55) (8)	Yes Yes
Comprehensive Rehabilitation Care	16 beds	10,524	658	525 – 660	(2)	Yes
Cardiac Cath Including TEE, Tilt Table, Cardioversion	4 labs	6,937	1,734	1,800	(66)	Yes
Surgery	10 Operating Rooms/Main Surgical Suite Class C Operating Rooms/C-Section 2 Delivery Suite Total	27,330 <u>3,212</u> 30,542	2,733 1,606 2,545	2,750 2,750 2,750	(78) (1,144) (273)	Yes Yes Yes
Endoscopy	3	2,507	856	1,100	(244)	Yes

Department/Service	Number of Key Rooms	Proposed DGSF	Proposed DGSF per Room	State Guideline/ Allowable	Difference per Key Room	Met Standard?
Post Anesthesia Recovery Phase I Surgery/Cath Endo/Minor procedure C-Section Total	 10 4 2 16	2,801	175	180	(5)	Yes
Prep/Recovery Phase II Surgery Endo/Minor procedure Cath Labs Total	 27 10 10 47	17,484	372	400	(28)	Yes
Emergency Services	25	17,666	707	900	(193)	Yes
General Radiology/ Fluoroscopy	5	6,399	1,280	1,330	(20)	Yes
Ultrasound (mobile)	2	1,785	893	900	(7)	Yes
Computerized Tomography	2	2,321	1,161	1,800	(639)	Yes
Magnetic Resonance Imaging	1	1,609	1,609	1,800	(191)	Yes
Nuclear Medicine	3	1,395	1,395	1,600	(205)	Yes
Labor/Delivery/Recovery (includes OB triage)	5	6,324	1,265	1,600	(335)	Yes
C-Section Delivery	See Surgery					

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:

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					
YEAR 2					

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

Attachment 15, Exhibit 1 documents that the clinical services in the proposed St. Elizabeth's Hospital in O'Fallon will meet or exceed the utilization guidelines specified in Section 1110, Appendix B.

Department /Service	Historical Utilization		2019 Projected Utilization	State Standard	Number Proposed	Met Standard?
	2012	2013				
Medical Surgical	26,247	27,157	37,787	100 beds	100 beds	Yes
Obstetrics	2,920	2,436	2,822	20 beds	12 beds	No
Intensive Care	5,014	5,121	5,121	4 beds	16 beds	Yes
Comprehensive Rehabilitation	5,026	5,416	5,416	16 beds	16 beds	Yes
Open Heart Surgery	111	147	150	Cardiac Caths per year 750	1,305	Yes
Cardiac Catheterization	1,642	1,873	1,455	400 caths per room	4	Yes
Surgery (hours)	12,794	12,650	13,182	1,500 hours per room	10 - 1 dedicated open heart room and 9 general rooms	Yes
C-Section Delivery Suite (total procedures)	1,119	887	887	800 births per room	2	Yes
Endoscopy (hours)	2,798	2,852	3,280	1,500 hours per room	3	Yes
Emergency (visits)	53,402	59,532	59,532	2,000 visits per station	25	Yes
General Radiology (procedures)	75,336	59,470	59,470	8,000 procedures per unit	6	Yes
Ultrasound (visits)	9,074	7,782	7,782	3,100 visits per unit	3	Yes
CT Scan (visits)	14,052	15,370	15,371	7,000 visits per unit	3	Yes
MRI (procedures)	2,856	2,868	2,868	2,500 procedures per unit	1	Yes
Nuclear Medicine (visits)	1,624	2,556	2,556	2,000 visits per unit	2	Yes
Labor/Delivery/Recovery (births)	1,119	887	981	400 births per L/D/R Applicant proposed a more comprehensive methodology	5	Yes

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

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

A. Criterion 1110.530 - Medical/Surgical, Obstetric, Pediatric and Intensive Care

3. Applicants proposing to establish, expand and/or modernize Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:

4. Indicate bed capacity changes by Service Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds	# Reduced Beds
☒ **Medical/Surgical**	**202**	**100**	**- 102**
☒ **Obstetric**	**30**	**12**	**- 18**
☒ **Pediatric**	**14**	**0**	**- 14**
☒ **Intensive Care**	**24**	**16**	**- 8**
Total	**270**	**128**	**-142**

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.530(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.530(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.530(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.530(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.530(b)(5) - Planning Area Need - Service Accessibility	X		
1110.530(c)(1) - Unnecessary Duplication of Services	X		
1110.530(c)(2) - Maldistribution	X	X	
1110.530(c)(3) - Impact of Project on Other Area Providers	X		
1110.530(d)(1) - Deteriorated Facilities			X
1110.530(d)(2) - Documentation			X

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.530(d)(3) - Documentation Related to Cited Problems			X
1110.530(d)(4) - Occupancy			X
110.530(e) - Staffing Availability	X	X	
1110.530(f) - Performance Requirements	X	X	X
1110.530(g) - Assurances	X	X	X
APPEND DOCUMENTATION AS ATTACHMENT-20, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Section 1110.530 Medical Surgical Review Criteria

The current project proposes discontinuing 202 beds and replacing 100 medical surgical beds at a new site. As a result, St. Elizabeth's Hospital (St. Elizabeth's, Hospital) is addressing the "establishment review criteria."

a) Introduction

1) This Section applies to projects involving the following categories of hospital bed services, Medical Surgical, Obstetrics, Pediatrics and Intensive Care. Applicants proposing to establish or expand or modernize a category of hospital bed service shall comply with the applicable subsections of the Section.

3) If the proposed project involves the replacement of a hospital or service on a new site, the applicant shall comply with the requirements of subsection a) 1) for "establishment of services or Facility."

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

b) Planning Area Need – Review Criteria

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

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

A) The number of beds to be established for each category of service is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77. Ill. Adm. Code 1100.

Year	Patient Days [1]	Average Daily Census	Percent Target Occupancy Rate	Bed Need
2012	26,247	71.9	85.0	85
2013	27,157	74.4	85.0	87

[1] Includes observation days. Understates potential medical surgical volume because patients requiring telemetry capability may be admitted to intensive care beds.

The proposed number of medical surgical beds meets the required 100 number for an MSA, but is slightly higher than that needed with respect to the Board's target occupancy rate if using solely 2013 data. However, to allow for peak census times and the anticipated admissions due to increased growth (recent) in the St. Elizabeth's Medical Staff, it is projected that within two years of operation the beds will operate at the Target Occupancy rate.

St. Elizabeth's is located in HPA F-01. In the most recent IDPH"s "Inventory of Health Care Facilities and Services and Need Determinations" dated July 15, 2014, HPA F-01 has an excess of 586 medical surgical beds. As the result of the simultaneous discontinuation and re-establishment of the Hospital's medical surgical reduced bed complement, the IDPH Bed Inventory will be reduced by 102 beds, or by 17.4 percent of the existing excess.

2) *Service to Planning Area Residents*

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

The Hospital's patient origin by zip codes is attached.

Market Area Patient Origin for St. Elizabeth's Medical Surgical Patients, 2013

Market Area	Total Patients	Percent of Total Patients
Market Area	5,099	84.1
Extended Market Area	966	15.9
Total	6,064	100.0

Source: Hospital Records

This data also demonstrates that the medical surgical program is regional and serves the population of the Metro East region.

3) *Service Demand – Establishment of a Bed Category of Service*

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

A) *Historical Referrals* – Not Applicable. The Hospital already provides a medical surgical category of service and therefore does not refer to other hospitals.

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

B) Projected Referrals

The applicant proposing to establish medical surgical unit or establish a new hospital shall submit the following:

i) Physician referral letters that attest to the physician's total number of patients (by zip code residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

ii) An estimated number of patients whom the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload;

iii) The physician's notarized signature, the typed and printed name of the

physician, the physician's office address and the physician's specialty; and

iv) Verification by the physicians that the patient referrals have not been used to support pending or approved applications for the subject services.

Attached is a letter from the Department Head of Medical/Surgical Services at the Hospital attesting to the physicians' total number of medical surgical inpatients and patient by zip code who have received care at the Hospital during 2013 and the estimated number that the physicians will refer annually within a 24 month period after the project completion. To be conservative, and consistent with applicable rules, the number of patients anticipated to be referred within 24 month after project completion is the same as 2013, and this is used as a baseline. This is the case with other physician letters used to support bed category utilization.

Future demand for medical surgical services was also determined using constant admissions and patient days per 1,000 population applied to population change by age cohort by zip code in the market area including patient volume from other counties in the Metro East region. The number of patients from the extended market area (including Other Illinois, Missouri, and All Other) was held constant. Based on this conservative methodology, St. Elizabeth's medical surgical service is expected to increase modestly between 2013 and 2019, the second full year of utilization after the replacement hospital opens and beyond.

In the final determination of medical surgical bed need, the Hospital also took into account two other factors. First, several new (replacement physicians were not included) physicians have been added to the medical staff since 2012. Although their practice start up volume would have been included in the 2013-based projections, this start-up volume would not reflect the mature volume of these practices. To account for this volume, a Medical Staff Growth factor has been added.

Attached toward the end of Attachment 20 is a letter that identifies the physicians who have recently been admitted to the medical staff since 2012.

Projected 2019 Inpatient Medical Surgical Bed Need

	Admissions	Patient Days	ALOS	ADC	State Agency Target Occupancy	Bed Need	Proposed Beds
Baseline Projections	7,932	31,468					
Medical Staff Growth	795	3,021					

	Admissions	Patient Days	ALOS	ADC	State Agency Target Occupancy	Bed Need	Proposed Beds
Observation Days		298					
Total	8,727	37,787	4.0	95.3	85.0		
					85.0	112	100

Source: St. Elizabeth's Hospital Business Development

Two years after project completion, the medical surgical beds are expected to operate at more than the State Agency Occupancy Target.

95.3 Average Daily Census ÷ 100 beds = 95.3 Percent Occupancy

5) Service Accessibility

The number of beds being established or added for each category of service is necessary to improve access for planning area residents.

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

i) The absence of the proposed service in the planning area.

ii) Access limitation due to payor status of patients, including but not limited to, individuals with health care coverage through Medicare, Medicare, managed care and charity care.

iii) Restrictive admission policies of existing providers.

iv) The area population and existing care system exhibit indicators of medical care problems, such as average family income below the State average poverty level, high infant mortality, or designations by the Secretary of Health and Human Services as a Health Professional Shortage Area, Medically Underserved Area, or Medically Underserved Population.

v) For purposes of this subsection b) 5) only, all services within the 45-minute normal drive time meet or exceed the utilization standard specified in 77 Ill. Code 1100.

B) Supporting Documentation

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

i) The location and utilization of other planning area providers;

ii) Patient location by zip;

iii) Independent travel time studies;

iv) A certification of waiting times;

v) Scheduling or admission restrictions that exist in area providers;

vi) An assessment of area population characteristics that access problems exist; and

vii) Most recently published IDPH Hospital Questionnaire.

5) A) and B)

The medical surgical service at St. Elizabeth's Hospital is necessary and has been provided for over 100 years. In fact, area providers have indicated that they could not absorb the services offered by St. Elizabeth's Hospital (See impact letter provided.) Therefore, while there are other hospitals offering medical surgical services in the area, St. Elizabeth's is simply proposing a discontinuation of its current 202 beds and replacement of 100 of them to a new site. There are impediments to access based on St. Elizabeth's current site which will be addressed at the new location. Also, factors related to the area's population characteristics reflect that access problems exist with respect to obtaining medical surgical services in St. Clair County. Many of the residents in St. Clair County live in Medically Underserved Areas, which is one of the criterion the Board relies on to indicate access issues with respect to medical care.

In Attachment 12, Purpose, the applicants have described the socioeconomic characteristics of St. Clair County, as well as the locations of both the current and the replacement Hospital. In summary, these characteristics include:

Metric	St. Clair County	Illinois	Comments
County Health Rankings Premature Death Morbidity Heath Behaviors Social and Economic Factors Physical Environment	Overall, 88 out of 102 counties in Illinois (lower ranking is better) 88 out of 102 96 out of 102 93 out of 102 98 out of 102 85 out of 102		St. Clair County's overall 88 ranking describes an area with a myriad of heath concerns and behaviors.
Racial composition, percent African American	31.3 percent	14.5 percent	African Americans have more health status and risk conditions and behaviors. Obesity is prevalent in this population .

Average Household Income --Percent less than $25,000	26.3 percent	21.2 percent	Low income households are typically those with the most challenging acces to care.
Unemployment	9.1 percent	8.9 percent	Unemployment has been shown to increase unhealthy behaviors related to alcohol and tobacco consumption and other health related behaviors which in turn can lead to increased risk for disease or mortality.

Sources: http://www.county healthrankings.org/app10/31/13; DataBay Resources and AHQ, Bureau of Labor Statistics

Medically Underserved Areas/Population, Health Manpower Shortage Areas

St. Clair County has been designated as a Health Manpower Shortage Area and a Medically Underserved Area/Population by the Health Resources and Services Administration (*Federal Register, June 25, 2104).* According the Health Manpower Shortage and Services Administration, St. Clair County has a shortage of 18 primary care and mental health physicians and dentists and as designated as a Medically Underserved Area/Population.

County Health Rankings and Attachment 12 related to the Comparison of Demographic Characteristics, St. Clair County and Illinois, and the reports from the Health Resources and Services Administration describe St. Clair County as an area that will require more health care services than many other counties in Illinois.

HSHS and St. Elizabeth's Hospital are attending to the identified health care needs in St. Clair County and the Metro East region in the following ways. First, HSHS is investing capital to establish a modern, accessible hospital on a campus with an ambulatory care building that anticipates the continued trend toward outpatient care. Second, the Hospital will continue to partner with local providers and other agencies to improve all of the factors that contribute to the health and wellness of the population and to develop a comprehensive integrated care delivery model in the region. Third, the Hospital is actively recruiting physicians and developing new clinical programs as well as expanding others where these is evidence of need to serve this growing, high risk population.

c) Unnecessary Duplication/Maldistribution – Review Criteria

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

A) A list of the zip codes that are located in total or in part, within 30 minutes travel time of the project site;

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

C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide categories of service that are proposed for the project.

A), B), and C)

A) The proposed service already exists and the re-establishment will actually reduce currently duplicated services that are present in the current location and not present in the new location. The following table shows the zip codes within 30 minutes drive time of St. Elizabeth's proposed replacement site.

ZIP Code	City Name	2013 Population
62018	Cottage Hills	3,626
62025	Edwardsville	34,570
62026	Edwardsville	n/a
62034	Glen Carbon	11,480
62040	Granite City	43,424
62048	Hartford	1,443
62060	Madison	3,797
62061	Marine	1,493
62062	Maryville	6,394
62084	Roxana	1,489
62087	South Roxana	2,152
62090	Venice	756
62095	Wood River	11,159
62201	East Saint Louis	5,711
62203	East Saint Louis	6,340
62204	East Saint Louis	5,366
62205	East Saint Louis	7,114
62206	East Saint Louis	11,918
62207	East Saint Louis	6,111
62208	East Saint Louis	14,538
62215	Albers	1,064
62220	Belleville	15,944
62221	Belleville	21,602
62223	Belleville	15,128
62225	Scott AFB	3,948
62226	Belleville	24,207
62232	Caseyville	6,072
62234	Collinsville	27,354
62239	Dupo	4,948
62240	East Carondelet	1,825
62243	Freeburg	4,917
62245	Germantown	2,174
62254	Lebanon	6,124
62258	Mascoutah	8,068
62260	Millstadt	6,209
62265	New Baden	4,252
62269	O'Fallon	26,474
62281	Saint Jacob	1,969
62285	Smithton	3,608
62293	Trenton	3,885
62294	Troy	11,667

B) The total population of the identified zip codes (based on the most recent population numbers available for the State of Illinois.

The total 2013 population of the zip codes within 30 minutes is 380,319.

C. The following hospitals with medical surgical services are located within 30 minutes drive time of the proposed site.

Anderson Hospital, Maryville

Gateway Hospital, Granite City

Memorial Hospital, Belleville and Shiloh

St. Elizabeth's Hospital, Belleville

Touchette Regional Hospital, Centreville

The proposed project will not cause unnecessary duplication of medical/surgical services because St. Elizabeth's already serves the population that resides within the 30 minutes travel time of the proposed site. Further, the Hospital's replacement facility will have 102 fewer medical surgical beds and will reduce the excess Planning Area medical surgical beds in the area by 17.4 percent. The utilization of these hospitals, as well those within the planning area, is attached.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds, and services characterized by such factors but not limited to

A) The ratio of beds to population that exceeds one and one-half times the State average.

B) Historical utilization (for the last 12 month period prior to the submission of the application)for existing facilities and services that are below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100, or

C) Insufficient population to provide the volume or caseload necessary to utilize the Code 1100; and

D) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

Because St. Elizabeth's bed need projection methodology does not assume an increase in market share, the re-establishment of 100 medical surgical beds in O'Fallon will not

affect the utilization of other area hospitals. It will neither lower the occupancy of other area hospitals that meet the State's Occupancy Target below the target nor lower, to a further extent, the utilization of other area hospitals that are currently operating below the occupancy standards.

d) Category of Service Modernization Not Applicable

e) *Staffing – Review Criterion*

The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

St. Elizabeth's Hospital is currently staffing more than 100 medical surgical beds. Based on current staff ability, there will be clinical and professional staff available at the proposed replacement facility for 100 beds; the Hospital will continue to meet all licensure and JCAHO staffing requirements.

f) *Performance Requirements*

See the last pages of Attachment 20.

g) *Assurances*

See the last pages of Attachment 20.

St. Elizabeth's Replacement Hospital
CY 2013 Medical-Surgical Patient Origin

Zip Code	City Name	Total
	Primary Service Area	
62226	Belleville	538
62208	Fairview Heights	239
62220	Belleville	620
62221	Belleville	570
62223	Belleville	250
62225	Scott AFB	39
62254	Lebanon	157
62258	Mascoutah	301
62269	O'Fallon	442
PSA TOTAL		3,156
	Secondary Service Area	
62034	Glen Carbon	11
62060	Madison	9
62062	Maryville	13
62090	Venice	3
62201	East Saint Louis	44
62203	East Saint Louis	91
62204	East Saint Louis	65
62205	East Saint Louis	98
62206	East Saint Louis	192
62207	East Saint Louis	92
62230	Breese	65
62232	Caseyville	82
62234	Collinsville	98
62243	Freeburg	157
62249	Highland	134
62255	Lezburg	32
62257	Marissa	78
62260	Millstadt	87
62264	New Athens	72
62265	New Baden	96
62278	Red Bud	82
62281	Saint Jacob	4
62285	Smithton	79
62286	Sparta	65
62293	Trenton	59
62294	Troy	26
62298	Waterloo	109
TOTAL SSA		1,943

City Name	Total
Other Areas	
Bond County	34
All Other Clinton County	152
All Other Madison County	76
All Other Randolph County	187
All Other St. Clair County	131
All Other Illinois	290
Missouri	43
All Other	53
Total Other Areas	966
Total - All Areas	6,065

St. Elizabeth's Hospital

August 14, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Affidavit Regarding Current and Future Patients to St. Elizabeth Hospital

Dear Ms. Avery:

During the previous 12-month period ending December 31, 2013, I can attest that the Medical Surgical Department at St. Elizabeth's Hospital admitted a total of 8,645 inpatients and observation patients; they also accounted directly for inpatient and outpatient ancillary utilization. A HIPAA compliant list of these patients by zip code for this department is attached.

If the Illinois Health Facilities and Services Review Board authorizes St. Elizabeth's Hospital to discontinue and reestablish a new hospital in O'Fallon, Illinois, the Medical Staff will admit the same number of patients to the new facility in its first full year of operation as they did in the most recent 12 months for which data is provided. In fact, I believe that admissions will increase as we have had very successful recruitment efforts and new members of the Medical Staff have been admitted at St. Elizabeth's in part due to the attraction of practicing in a modern, state of the art facility.

These referrals have not been used to support other pending or approved applications for the subject services.

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org

An Affiliate of Hospital Sisters Health System

I certify that the information contained in this letter is true and accurate to the best of my knowledge.

Sincerely,

Dr. Aaron Greenspan
Metro East Gastroenterology Ltd.
311 West Lincoln, #100
Belleville, Illinois 62220

Sincerely,

Dr. Bernard Szopa
Lincoln Surgical Associates, Ltd.
340 West Lincoln Street, #500
Belleville, Illinois 62220

Subscribed and sworn before me
This 4 day of August, 2014
Official Notary Seal

"OFFICIAL SEAL"
YVONNE S STRODER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 12/10/2015

Medical Surgical			
Zip Code	Inpatient	Observation	Total
62220	620	280	900
62221	571	266	837
62226	538	240	778
62269	442	189	631
62258	301	95	396
62208	239	105	344
62223	250	93	343
62206	192	86	278
62243	157	58	215
62254	157	55	212
62249	134	44	178
62205	98	63	161
62298	109	41	150
62203	91	57	148
62234	98	46	144
62265	96	38	134
62207	92	36	128
62278	82	34	116
62264	72	42	114
62260	87	27	114
62232	82	27	109
62285	79	27	106
62257	78	26	104
62230	65	25	90
62231	67	21	88
62286	65	22	87
62236	59	25	84
62204	65	18	83
62201	44	36	80
62225	39	39	78
62293	59	18	77
62239	54	15	69
62237	46	16	62
62222	37	18	55
62040	37	14	51
62255	32	19	51
62271	27	12	39
62294	26	11	37
62292	25	10	35
62240	28	7	35
62233	28	6	34
62277	27	7	34
62216	22	9	31

Medical Surgical			
Zip Code	Inpatient	Observation	Total
62275	19	11	30
62289	15	11	26
62242	19	7	26
62215	14	8	22
62245	15	5	20
62062	13	7	20
62263	12	8	20
62288	11	7	18
62248	12	5	17
62282	8	8	16
62214	12	4	16
62246	11	5	16
62034	11	5	16
62218	14	1	15
62219	14		14
62801	11	3	14
62025	8	6	14
62217	8	5	13
62241	10	2	12
63031	3	9	12
62002	7	4	11
62295	5	5	10
62060	9		9
62268	7	1	8
62024	7		7
62266	6	1	7
62244	7		7
62001	5	2	7
62297	4	2	6
62273	5	1	6
62882	3	3	6
62095	5	1	6
63136	4	2	6
62253	5	1	6
62876	6		6
62261	2	4	6
62088	4	2	6
62202	1	4	5
62018		5	5
62097	4	1	5
62281	4	1	5
63123	1	4	5
49013	1	4	5

Medical Surgical			
Zip Code	Inpatient	Observation	Total
62238	5		5
62272	5		5
35750	5		5
62881	4		4
62074	4		4
62997	4		4
62274	4		4
63103		4	4
62864	3	1	4
62059	3	1	4
62839	3		3
97443	2	1	3
62401	3		3
62262	3		3
63116	1	2	3
62875	3		3
63135	3		3
60107	1	2	3
63042		3	3
68137	2	1	3
63104	2	1	3
62058	3		3
62090	3		3
62901	2	1	3
62907	1	2	3
65233		3	3
62035	1	2	3
62061	2	1	3
NULL	2	1	3
62252	2		2
62458	2		2
62414	1	1	2
62832	1	1	2
62629	2		2
33436	2		2
62831	2		2
62859		2	2
63107		2	2
44112	1	1	2
63133	2		2
20711	2		2
63146	1	1	2
21015	1	1	2

Medical Surgical			
Zip Code	Inpatient	Observation	Total
72712	1	1	2
62046	2		2
63102	2		2
62093	1	1	2
62426	2		2
62063	2		2
61953	1	1	2
61924	1	1	2
63125		2	2
62056	2		2
62461	2		2
63010	2		2
63138	2		2
63012	1	1	2
63701	1	1	2
62200		2	2
62808	1	1	2
63033		2	2
73160	1	1	2
62031	2		2
63101	2		2
62280	2		2
62448	2		2
29154	1		1
64129	1		1
11008	1		1
37075	1		1
77868		1	1
62411	1		1
63112		1	1
62049	1		1
63367	1		1
62420	1		1
72120	1		1
62067		1	1
94566	1		1
38024	1		1
63106		1	1
62449	1		1
63118		1	1
62069	1		1
60428	1		1
62459	1		1

Medical Surgical			
Zip Code	Inpatient	Observation	Total
63645	1		1
22044	1		1
65336		1	1
62471		1	1
75243	1		1
62615		1	1
80817	1		1
62626	1		1
XXXXX	1		1
23188		1	1
30906		1	1
23454	1		1
63108	1		1
38127	1		1
63115		1	1
62822	1		1
62279	1		1
62827		1	1
33706	1		1
62828	1		1
63304	1		1
62250	1		1
63385		1	1
23692	1		1
63901	1		1
62836	1		1
65037		1	1
62052		1	1
66666		1	1
62846	1		1
73114		1	1
62849	1		1
76656	1		1
62854	1		1
78577		1	1
62858	1		1
92399		1	1
43147	1		1
99999	1		1
62086	1		1
52141	1		1
62870	1		1
30263	1		1

Medical Surgical			
Zip Code	Inpatient	Observation	Total
46322	1		1
63105		1	1
46323	1		1
32547	1		1
62259	1		1
63111	1		1
47601		1	1
63113		1	1
62888	1		1
8640	1		1
62896	1		1
53402		1	1
62899	1		1
63128	1		1
62010	1		1
33619		1	1
62902		1	1
33809	1		1
62906	1		1
63177		1	1
62033	1		1
63366		1	1
62916		1	1
63368	1		1
62935	1		1
63389		1	1
62959	1		1
33830		1	1
62966		1	1
64086	1		1
62974	1		1
64503		1	1
62022	1		1
34210	1		1
62999	1		1
65810	1		1
47803	1		1
61520		1	1
63011	1		1
61550	1		1
62013	1		1
62014		1	1
63020		1	1

Medical Surgical			
Zip Code	Inpatient	Observation	Total
76002		1	1
63021		1	1
77521	1		1
63025	1		1
78155	1		1
63026		1	1
80124	1		1
27320	1		1
85348	1		1
28314		1	1
93727		1	1
63040	1		1
18052	1		1
52060		1	1
36066	1		1
63049	1		1
61938		1	1
63074	1		1
Grand Total	6,066	2,579	8,645

SEB Replacement Hospital
Medical-Surgcial/Ped/ICU Patient Day Projections

Zip Code	City Name	2013 15-44	45-64	65-74	75+	Total	2019 15-44	45-64	65-74	75+	Total	2022 15-44	45-64	65-74	75+	Total
62090	Venice															
Population		444	310	86	59	899	366	252	89	53	760	322	217	88	49	676
Patient Days		13	8	0	0	21	11	7	0	0	17	9	6	0	0	15
62201	East Saint Louis															
Population		3,382	1,519	426	377	5,703	3,167	1,411	479	371	5,428	3,050	1,344	509	369	5,273
Patient Days		29	74	45	26	174	27	69	51	26	172	26	65	54	25	171
62203	East Saint Louis															
Population		3,248	2,296	741	502	6,788	2,974	2,030	821	519	6,344	2,817	1,875	869	526	6,087
Patient Days		36	195	112	167	510	33	172	124	173	502	31	159	131	175	496
62204	East Saint Louis															
Population		3,108	1,945	522	324	5,899	2,781	1,727	571	338	5,417	2,603	1,599	602	343	5,148
Patient Days		24	123	68	39	254	21	109	74	41	246	20	101	79	41	241
62205	East Saint Louis															
Population		3,435	2,373	716	685	7,209	3,239	2,188	802	673	6,902	3,129	2,085	854	671	6,739
Patient Days		9	171	145	207	532	8	158	162	204	532	8	150	173	203	534
62206	East Saint Louis															
Population		6,781	3,835	780	737	12,133	6,401	3,589	910	739	11,639	6,203	3,432	985	738	11,358
Patient Days		101	550	148	282	1,081	95	515	173	283	1,066	92	492	187	282	1,054
62207	East Saint Louis															
Population		3,248	2,034	512	540	6,333	3,093	1,908	579	538	6,118	3,013	1,829	622	538	6,002
Patient Days		79	128	159	134	500	75	120	180	133	509	73	115	193	133	515
62230	Breese															
Population		2,372	1,377	497	489	4,735	2,441	1,806	594	523	5,364	2,479	1,823	650	543	5,495
Patient Days		50	72	31	116	269	51	94	37	124	307	52	95	41	129	317
62232	Caseyville															
Population		2,794	2,078	559	561	5,992	2,790	2,030	648	577	6,045	2,776	1,992	695	585	6,048
Patient Days		39	108	99	234	480	39	106	115	241	500	39	104	123	244	510
62234	Collinsville															
Population		13,497	8,853	2,332	2,090	26,772	13,516	8,830	2,939	2,233	27,518	13,558	8,836	3,289	2,320	28,003
Patient Days		46	151	80	139	416	46	151	101	149	446	46	151	113	154	464
62243	Freeburg															
Population		2,047	1,926	425	457	4,854	2,136	2,042	523	502	5,203	2,188	2,102	581	527	5,397
Patient Days		44	151	155	454	804	46	160	191	499	896	47	165	212	523	947
62249	Highland															
Population		6,110	4,481	1,194	1,207	12,992	6,388	4,735	1,540	1,337	14,000	6,556	4,873	1,743	1,415	14,587
Patient Days		39	269	178	391	877	41	284	230	433	988	42	293	260	458	1,053
62255	Lezburg															
Population		370	362	84	80	896	355	345	102	85	887	346	334	113	87	881
Patient Days		6	82	20	67	175	6	78	24	71	179	6	76	27	73	181

SEB Replacement Hospital
Medical-Surgcial/Ped/ICU Patient Day Projections

		2013					2019					2022				
Zip Code	City Name	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total
62257	Marissa															
Population		1,211	1,079	350	269	2,908	1,152	1,007	421	293	2,873	1,124	963	463	305	2,854
Patient Days		14	107	115	99	335	13	100	138	108	359	13	95	152	112	373
62260	Millstadt															
Population		2,508	2,326	557	598	5,989	2,645	2,425	740	657	6,467	2,724	2,483	845	694	6,745
Patient Days		27	78	33	225	363	28	81	44	247	401	29	83	50	261	424
62264	New Athens															
Population		1,203	989	253	276	2,720	1,225	1,014	308	296	2,843	1,235	1,028	342	307	2,911
Patient Days		29	58	118	114	319	30	59	144	122	355	30	60	159	127	376
62265	New Baden															
Population		2,026	1,437	334	282	4,078	2,085	1,504	417	319	4,325	2,124	1,535	469	341	4,468
Patient Days		56	104	100	196	456	58	109	125	222	513	59	111	140	237	547
62278	Red Bud															
Population		2,358	1,952	597	626	5,533	2,352	1,949	699	674	5,674	2,359	1,941	761	703	5,765
Patient Days		70	157	44	141	412	70	157	51	152	430	70	156	56	158	441
62281	Saint Jacob															
Population		842	698	171	102	1,812	890	738	227	128	1,983	923	760	261	142	2,086
Patient Days		3	0	5	0	8	3	0	7	0	10	3	0	8	0	11
62285	Smithton															
Population		1,612	1,339	325	294	3,569	1,750	1,484	402	336	3,972	1,833	1,565	447	359	4,204
Patient Days		21	138	61	169	389	23	153	76	193	444	24	161	84	206	475
62286	Sparta															
Population		2,324	2,086	688	543	5,640	2,244	2,010	784	576	5,614	2,204	1,970	837	594	5,604
Patient Days		34	82	83	109	308	33	79	95	116	322	32	77	101	119	330
62293	Trenton															
Population		1,682	1,361	366	319	3,728	1,720	1,416	489	346	3,971	1,746	1,441	560	363	4,110
Patient Days		14	85	93	147	339	14	88	124	159	387	15	90	142	167	414
62294	Troy															
Population		5,593	4,170	850	663	11,275	5,891	4,472	1,152	758	12,273	6,088	4,631	1,328	814	12,861
Patient Days		13	58	17	33	121	14	62	23	38	137	14	64	27	41	146
62298	Waterloo															
Population		5,924	5,122	1,268	1,204	13,518	6,247	5,548	1,586	1,373	14,754	6,431	5,765	1,774	1,464	15,434
Patient Days		28	78	158	183	447	30	84	198	209	520	30	88	221	223	562
TOTAL SSA																
Population		88,539	63,097	16,463	15,019	183,118	88,651	63,876	20,121	16,134	188,782	88,883	63,988	22,249	16,786	191,906
Patient Days		837	3,108	2,084	3,713	9,742	828	3,077	2,508	3,986	10,399	825	3,040	2,758	4,142	10,764

SEB Replacement Hospital
Medical-Surgcial/Ped/ICU Patient Day Projections

	2013					2019					2022				
Zip Code City Name	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total
Bond County															
Population	7,361	5,161	1,399	1,339	15,260	7,297	5,103	1,684	1,424	15,508	7,272	5,066	1,852	1,477	15,668
Patient Days	19	49	16	70	154	19	48	19	74	161	19	48	21	77	165
All Other Clinton County															
Population	6,203	4,599	1,279	1,284	13,364	6,298	4,704	1,527	1,374	13,903	6,352	4,744	1,670	1,427	14,192
Patient Days	40	330	182	307	859	41	338	217	329	924	41	340	238	341	960
All Other Madison County															
Population	69,282	48,740	13,713	12,822	144,556	68,054	47,817	16,325	13,469	145,665	67,517	47,247	17,850	13,843	146,457
Patient Days	60	188	14	95	357	59	184	17	100	360	58	182	18	103	362
All Other Randolph County															
Population	9,529	6,777	1,869	1,683	19,858	9,311	6,566	2,158	1,770	19,805	9,204	6,438	2,322	1,819	19,783
Patient Days	71	189	357	292	909	69	183	412	307	972	69	180	443	316	1,007
All Other St. Clair County															
Population	2,653	2,008	443	340	5,443	2,658	1,992	566	383	5,599	2,675	1,981	643	406	5,705
Patient Days	94	217	139	124	574	94	215	178	140	627	95	214	202	148	659
All Other Illinois															
Patient Days	134	467	249	431	1,281	134	467	249	431	1,281	134	467	249	431	1,281
Missouri															
Patient Days	78	68	19	14	179	78	68	19	14	179	78	68	19	14	179
All Other															
Patient Days	26	231	93	212	562	26	231	93	212	562	26	231	93	212	562
Total Patient Days - All Markets	**3,335**	**9,500**	**5,698**	**10,721**	**29,254**	**3,381**	**9,616**	**6,952**	**11,519**	**31,468**	**3,413**	**9,651**	**7,679**	**11,983**	**32,727**
Total Population*	**250,522**	**176,021**	**45,863**	**42,848**	**515,255**	**251,397**	**177,385**	**55,994**	**45,730**	**530,506**	**252,394**	**177,663**	**61,873**	**47,422**	**539,352**
Rates per 1,000 population*	**12**	**50**	**116**	**235**	**53**	**13**	**50**	**118**	**238**	**56**	**13**	**50**	**118**	**239**	**57**

**excludes All Other Illinois, Missouri, and All Other*

SEB Replacement Hospital
Medical-Surgcial/Ped/ICU Admission Projections

		2013					2019					2022				
Zip Code	City Name	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total
62226	Belleville															
Population		11,616	8,581	2,152	2,566	24,915	11,554	8,625	2,582	2,667	25,428	11,538	8,636	2,833	2,737	25,744
Admissions		116	206	114	226	662	115	207	137	235	694	115	207	150	241	714
62208	Fairview Heights															
Population		7,223	4,954	1,276	1,245	14,697	7,489	5,065	1,669	1,361	15,584	7,644	5,122	1,898	1,429	16,093
Admissions		47	81	42	99	269	49	83	55	108	295	50	84	62	114	310
62220	Belleville															
Population		8,119	5,395	1,181	1,215	15,910	8,163	5,394	1,478	1,266	16,301	8,202	5,393	1,645	1,299	16,539
Admissions		130	260	165	220	775	131	260	206	229	826	131	260	230	235	856
62221	Belleville															
Population		10,970	7,280	1,664	1,339	21,252	11,420	7,604	2,187	1,458	22,669	11,706	7,777	2,479	1,532	23,495
Admissions		154	241	100	181	676	160	252	131	197	741	164	257	149	207	778
62223	Belleville															
Population		6,241	5,130	1,402	1,671	14,444	6,142	5,012	1,675	1,731	14,560	6,090	4,941	1,836	1,772	14,640
Admissions		56	101	39	104	300	55	99	47	108	308	55	97	51	110	313
62225 Scott AFB																
Population		2,986	501	11	11	3,508	3,125	597	11	11	3,744	3,220	637	11	11	3,880
Admissions		28	13	1	1	43	29	15	1	1	47	30	17	1	1	49
62254	Lebanon															
Population		2,811	1,813	501	424	5,548	2,937	1,933	591	478	5,939	3,026	1,999	643	506	6,174
Admissions		30	59	30	68	187	31	63	35	77	206	32	65	39	81	217
62258	Mascoutah															
Population		3,790	2,559	580	570	7,499	4,069	2,772	759	658	8,258	4,224	2,872	862	705	8,664
Admissions		41	121	62	133	357	44	131	81	154	410	46	136	92	164	438
62269	O'Fallon															
Population		13,201	9,428	1,933	1,324	25,884	14,229	10,325	2,661	1,546	28,761	14,839	10,821	3,079	1,674	30,414
Admissions		86	151	93	191	521	93	165	128	223	609	97	173	148	242	660
PSA TOTAL																
Population		66,955	45,640	10,698	10,363	133,656	69,128	47,327	13,613	11,176	141,244	70,491	48,199	15,288	11,664	145,642
Admissions		688	1,233	646	1,223	3,790	708	1,275	822	1,332	4,136	720	1,296	923	1,396	4,335
62034	Glen Carbon															
Population		5,642	3,588	912	996	11,138	5,968	3,777	1,164	1,076	11,985	6,181	3,884	1,308	1,129	12,503
Admissions		2	1	5	3	11	2	1	6	3	13	2	1	7	3	14
62060	Madison															
Population		1,914	1,241	296	271	3,722	1,784	1,156	347	272	3,559	1,710	1,103	373	274	3,461
Admissions		3	6	0	2	11	3	6	0	2	10	3	5	0	2	10
62062	Maryville															
Population		2,870	2,322	626	469	6,287	3,051	2,483	788	542	6,864	3,163	2,579	880	584	7,205
Admissions		1	4	5	5	15	1	4	6	6	17	1	4	7	6	19

SEB Replacement Hospital
Medical-Surgcial/Ped/ICU Admission Projections

		2013					2019					2022				
Zip Code	City Name	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total
62090	Venice															
Population		444	310	86	59	899	366	252	89	53	760	322	217	88	49	676
Admissions		1	2	0	0	3	1	2	0	0	2	1	1	0	0	2
62201	East Saint Louis															
Population		3,382	1,519	426	377	5,703	3,167	1,411	479	371	5,428	3,050	1,344	509	369	5,273
Admissions		12	21	12	7	52	11	20	14	7	51	11	19	14	7	51
62203	East Saint Louis															
Population		3,248	2,296	741	502	6,788	2,974	2,030	821	519	6,344	2,817	1,875	869	526	6,087
Admissions		14	46	23	27	110	13	41	25	28	107	12	38	27	28	105
62204	East Saint Louis															
Population		3,108	1,945	522	324	5,899	2,781	1,727	571	338	5,417	2,603	1,599	602	343	5,148
Admissions		10	39	14	9	72	9	35	15	9	68	8	32	16	10	66
62205	East Saint Louis															
Population		3,435	2,373	716	685	7,209	3,239	2,188	802	673	6,902	3,129	2,085	854	671	6,739
Admissions		6	41	24	42	113	6	38	27	41	112	5	36	29	41	111
62206	East Saint Louis															
Population		6,781	3,835	780	737	12,133	6,401	3,589	910	739	11,639	6,203	3,432	985	738	11,358
Admissions		34	103	38	61	236	32	96	44	61	234	31	92	48	61	232
62207	East Saint Louis															
Population		3,248	2,034	512	540	6,333	3,093	1,908	579	538	6,118	3,013	1,829	622	538	6,002
Admissions		19	28	28	33	108	18	26	32	33	109	18	25	34	33	110
62230	Breese															
Population		2,372	1,377	497	489	4,735	2,441	1,806	594	523	5,364	2,479	1,823	650	543	5,495
Admissions		12	20	14	36	82	12	26	17	39	94	13	26	18	40	97
62232	Caseyville															
Population		2,794	2,078	559	561	5,992	2,790	2,030	648	577	6,045	2,776	1,992	695	585	6,048
Admissions		10	32	18	41	101	10	31	21	42	104	10	31	22	43	106
62234	Collinsville															
Population		13,497	8,853	2,332	2,090	26,772	13,516	8,830	2,939	2,233	27,518	13,558	8,836	3,289	2,320	28,003
Admissions		18	42	17	39	116	18	42	21	42	123	18	42	24	43	127
62243	Freeburg															
Population		2,047	1,926	425	457	4,854	2,136	2,042	523	502	5,203	2,188	2,102	581	527	5,397
Admissions		21	42	38	81	182	22	45	47	89	202	22	46	52	93	214
62249	Highland															
Population		6,110	4,481	1,194	1,207	12,992	6,388	4,735	1,540	1,337	14,000	6,556	4,873	1,743	1,415	14,587
Admissions		18	59	43	82	202	19	62	55	91	227	19	64	63	96	242
62255	Lezburg															
Population		370	362	84	80	896	355	345	102	85	887	346	334	113	87	881
Admissions		3	18	4	15	40	3	17	5	16	41	3	17	5	16	41

SEB Replacement Hospital
Medical-Surgcial/Ped/ICU Admission Projections

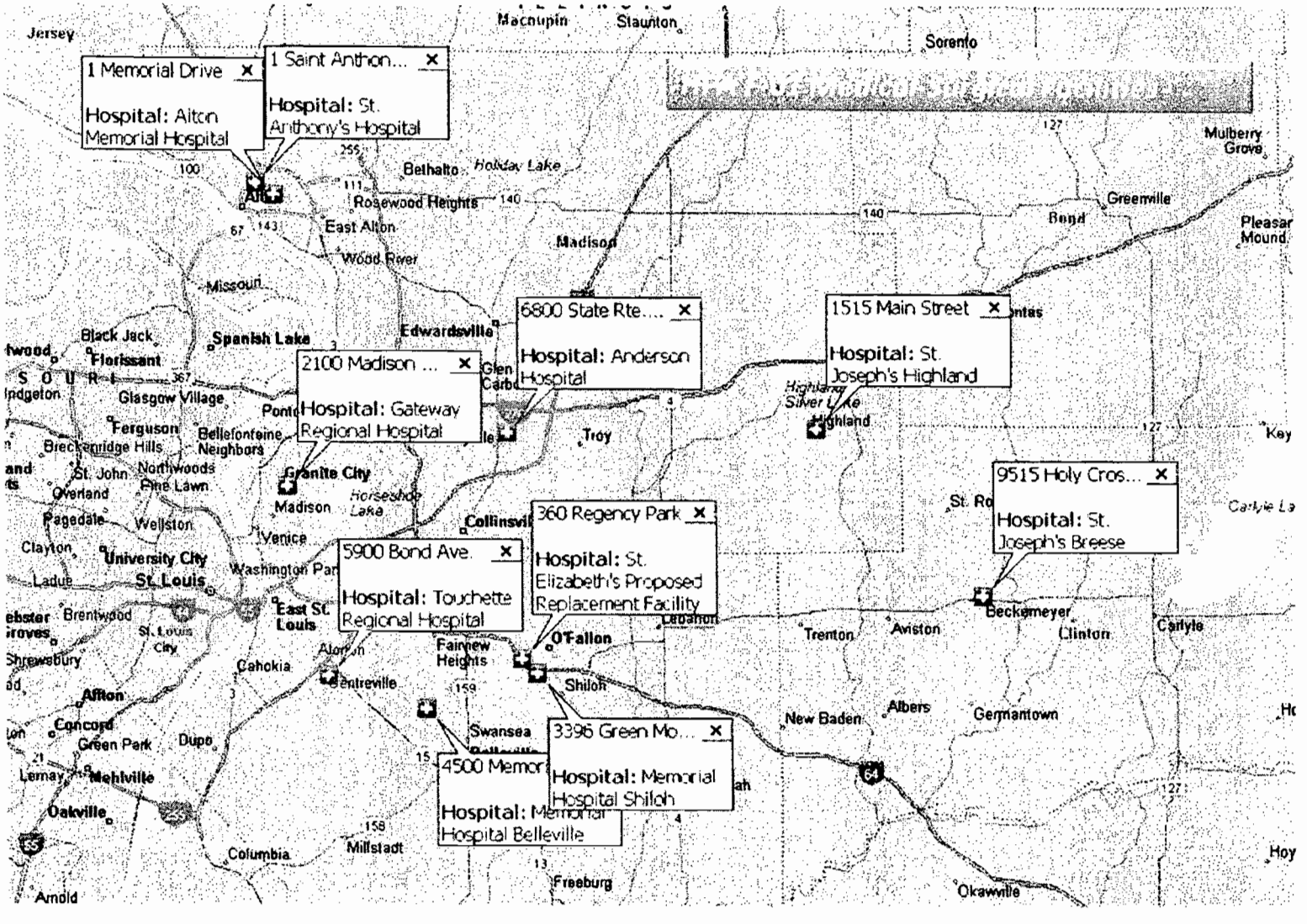
		2013					2019					2022				
Zip Code	City Name	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total
62257	Marissa															
Population		1,211	1,079	350	269	2,908	1,152	1,007	421	293	2,873	1,124	963	463	305	2,854
Admissions		5	32	33	24	94	5	30	40	26	100	5	29	44	27	104
62260	Millstadt															
Population		2,508	2,326	557	598	5,989	2,645	2,425	740	657	6,467	2,724	2,483	845	694	6,745
Admissions		13	29	9	48	99	14	30	12	53	109	14	31	14	56	114
62264	New Athens															
Population		1,203	989	253	276	2,720	1,225	1,014	308	296	2,843	1,235	1,028	342	307	2,911
Admissions		9	21	28	38	96	9	22	34	41	106	9	22	38	42	111
62265	New Baden															
Population		2,026	1,437	334	282	4,078	2,085	1,504	417	319	4,325	2,124	1,535	469	341	4,468
Admissions		25	27	22	49	123	26	28	27	56	137	26	29	31	59	145
62278	Red Bud															
Population		2,358	1,952	597	626	5,533	2,352	1,949	699	674	5,674	2,359	1,941	761	703	5,765
Admissions		15	41	13	33	102	15	41	15	36	107	15	41	17	37	109
62281	Saint Jacob															
Population		842	698	171	102	1,812	890	738	227	128	1,983	923	760	261	142	2,086
Admissions		3	0	2	0	5	3	0	3	0	6	3	0	3	0	6
62285	Smithton															
Population		1,612	1,339	325	294	3,569	1,750	1,484	402	336	3,972	1,833	1,565	447	359	4,204
Admissions		6	38	13	38	95	7	42	16	43	108	7	44	18	46	115
62286	Sparta															
Population		2,324	2,086	688	543	5,640	2,244	2,010	784	576	5,614	2,204	1,970	837	594	5,604
Admissions		14	27	25	24	90	14	26	29	25	94	13	25	30	26	95
62293	Trenton															
Population		1,682	1,361	366	319	3,728	1,720	1,416	489	346	3,971	1,746	1,441	560	363	4,110
Admissions		6	22	19	30	77	6	23	25	33	87	6	23	29	34	93
62294	Troy															
Population		5,593	4,170	850	663	11,275	5,891	4,472	1,152	758	12,273	6,088	4,631	1,328	814	12,861
Admissions		3	12	6	8	29	3	13	8	9	33	3	13	9	10	36
62298	Waterloo															
Population		5,924	5,122	1,268	1,204	13,518	6,247	5,548	1,586	1,373	14,754	6,431	5,765	1,774	1,464	15,434
Admissions		15	17	38	51	121	16	18	48	58	140	16	19	53	62	151
TOTAL SSA																
Population		88,539	63,097	16,463	15,019	183,118	88,651	63,876	20,121	16,134	188,782	88,883	63,988	22,249	16,786	191,906
Admissions		298	770	491	826	2,385	296	764	593	888	2,542	296	756	653	924	2,628

SEB Replacement Hospital
Medical-Surgcial/Ped/ICU Admission Projections

	2013					2019					2022				
Zip Code City Name	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total
Bond County															
Population	7,361	5,161	1,399	1,339	15,260	7,297	5,103	1,684	1,424	15,508	7,272	5,066	1,852	1,477	15,668
Admissions	9	17	6	17	49	9	17	7	18	51	9	17	8	19	52
All Other Clinton County															
Population	6,203	4,599	1,279	1,284	13,364	6,298	4,704	1,527	1,374	13,903	6,352	4,744	1,670	1,427	14,192
Admissions	20	71	47	75	213	20	73	56	80	229	20	73	61	83	238
All Other Madison County															
Population	69,282	48,740	13,713	12,822	144,556	68,054	47,817	16,325	13,469	145,665	67,517	47,247	17,850	13,843	146,457
Admissions	24	49	7	14	94	24	48	8	15	95	23	47	9	15	95
All Other Randolph County															
Population	9,529	6,777	1,869	1,683	19,858	9,311	6,566	2,158	1,770	19,805	9,204	6,438	2,322	1,819	19,783
Admissions	31	64	85	55	235	30	62	98	58	248	30	61	106	59	256
All Other St. Clair County															
Population	2,653	2,008	443	340	5,443	2,658	1,992	566	383	5,599	2,675	1,981	643	406	5,705
Admissions	24	54	33	34	145	24	54	42	38	158	24	53	48	41	166
All Other Illinois															
Admissions	55	128	70	98	351	55	128	70	98	351	55	128	70	98	351
Missouri															
Admissions	25	22	7	2	56	25	22	7	2	56	25	22	7	2	56
All Other															
Admissions	8	36	10	11	65	8	36	10	11	65	8	36	10	11	65
Total Admission - All Markets	**1,182**	**2,444**	**1,402**	**2,355**	**7,383**	**1,199**	**2,479**	**1,714**	**2,540**	**7,932**	**1,211**	**2,490**	**1,894**	**2,648**	**8,243**
Total Population*	**250,522**	**176,021**	**45,863**	**42,848**	**515,255**	**251,397**	**177,385**	**55,994**	**45,730**	**530,506**	**252,394**	**177,663**	**61,873**	**47,422**	**539,352**
Rates per 1,000 population*	**4**	**13**	**29**	**52**	**13**	**4**	**13**	**29**	**53**	**14**	**4**	**13**	**29**	**53**	**14**

**excludes All Other Illinois, Missouri, and All Other*

Map of 30 Minute Travel Time



Utilization of Hospitals in HPA-F-01. 2012

Provider	Authorized Medical Surgical Beds	Patient Days including Observation Days	Average Daily Census	State Agency Percent Target Occupancy	Actual Percent Occupancy, 2012	Beds Needed at State Agency Target Occupancy	Difference (Authorized Beds – Needed Beds)
Alton Memorial Hospital, Alton	117	23,775	65.1	85.0	55.6	77	+40
Anderson Hospital, Maryville *	98	17833	48.9	80.0	61.1	62	+36
Gateway Regional Medical Center, Granite City *	166	14,361	40.1	85.0 / 80.0	24.2	51	+115
Memorial Hospital, Belleville	175	60,356	165.4	85.0	94.5	195	-20
Memorial Hospital East, Shiloh[1]	72						
Total *	247	60,356	165.4	85.0	67.0	195	+52
St. Anthony's, Alton	101	10,992	30.1	85.0	35.4	30	+71
St. Elizabeth's Hospital Belleville *	202	26,247	71.9	85.0	35.6	85	+117
St. Joseph's Hospital, Highland	25	2,999	8.2	80.0	32.8	11	+14
St. Joseph's Hospital, Breese	56	2,642	7.2	80.0	12.9	9	+47
Touchette Regional Hospital, Centreville *	66	5,973	16.4	80.0	24.8	21	+45

1. On June 28, 2011, the Illinois Health Facilities and Services Review Board approved Permit #11-017 for Memorial Hospital East to include 6 intensive care beds and 72 medical surgical beds. Memorial Hospital East will be a satellite of Memorial Hospital in Belleville. The completion date for this project is June 30, 2017.

* Indicates within 30 minutes travel time.

Section 1110.530 Obstetric Review Criteria

St. Elizabeth's Hospital (St. Elizabeth's, Hospital) has continuously offered obstetric services since 1920. Over the years, the needs of the mother, the child and the family have always been the primary consideration.

The mother-to-be has a choice of highly qualified St. Elizabeth's obstetricians to care for her as well as pediatricians to care for her baby; a midwife is also on staff. The delivery area at the Hospital has round-the-clock anesthesia coverage. Pediatric hospitalists provide 24/7 nursery coverage. Family practice residents from St. Louis University also do an obstetric rotation at St. Elizabeth's and are available 24/7. In addition, the obstetric staff includes skilled nurses, a childbirth educator, a clinical resource nurse, and lactation counselors. The staff members are all required to maintain special skills such as neonatal resuscitation, fetal monitoring, and they participate in special drills with manikins to prepare for deliveries. They also benefit from Patient Safety training and educational programs offered through the HSHS Southern Illinois Division, and from best practice exchanges with all of the HSHS hospitals that provide obstetric services.

The Hospital offers labor-delivery-recovery rooms and two C-Section Delivery Suites. A hydrotherapy tub is available for laboring mothers. After delivery and recovery, each patient is moved to a private postpartum room that provides the privacy so important as the new mothers, fathers, and babies establish or extend the family. Rooming-in is encouraged; however, a nursery is always available. The Hospital also has Level 2 nursery beds for babies requiring monitoring or intervention.

The Hospital offers prepared childbirth and breastfeeding classes for mothers-to-be in both Belleville and Sparta. Additional class offerings include a new father's class and a sibling preparation class. Post delivery support is also available.

a) Introduction

1) This Section applies to projects involving the following categories of hospital bed services: Medical/Surgical; Obstetrics; Pediatrics; and Intensive Care. Applicants proposing to establish, expand or modernize a category of hospital bed service shall comply with the applicable subsections of the Section.

3) If the proposed project involves the replacement of a hospital or service on a new site, the applicant shall comply with the requirements of subsection a) 1) for "Establishment of Services or Facility."

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

a) 1), 3), and 4)

St. Elizabeth's Hospital is proposing to replace the Hospital on a new site. Based on this definition, the Hospital is addressing the "establishment" review criteria. The Hospital is reducing the total number of obstetric beds by 18 to a total of 12 beds. This is being done to address the projected need in a conservative manner, so as to meet HFSRB occupancy standards.

b) Planning Area Need – Review Criteria

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

1) 77 Ill Admin. Code (formula calculation)

A) The number of beds to be established for each category of service is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.

Utilization of Obstetric Beds, 2012 and 2013

Year	Patient Days	Average Daily Census	Percent [1] Target Occupancy Rate	Bed Need
2012	2,920	8.0	60.0 / 75.0	14 / 11
2013	2,436	6.7	60.0 / 75.0	12 / 9

1. Occupancy Target for unit with 10 obstetric beds is 60.0 percent; for a unit with 11 to 26 beds is 75.0 percent.

b) 1) A) and B)

The Hospital currently has 30 authorized obstetric beds; the Hospital is proposing to replace 12 obstetric beds on a new site. The requirement for an obstetrical unit in an MSA is 20 beds, but St. Elizabeth's is proposing 12 beds based on its historical utilization. It notes that as a 12 bed unit it must reach a 75% occupancy target (despite the fact that a 10 bed unit must only meet a 60% occupancy target). Based on historical utilization in 2013 it could support a 9 bed unit at 75% occupancy. However, based on anticipated growth in the fecund population and the medical staff, the bed need is supported. The need for obstetric beds is not pre-determined or planned, and a few additional beds are needed for peak census times (and deliveries are seasonal so peak census does occur). Also, the additional beds allow for recruitment of additional obstetricians, which is anticipated.

St. Elizabeth's Hospital is located in HPA F-01. In the most recent IDPH's" *Inventory of "Health Care Facilities and Services and Need Determinations"* dated July 15, 2014, HPA F-01 has an excess of 121 obstetric beds including the 30 beds at St. Elizabeth's. As the result of the proposed reduced obstetric bed complement, the IDPH Bed Inventory will decrease by 18 beds, or by 14.9 percent of the calculated excess.

2) *Service to Planning Area Residents*

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

2) A)

St. Elizabeth's has been continuously caring for obstetric patients for more than 90 years.

Attachment 20 (OB), Table 2
Patient Origin by Service Area of St. Elizabeth's Obstetric Patients, 2013

Market Area	Total Patients	Percent of Total Patients
Market Area	905	87.2%
Extended Market Area	133	12.8%
Total	1,038	100.0%

Source: Hospital Records

This data also demonstrates that the inpatient obstetric program is regional and serves the population of the Metro East region.

3) *Service Demand – Establishment of Bed Category of Service*

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

A) Historical Referrals – Not Applicable

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

B) Projected Referrals

An applicant proposing to establish an obstetric unit or to establish a new hospital shall submit the following:

i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

ii) An estimated number of patients whom the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload;

iii) The physician's notarized signature, the typed and printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physicians that the patient referrals have not been used to support other pending or approved application for the subject services.

Attached is a letter from the Department Head of Obstetrics at St. Elizabeth's Hospital attesting to the obstetric physicians' total number of inpatient and observation patients by zip code who have received care at the Hospital during 2013 and the estimated number that the physicians will refer annually within a 24-month period after the project completion. Again, conservatively and per applicable rules the number is the same.

Future demand for obstetric services was also determined using constant admissions and patient days per 1,000 population applied to population change by age cohort by zip code in the market area including patient volume in other counties in the Metro East region. The number of patients from the extended market area (including Other Illinois, Missouri, and All Other) was held constant.

Based on this conservative methodology, St. Elizabeth's obstetrics volume is expected to increase modestly between 2013 and 2019, the second full year of utilization after the

replacement hospital opens and beyond.

The Hospital adjusted the baseline projections using two factors – new physicians on the medical staff and reported observation days. St. Elizabeth's has added 3 obstetrics/gynecology specialists to the medical staff since 2012 (note letter at end of Attachment 20). Future growth in admissions and patient days from these practices was estimated based on experience at the Hospital; 112 additional admissions and 334 additional patient days related to the new (not replacement) physicians were included in the projection. Further, based on actual utilization in 2013, 94 observation days that were unaccounted for in the baseline projection were added. Based on these adjustments to the baseline projections, St. Elizabeth's has projected 1,174 obstetric admissions and 2,822 patient days in 2019.

Projected 2019 Inpatient Obstetric Utilization

	Admissions	Patient Days	ALOS	ADC	State Agency Target Occupancy	Bed Need	Proposed Beds
Baseline Projection	1,062	2,394	___	___	___	___	___
Medical Staff Growth	112	334	___	___	___	___	___
Observation	--	94	___	___			
Total	1,174	2,822	2.4	7.7	75.0	12	12

Source: St. Elizabeth's Hospital Business Development

In the determination of obstetrics bed need, the Hospital also took into account these factors:

- Obstetric volume is very seasonal with peak volume typically occurring between May and October. During 2013, it was not uncommon for census to reach 11 or 12 new mothers, and there were days when the census reached 14 to 19 patients. Therefore, it appears prudent to propose 12 obstetric beds.
- Three new obstetricians have been added to St. Elizabeth's medical staff. Although the volume for these new practices has been considered in the projection, very modest practice volume was assumed.
- According to Pew's Research Center's Trend Report, April 6, 2010, *U.S. Birth Rate Decline Linked to Recession "the falloff of fertility coincides with deteriorating economic conditions. There is a strong association between the magnitude of fertility change... and key economic indicators .. including housing prices and share of the working age people that are unemployed. Fertility rates, according to past experience, increase when economic conditions improve."* With economic condition gradually improving and the availability of new obstetricians on the staff, the Hospital believes it is reasonable to assume that births will return to the pre-2013 levels.
- The obstetric service at St. Elizabeth's is a residency program affiliated with St. Louis University. The program is needed to train needed physician to provide obstetric services in the future. A capacity of 12 beds will help support this important residency program.

Taken together with the conservative projections, these factors support the need for 12 obstetric beds at St. Elizabeth's replacement hospital.

By 2019, the proposed 12 beds will be operating at an average of 64.1 percent occupancy; however during peak months, occupancy could exceed the proposed number of beds.

2,822 patient days = 7.7 average daily census ÷ 12 beds = 64.1 percent occupancy

C) *Projected Service Demand – Based on Rapid Population Growth* Not Applicable

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

4. Service Demand – Expansion of Existing Category of Service – Not Applicable

The number of beds added for each category of service is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service. The applicant shall document subsection b) 4) A) and either subsection b) 4) B) or C.

A) Historical Service – Not Applicable

5) *Service Accessibility*

The number of beds being established or added for each category of service is necessary to improve access for planning area residents.

A) Service Restrictions

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

i) The absence of the proposed service within the planning area.

ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care and charity care.

iii) Restrictive admission policies of existing providers.

iv) The are population and existing care system exhibit indicators of medical care problems, such as average family income below the State average poverty level, high infant mortality, or designations by the Secretary of Health and Human Services as a Health Professional Shortage Area, Medically Underserved Area, or Medically Underserved Population.

v) For purposes of this subsection b) 5) only, all services within the 45-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation

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

i) The location and utilization of other planning area providers;

ii) Patient location by zip code;

If patients have been referred to other facilities in order to receive the ? Missing words zip code; name and specialty of the referring physician; and name and location of the recipient hospital, for each of the latest 2 years

iii) Independent travel time studies;

iv) *A certification of waiting times;*

v) *Scheduling or admission restrictions that exist in area providers;*

vi) *An assessment of area population characteristics that document that access problems exist; and*

vii) *Most recently published IDPH Hospital Questionnaire.*

5) A and B

In Attachment 12, Purpose, the applicants have described the socioeconomic characteristics of St. Clair County, the location of both the current and the replacement St. Elizabeth's Hospital. In summary, these characteristics include:

Metric	St. Clair County	Illinois	Comments
County Health Rankings Premature Death Morbidity Heath Behaviors Social and Economic Factors Physical Environment	Overall, 88 out of 102 counties in Illinois (lower ranking is better) 88 out of 102 96 out of 102 93 out of 102 98 out of 102 85 out of 102		St. Clair County's overall 88 ranking describes an area with a myriad of heath concerns and behaviors.
Racial composition, percent African American	31.3 percent	14.5 percent	African Americans have more health status and risk conditions and behaviors. Obesity is prevalent in this population .
Average Household Income --Percent less than $25,000	26.3 percent	21.2 percent	Low income households are typically those with the most challenging access to care.
Unemployment	9.1 percent	8.9 percent	Unemployment has been shown to increase unhealthy behaviors related to alcohol and tobacco consumption and other health related behaviors which in turn can lead to increased risk for disease or mortality.

Sources: http://www.county healthrankings.org/app10/31/13 ; DataBay Resources and AHQ, Bureau of Labor Statistics

Medically Underserved Areas/Population, Health Manpower Shortage Areas

St. Clair County has been designated as a Health Manpower Shortage Area and a Medically Underserved Area/Population by the Health Resources and Services Administration (*Federal Register, June 25, 2104).* According the Health Manpower Shortage and Services Administration, St. Clair County has a shortage of 18 primary care and mental health physicians and dentists and as designated as a Medically Underserved Area/Population.

County Health Rankings and Attachment 12 related to the Comparison of Demographic Characteristics, St. Clair County and Illinois, and the reports from the Health Resources and Services Administration describe St. Clair County as an area that will require more health care services than many other counties in Illinois.

HSHS and St. Elizabeth's Hospital is attending to the identified health care needs in St. Clair County and the Metro East region in the following ways. First, HSHS is investing capital to establish a modern hospital on an accessible campus with an ambulatory care building that anticipates the continued trend toward outpatient care. Second, the Hospital will continue to partner with local providers and other agencies to improve all of the factors that contribute to the health and wellness of the population and to develop a comprehensive integrated care delivery model in the region. Third, the Hospital is actively recruiting physicians and developing new clinical programs as well as expanding others where these is evidence of need to serve this growing, high risk population.

c) *Unnecessary Duplication/Maldistribution – Review Criteria*

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

A) A list of all the zip codes that are located, in total or in part, within 30 minutes travel time of the project's site;

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

C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide categories of service that are proposed by the project.

c) A), B), and C)

Attached is a list of the zip codes that are located, in total or in part, within 30 minutes drive time from the project's site. The names and locations of all existing or approved health care facilities located within 30 minute normal drive time from the project site as well as those located within HSA F-01 are attached. Maps showing the locations of obstetric providers both within 30 minutes drive time and HPA F-01 are also attached .

Attachment 20 (OB), Table

ZIP Code	City Name	2013 Population
62018	Cottage Hills	3,626
62025	Edwardsville	34,570
62026	Edwardsville	n/a
62034	Glen Carbon	11,480
62040	Granite City	43,424
62048	Hartford	1,443
62060	Madison	3,797
62061	Marine	1,493
62062	Maryville	6,394
62084	Roxana	1,489
62087	South Roxana	2,152
62090	Venice	756
62095	Wood River	11,159
62201	East Saint Louis	5,711
62203	East Saint Louis	6,340
62204	East Saint Louis	5,366
62205	East Saint Louis	7,114
62206	East Saint Louis	11,918
62207	East Saint Louis	6,111
62208	East Saint Louis	14,538
62215	Albers	1,064
62220	Belleville	15,944
62221	Belleville	21,602
62223	Belleville	15,128
62225	Scott AFB	3,948
62226	Belleville	24,207
62232	Caseyville	6,072
62234	Collinsville	27,354
62239	Dupo	4,948
62240	East Carondelet	1,825
62243	Freeburg	4,917
62245	Germantown	2,174
62254	Lebanon	6,124
62258	Mascoutah	8,068
62260	Millstadt	6,209
62265	New Baden	4,252
62269	O'Fallon	26,474
62281	Saint Jacob	1,969
62285	Smithton	3,608
62293	Trenton	3,885
62294	Troy	11,667

B) The total population of the zip codes is 380,319.

C) The following hospitals with obstetric services are within 30 minutes drive time of the O'Fallon site.

Anderson Hospital, Maryville

Gateway Regional, Granite City

Touchette Regional Hospital, Centreville

Memorial, Belleville

Memorial, Shiloh

St. Elizabeth's, Belleville

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds, and services characterized by such factors as, but not limited to:

A) The ratio of beds to population that exceeds one and one-half times the State average;

B) Historical utilization (for the last 12 month period prior to submission of the application) for existing facilities and services that are below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or

C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.

Obstetrics is a mission critical service at St. Elizabeth's. The project reduces the Hospital's obstetric bed complement from 30 authorized beds to 12 beds or by 18 beds, thereby reducing the excess number of beds in the Hospital Planning Area by 14.9 percent.

3) The applicant shall document that, within 24 months after project completion the project:

A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

3) A) and B)

St. Elizabeth's bed need projection methodology does not assume any increase in market share. For that reason, the proposed bed complement will not lower the utilization of other area providers below the State Agency Target Occupancy and it will not lower, to a further extent, the utilization of other area hospitals that are currently (during 2012, the last full year for which data are published) operating below the occupancy standards.

d) *Category of Service Utilization* Not Applicable

1) Of the project involves modernization of a category of hospital bed service, the applicant hall document that the inpatient bed area needs to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:

high cost of maintenance, non compliance with licensing or life safety codes, changes in standards of care, or additional space for diagnostic or therapeutic purposes.

2) Documentation shall include the most recent IDPH Centers for Medicare and Medicaid Services inspection reports, and Joint Commission on Accreditation of Healthcare Organizations reports.

3) Other documentation shall include the following as applicable to the factors cited in the application: Copies of maintenance reports, copies of citations for life safety code violations, and other pertinent reports and data.

e) Staffing – Review Criterion

The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

St. Elizabeth's existing obstetric service is fully staffed to meet all JCAHO staffing requirements; at the replacement hospital the same JCAHO requirements will also be met. Relevant clinical and professional staffing needs for the proposed project were considered in the development of the proposed new unit. Staffing the obstetric department with highly qualified nurses has never been an issue at St. Elizabeth's. The obstetric nurses benefit from an extensive continuing education program, including drills of challenging delivery circumstances with both mother and newborn manikins.

Many of the obstetric nurses were directly involved in planning for the proposed new unit so that clinical issues and the needs of nurses as well as patients were duly considered.

f) Performance Requirements – Bed Capacity Minimum

2) Obstetrics

A) The minimum size unit for a new obstetric unit within an MSA is 20 beds.

B) The minimum size for a new obstetric unit outside an MSA is 4 beds

While the unit does not meet the minimum size for a unit within a MSA, a 20 bed unit would not be supported based on historical utilization. Given the excess of OB beds in the area, the Hospital chose a more conservative approach.

g) Assurances

See last page of Attachment 20.

St. Elizabeth's Replacement Hospital
CY 2013 Obstetrics Patient Origin

Zip Code	City Name	Total
Primary Service Area		
62226	Belleville	61
62208	Fairview Heights	51
62220	Belleville	76
62221	Belleville	150
62223	Belleville	33
62225	Scott AFB	127
62254	Lebanon	11
62258	Mascoutah	54
62269	O'Fallon	98
PSA TOTAL		661
Secondary Service Area		
62034	Glen Carbon	1
62060	Madison	0
62062	Maryville	2
62090	Venice	1
62201	East Saint Louis	8
62203	East Saint Louis	11
62204	East Saint Louis	9
62205	East Saint Louis	7
62206	East Saint Louis	27
62207	East Saint Louis	11
62230	Breese	0
62232	Caseyville	8
62234	Collinsville	27
62243	Freeburg	10
62249	Highland	1
62255	Lezburg	4
62257	Marissa	7
62260	Millstadt	6
62264	New Athens	13
62265	New Baden	15
62278	Red Bud	19
62281	Saint Jacob	1
62285	Smithton	10
62286	Sparta	26
62293	Trenton	4
62294	Troy	12
62298	Waterloo	4
TOTAL SSA		244

Other Areas	Total
Bond County	0
All Other Clinton County	5
All Other Madison County	11
All Other Randolph County	46
All Other St. Clair County	12
All Other Illinois	43
Missouri	12
All Other	4
Total Other Areas	133
Total - All Areas	1,038

St. Elizabeth's Hospital

August 14, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Affidavit Regarding Current and Future Patients to St. Elizabeth Hospital

Dear Ms. Avery:

During the previous 12-month period ending December 31, 2013, I can attest that the Obstetric and Gynecology Department at St. Elizabeth's Hospital admitted a total of 1,200 inpatients and observation patients; they also accounted directly for inpatient and outpatient ancillary utilization. A HIPAA compliant list of these patients by zip code for this department is attached.

If the Illinois Health Facilities and Services Review Board authorizes St. Elizabeth's Hospital to discontinue and reestablish a new hospital in O'Fallon, Illinois, the Medical Staff will admit the same number of patients to the new facility in its first full year of operation as they did in the most recent 12 months for which data is provided. In fact, I believe that admissions will increase as we have had very successful recruitment efforts and new members of the Medical Staff have been admitted at St. Elizabeth's in part due to the attraction of practicing in a modern, state of the art facility.

These referrals have not been used to support other pending or approved applications for the subject services.

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org

An Affiliate of Hospital Sisters Health System

I certify that the information contained in this letter is true and accurate to the best of my knowledge.

Sincerely,

Kimberly Carter DO

Dr. Kim Carter
1512 North Greenmount Road, #300
O'Fallon, Illinois 62269

Subscribed and sworn before me
This 4 day of August, 2014
Official Notary Seal

"OFFICIAL SEAL"
YVONNE S STRODER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 12/10/2015

Yvonne S Stroder

OBGYN			
Zip Code	Inpatient	Observation	Total
62221	150	18	168
62225	127	6	133
62269	98	12	110
62220	76	18	94
62226	61	16	77
62258	54	11	65
62208	51	9	60
62223	33	7	40
62234	27	6	33
62206	27	3	30
62286	26	3	29
62278	19	3	22
62265	15	2	17
62254	11	6	17
62207	11	4	15
62264	13	1	14
62285	10	3	13
62203	11	2	13
62294	12		12
62204	9	3	12
62236	11		11
62298	4	6	10
62233	9	1	10
62243	10		10
62232	8		8
62201	8		8
62242	8		8
62293	4	3	7
62271	7		7
62205	7		7
62257	7		7
62260	6	1	7
62040	5	1	6
62237	5	1	6
62240	6		6
62292	5	1	6
62277	5		5
62241	5		5
62255	4		4
62272	4		4
62095	3		3
62217	3		3
62215	2	1	3

OBGYN			
Zip Code	Inpatient	Observation	Total
62239	2	1	3
62864	2		2
62268	2		2
62062	2		2
63101	2		2
62288	1	1	2
62214	2		2
62090	1	1	2
62249	1	1	2
29073	1	1	2
62059	2		2
62881	2		2
62281	1	1	2
62282	2		2
62263	2		2
62933		1	1
62803	1		1
62297	1		1
62238	1		1
62870		1	1
61364	1		1
63103	1		1
61604	1		1
62613	1		1
62002	1		1
62853		1	1
62273	1		1
62916	1		1
62274	1		1
63042	1		1
62231	1		1
63109	1		1
33619	1		1
60625	1		1
62245	1		1
62801	1		1
62248	1		1
62808	1		1
62218	1		1
63111		1	1
62060		1	1
63122	1		1
28540	1		1

OBGYN			
Zip Code	Inpatient	Observation	Total
62930		1	1
62289		1	1
63033	1		1
62016	1		1
63138	1		1
59713	1		1
63107	1		1
62025	1		1
62266	1		1
62295	1		1
63135	1		1
63141	1		1
62074	1		1
63303	1		1
62061		1	1
62034	1		1
Grand Total	1,038	162	1,200

SEB Replacement Hospital
Obstetrics Patient Days Projections

		2013					2019					2022				
Zip Code	City Name	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total
62226	Belleville															
Population		11,616	8,581	2,152	2,566	24,915	11,554	8,625	2,582	2,667	25,428	11,538	8,636	2,833	2,737	25,744
Patient Days		117	5	0	0	122	116	5	0	0	121	116	5	0	0	121
62208	Fairview Heights															
Population		7,223	4,954	1,276	1,245	14,697	7,489	5,065	1,669	1,361	15,584	7,644	5,122	1,898	1,429	16,093
Patient Days		103	2	2	0	107	107	2	3	0	111	109	2	3	0	114
62220	Belleville															
Population		8,119	5,395	1,181	1,215	15,910	8,163	5,394	1,478	1,266	16,301	8,202	5,393	1,645	1,299	16,539
Patient Days		162	0	0	0	162	163	0	0	0	163	164	0	0	0	164
62221	Belleville															
Population		10,970	7,280	1,664	1,339	21,252	11,420	7,604	2,187	1,458	22,669	11,706	7,777	2,479	1,532	23,495
Patient Days		331	5	1	1	338	345	5	1	1	352	353	5	1	1	361
62223	Belleville															
Population		6,241	5,130	1,402	1,671	14,444	6,142	5,012	1,675	1,731	14,560	6,090	4,941	1,836	1,772	14,640
Patient Days		65	3	1	1	70	64	3	1	1	69	63	3	1	1	69
62225	Scott AFB															
Population		2,986	501	11	11	3,508	3,125	597	11	11	3,744	3,220	637	11	11	3,880
Patient Days		305	3	0	0	308	319	4	0	0	323	329	4	0	0	333
62254	Lebanon															
Population		2,811	1,813	501	424	5,548	2,937	1,933	591	478	5,939	3,026	1,999	643	506	6,174
Patient Days		24	0	0	0	24	25	0	0	0	25	26	0	0	0	26
62258	Mascoutah															
Population		3,790	2,559	580	570	7,499	4,069	2,772	759	658	8,258	4,224	2,872	862	705	8,664
Patient Days		118	1	0	0	119	127	1	0	0	128	132	1	0	0	133
62269	O'Fallon															
Population		13,201	9,428	1,933	1,324	25,884	14,229	10,325	2,661	1,546	28,761	14,839	10,821	3,079	1,674	30,414
Patient Days		199	7	4	0	210	215	8	6	0	228	224	8	6	0	238
PSA TOTAL																
Population		66,955	45,640	10,698	10,363	133,656	69,128	47,327	13,613	11,176	141,244	70,491	48,199	15,288	11,664	145,642
Patient Days		1,424	26	8	2	1,460	1,480	28	11	2	1,520	1,516	28	12	2	1,558
62034	Glen Carbon															
Population		5,642	3,588	912	996	11,138	5,968	3,777	1,164	1,076	11,985	6,181	3,884	1,308	1,129	12,503
Patient Days		2	0	0	0	2	2	0	0	0	2	2	0	0	0	2
62060	Madison															
Population		1,914	1,241	296	271	3,722	1,784	1,156	347	272	3,559	1,710	1,103	373	274	3,461
Patient Days		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62062	Maryville															
Population		2,870	2,322	626	469	6,287	3,051	2,483	788	542	6,864	3,163	2,579	880	584	7,205
Patient Days		1	2	0	0	3	1	2	0	0	3	1	2	0	0	3

SEB Replacement Hospital
Obstetrics Patient Days Projections

Zip Code	City Name	2013 15-44	45-64	65-74	75+	Total	2019 15-44	45-64	65-74	75+	Total	2022 15-44	45-64	65-74	75+	Total
62090	Venice															
Population		444	310	86	59	899	366	252	89	53	760	322	217	88	49	676
Patient Days		2	0	0	0	2	2	0	0	0	2	1	0	0	0	1
62201	East Saint Louis															
Population		3,382	1,519	426	377	5,703	3,167	1,411	479	371	5,428	3,050	1,344	509	369	5,273
Patient Days		21	0	0	0	21	20	0	0	0	20	19	0	0	0	19
62203	East Saint Louis															
Population		3,248	2,296	741	502	6,788	2,974	2,030	821	519	6,344	2,817	1,875	869	526	6,087
Patient Days		25	0	1	0	26	23	0	1	0	24	22	0	1	0	23
62204	East Saint Louis															
Population		3,108	1,945	522	324	5,899	2,781	1,727	571	338	5,417	2,603	1,599	602	343	5,148
Patient Days		20	0	0	0	20	18	0	0	0	18	17	0	0	0	17
62205	East Saint Louis															
Population		3,435	2,373	716	685	7,209	3,239	2,188	802	673	6,902	3,129	2,085	854	671	6,739
Patient Days		9	0	1	1	11	8	0	1	1	11	8	0	1	1	10
62206	East Saint Louis															
Population		6,781	3,835	780	737	12,133	6,401	3,589	910	739	11,639	6,203	3,432	985	738	11,358
Patient Days		74	0	0	0	74	70	0	0	0	70	68	0	0	0	68
62207	East Saint Louis															
Population		3,248	2,034	512	540	6,333	3,093	1,908	579	538	6,118	3,013	1,829	622	538	6,002
Patient Days		29	0	0	0	29	28	0	0	0	28	27	0	0	0	27
62230	Breese															
Population		2,372	1,377	497	489	4,735	2,441	1,806	594	523	5,364	2,479	1,823	650	543	5,495
Patient Days		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62232	Caseyville															
Population		2,794	2,078	559	561	5,992	2,790	2,030	648	577	6,045	2,776	1,992	695	585	6,048
Patient Days		12	2	0	0	14	12	2	0	0	14	12	2	0	0	14
62234	Collinsville															
Population		13,497	8,853	2,332	2,090	26,772	13,516	8,830	2,939	2,233	27,518	13,558	8,836	3,289	2,320	28,003
Patient Days		59	5	2	0	66	59	5	3	0	67	59	5	3	0	67
62243	Freeburg															
Population		2,047	1,926	425	457	4,854	2,136	2,042	523	502	5,203	2,188	2,102	581	527	5,397
Patient Days		23	1	0	0	24	24	1	0	0	25	25	1	0	0	26
62249	Highland															
Population		6,110	4,481	1,194	1,207	12,992	6,388	4,735	1,540	1,337	14,000	6,556	4,873	1,743	1,415	14,587
Patient Days		3	0	0	0	3	3	0	0	0	3	3	0	0	0	3
62255	Lezburg															
Population		370	362	84	80	896	355	345	102	85	887	346	334	113	87	881
Patient Days		8	0	0	0	8	8	0	0	0	8	7	0	0	0	7

SEB Replacement Hospital
Obstetrics Patient Days Projections

		2013					2019					2022				
Zip Code	City Name	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total
62257	Marissa															
Population		1,211	1,079	350	269	2,908	1,152	1,007	421	293	2,873	1,124	963	463	305	2,854
Patient Days		13	0	0	0	13	12	0	0	0	12	12	0	0	0	12
62260	Millstadt															
Population		2,508	2,326	557	598	5,989	2,645	2,425	740	657	6,467	2,724	2,483	845	694	6,745
Patient Days		10	3	0	0	13	11	3	0	0	14	11	3	0	0	14
62264	New Athens															
Population		1,203	989	253	276	2,720	1,225	1,014	308	296	2,843	1,235	1,028	342	307	2,911
Patient Days		25	0	0	0	25	25	0	0	0	25	26	0	0	0	26
62265	New Baden															
Population		2,026	1,437	334	282	4,078	2,085	1,504	417	319	4,325	2,124	1,535	469	341	4,468
Patient Days		34	1	0	0	35	35	1	0	0	36	36	1	0	0	37
62278	Red Bud															
Population		2,358	1,952	597	626	5,533	2,352	1,949	699	674	5,674	2,359	1,941	761	703	5,765
Patient Days		46	1	0	0	47	46	1	0	0	47	46	1	0	0	47
62281	Saint Jacob															
Population		842	698	171	102	1,812	890	738	227	128	1,983	923	760	261	142	2,086
Patient Days		2	0	0	0	2	2	0	0	0	2	2	0	0	0	2
62285	Smithton															
Population		1,612	1,339	325	294	3,569	1,750	1,484	402	336	3,972	1,833	1,565	447	359	4,204
Patient Days		24	0	0	0	24	26	0	0	0	26	27	0	0	0	27
62286	Sparta															
Population		2,324	2,086	688	543	5,640	2,244	2,010	784	576	5,614	2,204	1,970	837	594	5,604
Patient Days		58	0	0	0	58	56	0	0	0	56	55	0	0	0	55
62293	Trenton															
Population		1,682	1,361	366	319	3,728	1,720	1,416	489	346	3,971	1,746	1,441	560	363	4,110
Patient Days		11	3	0	0	14	11	3	0	0	14	11	3	0	0	15
62294	Troy															
Population		5,593	4,170	850	663	11,275	5,891	4,472	1,152	758	12,273	6,088	4,631	1,328	814	12,861
Patient Days		19	2	0	0	21	20	2	0	0	22	21	2	0	0	23
62298	Waterloo															
Population		5,924	5,122	1,268	1,204	13,518	6,247	5,548	1,586	1,373	14,754	6,431	5,765	1,774	1,464	15,434
Patient Days		10	0	0	0	10	11	0	0	0	11	11	0	0	0	11
TOTAL SSA																
Population		88,539	63,097	16,463	15,019	183,118	88,651	63,876	20,121	16,134	188,782	88,883	63,988	22,249	16,786	191,906
Patient Days		540	20	4	1	565	532	21	5	1	559	529	21	5	1	556

SEB Replacement Hospital
Obstetrics Patient Days Projections

Zip Code City Name	2013 15-44	45-64	65-74	75+	Total	2019 15-44	45-64	65-74	75+	Total	2022 15-44	45-64	65-74	75+	Total
Bond County															
Population	7,361	5,161	1,399	1,339	15,260	7,297	5,103	1,684	1,424	15,508	7,272	5,066	1,852	1,477	15,668
Patient Days	4	0	0	0	4	4	0	0	0	4	4	0	0	0	4
All Other Clinton County															
Population	6,203	4,599	1,279	1,284	13,364	6,298	4,704	1,527	1,374	13,903	6,352	4,744	1,670	1,427	14,192
Patient Days	10	0	0	0	10	10	0	0	0	10	10	0	0	0	10
All Other Madison County															
Population	69,282	48,740	13,713	12,822	144,556	68,054	47,817	16,325	13,469	145,665	67,517	47,247	17,850	13,843	146,457
Patient Days	30	0	0	0	30	29	0	0	0	29	29	0	0	0	29
All Other Randolph County															
Population	9,529	6,777	1,869	1,683	19,858	9,311	6,566	2,158	1,770	19,805	9,204	6,438	2,322	1,819	19,783
Patient Days	96	0	1	0	97	94	0	1	0	95	93	0	1	0	94
All Other St. Clair County															
Population	2,653	2,008	443	340	5,443	2,658	1,992	566	383	5,599	2,675	1,981	643	406	5,705
Patient Days	29	0	0	0	29	29	0	0	0	29	29	0	0	0	29
All Other Illinois															
Patient Days	91	4	0	1	96	91	4	0	1	96	91	4	0	1	96
Missouri															
Patient Days	31	0	0	0	31	31	0	0	0	31	31	0	0	0	31
All Other															
Patient Days	20	0	0	0	20	20	0	0	0	20	20	0	0	0	20
Total Patient Days - All Markets	**2,275**	**50**	**13**	**4**	**2,342**	**2,321**	**52**	**17**	**4**	**2,394**	**2,352**	**53**	**19**	**4**	**2,428**
Total Population*	**250,522**	**176,021**	**45,863**	**42,848**	**515,255**	**251,397**	**177,385**	**55,994**	**45,730**	**530,506**	**252,394**	**177,663**	**61,873**	**47,422**	**539,352**
Rates per 1,000 population*	**9**	**0**	**0**	**0**	**4**	**9**	**0**	**0**	**0**	**4**	**9**	**0**	**0**	**0**	**4**

**excludes All Other Illinois, Missouri, and All Other*

SEB Replacement Hospital
Obstetrics Admission Projections

		2013					2019					2022				
Zip Code	City Name	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total
62226	Belleville															
Population		11,616	8,581	2,152	2,566	24,915	11,554	8,625	2,582	2,667	25,428	11,538	8,636	2,833	2,737	25,744
Admissions		59	2	0	0	61	59	2	0	0	61	59	2	0	0	61
62208	Fairview Heights															
Population		7,223	4,954	1,276	1,245	14,697	7,489	5,065	1,669	1,361	15,584	7,644	5,122	1,898	1,429	16,093
Admissions		48	2	1	0	51	50	2	1	0	53	51	2	1	0	54
62220	Belleville															
Population		8,119	5,395	1,181	1,215	15,910	8,163	5,394	1,478	1,266	16,301	8,202	5,393	1,645	1,299	16,539
Admissions		76	0	0	0	76	76	0	0	0	76	77	0	0	0	77
62221	Belleville															
Population		10,970	7,280	1,664	1,339	21,252	11,420	7,604	2,187	1,458	22,669	11,706	7,777	2,479	1,532	23,495
Admissions		143	5	1	1	150	149	5	1	1	156	153	5	1	1	161
62223	Belleville															
Population		6,241	5,130	1,402	1,671	14,444	6,142	5,012	1,675	1,731	14,560	6,090	4,941	1,836	1,772	14,640
Admissions		29	2	1	1	33	29	2	1	1	33	28	2	1	1	33
62225	Scott AFB															
Population		2,986	501	11	11	3,508	3,125	597	11	11	3,744	3,220	637	11	11	3,880
Admissions		124	3	0	0	127	130	4	0	0	133	134	4	0	0	138
62254	Lebanon															
Population		2,811	1,813	501	424	5,548	2,937	1,933	591	478	5,939	3,026	1,999	643	506	6,174
Admissions		11	0	0	0	11	11	0	0	0	11	12	0	0	0	12
62258	Mascoutah															
Population		3,790	2,559	580	570	7,499	4,069	2,772	759	658	8,258	4,224	2,872	862	705	8,664
Admissions		53	1	0	0	54	57	1	0	0	58	59	1	0	0	60
62269	O'Fallon															
Population		13,201	9,428	1,933	1,324	25,884	14,229	10,325	2,661	1,546	28,761	14,839	10,821	3,079	1,674	30,414
Admissions		91	6	1	0	98	98	7	1	0	106	102	7	2	0	111
PSA TOTAL																
Population		66,955	45,640	10,698	10,363	133,656	69,128	47,327	13,613	11,176	141,244	70,491	48,199	15,288	11,664	145,642
Admissions		634	21	4	2	661	659	22	5	2	688	674	23	6	2	705
62034	Glen Carbon															
Population		5,642	3,588	912	996	11,138	5,968	3,777	1,164	1,076	11,985	6,181	3,884	1,308	1,129	12,503
Admissions		1	0	0	0	1	1	0	0	0	1	1	0	0	0	1
62060	Madison															
Population		1,914	1,241	296	271	3,722	1,784	1,156	347	272	3,559	1,710	1,103	373	274	3,461
Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62062	Maryville															
Population		2,870	2,322	626	469	6,287	3,051	2,483	788	542	6,864	3,163	2,579	880	584	7,205
Admissions		1	1	0	0	2	1	1	0	0	2	1	1	0	0	2

SEB Replacement Hospital
Obstetrics Admission Projections

		2013					2019					2022				
Zip Code	City Name	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total
62090	Venice															
Population		444	310	86	59	899	366	252	89	53	760	322	217	88	49	676
Admissions		1	0	0	0	1	1	0	0	0	1	1	0	0	0	1
62201	East Saint Louis															
Population		3,382	1,519	426	377	5,703	3,167	1,411	479	371	5,428	3,050	1,344	509	369	5,273
Admissions		8	0	0	0	8	7	0	0	0	7	7	0	0	0	7
62203	East Saint Louis															
Population		3,248	2,296	741	502	6,788	2,974	2,030	821	519	6,344	2,817	1,875	869	526	6,087
Admissions		10	0	1	0	11	9	0	1	0	10	9	0	1	0	10
62204	East Saint Louis															
Population		3,108	1,945	522	324	5,899	2,781	1,727	571	338	5,417	2,603	1,599	602	343	5,148
Admissions		9	0	0	0	9	8	0	0	0	8	8	0	0	0	8
62205	East Saint Louis															
Population		3,435	2,373	716	685	7,209	3,239	2,188	802	673	6,902	3,129	2,685	854	671	6,739
Admissions		5	0	1	1	7	5	0	1	1	7	5	0	1	1	7
62206	East Saint Louis															
Population		6,781	3,835	780	737	12,133	6,401	3,589	910	739	11,639	6,203	3,432	985	738	11,358
Admissions		27	0	0	0	27	25	0	0	0	25	25	0	0	0	25
62207	East Saint Louis															
Population		3,248	2,034	512	540	6,333	3,093	1,908	579	538	6,118	3,013	1,829	622	538	6,002
Admissions		11	0	0	0	11	10	0	0	0	10	10	0	0	0	10
62230	Breese															
Population		2,372	1,377	497	489	4,735	2,441	1,806	594	523	5,364	2,479	1,823	650	543	5,495
Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62232	Caseyville															
Population		2,794	2,078	559	561	5,992	2,790	2,030	648	577	6,045	2,776	1,992	695	585	6,048
Admissions		7	1	0	0	8	7	1	0	0	8	7	1	0	0	8
62234	Collinsville															
Population		13,497	8,853	2,332	2,090	26,772	13,516	8,830	2,939	2,233	27,518	13,558	8,836	3,289	2,320	28,003
Admissions		24	2	1	0	27	24	2	1	0	27	24	2	1	0	28
62243	Freeburg															
Population		2,047	1,926	425	457	4,854	2,136	2,042	523	502	5,203	2,188	2,102	581	527	5,397
Admissions		9	1	0	0	10	9	1	0	0	10	10	1	0	0	11
62249	Highland															
Population		6,110	4,481	1,194	1,207	12,992	6,388	4,735	1,540	1,337	14,000	6,556	4,873	1,743	1,415	14,587
Admissions		1	0	0	0	1	1	0	0	0	1	1	0	0	0	1
62255	Lezburg															
Population		370	362	84	80	896	355	345	102	85	887	346	334	113	87	881
Admissions		4	0	0	0	4	4	0	0	0	4	4	0	0	0	4

SEB Replacement Hospital
Obstetrics Admission Projections

		2013					2019					2022				
Zip Code	City Name	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total
62257	Marissa															
Population		1,211	1,079	350	269	2,908	1,152	1,007	421	293	2,873	1,124	963	463	305	2,854
Admissions		7	0	0	0	7	7	0	0	0	7	6	0	0	0	6
62260	Millstadt															
Population		2,508	2,326	557	598	5,989	2,645	2,425	740	657	6,467	2,724	2,483	845	694	6,745
Admissions		5	1	0	0	6	5	1	0	0	6	5	1	0	0	6
62264	New Athens															
Population		1,203	989	253	276	2,720	1,225	1,014	308	296	2,843	1,235	1,028	342	307	2,911
Admissions		13	0	0	0	13	13	0	0	0	13	13	0	0	0	13
62265	New Baden															
Population		2,026	1,437	334	282	4,078	2,085	1,504	417	319	4,325	2,124	1,535	469	341	4,468
Admissions		14	1	0	0	15	14	1	0	0	15	15	1	0	0	16
62278	Red Bud															
Population		2,358	1,952	597	626	5,533	2,352	1,949	699	674	5,674	2,359	1,941	761	703	5,765
Admissions		18	1	0	0	19	18	1	0	0	19	18	1	0	0	19
62281	Saint Jacob															
Population		842	698	171	102	1,812	890	738	227	128	1,983	923	760	261	142	2,086
Admissions		1	0	0	0	1	1	0	0	0	1	1	0	0	0	1
62285	Smithton															
Population		1,612	1,339	325	294	3,569	1,750	1,484	402	336	3,972	1,833	1,565	447	359	4,204
Admissions		10	0	0	0	10	11	0	0	0	11	11	0	0	0	11
62286	Sparta															
Population		2,324	2,086	688	543	5,640	2,244	2,010	784	576	5,614	2,204	1,970	837	594	5,604
Admissions		26	0	0	0	26	25	0	0	0	25	25	0	0	0	25
62293	Trenton															
Population		1,682	1,361	366	319	3,728	1,720	1,416	489	346	3,971	1,746	1,441	560	363	4,110
Admissions		3	1	0	0	4	3	1	0	0	4	3	1	0	0	4
62294	Troy															
Population		5,593	4,170	850	663	11,275	5,891	4,472	1,152	758	12,273	6,088	4,631	1,328	814	12,861
Admissions		10	2	0	0	12	11	2	0	0	13	11	2	0	0	13
62298	Waterloo															
Population		5,924	5,122	1,268	1,204	13,518	6,247	5,548	1,586	1,373	14,754	6,431	5,765	1,774	1,464	15,434
Admissions		4	0	0	0	4	4	0	0	0	4	4	0	0	0	4
TOTAL SSA																
Population		88,539	63,097	16,463	15,019	183,118	88,651	63,876	20,121	16,134	188,782	88,883	63,988	22,249	16,786	191,906
Admissions		229	11	3	1	244	226	11	3	1	242	225	12	4	1	241

SEB Replacement Hospital
Obstetrics Admission Projections

Zip Code City Name	2013 15-44	45-64	65-74	75+	Total	2019 15-44	45-64	65-74	75+	Total	2022 15-44	45-64	65-74	75+	Total
Bond County															
Population	7,361	5,161	1,399	1,339	15,260	7,297	5,103	1,684	1,424	15,508	7,272	5,066	1,852	1,477	15,668
Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
All Other Clinton County															
Population	6,203	4,599	1,279	1,284	13,364	6,298	4,704	1,527	1,374	13,903	6,352	4,744	1,670	1,427	14,192
Admissions	5	0	0	0	5	5	0	0	0	5	5	0	0	0	5
All Other Madison County															
Population	69,282	48,740	13,713	12,822	144,556	68,054	47,817	16,325	13,469	145,665	67,517	47,247	17,850	13,843	146,457
Admissions	11	0	0	0	11	11	0	0	0	11	11	0	0	0	11
All Other Randolph County															
Population	9,529	6,777	1,869	1,683	19,858	9,311	6,566	2,158	1,770	19,805	9,204	6,438	2,322	1,819	19,783
Admissions	45	0	1	0	46	44	0	1	0	45	43	0	1	0	45
All Other St. Clair County															
Population	2,653	2,008	443	340	5,443	2,658	1,992	566	383	5,599	2,675	1,981	643	406	5,705
Admissions	12	0	0	0	12	12	0	0	0	12	12	0	0	0	12
All Other Illinois															
Admissions	39	3	0	1	43	39	3	0	1	43	39	3	0	1	43
Missouri															
Admissions	12	0	0	0	12	12	0	0	0	12	12	0	0	0	12
All Other															
Admissions	4	0	0	0	4	4	0	0	0	4	4	0	0	0	4
Total Admission - All Markets	**991**	**35**	**8**	**4**	**1,038**	**1,011**	**37**	**10**	**4**	**1,062**	**1,025**	**38**	**11**	**4**	**1,078**
Total Population*	**250,522**	**176,021**	**45,863**	**42,848**	**515,255**	**251,397**	**177,385**	**55,994**	**45,730**	**530,506**	**252,394**	**177,663**	**61,873**	**47,422**	**539,352**
Rates per 1,000 population*	**4**	**0**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**2**

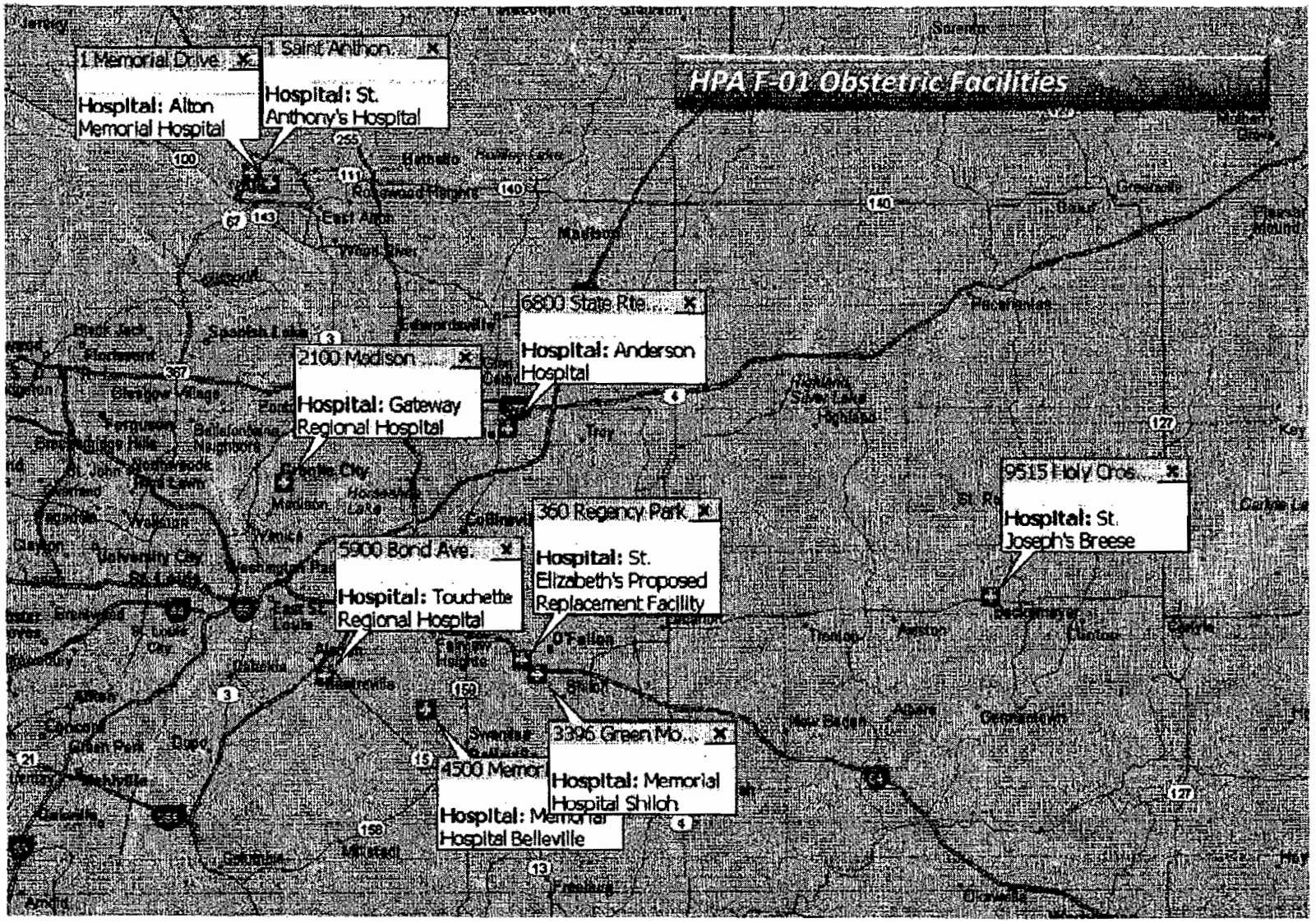
**excludes All Other Illinois, Missouri, and All Other*

Attachment 20 (OB)
Utilization of Obstetric/Gynecology Providers in HPA F-01, 2012

Provider	Authorized OB/GYN Beds	Patient Days incl. Observation Days	Average Daily Census	State Agency Percent Target Occupancy	Actual Occupancy, 2012	Beds Needed at State Agency Target Occupancy	Difference (Authorized Beds - Beds Needed)
Alton Memorial Hospital, Alton	25	1,682	4.6	75.0	18.4	7	+18
Anderson Hospital, Maryville *	24	6,991	19.2	75.0	80.0	26	-2
Gateway Regional Medical Center, * Granite City	27	779	2.1	78.0	7.8	3	+24
Memorial Hospital, Belleville *	8	5,032	13.8	60.0	172.5	14	-6
Memorial Hospital East, Shiloh[1] *	16	--	--			--	
Total[1]	24	5,032	13.8	75.0	57.5	19	+5
St. Anthony's, Alton	20	1,175	3.2	75.0	16.0	5	+15
St. Elizabeth's Hospital Belleville	30	2,920	8.0	75.0	26.7	11	+19
St. Joseph's Hospital, Breese	6	1,329	3.6	60.0	60.0	6	--
Touchette Regional Hospital, * Centreville	33	1,032	2.8	75.0	8.5	6	+27

* Indicates within 30 minutes travel time of the proposed site.

1. On June 28, 2011, the Illinois Health Facilities and Services Review Board approved Permit # 11-017 for Memorial Hospital East to include 16 obstetric beds. Memorial Hospital East will be a satellite of Memorial Hospital in Belleville. The completion date for this project is June 30, 2017.


HPA F-01 Obstetric Facilities
1 Memorial Drive
Hospital: Alton Memorial Hospital
1 Saint Anthon...
Hospital: St. Anthony's Hospital
6800 State Rte...
Hospital: Anderson Hospital
2100 Madison ...
Hospital: Gateway Regional Hospital
360 Regency Park
Hospital: St. Elizabeth's Proposed Replacement Facility
5900 Bond Ave...
Hospital: Touchette Regional Hospital
9515 Holy Cros...
Hospital: St. Joseph's Breese
3396 Green Mo...
Hospital: Memorial Hospital Shiloh
4500 Memor...
Hospital: Memorial Hospital Belleville

Section 1110.530 Intensive Care Review Criteria

St. Elizabeth's Hospital (St. Elizabeth's, Hospital) opened the first intensive care unit in Belleville in 1966. With the initiation of the formalized intensive care service came specialized training of the nurses, more medical specialists such as neurosurgeons and cardiothoracic surgeons who admitted high-risk patients, and the first board certified anesthesiologist. Today intensivists staff the unit.

a) Introduction

1) This Section applies to projects involving the following categories of hospital bed services, Medical Surgical, Obstetrics, Pediatrics and Intensive Care. Applicants proposing to establish or expand or modernize a category of hospital bed service shall comply with the applicable subsections of the Section.

3) If the proposed project involves the replacement of a hospital or service on a new site, the applicant shall comply with the requirements of subsection a) 1) for "establishment of services or Facility."

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

1), 3), and 4)

St. Elizabeth's Hospital is proposing to relocate the hospital to a new site. Based on this definition, the Hospital is addressing the "establishment review criteria."

b) Planning Area Need – Review Criteria

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

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

A) The number of beds to be established for each category of service is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77. Ill. Adm. Code 1100.

b) 1) A) and B)

St. Elizabeth's is located in HPA F-01. In the most recent IDPH"s "Inventory of Health Care Facilities and Services and Need Determinations" dated July 17, 2014, HPA F-01 has an excess of 12 intensive care beds. As the result of the simultaneous discontinuation and re-establishment of the Hospital's intensive care bed complement, the IDPH Bed Inventory will be reduced by 8 beds, or by 67 percent; with the approval of the reduction of intensive care beds at St. Elizabeth's, there will only be an excess of 4 intensive care beds in the planning area.

ICU Utilization

Year	Patient Days	ADC	Percent Target Occupancy	Bed Need
2012	5,014	13.7	60.0	23
2013	5,121	14.0	60.0	24

The Hospital currently has 24 authorized intensive care beds; the Hospital is proposing to re-establish 16 intensive care beds. Its historical utilization supports a 16 bed unit at the target occupancy rate.

2) *Service to Planning Area Residents*

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

b) 2) A)

For almost 50 years, St. Elizabeth's has been providing intensive care services to the residents of the Metro East region. Hence this category of service has patient origin data. It does not anticipate any statistically significant change in its patient origin.

Attachment 20 (IC), Table 1
Market Area Patient Origin for St. Elizabeth's Hospital
Intensive Care, 2013

Market Area	Total Patients	Percent of Total Patients
Market Area	1,076	81.6%
Extended Market Area	242	18.4%
Total	1,318	100.0%

Source: Hospital Records

This data also demonstrates that the inpatient intensive care program is regional and serves the population of the Metro East region.

3) *Service Demand – Establishment of a Bed Category of Service*

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

A) *Historical Referrals* – Not Applicable

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

B) *Projected Referrals*

The applicant proposing to establish an intensive care unit or establish a new hospital shall submit the following:

i) *Physician referral letters that attest to the physician's total number of patients (by zip code residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;*

ii) *An estimated number of patients whom the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload;*

iii) *The physician's notarized signature, the typed and printed name of the physician, he physician's office address and the physician's specialty; and*

iv) *Verification by the physicians that the patient referrals have not been used to support pending or approved applications for the subject services.*

Attached is a letter from the Department Head of Intensive Care at St. Elizabeth's Hospital attesting to the physicians' total number of inpatients and observation patients by zip code who have received care at the Hospital during 2013 and the estimated number that the physicians will refer annually within a 24 month period after the project completion (the same).

C) *Projected Service Demand - Based on Rapid Population Growth*--Not Applicable

4. *Service Demand – Expansion of Existing Category of Service – Not Applicable*

5) *Service Accessibility*

The number of beds being established or added for each category of service is necessary to improve access for planning area residents.

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

i) The absence of the proposed service in the planning area.

ii) Access limitation due to payor status of patients, including but not limited to, individuals with health care coverage through Medicare, Medicare, managed care and charity care.

iii) Restrictive admission policies of existing providers.

iv) The area population and existing care system exhibit indicators of medical care problems, such as average family income below the State average poverty level, high infant mortality, or designations by the Secretary of Health and Human Services as a Health Professional Shortage Area, Medically Underserved Area, or Medically Underserved Population.

v) For purposes of this subsection b) 5) only, all services within the 45-minute normal drive time meet or exceed the utilization standard specified in 77 Ill. Code 1100.

B) Supporting Documentation

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

i) The location and utilization of other planning area providers;

ii) Patient location by zip;

iii) Independent travel time studies;

iv) A certification of waiting times;

v) Scheduling or admission restrictions that exist in area providers;

vi) An assessment of area population characteristics that access problems exist; and

vii) Most recently published IDPH Hospital Questionnaire.

5) A) And B)

Although the site on which the St. Elizabeth's Hospital is currently located represents a major barrier to access, other factors related to the area's population characteristics also document that access problems exist.

In Attachment 12, Purpose, the applicants have described the socioeconomic characteristics of St. Clair County, the location of both the current and the replacement St. Elizabeth's Hospital. In summary, these characteristics include:

Metric	St. Clair County	Illinois	Comments
County Health Rankings Premature Death Morbidity Heath Behaviors Social and Economic Factors Physical Environment	Overall, 88 out of 102 counties in Illinois (lower ranking is better) 88 out of 102 96 out of 102 93 out of 102 98 out of 102 85 out of 102		St. Clair County's overall 88 ranking describes an area with a myriad of heath concerns and behaviors.
Racial composition, percent African American	31.3 percent	14.5 percent	African Americans have more health status and risk conditions and behaviors. Obesity is prevalent in this population .
Average Household Income --Percent less than $25,000	26.3 percent	21.2 percent	Low income households are typically those with the most challenging access to care.
Unemployment	9.1 percent	8.9 percent	Unemployment has been shown

			to increase unhealthy behaviors related to alcohol and tobacco consumption and other health related behaviors which in turn can lead to increased risk for disease or mortality.

Sources: http://www.county healthrankings.org/app10/31/13; DataBay Resources and AHQ, Bureau of Labor Statistics

Medically Underserved Areas/Population, Health Manpower Shortage Areas

St. Clair County has been designated as a Health Manpower Shortage Area and a Medically Underserved Area/Population by the Health Resources and Services Administration (*Federal Register, June 25, 2104).* According the Health Manpower Shortage and Services Administration, St. Clair County has a shortage of 18 primary care and mental health physicians and dentists and as designated as a Medically Underserved Area/Population.

County Health Rankings and Attachment 12 related to the Comparison of Demographic Characteristics, St. Clair County and Illinois, and the reports from the Health Resources and Services Administration describe St. Clair County as an area that will require more health care services than many other counties in Illinois.

HSHS and St. Elizabeth's Hospital are attending to the identified health care needs in St. Clair County and the Metro East region in the following ways. First, HSHS is investing capital to establish a modern hospital on an accessible campus with an ambulatory care building that anticipates the continued trend toward outpatient care. Second, the Hospital will continue to partner with local providers and other agencies to improve all of the factors that contribute to the health and wellness of the population and to develop a comprehensive integrated care delivery model in the region. Third the Hospital is actively recruiting physicians and developing new clinical programs as well as expanding others where these is evidence of need to serve this growing, high risk population.

c) Unnecessary Duplication/Maldistribution – Review Criteria

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

A) A list of the zip codes that are located in total or in part, within 30 minutes travel time of the project site;

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

C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide categories of service that are proposed for the project.

c) 1) A), B) and C)

Attached is a list of the zip codes that are located, in total or in part, within 30 minutes travel time of the project's site. The names and locations of all existing or approved health care facilities located within 30 minutes normal drive time from the project site as well as those within HPA F-01 are included as well as maps showing the locations of intensive care providers within both the 30 minutes drive time and HPA F-07.

St. Elizabeth's Replacement Hospital
CY 2013 ICU Patient Origin

Zip Code	City Name	Total
Primary Service Area		
62226	Belleville	124
62208	Fairview Heights	30
62220	Belleville	155
62221	Belleville	106
62223	Belleville	50
62225	Scott AFB	4
62254	Lebanon	30
62258	Mascoutah	56
62269	O'Fallon	79
PSA TOTAL		634
Secondary Service Area		
62034	Glen Carbon	0
62060	Madison	2
62062	Maryville	2
62090	Venice	0
62201	East Saint Louis	8
62203	East Saint Louis	19
62204	East Saint Louis	7
62205	East Saint Louis	15
62206	East Saint Louis	44
62207	East Saint Louis	16
62230	Breese	17
62232	Caseyville	19
62234	Collinsville	18
62243	Freeburg	25
62249	Highland	68
62255	Lezburg	8
62257	Marissa	16
62260	Millstadt	12
62264	New Athens	24
62265	New Baden	27
62278	Red Bud	20
62281	Saint Jacob	1
62285	Smithton	16
62286	Sparta	25
62293	Trenton	18
62294	Troy	3
62298	Waterloo	12
TOTAL SSA		442

Other Areas	
Bond County	15
All Other Clinton County	61
All Other Madison County	18
All Other Randolph County	48
All Other St. Clair County	14
All Other Illinois	61
Missouri	13
All Other	12
Total Other Areas	242
Total - All Areas	1,318

A) The total population of the identified zip codes (based on the most recent population numbers available for the State of Illinois.

The total population of the zip codes is 380,319.

B) The following hospitals with intensive care services are located within 30 minutes drive time of the proposed O'Fallon site.

Anderson Hospital, Maryville

Gateway Hospital, Granite City

Memorial Hospital, Belleville and Shiloh

St. Elizabeth's Hospital, Belleville

Touchette Regional Hospital, Centreville

The proposed project will not cause unnecessary duplication of intensive care services because St. Elizabeth's already serves the population that resides within 30 minutes travel time. Further, the Hospital's replacement facility will have 8 fewer intensive care beds and will reduce the excess intensive care beds in the Health Planning Area F-01 by 66.7 percent. No market share increase was factored into the projection. If the proposed beds were not replaced, there would be a deficit of intensive care beds in the area.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds, and services characterized by such factors but not limited to"

A) The ratio of beds to population that exceeds one and one-half times the State average.
B) Historical utilization (for the last 12 month period prior to the submission of the application)for existing facilities and services that are below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100, or
C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above the occupancy standards.

St. Elizabeth's is proposing to discontinue 24 intensive care beds and re-establish 16 intensive care beds in the same planning area, HPA-F-01. The proposed bed reduction will decrease the area excess beds by 66.7 percent to only 4 beds. Without the proposed St. Elizabeth's replacement capacity, there would be a shortage of intensive care beds in the planning area.

3) *The applicant shall document that, within 24 months after project completion, the proposed project:*

A) *Will not lower other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and*

B) *Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.*

St. Elizabeth's bed need projection methodology does not assume any increase in market share; hence, the replacement of 16 intensive care beds will not affect the utilization of other area hospitals. It will neither lower the occupancy of other area hospitals that meet the State's Occupancy Target below the target nor lower, to a further extent, the utilization of other area hospitals that are currently operating below the occupancy standards.

d) *Category of Service Modernization Not Applicable*

e) *Staffing – Review Criterion*

The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

Today, the intensive care service at St. Elizabeth's is fully staffed to meet all JCAHO staffing requirements. St. Elizabeth's Hospital is currently staffing 24 intensive care beds. Staff will be available at the proposed replacement facility for 16 beds; the Hospital will continue to meet all licensure and JCAHO staffing requirements.

f. *Performance Requirements*

3) Intensive Care

The minimum size for an intensive care unit is 4 beds.

The proposed St. Elizabeth's Hospital will have 16 intensive care beds and therefore meets the State Agency guideline.

g. *Assurances*

See the last pages of Attachment 20.

St. Elizabeth's Replacement Hospital
CY 2013 ICU Patient Origin

Zip Code	City Name	Total
Primary Service Area		
62226	Belleville	124
62208	Fairview Heights	30
62220	Belleville	155
62221	Belleville	106
62223	Belleville	50
62225	Scott AFB	4
62254	Lebanon	30
62258	Mascoutah	56
62269	O'Fallon	79
PSA TOTAL		634
Secondary Service Area		
62034	Glen Carbon	0
62060	Madison	2
62062	Maryville	2
62090	Venice	0
62201	East Saint Louis	8
62203	East Saint Louis	19
62204	East Saint Louis	7
62205	East Saint Louis	15
62206	East Saint Louis	44
62207	East Saint Louis	16
62230	Breese	17
62232	Caseyville	19
62234	Collinsville	18
62243	Freeburg	25
62249	Highland	68
62255	Lezburg	8
62257	Marissa	16
62260	Millstadt	12
62264	New Athens	24
62265	New Baden	27
62278	Red Bud	20
62281	Saint Jacob	1
62285	Smithton	16
62286	Sparta	25
62293	Trenton	18
62294	Troy	3
62298	Waterloo	12
TOTAL SSA		442

Other Areas	
Bond County	15
All Other Clinton County	61
All Other Madison County	18
All Other Randolph County	48
All Other St. Clair County	14
All Other Illinois	61
Missouri	13
All Other	12
Total Other Areas	242
Total - All Areas	1,318

St. Elizabeth's Hospital

August 14, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Affidavit Regarding Current and Future Patients to St. Elizabeth Hospital

Dear Ms. Avery:

During the previous 12-month period ending December 31, 2013, I can attest that the Intensive Care Department at St. Elizabeth's Hospital admitted a total of 1,318 inpatients and observation patients; they also accounted directly for inpatient and outpatient ancillary utilization. A HIPAA compliant list of these patients by zip code for this department is attached.

If the Illinois Health Facilities and Services Review Board authorizes St. Elizabeth's Hospital to discontinue and reestablish a new hospital in O'Fallon, Illinois, the Medical Staff will admit the same number of patients to the new facility in its first full year of operation as they did in the most recent 12 months for which data is provided. In fact, I believe that admissions will increase as we have had very successful recruitment efforts and new members of the Medical Staff have been admitted at St. Elizabeth's in part due to the attraction of practicing in a modern, state of the art facility.

These referrals have not been used to support other pending or approved applications for the subject services.

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org

An Affiliate of Hospital Sisters Health System

I certify that the information contained in this letter is true and accurate to the best of my knowledge.

Sincerely,

Dr. James Close
211 South Third Street
Belleville, Illinois 62220

Subscribed and sworn before me
This 4 day of August, 2014
Official Notary Seal

"OFFICIAL SEAL"
YVONNE S STRODER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 12/10/2015

Intensive Care			
Zip Code	Inpatient	Observation	Total
62220	155	2	157
62226	124	9	133
62221	106	8	114
62269	79	6	85
62249	68	2	70
62258	56	2	58
62223	50	1	51
62206	44	2	46
62208	30	2	32
62231	32		32
62254	30	1	31
62265	27		27
62243	25	1	26
62286	25	1	26
62264	24	1	25
62278	20	2	22
62203	19	2	21
62232	19		19
62234	18	1	19
62237	17	1	18
62293	18		18
62230	17		17
62285	16		16
62207	16		16
62205	15	1	16
62257	16		16
62275	13		13
62260	12		12
62298	12		12
62255	8	1	9
62292	9		9
62201	8	1	9
62289	8		8
62204	7	1	8
62215	7		7
62236	7		7
62040	5	1	6
62239	4	1	5
62216	5		5
62240	5		5
62219	5		5
62025	5		5
62253	4	1	5

Intensive Care			
Zip Code	Inpatient	Observation	Total
62266	4		4
62288	4		4
62225	4		4
62242	4		4
62295	3	1	4
62217	4		4
62294	3		3
62214	3		3
62282	3		3
62233	2	1	3
62002	3		3
63070	3		3
62241	3		3
62245	3		3
62864	3		3
62218	3		3
62263	3		3
62271	3		3
62222	2		2
89131	2		2
62060	2		2
62277	1	1	2
62272	2		2
62248	2		2
62297	2		2
62259	2		2
62801	2		2
62250	2		2
62920	2		2
62097	2		2
63116	2		2
62238	2		2
62246	2		2
62062	2		2
51366	1		1
62274	1		1
62061	1		1
38232	1		1
62024	1		1
62001	1		1
63136	1		1
33706	1		1
62888	1		1

Intensive Care			
Zip Code	Inpatient	Observation	Total
34210	1		1
62972	1		1
62067	1		1
63103	1		1
62093	1		1
63126	1		1
27320		1	1
68137	1		1
33196	1		1
62281	1		1
62252	1		1
62916	1		1
5478	1		1
62951	1		1
61550	1		1
63028	1		1
62531	1		1
63102	1		1
62553	1		1
63109	1		1
42141	1		1
63123	1		1
62831	1		1
63129	1		1
62273	1		1
63366		1	1
62870	1		1
73049	1		1
62876	1		1
99997	1		1
62881	1		1
62882	1		1
Grand Total	1,318	56	1,374

SEB Replacement Hospital
Medical-Surgcial/Ped/ICU Patient Day Projections

Zip Code	City Name	2013 15-44	45-64	65-74	75+	Total	2019 15-44	45-64	65-74	75+	Total	2022 15-44	45-64	65-74	75+	Total
62226	Belleville															
Population		11,616	8,581	2,152	2,566	24,915	11,554	8,625	2,582	2,667	25,428	11,538	8,636	2,833	2,737	25,744
Patient Days		321	877	437	1,206	2,841	319	882	524	1,253	2,979	319	883	575	1,286	3,063
62208	Fairview Heights															
Population		7,223	4,954	1,276	1,245	14,697	7,489	5,065	1,669	1,361	15,584	7,644	5,122	1,898	1,429	16,093
Patient Days		147	319	223	367	1,056	152	326	292	401	1,172	156	330	332	421	1,238
62220	Belleville															
Population		8,119	5,395	1,181	1,215	15,910	8,163	5,394	1,478	1,266	16,301	8,202	5,393	1,645	1,299	16,539
Patient Days		311	922	699	1,077	3,009	313	922	875	1,122	3,232	314	922	974	1,152	3,361
62221	Belleville															
Population		10,970	7,280	1,664	1,339	21,252	11,420	7,604	2,187	1,458	22,669	11,706	7,777	2,479	1,532	23,495
Patient Days		413	953	429	796	2,591	430	995	564	867	2,856	441	1,018	639	911	3,009
62223	Belleville															
Population		6,241	5,130	1,402	1,671	14,444	6,142	5,012	1,675	1,731	14,560	6,090	4,941	1,836	1,772	14,640
Patient Days		214	381	130	425	1,150	211	372	155	440	1,178	209	367	170	451	1,197
62225	Scott AFB															
Population		2,986	501	11	11	3,508	3,125	597	11	11	3,744	3,220	637	11	11	3,880
Patient Days		46	34	1	4	85	48	40	1	4	94	50	43	1	4	98
62254	Lebanon															
Population		2,811	1,813	501	424	5,548	2,937	1,933	591	478	5,939	3,026	1,999	643	506	6,174
Patient Days		141	215	87	254	697	147	229	103	287	766	152	237	112	304	804
62258	Mascoutah															
Population		3,790	2,559	580	570	7,499	4,069	2,772	759	658	8,258	4,224	2,872	862	705	8,664
Patient Days		100	456	227	561	1,344	107	494	297	648	1,546	111	512	338	694	1,655
62269	O'Fallon															
Population		13,201	9,428	1,933	1,324	25,884	14,229	10,325	2,661	1,546	28,761	14,839	10,821	3,079	1,674	30,414
Patient Days		283	496	312	773	1,864	305	543	430	903	2,181	318	569	497	978	2,362
PSA TOTAL																
Population		66,955	45,640	10,698	10,363	133,656	69,128	47,327	13,613	11,176	141,244	70,491	48,199	15,288	11,664	145,642
Patient Days		1,976	4,653	2,545	5,463	14,637	2,033	4,804	3,241	5,926	16,003	2,069	4,881	3,638	6,200	16,788
62034	Glen Carbon															
Population		5,642	3,588	912	996	11,138	5,968	3,777	1,164	1,076	11,985	6,181	3,884	1,308	1,129	12,503
Patient Days		4	1	9	16	30	4	1	11	17	34	4	1	13	18	37
62060	Madison															
Population		1,914	1,241	296	271	3,722	1,784	1,156	347	272	3,559	1,710	1,103	373	274	3,461
Patient Days		7	40	0	8	55	7	37	0	8	52	6	36	0	8	50
62062	Maryville															
Population		2,870	2,322	626	469	6,287	3,051	2,483	788	542	6,864	3,163	2,579	880	584	7,205
Patient Days		2	40	8	17	67	2	43	10	20	75	2	44	11	21	79

SEB Replacement Hospital
Medical-Surgcial/Pcd/ICU Patient Day Projections

		2013					2019					2022				
Zip Code	City Name	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total
62090	Venice															
Population		444	310	86	59	899	366	252	89	53	760	322	217	88	49	676
Patient Days		13	8	0	0	21	11	7	0	0	17	9	6	0	0	15
62201	East Saint Louis															
Population		3,382	1,519	426	377	5,703	3,167	1,411	479	371	5,428	3,050	1,344	509	369	5,273
Patient Days		29	74	45	26	174	27	69	51	26	172	26	65	54	25	171
62203	East Saint Louis															
Population		3,248	2,296	741	502	6,788	2,974	2,030	821	519	6,344	2,817	1,875	869	526	6,087
Patient Days		36	195	112	167	510	33	172	124	173	502	31	159	131	175	496
62204	East Saint Louis															
Population		3,108	1,945	522	324	5,899	2,781	1,727	571	338	5,417	2,603	1,599	602	343	5,148
Patient Days		24	123	68	39	254	21	109	74	41	246	20	101	79	41	241
62205	East Saint Louis															
Population		3,435	2,373	716	685	7,209	3,239	2,188	802	673	6,902	3,129	2,085	854	671	6,739
Patient Days		9	171	145	207	532	8	158	162	204	532	8	150	173	203	534
62206	East Saint Louis															
Population		6,781	3,835	780	737	12,133	6,401	3,589	910	739	11,639	6,203	3,432	985	738	11,358
Patient Days		101	550	148	282	1,081	95	515	173	283	1,066	92	492	187	282	1,054
62207	East Saint Louis															
Population		3,248	2,034	512	540	6,333	3,093	1,908	579	538	6,118	3,013	1,829	622	538	6,002
Patient Days		79	128	159	134	500	75	120	180	133	509	73	115	193	133	515
62230	Breese															
Population		2,372	1,377	497	489	4,735	2,441	1,806	594	523	5,364	2,479	1,823	650	543	5,495
Patient Days		50	72	31	116	269	51	94	37	124	307	52	95	41	129	317
62232	Caseyville															
Population		2,794	2,078	559	561	5,992	2,790	2,030	648	577	6,045	2,776	1,992	695	585	6,048
Patient Days		39	108	99	234	480	39	106	115	241	500	39	104	123	244	510
62234	Collinsville															
Population		13,497	8,853	2,332	2,090	26,772	13,516	8,830	2,939	2,233	27,518	13,558	8,836	3,289	2,320	28,003
Patient Days		46	151	80	139	416	46	151	101	149	446	46	151	113	154	464
62243	Freeburg															
Population		2,047	1,926	425	457	4,854	2,136	2,042	523	502	5,203	2,188	2,102	581	527	5,397
Patient Days		44	151	155	454	804	46	160	191	499	896	47	165	242	523	947
62249	Highland															
Population		6,110	4,481	1,194	1,207	12,992	6,388	4,735	1,540	1,337	14,000	6,556	4,873	1,743	1,415	14,587
Patient Days		39	269	178	391	877	41	284	230	433	988	42	293	260	458	1,053
62255	Lezburg															
Population		370	362	84	80	896	355	345	102	85	887	346	334	113	87	881
Patient Days		6	82	20	67	175	6	78	24	71	179	6	76	27	73	181

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SEB Replacement Hospital
Medical-Surgcial/Ped/ICU Patient Day Projections

Zip Code	City Name	2013 15-44	45-64	65-74	75+	Total	2019 15-44	45-64	65-74	75+	Total	2022 15-44	45-64	65-74	75+	Total
62257	Marissa															
Population		1,211	1,079	350	269	2,908	1,152	1,007	421	293	2,873	1,124	963	463	305	2,854
Patient Days		14	107	115	99	335	13	100	138	108	359	13	95	152	112	373
62260	Millstadt															
Population		2,508	2,326	557	598	5,989	2,645	2,425	740	657	6,467	2,724	2,483	845	694	6,745
Patient Days		27	78	33	225	363	28	81	44	247	401	29	83	50	261	424
62264	New Athens															
Population		1,203	989	253	276	2,720	1,225	1,014	308	296	2,843	1,235	1,028	342	307	2,911
Patient Days		29	58	118	114	319	30	59	144	122	355	30	60	159	127	376
62265	New Baden															
Population		2,026	1,437	334	282	4,078	2,085	1,504	417	319	4,325	2,124	1,535	469	341	4,468
Patient Days		56	104	100	196	456	58	109	125	222	513	59	111	140	237	547
62278	Red Bud															
Population		2,358	1,952	597	626	5,533	2,352	1,949	699	674	5,674	2,359	1,941	761	703	5,765
Patient Days		70	157	44	141	412	70	157	51	152	430	70	156	56	158	441
62281	Saint Jacob															
Population		842	698	171	102	1,812	890	738	227	128	1,983	923	760	261	142	2,086
Patient Days		3	0	5	0	8	3	0	7	0	10	3	0	8	0	11
62285	Smithton															
Population		1,612	1,339	325	294	3,569	1,750	1,484	402	336	3,972	1,833	1,565	447	359	4,204
Patient Days		21	138	61	169	389	23	153	76	193	444	24	161	84	206	475
62286	Sparta															
Population		2,324	2,086	688	543	5,640	2,244	2,010	784	576	5,614	2,204	1,970	837	594	5,604
Patient Days		34	82	83	109	308	33	79	95	116	322	32	77	101	119	330
62293	Trenton															
Population		1,682	1,361	366	319	3,728	1,720	1,416	489	346	3,971	1,746	1,441	560	363	4,110
Patient Days		14	85	93	147	339	14	88	124	159	387	15	90	142	167	414
62294	Troy															
Population		5,593	4,170	850	663	11,275	5,891	4,472	1,152	758	12,273	6,088	4,631	1,328	814	12,861
Patient Days		13	58	17	33	121	14	62	23	38	137	14	64	27	41	146
62298	Waterloo															
Population		5,924	5,122	1,268	1,204	13,518	6,247	5,548	1,586	1,373	14,754	6,431	5,765	1,774	1,464	15,434
Patient Days		28	78	158	183	447	30	84	198	209	520	30	88	221	223	562
TOTAL SSA																
Population		88,539	63,097	16,463	15,019	183,118	88,651	63,876	20,121	16,134	188,782	88,883	63,988	22,249	16,786	191,906
Patient Days		837	3,108	2,084	3,713	9,742	828	3,077	2,508	3,986	10,399	825	3,040	2,758	4,142	10,764

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SEB Replacement Hospital
Medical-Surgcial/Ped/ICU Patient Day Projections

	2013					2019					2022				
Zip Code City Name	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total
Bond County															
Population	7,361	5,161	1,399	1,339	15,260	7,297	5,103	1,684	1,424	15,508	7,272	5,066	1,852	1,477	15,668
Patient Days	19	49	16	70	154	19	48	19	74	161	19	48	21	77	165
All Other Clinton County															
Population	6,203	4,599	1,279	1,284	13,364	6,298	4,704	1,527	1,374	13,903	6,352	4,744	1,670	1,427	14,192
Patient Days	40	330	182	307	859	41	338	217	329	924	41	340	238	341	960
All Other Madison County															
Population	69,282	48,740	13,713	12,822	144,556	68,054	47,817	16,325	13,469	145,665	67,517	47,247	17,850	13,843	146,457
Patient Days	60	188	14	95	357	59	184	17	100	360	58	182	18	103	362
All Other Randolph County															
Population	9,529	6,777	1,869	1,683	19,858	9,311	6,566	2,158	1,770	19,805	9,204	6,438	2,322	1,819	19,783
Patient Days	71	189	357	292	909	69	183	412	307	972	69	180	443	316	1,007
All Other St. Clair County															
Population	2,653	2,008	443	340	5,443	2,658	1,992	566	383	5,599	2,675	1,981	643	406	5,705
Patient Days	94	217	139	124	574	94	215	178	140	627	95	214	202	148	659
All Other Illinois															
Patient Days	134	467	249	431	1,281	134	467	249	431	1,281	134	467	249	431	1,281
Missouri															
Patient Days	78	68	19	14	179	78	68	19	14	179	78	68	19	14	179
All Other															
Patient Days	26	231	93	212	562	26	231	93	212	562	26	231	93	212	562
Total Patient Days - All Markets	**3,335**	**9,500**	**5,698**	**10,721**	**29,254**	**3,381**	**9,616**	**6,952**	**11,519**	**31,468**	**3,413**	**9,651**	**7,679**	**11,983**	**32,727**
Total Population*	**250,522**	**176,021**	**45,863**	**42,848**	**515,255**	**251,397**	**177,385**	**55,994**	**45,730**	**530,506**	**252,394**	**177,663**	**61,873**	**47,422**	**539,352**
Rates per 1,000 population*	**12**	**50**	**116**	**235**	**53**	**13**	**50**	**118**	**238**	**56**	**13**	**50**	**118**	**239**	**57**

**excludes All Other Illinois, Missouri, and All Other*

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SEB Replacement Hospital
Medical-Surgcial/Ped/ICU Admission Projections

		2013					2019					2022				
Zip Code	City Name	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total
62226	Belleville															
Population		11,616	8,581	2,152	2,566	24,915	11,554	8,625	2,582	2,667	25,428	11,538	8,636	2,833	2,737	25,744
Admissions		116	206	114	226	662	115	207	137	235	694	115	207	150	241	714
62208	Fairview Heights															
Population		7,223	4,954	1,276	1,245	14,697	7,489	5,065	1,669	1,361	15,584	7,644	5,122	1,898	1,429	16,093
Admissions		47	81	42	99	269	49	83	55	108	295	50	84	62	114	310
62220	Belleville															
Population		8,119	5,395	1,181	1,215	15,910	8,163	5,394	1,478	1,266	16,301	8,202	5,393	1,645	1,299	16,539
Admissions		130	260	165	220	775	131	260	206	229	826	131	260	230	235	856
62221	Belleville															
Population		10,970	7,280	1,664	1,339	21,252	11,420	7,604	2,187	1,458	22,669	11,706	7,777	2,479	1,532	23,495
Admissions		154	241	100	181	676	160	252	131	197	741	164	257	149	207	778
62223	Belleville															
Population		6,241	5,130	1,402	1,671	14,444	6,142	5,012	1,675	1,731	14,560	6,090	4,941	1,836	1,772	14,640
Admissions		56	101	39	104	300	55	99	47	108	308	55	97	51	110	313
62225	Scott AFB															
Population		2,986	501	11	11	3,508	3,125	597	11	11	3,744	3,220	637	11	11	3,880
Admissions		28	13	1	1	43	29	15	1	1	47	30	17	1	1	49
62254	Lebanon															
Population		2,811	1,813	501	424	5,548	2,937	1,933	591	478	5,939	3,026	1,999	643	506	6,174
Admissions		30	59	30	68	187	31	63	35	77	206	32	65	39	81	217
62258	Mascoutah															
Population		3,790	2,559	580	570	7,499	4,069	2,772	759	658	8,258	4,224	2,872	862	705	8,664
Admissions		41	121	62	133	357	44	131	81	154	410	46	136	92	164	438
62269	O'Fallon															
Population		13,201	9,428	1,933	1,324	25,884	14,229	10,325	2,661	1,546	28,761	14,839	10,821	3,079	1,674	30,414
Admissions		86	151	93	191	521	93	165	128	223	609	97	173	148	242	660
PSA TOTAL																
Population		66,955	45,640	10,698	10,363	133,656	69,128	47,327	13,613	11,176	141,244	70,491	48,199	15,288	11,664	145,642
Admissions		688	1,233	646	1,223	3,790	708	1,275	822	1,332	4,136	720	1,296	923	1,396	4,335
62034	Glen Carbon															
Population		5,642	3,588	912	996	11,138	5,968	3,777	1,164	1,076	11,985	6,181	3,884	1,308	1,129	12,503
Admissions		2	1	5	3	11	2	1	6	3	13	2	1	7	3	14
62060	Madison															
Population		1,914	1,241	296	271	3,722	1,784	1,156	347	272	3,559	1,710	1,103	373	274	3,461
Admissions		3	6	0	2	11	3	6	0	2	10	3	5	0	2	10
62062	Maryville															
Population		2,870	2,322	626	469	6,287	3,051	2,483	788	542	6,864	3,163	2,579	880	584	7,205
Admissions		1	4	5	5	15	1	4	6	6	17	1	4	7	6	19

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SEB Replacement Hospital
Medical-Surgcial/Ped/ICU Admission Projections

Zip Code	City Name	2013 15-44	45-64	65-74	75+	Total	2019 15-44	45-64	65-74	75+	Total	2022 15-44	45-64	65-74	75+	Total
62090	Venice															
Population		444	310	86	59	899	366	252	89	53	760	322	217	88	49	676
Admissions		1	2	0	0	3	1	2	0	0	2	1	1	0	0	2
62201	East Saint Louis															
Population		3,382	1,519	426	377	5,703	3,167	1,411	479	371	5,428	3,050	1,344	509	369	5,273
Admissions		12	21	12	7	52	11	20	14	7	51	11	19	14	7	51
62203	East Saint Louis															
Population		3,248	2,296	741	502	6,788	2,974	2,030	821	519	6,344	2,817	1,875	869	526	6,087
Admissions		14	46	23	27	110	13	41	25	28	107	12	38	27	28	105
62204	East Saint Louis															
Population		3,108	1,945	522	324	5,899	2,781	1,727	571	338	5,417	2,603	1,599	602	343	5,148
Admissions		10	39	14	9	72	9	35	15	9	68	8	32	16	10	66
62205	East Saint Louis															
Population		3,435	2,373	716	685	7,209	3,239	2,188	802	673	6,902	3,129	2,085	854	671	6,739
Admissions		6	41	24	42	113	6	38	27	41	112	5	36	29	41	111
62206	East Saint Louis															
Population		6,781	3,835	780	737	12,133	6,401	3,589	910	739	11,639	6,203	3,432	985	738	11,358
Admissions		34	103	38	61	236	32	96	44	61	234	31	92	48	61	232
62207	East Saint Louis															
Population		3,248	2,034	512	540	6,333	3,093	1,908	579	538	6,118	3,013	1,829	622	538	6,002
Admissions		19	28	28	33	108	18	26	32	33	109	18	25	34	33	110
62230	Breese															
Population		2,372	1,377	497	489	4,735	2,441	1,806	594	523	5,364	2,479	1,823	650	543	5,495
Admissions		12	20	14	36	82	12	26	17	39	94	13	26	18	40	97
62232	Caseyville															
Population		2,794	2,078	559	561	5,992	2,790	2,030	648	577	6,045	2,776	1,992	695	585	6,048
Admissions		10	32	18	41	101	10	31	21	42	104	10	31	22	43	106
62234	Collinsville															
Population		13,497	8,853	2,332	2,090	26,772	13,516	8,830	2,939	2,233	27,518	13,558	8,836	3,289	2,320	28,003
Admissions		18	42	17	39	116	18	42	21	42	123	18	42	24	43	127
62243	Freeburg															
Population		2,047	1,926	425	457	4,854	2,136	2,042	523	502	5,203	2,188	2,102	581	527	5,397
Admissions		21	42	38	81	182	22	45	47	89	202	22	46	52	93	214
62249	Highland															
Population		6,110	4,481	1,194	1,207	12,992	6,388	4,735	1,540	1,337	14,000	6,556	4,873	1,743	1,415	14,587
Admissions		18	59	43	82	202	19	62	55	91	227	19	64	63	96	242
62255	Lezburg															
Population		370	362	84	80	896	355	345	102	85	887	346	334	113	87	881
Admissions		3	18	4	15	40	3	17	5	16	41	3	17	5	16	41

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SEB Replacement Hospital
Medical-Surgcial/Ped/ICU Admission Projections

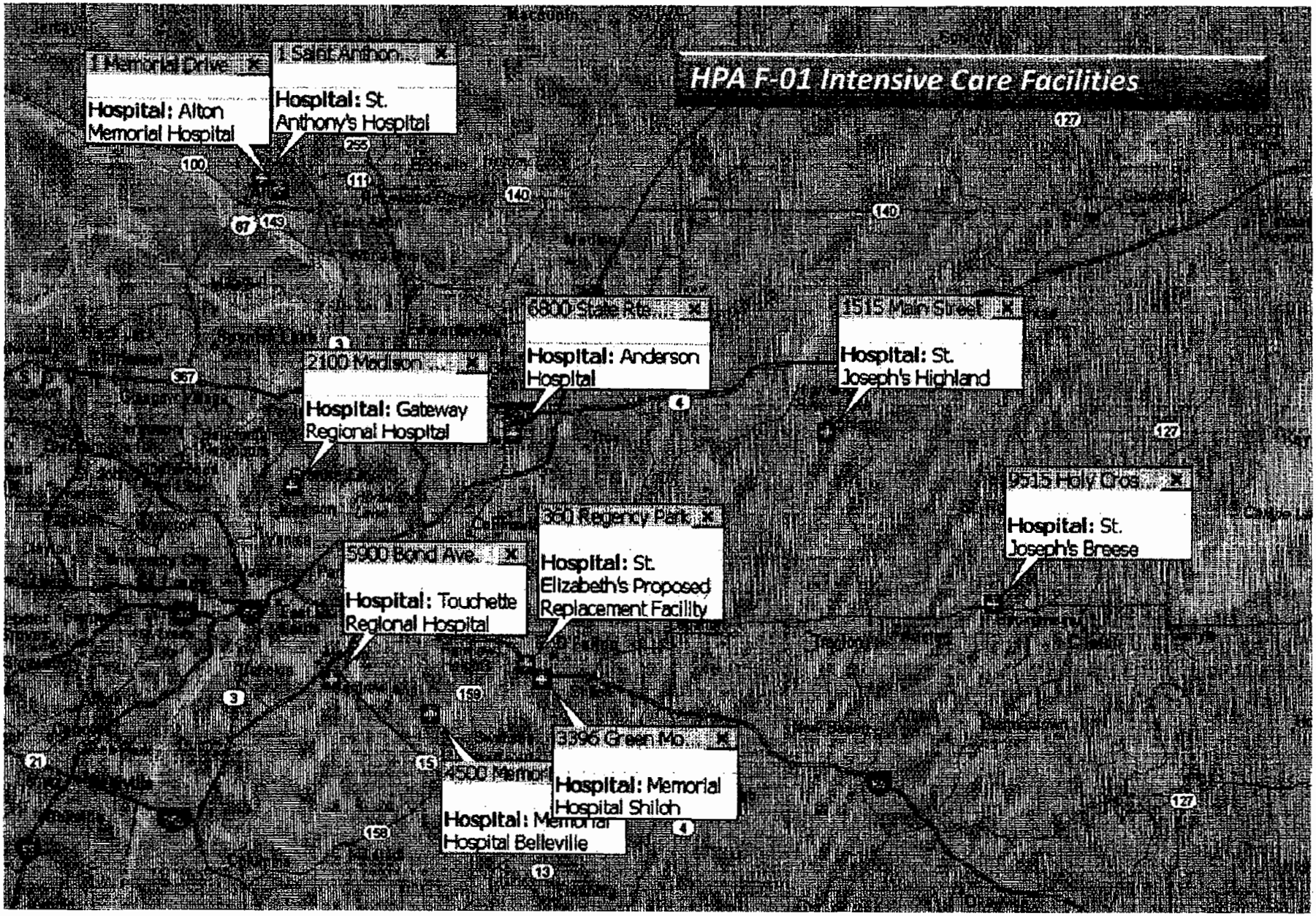
Zip Code City Name	2013 15-44	45-64	65-74	75+	Total	2019 15-44	45-64	65-74	75+	Total	2022 15-44	45-64	65-74	75+	Total
Bond County															
Population	7,361	5,161	1,399	1,339	15,260	7,297	5,103	1,684	1,424	15,508	7,272	5,066	1,852	1,477	15,668
Admissions	9	17	6	17	49	9	17	7	18	51	9	17	8	19	52
All Other Clinton County															
Population	6,203	4,599	1,279	1,284	13,364	6,298	4,704	1,527	1,374	13,903	6,352	4,744	1,670	1,427	14,192
Admissions	20	71	47	75	213	20	73	56	80	229	20	73	61	83	238
All Other Madison County															
Population	69,282	48,740	13,713	12,822	144,556	68,054	47,817	16,325	13,469	145,665	67,517	47,247	17,850	13,843	146,457
Admissions	24	49	7	14	94	24	48	8	15	95	23	47	9	15	95
All Other Randolph County															
Population	9,529	6,777	1,869	1,683	19,858	9,311	6,566	2,158	1,770	19,805	9,204	6,438	2,322	1,819	19,783
Admissions	31	64	85	55	235	30	62	98	58	248	30	61	106	59	256
All Other St. Clair County															
Population	2,653	2,008	443	340	5,443	2,658	1,992	566	383	5,599	2,675	1,981	643	406	5,705
Admissions	24	54	33	34	145	24	54	42	38	158	24	53	48	41	166
All Other Illinois															
Admissions	55	128	70	98	351	55	128	70	98	351	55	128	70	98	351
Missouri															
Admissions	25	22	7	2	56	25	22	7	2	56	25	22	7	2	56
All Other															
Admissions	8	36	10	11	65	8	36	10	11	65	8	36	10	11	65
Total Admission - All Markets	**1,182**	**2,444**	**1,402**	**2,355**	**7,383**	**1,199**	**2,479**	**1,714**	**2,540**	**7,932**	**1,211**	**2,490**	**1,894**	**2,648**	**8,243**
Total Population*	**250,522**	**176,021**	**45,863**	**42,848**	**515,255**	**251,397**	**177,385**	**55,994**	**45,730**	**530,506**	**252,394**	**177,663**	**61,873**	**47,422**	**539,352**
Rates per 1,000 population*	**4**	**13**	**29**	**52**	**13**	**4**	**13**	**29**	**53**	**14**	**4**	**13**	**29**	**53**	**14**

**excludes All Other Illinois, Missouri, and All Other*

Utilization of Intensive Care Hospitals in HPA F-01, 2012

Provider	Authorized OB/GYN Beds	Patient Days incl. Observation Days	Average Daily Census	State Agency Percent Target Occupancy	Actual Occupancy, 2012	Beds Needed at State Agency Target Occupancy	Difference (Authorized Beds - Beds Needed)
Alton Memorial Hospital, Alton	12	2,977	8.0	60.0	66.7	14	-2
Anderson Hospital, Maryville	12	2.242	6.1	60.0	50.8	11	+1
Gateway Regional Medical Center, Granite City	12	1,691	4.6	60.0	38.1	8	+4
Memorial Hospital, Belleville	19	5,925	16.2	60.0	85.3	32	-13
Memorial Hospital East, Shiloh[1]	6	--	--			--	
Total[1]	25	5,925	16.2	60.0	64.8	27	-2
St. Anthony's, Alton	19	3,450	9.5	60.0	50.0	16	+3
St. Elizabeth's Hospital Belleville	24	5,014	13.7	60.0	57.1	23	+1
St. Joseph's Hospital, Breese	4	13	70.1	60.0	>0.1	1	+3
Touchette Regional Hospital	8	876	24	60.0	30.0	4	+4

1. On June 28, 2011, the Illinois Health Facilities and Services Review Board approved Permit # 11-017 for Memorial Hospital East to include 6 intensive care beds and 72 medical surgical beds. Memorial Hospital East will be a satellite of Memorial Hospital in Belleville. The completion date for this project is June 30, 2017.


HPA F-01 Intensive Care Facilities
Hospital: Alton Memorial Hospital
Hospital: St. Anthony's Hospital
Hospital: Anderson Hospital
Hospital: St. Joseph's Highland
Hospital: Gateway Regional Hospital
Hospital: St. Elizabeth's Proposed Replacement Facility
Hospital: Touchette Regional Hospital
Hospital: Memorial Hospital Shiloh
Hospital: Memorial Hospital Belleville
Hospital: St. Joseph's Breese

g) Assurances

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

The required assurance letter is attached.

A letter identifying all of the physicians who have recently been granted privileges on the Medical Staff at St. Elizabeth's Hospital service is included in this Attachment 20.

St. Elizabeth's Hospital

August 25, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, Second Floor
Springfield, Illinois 62761

RE: Assurance that Physicians Are Members of the St. Elizabeth's Hospital Medical Staff

Dear Ms. Avery:

This letter provides the Illinois Health Facilities and Services Review Board with assurances that the physicians identified below have joined the St. Elizabeth's Hospital Medical Staff since 2012. These physicians are:

- John Crowe, MD
- Anthony Truong, MD
- Astrid Compton, MD
- Jennifer Ray, MD
- Pavan Gupta, MD
- Girish Mood, MD
- Martin Musambi, MD
- Emily Boyd, MD
- Kimberly Carter, MD
- Amanda Spitalnik, MD
- Donald Bassman, MD
- Steven Hoerner, MD
- Stacy Stratmann, MD
- Nathan Compton, MD
- Edgar Breda, MD
- Dustin Creech, MD
- Emily Ermis, MD
- Bruce Gardner, MD

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org

An Affiliate of Hospital Sisters Health System

- Michael Hesterburg, MD
- Steven Horner, MD
- Indranil Debnath, MD
- Melissa Keil, MD
- Naveen Krishna, MD
- Robert McKee, MD
- James Ryback, MD
- Cole Taylor, MD
- Donald Weimer, MD
- Eric Wigton, MD
- Paban Saha, MD
- Amber Watters, MD

Practice growth factors for these physicians have been included in the bed projections for intensive care, medical surgical, and obstetric beds.

Sincerely,

Maryann Reese

Maryann Reese
President and CEO

St. Elizabeth's Hospital

August 14, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, Second Floor
Springfield, Illinois 62761

RE: St. Elizabeth's Hospital
Assurance - Criterion 1110.530 (g)

Dear Ms. Avery:

This letter provides the Health Facilities and Services Review Board the assurance required with our application to construct intensive care, medical surgical, and obstetric beds at St. Elizabeth's Hospital in O'Fallon.

We hereby state that it is our understanding, based on information available to us at this time, that by the second year of operation after project completion, St. Elizabeth's Hospital reasonably expects to operate the complements of intensive care, medical surgical, and obstetric beds at the State Agency's target occupancies, which are the occupancies specified in 77 Ill. Adm Code 1100.520 (c) and 1100.530 (c), 1100.540 (c) and 1100.550 (c). This assurance letter is based on our historical utilization at St. Elizabeth's Hospital in Belleville for 2013, and in the reduction in the various bed categories at issue. It is also based on population growth and aging.

Sincerely,

Maryann Reese

Maryann Reese
President and CEO

CC: Mike Constantino, Supervisor, Project Review Division

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An Affiliate of Hospital Sisters Health System

B. Criterion 1110.630 - Comprehensive Physical Rehabilitation

1. Applicants proposing to establish, expand and/or modernize Comprehensive Physical Rehabilitation category of service must submit the following information:

2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds	# Reduced Beds
☒ **Comprehensive Physical Rehabilitation**	**33**	**16**	**17**

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.630(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.630(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.630(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.630(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.630(b)(5) - Planning Area Need - Service Accessibility	X		
1110.630(c)(1) - Unnecessary Duplication of Services	X		
1110.630(c)(2) - Maldistribution	X		
1110.630(c)(3) - Impact of Project on Other Area Providers	X		
1110.630(d)(1) - Deteriorated Facilities			X
1110.630(d)(2) - Documentation			X
1110.630(d)(3) - Documentation Related to Cited Problems			X
1110.630(d)(4) - Occupancy			X
1110.630(e(1) and (2) - Staffing	X	X	
1110.630(e)(2) - Personnel Qualifications	X		
1110.630(f) - Performance Requirements	X	X	X
1110.630(g) - Assurances	X	X	X

APPEND DOCUMENTATION AS ATTACHMENT-21, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Section 1110.630

Comprehensive Physical Rehabilitation Review Criteria

The project proposes reducing the current number of comprehensive physical rehabilitation (inpatient rehab) beds from 33 to 16. At this level of beds, the rehabilitation unit will meet the target occupancy rate based solely on 2013 data. St. Elizabeth's Hospital (St. Elizabeth's, Hospital) has been providing inpatient rehab services for almost 30 years. The program is accredited by the Commission of Rehabilitation Facilities (CARF) and is one of the few accredited rehabilitation programs in Southern Illinois and the only one in St. Clair County. Being a regional service, inpatient rehab receives referrals not only from other Hospital Sisters Health System (HSHS) hospitals but also other community hospitals in the region.

The program is accredited to provide services to those adults who have been afflicted by amputation, arthritis joint replacement, congenital deformity, hip fractures, major multiple trauma, neurological disease, non-traumatic brain injury, spinal cord injury, stroke, and traumatic brain injury. Some of the pediatric diagnoses commonly treated on an outpatient basis include congenital disorders, developmental delay, autism, Downs Syndrome spectrum disorders, cerebral palsy, bone and joint disease including orthopedic injuries, speech and language disorders, and feeding disorders.

Physical, occupational and speech therapy students as well as nursing students from more than 25 colleges and universities train at St. Elizabeth's Hospital.

a) *Introduction*

1) This section applies to projects involving the Comprehensive Physical Rehabilitation (CPR) category of service. Applicants proposing to establish, expand or modernize CPR shall apply with the applicable subsections of this Section, as follows:

3) If the proposed project involves the replacement of a hospital or service on a new site, the applicant shall comply with the requirements of subsection (a) (1) for "Establishment of Services or Facility.

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

a) 1), 3) and 4)

St. Elizabeth's Hospital is proposing to replace the hospital on a new site. Based on this, the Hospital must address the "establishment" review criteria.

b) *Planning Area Need-Review Criterion*

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

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

A) The number of beds to be established for each category of service is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill Adm. Code 11

b) 1) A) and B)

In each of the latest 2 years, inpatient rehab at St. Elizabeth's experienced demand that supports the need for 18 inpatient rehab beds. The Hospital is conservatively requesting 16 beds, or 17 fewer than the current authorized bed complement of 33 rehab beds.

Utilization of Comprehensive Rehabilitation Beds, 2012 and 2013

Year	Patient Days	Average Daily Census	Percent Target Occupancy Rate	Bed Need
2012	5,024	13.8	85.0	17
2013	5,416	14.8	85.0	18

Source: Annual Hospital Questionnaire

St. Elizabeth's is located in HSA 11. In the most recent *IDPH Inventory of Health Care Facilities and Need Determinations*, dated July 15, 2014, HSA 11 had an excess of 45 rehabilitation beds including the currently authorized beds at St. Elizabeth's. As the result of the proposed bed reduction, the IDPH bed inventory will be reduced by 17 beds, or 51.5 percent of the calculated excess.

2) Service to Planning Area Residents

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

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

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

2) A) St. Elizabeth's Hospital operates a well-established inpatient rehab unit, hence the service has recorded patient origin data. It is located in the defined market area. The Hospital does not anticipate any statistically significant change in its patient origin.

Patient Origin by Market Area of St. Elizabeth's Comprehensive Rehabilitation Patients, 2012

Market Area	Total Patients	Percent of Total Patients
Market Area	378	81.6%
Extended Market Area	85	18.4%
Total	463	100.0%

Source: Hospital Records

This data also demonstrates that the inpatient rehab program also has an extended regional service area.

3) Service Demand – Establishment of Comprehensive Physical Rehabilitation

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

A) Historical Referrals Not Applicable

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

B) Projected Referrals

An applicant proposing to establish CPR or to establish a new hospital shall submit the following;

i) Physician referral letters that attest to the physician's total number of patients (by zip code or residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

ii) An estimated number of patients whom the physician will refer annually to the applicant's facility within a 24 month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload;

iii) The physician's notarized signature, the typed and printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physicians that the patient referrals have not been used to support other pending or approved application for the subject services.

B) Projected Referrals

Attached is a letter from the Department Head of Rehabilitation at St. Elizabeth's Hospital attesting to the physicians' total number of comprehensive rehab inpatients and observation patients by zip code, who have received care at the Hospital during 2013 and the estimated number that the physicians will refer annually within a 24-month period after the project completion (the same number). The 2013 data supports the need for 18 beds, but St. Elizabeth's is proposing relocating 16.

The Hospital assumes that census will continue to decline modestly as more physical rehabilitation services move to the outpatient setting resulting in fewer patient days and lower occupancy.

C) Projected Service Demand – Based on Rapid Population Growth
If a project demand for services is based upon rapid population growth in the applicant facility's existing market (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows...

Not applicable.

4) *Service Demand – Expansion of Comprehensive Physical Rehabilitation*

Not Applicable

5) Service Accessibility

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

A) Service Restrictions

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

i) The absence of the proposed service within the planning area;

ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid , managed care or charity care.

iii) Restrictive admission policies of existing providers;

iv) The area population and existing care system exhibit indicators of medical care problems, such as average family income level below the State average poverty level; high infant mortality or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

v) For purposes of this section b) 5) only, all services within the 45 minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation

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

i) The location and utilization of other planning area service providers

ii) Patient location information by zip code

iii) Independent time-travel studies;

iv) A certification of waiting times;

v) Scheduling or admission restrictions that exist in are providers;

vi) *An assessment of are population characteristics that document that access problems exist; and*

vii) *Most recently published IPBH Hospital Questionnaire*

Although St. Elizabeth's current location represents a major barrier to access because it is situated in an area that is only accessible by congested city streets, other factors related to the market area's population characteristics also document that access problems exist.

In Attachment 12, Purpose, the applicants have described the socioeconomic characteristics of St. Clair County, the location of both the current and the replacement St. Elizabeth's Hospital. In summary, these characteristics include:

Metric	St. Clair County	Illinois	Comments
County Health Rankings Premature Death Morbidity Heath Behaviors Social and Economic Factors Physical Environment	Overall, 88 out of 102 counties in Illinois (lower ranking is better) 88 out of 102 96 out of 102 93 out of 102 98 out of 102 85 out of 102		St. Clair County's overall 88 ranking describes an area with a myriad of heath concerns and behaviors.
Racial composition, percent African American	31.3 percent	14.5 percent	African Americans have more health status and risk conditions and behaviors. Obesity is prevalent in this population .
Average Household Income --Percent less than $25,000	26.3 percent	21.2 percent	Low income households are typically those with the most challenging acces to care.
Unemployment	9.1 percent	8.9 percent	Unemployment has been shown to increase unhealthy behaviors related to alcohol and tobacco consumption and other health related behaviors which in turn can lead to increased risk for disease or mortality.

Sources: http://www.county healthrankings.org/app10/31/13 ; DataBay Resources and AHQ, Bureau of Labor Statistics

Medically Underserved Areas/Population, Health Manpower Shortage Areas

St. Clair County has been designated as a Health Manpower Shortage Area and a Medically Underserved Area/Population by the Health Resources and Services Administration (*Federal Register, June 25, 2104).* According the Health Manpower Shortage and Services Administration, St. Clair County has a shortage of 18 primary care and mental health physicians and dentists and as designated as a Medically Underserved Area/Population.

County Health Rankings and Attachment 12 related to the Comparison of Demographic Characteristics, St. Clair County and Illinois, and the reports from the Health Resources and Services

Administration describe St. Clair County as an area that will require more health care services than many other counties in Illinois.

HSHS and St. Elizabeth's Hospital is attending to the identified health care needs in St. Clair County and the Metro East region in the following ways. First, HSHS is investing capital to establish a modern, accessible hospital on a campus with an ambulatory care building that anticipates the continued trend toward outpatient care. Second, the Hospital will continue to partner with local providers and other agencies to improve all of the factors that contribute to the health and wellness of the population and to develop a comprehensive integrated care delivery model in the region. Third the Hospital is actively recruiting physicians and developing new clinical programs as well as expanding others where these is evidence of need to service this growing, high risk population.

c) Unnecessary Duplication/Maldistribution

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

A) A list of the zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site

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

C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories or bed service that are proposed by the project.

c) 1) A) Attachment 21 includes a list of the zip codes that are located, in total or in part, within 30 minutes drive time of the project's site. The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site as well as those located in HPA F-01 is included along with maps showing the locations of physical rehabilitation providers both within 30 minutes drive time and in HPA F-01.

ZIP Code	City Name	2013 Population
62018	Cottage Hills	3,626
62025	Edwardsville	34,570
62026	Edwardsville	n/a
62034	Glen Carbon	11,480
62040	Granite City	43,424
62048	Hartford	1,443
62060	Madison	3,797
62061	Marine	1,493
62062	Maryville	6,394
62084	Roxana	1,489
62087	South Roxana	2,152
62090	Venice	756
62095	Wood River	11,159
62201	East Saint Louis	5,711
62203	East Saint Louis	6,340
62204	East Saint Louis	5,366
62205	East Saint Louis	7,114
62206	East Saint Louis	11,918
62207	East Saint Louis	6,111
62208	East Saint Louis	14,538
62215	Albers	1,064
62220	Belleville	15,944
62221	Belleville	21,602
62223	Belleville	15,128
62225	Scott AFB	3,948
62226	Belleville	24,207
62232	Caseyville	6,072
62234	Collinsville	27,354
62239	Dupo	4,948
62240	East Carondelet	1,825
62243	Freeburg	4,917
62245	Germantown	2,174
62254	Lebanon	6,124
62258	Mascoutah	8,068
62260	Millstadt	6,209
62265	New Baden	4,252
62269	O'Fallon	26,474
62281	Saint Jacob	1,969
62285	Smithton	3,608
62293	Trenton	3,885
62294	Troy	11,667
	Total	380,319

B) The total population of the identified zip codes (based on the most recent population numbers available for the State of Illinois).

The total population of the zip codes is 380,319.

C) The following hospitals with rehabilitation services are located within 30 minutes drive time of the O'Fallon site:

Anderson Hospital, Maryville

Gateway Regional Hospital, Granite City

St. Elizabeth's Hospital, Belleville.

2) *The applicant shall document that the project will not result in misdistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:*

A) A ratio of beds to population that exceeds one and one-half times the State average.

B) Historical utilization (for at least the latest 12 month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100.

C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project by the project at or above occupancy standards.

C) 2) B) Historical Utilization

St. Elizabeth's Hospital will discontinue and re-establish the inpatient rehab service simultaneously; there will be no disruption of services. The Hospital is reducing its current rehab bed complement from 33 to 16 beds, and will reduce the excess beds within 30 minutes travel time and in Health Services Area-11 by over 50 percent. No market share increase factors are used in the Hospital's projected bed need calculation. The proposed re-establishment will not result in a maldistribution of beds.

Attached is a map showing the location of the providers of Comprehensive Physical Rehabilitation services in the Health Service Area-11. MapQuest travel time is included in the Appendices attached hereto. They are all located north and west of the proposed site making the proposed St. Elizabeth's sites more accessible for population south of Interstate 64 in O'Fallon. The providers are listed below.

Comprehensive Physical Rehabilitation Providers in HSA-11 and 30 Minutes Travel Time

Provider	City	County	Travel Time from O'Fallon	CARF Accredited
Anderson Hospital *	Maryville	Madison	25 minutes	Yes
Gateway Regional *	Granite City	Madison	25 minutes	No
St. Elizabeth's Hospital *	Belleville	St. Clair	14 minutes	Yes
St. Clare's Hospital	Alton	Madison	41 minutes	Yes

* Located within 30 minutes travel time

Utilization of Comprehensive Physical Rehabilitation Providers HSA-11

	Authorized CON Beds	Admissions	Inpatient Days	Observation Days	ADC	CON Occupancy Rate
Anderson Hospital *	20	377	4,418	0	12.1	60.5
Gateway Regional Medical Center *	14	117	1,276	0	3.5	25.0
St. Elizabeth's Hospital *	33	433	5,024	2	13.8	41.7
St. Clare's Hospital	28	326	4,275	0	11.7	41.8

Source: *Hospital Profiles,* 2012

* Located within 30 minutes travel time

All of the comprehensive rehabilitation providers within HSA-11 are operating below the State Agency Target Occupancy. However, St. Elizabeth's is proposing to decrease its comprehensive physical rehabilitation complement to 16 beds and reduce the area excess by more than 50 percent. At the revised bed complement, the Hospital will be operating at higher than 85.0 percent, the State Agency Target Occupancy Rate.

3) *The applicant shall document that, within 24 months after project completion, the proposed project:*

A) *Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and*

B) *Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.*

3) A) and B)

St. Elizabeth's Hospital's inpatient rehabilitation service will not negatively affect other local and regional providers by the proposed replacement. The bed need projections do not include any factors for market share increase.

d) *Comprehensive Physical Rehabilitation Modernization*

1) *If the project involves modernization of a comprehensive physical rehabilitation service, the applicant shall document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized due to such factors as, but not limited to , high cost of maintenance, non-compliance with licensing or life safety codes, changes in standards of care, and additional space for diagnostic or therapeutic purposes.*

2) *Documentation shall include the most recent IDPH CMMS inspection reports; and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reports.*

3) *Other documentation shall include the following, as applicable to the factors cited in the application: copies of maintenance reports, copies of citations for life safety violations, and other pertinent reports and data.*

d) 1), 2) and 3)

Not Applicable

4) *Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.*

The State Agency Occupancy Guideline for comprehensive physical rehabilitation is 85 percent. Based on 2012 and 2013 utilization, St. Elizabeth's Hospital will meet this target occupancy rate.

e) *Staffing*

1) *Availability – Review Criterion*

The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements will be met. In addition, the applicant shall document that the necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

In 2013, St. Elizabeth's Hospital staffed 30 inpatient rehabilitation beds and at times experienced a census of as high as 27 patients. Hence, the Hospital already has a qualified staff of rehabilitation physicians, nurses and therapists. This staff will relocate to the replacement hospital when the new facility opens in 2017.

2) *Personnel Qualifications*

The applicant shall document that personnel possessing proper credentials in the following categories are available to staff the service:

Qualifications of the Comprehensive Rehabilitation Personnel

Personnel and Qualifications	St. Elizabeth's Personnel
A) Medical Director – Medical director of the facility shall be vested in a doctor or medicine licensed to practice in all of its branches and who has 3 years of post-graduate specialty training in the medical management of inpatients requiring rehabilitation services.	Latha Ravi, MD is the medical director of the Comprehensive Physical Rehabilitation Service at St. Elizabeth's Hospital. He has all of the required specialty training and licensure.
B) Rehabilitation Nursing – Supervisors, for all nurses participating as part of the rehabilitation team, must be available on staff and shall have documented education in rehabilitation nursing at least one year of rehabilitation nursing experience.	Stella Perkins, RN is the Rehabilitation Nursing Supervisor. She is on the St. Elizabeth's staff and has all of the required credentials.
C) Allied Health – The following allied health specialists shall be available on staff: i) Physical Therapist – Graduate of a program in physical therapy approved by the American Physical Therapy Association and is licensed to practice in Illinois	Sheila Mitchell-Hawkins, is one of the physical therapists on St. Elizabeth's staff. She is a graduate of a program approved by the American Physical Therapy Association and is licensed to practice in Illinois.
ii) Occupational Therapist – Registered by the American Occupational Therapy Association or graduate of an approved educational program, with expertise needed for registration. Educational programs are approved by the American Medical Association's Council on Medical Education in collaboration with the American Occupational Therapy Association. The therapist shall be licensed to practice in the State of Illinois.	Sabra Leonberger, OTRL is one of the occupational therapists on St. Elizabeth's staff. She has all the requisite credentials.
iii) The individual responsible for social services shall have a Master's of Social Work and meets the State of Illinois Requirements (see ILCS 20, the Clinical Social Work and Social Practice Act.	Carrie Pegg, LSN is the individual responsible for social services. She has a Master's of Social Work and meets the State of Illinois Requirements.
D. Other Specialties--The following personnel shall be on the staff on a staff or consulting basis.	
i) Speech Pathologist	Laura Lake, SLP, CCC, is one of the speech pathologists on the inpatient rehab staff.
ii) Psychologist	The rehab unit uses psychiatric services for BHS.
iii) Vocational Counselor or Specialist	St. Elizabeth's refers to local vocational counselors in the community.
iv) Dietician	The Hospital's staff of dieticians meet the special needs of rehabilitation patients.

Personnel and Qualifications	St. Elizabeth's Personnel
v) Pharmacist	St. Elizabeth's has a full time staff of licensed pharmacists who work with the rehabilitation patients.
vi) Audiologist	St. Elizabeth's has specialists in both adult and pediatric audiology. Christine Pettaway, AUD, CCC, is one of the audiologists on the staff.
vii) Prosthesist and Orthotist	Many of St. Elizabeth's patients require prosthetics or orthotics. The Hospital uses outside services for prosthetics and orthotics.
E. Documentation shall consist of:	
i) Curriculum Vitae of Medical Director	The curriculum vitae of St. Elizabeth's Medical Director of Rehabilitation Services is attached.
ii) Other personnel	NA No letters of interest from potential employees, applications filed with the applicant for a position, signed contracts with required staff, or narrative explanation of how other positions will be filled are necessary. The rehabilitation staff is currently in place and will relocate to the replacement hospital when the new facility opens.

INPATIENT REHABILITATION GYM

Physical, occupational and speech therapy as well as audiology are essential diagnostic and treatment modalities for a rehabilitation program. A team of physicians, physical therapists, speech therapists, audiologists, nurses and other health care professionals work together to enhance and restore functional ability, decrease pain, and improve the quality of life for those with physical impairments or disabilities.

- Physical Therapy

Physical Therapy is the treatment and /or management of physical disability, malfunction, and pain by the use of therapeutic exercise, massage, hydrotherapy and other modalities. Physiatrists (physicians who specialize in rehabilitation) perform tests and measures such as range of motion, balance and coordination, posture, muscle performance, respiration, and motor function to identify existing and potential physical problems that can benefit from physical therapy. Based on this extensive examination, a plan of care is developed. Physical therapists are important members of the team that implement the plan of care.

- Occupational Therapy

The goal of occupational therapy is to develop, recover, or maintain the daily living and work skills of patients with a physical, mental, or developmental disability. Occupational therapy interventions focus on adapting to the environment, modifying a task to accommodate disability, teaching a skill, and educating the patient/family in order to increase participation in and performance of daily life. Occupational therapy may take a variety of forms such as increasing the quality of life for a cancer patient or survivor or training individuals with amputations. Occupational therapy give people the "skills for the job of living" that are needed for independent and satisfying lives.

- Speech Therapy

Speech therapy focuses on receptive language or the ability to understand words spoken to a person, and expressive language, or the ability of a person to use words. It also deals with the mechanics of producing words such as articulation, pitch, fluency and volume. Adults may need speech therapy after a stroke or traumatic incident that changes the ability to use language. Children also benefit from speech therapy services.

- Audiology

Audiology is the branch of rehabilitation that treats hearing health care needs of all ages. Audiology patients include individuals with hearing loss or difficulty hearing in noisy environments, children in whom hearing deficiencies may lead to speech delays and hearing difficulties, adults and children with

auditory processing problems, and adults with tinnitus (ringing in the ears). An audiology service includes hearing evaluations including newborn hearing screenings, and treatment services.

- Recreational Therapy

Therapeutic recreation includes both the provision of rehabilitation treatment services and recreational services to people with illness or disabling conditions. The primary purposes of recreational services are to provide recreational resources and opportunities to improve health and well-being. Therapeutic recreation is provided by therapists who are trained, certified registered, and/or licensed to provide therapeutic recreation. Using a variety of techniques including arts and crafts, animals, sports, games, dance and movement, drama, music, and community outings, therapists help individuals reduce depression, stress and anxiety, recover basic motor functioning, and reasoning abilities as well as build confidence, socialize effectively so that they can enjoy greater independence and reduce or eliminate the effects of their illness or disability. In addition, therapists help people with disabilities integrate into the community by teaching them how to use community resources and recreational activities.

Many of these therapy activities require a gym. There will be a gym adjacent to the rehabilitation inpatient unit in the proposed new hospital. The gym will be equipped with proper equipment for the acute inpatient rehab patient including, but not limited to, mat tables, bikes, upper extremity ergometer, ADL work stations, parallel bars, steps, ramps, gait assist weight racks, and functional equipment to simulate every day environments.

The State Agency has no guidelines for inpatient therapy; therefore the applicants are providing 3 years of data related to utilization of inpatient therapy. Physical therapy and occupational therapy are the primary users of the gym.

Utilization of the Inpatient Comprehensive Rehabilitation Gym, 2011 – 2013

Modality (15 minute treatment units)	2011	2012	2013
Physical Therapy	49,227	45,591	47,530
Occupational Therapy	32,752	27,112	28,179
Speech Therapy	10,092	9,597	7,930
Audiology	29	2	5

Source: Hospital Records

The inpatient rehabilitation gym is essential to the provision of high quality comprehensive physical rehabilitation services at St. Elizabeth's Hospital.

f) *Performance Requirements -- Bed Capacity Minimums*

1) The minimum freestanding facility size for comprehensive physical rehabilitation is a minimum facility capacity of 100 beds.

The proposed St. Elizabeth's Hospital comprehensive physical rehabilitation unit is not a freestanding facility.

2) The minimum hospital unit size for comprehensive physical rehabilitation is 16 beds.

St. Elizabeth's is proposing to relocate 16 comprehensive physical rehabilitation beds and meets the minimum hospital unit size for this service.

g) Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 11-- for each category of service involved in the proposal.

The required assurance letter is attached.

St. Elizabeth's Replacement Hospital
CY 2013 Rehabilitation Patient Origin

Zip Code	City Name	Total
	Primary Service Area	
62226	Belleville	50
62208	Fairview Heights	0
62220	Belleville	44
62221	Belleville	37
62223	Belleville	25
62225	Scott AFB	2
62254	Lebanon	7
62258	Mascoutah	19
62269	O'Fallon	41
PSA TOTAL		225
	Secondary Service Area	
62034	Glen Carbon	0
62060	Madison	0
62062	Maryville	0
62090	Venice	0
62201	East Saint Louis	2
62203	East Saint Louis	12
62204	East Saint Louis	11
62205	East Saint Louis	13
62206	East Saint Louis	18
62207	East Saint Louis	7
62230	Breese	6
62232	Caseyville	6
62234	Collinsville	6
62243	Freeburg	5
62249	Highland	6
62255	Lezburg	3
62257	Marissa	7
62260	Millstadt	6
62264	New Athens	8
62265	New Baden	5
62278	Red Bud	7
62281	Saint Jacob	0
62285	Smithton	5
62286	Sparta	7
62293	Trenton	5
62294	Troy	0
62298	Waterloo	8
TOTAL SSA		153

	Total
Other Areas	
Bond County	1
All Other Clinton County	10
All Other Madison County	0
All Other Randolph County	11
All Other St. Clair County	11
All Other Illinois	51
Missouri	1
All Other	0
Total Other Areas	85
Total - All Areas	463

St. Elizabeth's Hospital

August 14, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Affidavit Regarding Current and Future Patients to St. Elizabeth Hospital

Dear Ms. Avery:

During the previous 12-month period ending December 31, 2013, I can attest that the Rehabilitation Department at St. Elizabeth's Hospital admitted a total of 470 inpatients and observation patients; they also accounted directly for inpatient and outpatient ancillary utilization. A HIPAA compliant list of these patients by zip code for this department is attached.

If the Illinois Health Facilities and Services Review Board authorizes St. Elizabeth's Hospital to discontinue and reestablish a new hospital in O'Fallon, Illinois, the Medical Staff will admit the same number of patients to the new facility in its first full year of operation as they did in the most recent 12 months for which data is provided. In fact, I believe that admissions will increase as we have had very successful recruitment efforts and new members of the Medical Staff have been admitted at St. Elizabeth's in part due to the attraction of practicing in a modern, state of the art facility.

These referrals have not been used to support other pending or approved applications for the subject services.

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org

An Affiliate of
Hospital Sisters
Health System

I certify that the information contained in this letter is true and accurate to the best of my knowledge.

Sincerely,

Dr. Latha Ravi
211 South Third Street #102
Belleville, Illinois 62220

Subscribed and sworn before me
This 1 day of August, 2014
Official Notary Seal

"OFFICIAL SEAL"
YVONNE S STRODER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 12/10/2015

Rehabilitation			
Zip Code	Inpatient	Observation	Total
62226	50		50
62220	44	5	49
62269	41	1	42
62221	37		37
62223	25		25
62258	19		19
62208	19		19
62206	18		18
62205	13		13
62203	12		12
62204	11		11
62298	8	1	9
62264	8		8
62207	7		7
62286	7		7
62239	7		7
62278	7		7
62254	7		7
62257	7		7
62232	6		6
62260	6		6
62249	6		6
62230	6		6
62234	6		6
62293	5		5
62285	5		5
62243	5		5
62265	5		5
62289	4		4
62236	4		4
62255	3		3
62025	3		3
62288	3		3
62801	3		3
62231	3		3
62215	2		2
62225	2		2
62201	2		2
62218	2		2
62062	2		2
62233	2		2
62295	2		2
62881	2		2

Rehabilitation			
Zip Code	Inpatient	Observation	Total
62202	2		2
62245	2		2
62240	2		2
62049	1		1
62292	1		1
62888	1		1
62217	1		1
62263	1		1
62271	1		1
62858	1		1
62274	1		1
62001	1		1
62275	1		1
62261	1		1
62277	1		1
62095	1		1
62060	1		1
62839	1		1
62219	1		1
62268	1		1
62040	1		1
64153	1		1
62241	1		1
62242	1		1
Grand Total	463	7	470

SEB Replacement Hospital
Rehab Patient Days Projections

Zip Code	City Name	2013 15-44	45-64	65-74	75+	Total	2019 15-44	45-64	65-74	75+	Total	2022 15-44	45-64	65-74	75+	Total
62226	Belleville															
Population		11,616	8,581	2,152	2,566	24,915	11,554	8,625	2,582	2,667	25,428	11,538	8,636	2,833	2,737	25,744
Patient Days		4	154	151	248	557	4	155	181	258	598	4	155	199	264	622
62208	Fairview Heights															
Population		7,223	4,954	1,276	1,245	14,697	7,489	5,065	1,669	1,361	15,584	7,644	5,122	1,898	1,429	16,093
Patient Days		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62220	Belleville															
Population		8,119	5,395	1,181	1,215	15,910	8,163	5,394	1,478	1,266	16,301	8,202	5,393	1,645	1,299	16,539
Patient Days		7	155	127	224	513	7	155	159	233	554	7	155	177	240	578
62221	Belleville															
Population		10,970	7,280	1,664	1,339	21,252	11,420	7,604	2,187	1,458	22,669	11,706	7,777	2,479	1,532	23,495
Patient Days		20	171	99	142	432	21	179	130	155	484	21	183	148	163	514
62223	Belleville															
Population		6,241	5,130	1,402	1,671	14,444	6,142	5,012	1,675	1,731	14,560	6,090	4,941	1,836	1,772	14,640
Patient Days		0	118	86	90	294	0	115	103	93	311	0	114	113	95	322
62225	Scott AFB															
Population		2,986	501	11	11	3,508	3,125	597	11	11	3,744	3,220	637	11	11	3,880
Patient Days		16	0	16	0	32	17	0	17	0	34	17	0	17	0	34
62254	Lebanon															
Population		2,811	1,813	501	424	5,548	2,937	1,933	591	478	5,939	3,026	1,999	643	506	6,174
Patient Days		15	12	38	13	78	16	13	45	15	88	16	13	49	16	94
62258	Mascoutah															
Population		3,790	2,559	580	570	7,499	4,069	2,772	759	658	8,258	4,224	2,872	862	705	8,664
Patient Days		11	48	19	140	218	12	52	25	162	250	12	54	28	173	268
62269	O'Fallon															
Population		13,201	9,428	1,933	1,324	25,884	14,229	10,325	2,661	1,546	28,761	14,839	10,821	3,079	1,674	30,414
Patient Days		5	56	29	370	460	5	61	40	432	539	6	64	46	468	584
PSA TOTAL																
Population		66,955	45,640	10,698	10,363	133,656	69,128	47,327	13,613	11,176	141,244	70,491	48,199	15,288	11,664	145,642
Patient Days		78	714	565	1,227	2,584	81	730	699	1,348	2,858	84	738	776	1,419	3,016
62034	Glen Carbon															
Population		5,642	3,588	912	996	11,138	5,968	3,777	1,164	1,076	11,985	6,181	3,884	1,308	1,129	12,503
Patient Days		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62060	Madison															
Population		1,914	1,241	296	271	3,722	1,784	1,156	347	272	3,559	1,710	1,103	373	274	3,461
Patient Days		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62062	Maryville															
Population		2,870	2,322	626	469	6,287	3,051	2,483	788	542	6,864	3,163	2,579	880	584	7,205
Patient Days		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SEB Replacement Hospital
Rehab Patient Days Projections

		2013					2019					2022				
Zip Code	City Name	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total
62090	Venice															
Population		444	310	86	59	899	366	252	89	53	760	322	217	88	49	676
Patient Days		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62201	East Saint Louis															
Population		3,382	1,519	426	377	5,703	3,167	1,411	479	371	5,428	3,050	1,344	509	369	5,273
Patient Days		0	9	11	0	20	0	8	12	0	21	0	8	13	0	21
62203	East Saint Louis															
Population		3,248	2,296	741	502	6,788	2,974	2,030	821	519	6,344	2,817	1,875	869	526	6,087
Patient Days		0	75	10	29	114	0	66	11	30	107	0	61	12	30	103
62204	East Saint Louis															
Population		3,108	1,945	522	324	5,899	2,781	1,727	571	338	5,417	2,603	1,599	602	343	5,148
Patient Days		0	89	55	32	176	0	79	60	33	173	0	73	64	34	171
62205	East Saint Louis															
Population		3,435	2,373	716	685	7,209	3,239	2,188	802	673	6,902	3,129	2,085	854	671	6,739
Patient Days		5	50	82	55	192	5	46	92	54	197	5	44	98	54	200
62206	East Saint Louis															
Population		6,781	3,835	780	737	12,133	6,401	3,589	910	739	11,639	6,203	3,432	985	738	11,358
Patient Days		24	59	57	63	203	23	55	67	63	208	22	53	72	63	210
62207	East Saint Louis															
Population		3,248	2,034	512	540	6,333	3,093	1,908	579	538	6,118	3,013	1,829	622	538	6,002
Patient Days		0	29	56	9	94	0	27	63	9	100	0	26	68	9	103
62230	Breese															
Population		2,372	1,377	497	489	4,735	2,441	1,806	594	523	5,364	2,479	1,823	650	543	5,495
Patient Days		12	0	0	57	69	12	0	0	61	73	13	0	0	63	76
62232	Caseyville															
Population		2,794	2,078	559	561	5,992	2,790	2,030	648	577	6,045	2,776	1,992	695	585	6,048
Patient Days		0	22	12	26	60	0	21	14	27	62	0	21	15	27	63
62234	Collinsville															
Population		13,497	8,853	2,332	2,090	26,772	13,516	8,830	2,939	2,233	27,518	13,558	8,836	3,289	2,320	28,003
Patient Days		0	5	15	47	67	0	5	19	50	74	0	5	21	52	78
62243	Freeburg															
Population		2,047	1,926	425	457	4,854	2,136	2,042	523	502	5,203	2,188	2,102	581	527	5,397
Patient Days		0	0	23	39	62	0	0	28	43	71	0	0	31	45	76
62249	Highland															
Population		6,110	4,481	1,194	1,207	12,992	6,388	4,735	1,540	1,337	14,000	6,556	4,873	1,743	1,415	14,587
Patient Days		0	21	0	9	30	0	22	0	10	32	0	23	0	11	33
62255	Lezburg															
Population		370	362	84	80	896	355	345	102	85	887	346	334	113	87	881
Patient Days		0	3	8	6	17	0	3	10	6	19	0	3	11	7	20

SEB Replacement Hospital
Rehab Patient Days Projections

Zip Code	City Name	2013					2019					2022				
		15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total
62257	Marissa															
Population		1,211	1,079	350	269	2,908	1,152	1,007	421	293	2,873	1,124	963	463	305	2,854
Patient Days		12	20	10	31	73	11	19	12	34	76	11	18	13	35	77
62260	Millstadt															
Population		2,508	2,326	557	598	5,989	2,645	2,425	740	657	6,467	2,724	2,483	845	694	6,745
Patient Days		0	0	16	53	69	0	0	21	58	80	0	0	24	62	86
62264	New Athens															
Population		1,203	989	253	276	2,720	1,225	1,014	308	296	2,843	1,235	1,028	342	307	2,911
Patient Days		5	45	28	48	126	5	46	34	52	137	5	47	38	53	143
62265	New Baden															
Population		2,026	1,437	334	282	4,078	2,085	1,504	417	319	4,325	2,124	1,535	469	341	4,468
Patient Days		0	11	7	42	60	0	12	9	48	68	0	12	10	51	72
62278	Red Bud															
Population		2,358	1,952	597	626	5,533	2,352	1,949	699	674	5,674	2,359	1,941	761	703	5,765
Patient Days		6	26	0	29	61	6	26	0	31	63	6	26	0	33	64
62281	Saint Jacob															
Population		842	698	171	102	1,812	890	738	227	128	1,983	923	760	261	142	2,086
Patient Days		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62285	Smithton															
Population		1,612	1,339	325	294	3,569	1,750	1,484	402	336	3,972	1,833	1,565	447	359	4,204
Patient Days		0	20	0	39	59	0	22	0	45	67	0	23	0	48	71
62286	Sparta															
Population		2,324	2,086	688	543	5,640	2,244	2,010	784	576	5,614	2,204	1,970	837	594	5,604
Patient Days		13	10	24	25	72	13	10	27	27	76	12	9	29	27	78
62293	Trenton															
Population		1,682	1,361	366	319	3,728	1,720	1,416	489	346	3,971	1,746	1,441	560	363	4,110
Patient Days		0	6	26	20	52	0	6	35	22	63	0	6	40	23	69
62294	Troy															
Population		5,593	4,170	850	663	11,275	5,891	4,472	1,152	758	12,273	6,088	4,631	1,328	814	12,861
Patient Days		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62298	Waterloo															
Population		5,924	5,122	1,268	1,204	13,518	6,247	5,548	1,586	1,373	14,754	6,431	5,765	1,774	1,464	15,434
Patient Days		0	0	6	77	83	0	0	8	88	95	0	0	8	94	102
TOTAL SSA																
Population		88,539	63,097	16,463	15,019	183,118	88,651	63,876	20,121	16,134	188,782	88,883	63,988	22,249	16,786	191,906
Patient Days		77	500	446	736	1,759	75	474	522	790	1,861	74	458	567	820	1,919

SEB Replacement Hospital
Rehab Patient Days Projections

Zip Code City Name	2013 15-44	45-64	65-74	75+	Total	2019 15-44	45-64	65-74	75+	Total	2022 15-44	45-64	65-74	75+	Total
Bond County															
Population	7,361	5,161	1,399	1,339	15,260	7,297	5,103	1,684	1,424	15,508	7,272	5,066	1,852	1,477	15,668
Patient Days	0	0	0	14	14	0	0	0	15	15	0	0	0	15	15
All Other Clinton County															
Population	6,203	4,599	1,279	1,284	13,364	6,298	4,704	1,527	1,374	13,903	6,352	4,744	1,670	1,427	14,192
Patient Days	0	13	14	73	100	0	13	17	78	108	0	13	18	81	113
All Other Madison County															
Population	69,282	48,740	13,713	12,822	144,556	68,054	47,817	16,325	13,469	145,665	67,517	47,247	17,850	13,843	146,457
Patient Days	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
All Other Randolph County															
Population	9,529	6,777	1,869	1,683	19,858	9,311	6,566	2,158	1,770	19,805	9,204	6,438	2,322	1,819	19,783
Patient Days	0	9	44	84	137	0	9	51	88	148	0	9	55	91	154
All Other St. Clair County															
Population	2,653	2,008	443	340	5,443	2,658	1,992	566	383	5,599	2,675	1,981	643	406	5,705
Patient Days	7	32	29	59	127	7	32	37	67	142	7	32	42	71	151
All Other Illinois															
Patient Days	10	255	142	184	591	10	255	142	184	591	10	255	142	184	591
Missouri															
Patient Days	5	0	0	0	5	5	0	0	0	5	5	0	0	0	5
All Other															
Patient Days	2	10	0	87	99	2	10	0	87	99	2	10	0	87	99
Total Patient Days - All Markets	**179**	**1,533**	**1,240**	**2,464**	**5,416**	**180**	**1,523**	**1,468**	**2,656**	**5,827**	**181**	**1,514**	**1,600**	**2,767**	**6,063**
Total Population*	**250,522**	**176,021**	**45,863**	**42,848**	**515,255**	**251,397**	**177,385**	**55,994**	**45,730**	**530,506**	**252,394**	**177,663**	**61,873**	**47,422**	**539,352**
Rates per 1,000 population *	**1**	**7**	**24**	**51**	**9**	**1**	**7**	**24**	**52**	**10**	**1**	**7**	**24**	**53**	**10**

**excludes All Other Illinois, Missouri, and All Other*

SEB Replacement Hospital
Rehab Admission Projections

Zip Code	City Name	2013 15-44	45-64	65-74	75+	Total	2019 15-44	45-64	65-74	75+	Total	2022 15-44	45-64	65-74	75+	Total
62226	Belleville															
Population		11,616	8,581	2,152	2,566	24,915	11,554	8,625	2,582	2,667	25,428	11,538	8,636	2,833	2,737	25,744
Admissions		1	13	12	24	50	1	13	14	25	53	1	13	16	26	55
62208	Fairview Heights															
Population		7,223	4,954	1,276	1,245	14,697	7,489	5,065	1,669	1,361	15,584	7,644	5,122	1,898	1,429	16,093
Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62220	Belleville															
Population		8,119	5,395	1,181	1,215	15,910	8,163	5,394	1,478	1,266	16,301	8,202	5,393	1,645	1,299	16,539
Admissions		1	13	12	18	44	1	13	15	19	48	1	13	17	19	50
62221	Belleville															
Population		10,970	7,280	1,664	1,339	21,252	11,420	7,604	2,187	1,458	22,669	11,706	7,777	2,479	1,532	23,495
Admissions		1	13	11	12	37	1	14	14	13	42	1	14	16	14	45
62223	Belleville															
Population		6,241	5,130	1,402	1,671	14,444	6,142	5,012	1,675	1,731	14,560	6,090	4,941	1,836	1,772	14,640
Admissions		0	9	8	8	25	0	9	10	8	27	0	9	10	8	28
62225	Scott AFB															
Population		2,986	501	11	11	3,508	3,125	597	11	11	3,744	3,220	637	11	11	3,880
Admissions		1	0	1	0	2	1	0	1	0	2	1	0	1	0	2
62254	Lebanon															
Population		2,811	1,813	501	424	5,548	2,937	1,933	591	478	5,939	3,026	1,999	643	506	6,174
Admissions		1	1	4	1	7	1	1	5	1	8	1	1	5	1	9
62258	Mascoutah															
Population		3,790	2,559	580	570	7,499	4,069	2,772	759	658	8,258	4,224	2,872	862	705	8,664
Admissions		1	5	2	11	19	1	5	3	13	22	1	6	3	14	23
62269	O'Fallon															
Population		13,201	9,428	1,933	1,324	25,884	14,229	10,325	2,661	1,546	28,761	14,839	10,821	3,079	1,674	30,414
Admissions		1	6	3	31	41	1	7	4	36	48	1	7	5	39	52
PSA TOTAL																
Population		66,955	45,640	10,698	10,363	133,656	69,128	47,327	13,613	11,176	141,244	70,491	48,199	15,288	11,664	145,642
Admissions		7	60	53	105	225	7	61	66	115	250	7	62	73	121	264
62034	Glen Carbon															
Population		5,642	3,588	912	996	11,138	5,968	3,777	1,164	1,076	11,985	6,181	3,884	1,308	1,129	12,503
Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62060	Madison															
Population		1,914	1,241	296	271	3,722	1,784	1,156	347	272	3,559	1,710	1,103	373	274	3,461
Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62062	Maryville															
Population		2,870	2,322	626	469	6,287	3,051	2,483	788	542	6,864	3,163	2,579	880	584	7,205
Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SEB Replacement Hospital
Rehab Admission Projections

		2013					2019					2022				
Zip Code	City Name	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total
62090	Venice															
Population		444	310	86	59	899	366	252	89	53	760	322	217	88	49	676
Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62201	East Saint Louis															
Population		3,382	1,519	426	377	5,703	3,167	1,411	479	371	5,428	3,050	1,344	509	369	5,273
Admissions		0	1	1	0	2	0	1	1	0	2	0	1	1	0	2
62203	East Saint Louis															
Population		3,248	2,296	741	502	6,788	2,974	2,030	821	519	6,344	2,817	1,875	869	526	6,087
Admissions		0	7	2	3	12	0	6	2	3	12	0	6	2	3	11
62204	East Saint Louis															
Population		3,108	1,945	522	324	5,899	2,781	1,727	571	338	5,417	2,603	1,599	602	343	5,148
Admissions		0	6	3	2	11	0	5	3	2	11	0	5	3	2	11
62205	East Saint Louis															
Population		3,435	2,373	716	685	7,209	3,239	2,188	802	673	6,902	3,129	2,085	854	671	6,739
Admissions		1	4	5	3	13	1	4	6	3	13	1	4	6	3	13
62206	East Saint Louis															
Population		6,781	3,835	780	737	12,133	6,401	3,589	910	739	11,639	6,203	3,432	985	738	11,358
Admissions		3	6	6	3	18	3	6	7	3	18	3	5	8	3	19
62207	East Saint Louis															
Population		3,248	2,034	512	540	6,333	3,093	1,908	579	538	6,118	3,013	1,829	622	538	6,002
Admissions		0	2	4	1	7	0	2	5	1	7	0	2	5	1	8
62230	Breese															
Population		2,372	1,377	497	489	4,735	2,441	1,806	594	523	5,364	2,479	1,823	650	543	5,495
Admissions		1	0	0	5	6	1	0	0	5	6	1	0	0	6	7
62232	Caseyville															
Population		2,794	2,078	559	561	5,992	2,790	2,030	648	577	6,045	2,776	1,992	695	585	6,048
Admissions		0	2	1	3	6	0	2	1	3	6	0	2	1	3	6
62234	Collinsville															
Population		13,497	8,853	2,332	2,090	26,772	13,516	8,830	2,939	2,233	27,518	13,558	8,836	3,289	2,320	28,003
Admissions		0	1	1	4	6	0	1	1	4	7	0	1	1	4	7
62243	Freeburg															
Population		2,047	1,926	425	457	4,854	2,136	2,042	523	502	5,203	2,188	2,102	581	527	5,397
Admissions		0	0	2	3	5	0	0	2	3	6	0	0	3	3	6
62249	Highland															
Population		6,110	4,481	1,194	1,207	12,992	6,388	4,735	1,540	1,337	14,000	6,556	4,873	1,743	1,415	14,587
Admissions		0	3	0	3	6	0	3	0	3	6	0	3	0	4	7
62255	Lezburg															
Population		370	362	84	80	896	355	345	102	85	887	346	334	113	87	881
Admissions		0	1	1	1	3	0	1	1	1	3	0	1	1	1	3

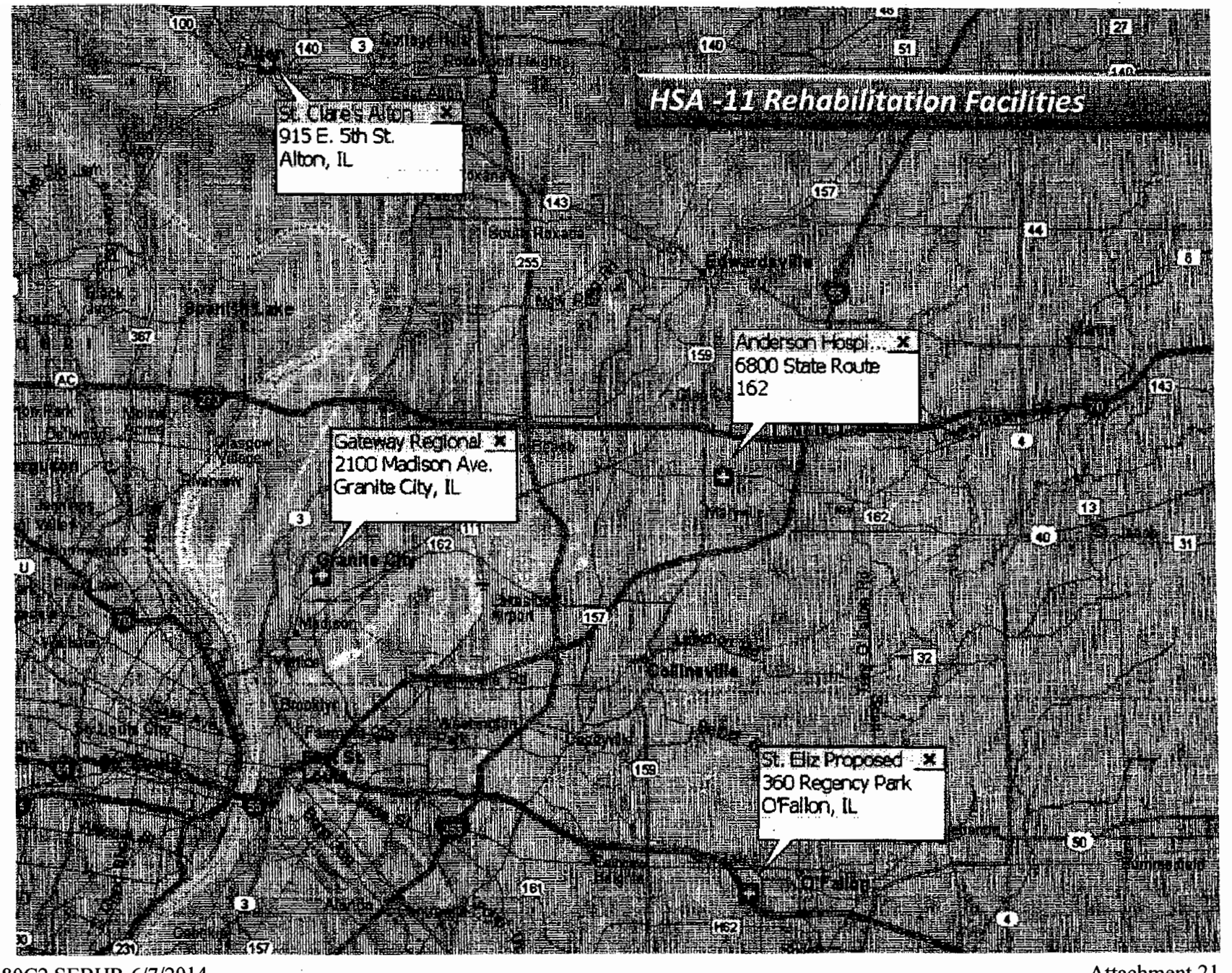
SEB Replacement Hospital
Rehab Admission Projections

		2013					2019					2022				
Zip Code	City Name	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total
62257	Marissa															
Population		1,211	1,079	350	269	2,908	1,152	1,007	421	293	2,873	1,124	963	463	305	2,854
Admissions		1	2	1	3	7	1	2	1	3	7	1	2	1	3	7
62260	Millstadt															
Population		2,508	2,326	557	598	5,989	2,645	2,425	740	657	6,467	2,724	2,483	845	694	6,745
Admissions		0	0	1	5	6	0	0	1	5	7	0	0	2	6	7
62264	New Athens															
Population		1,203	989	253	276	2,720	1,225	1,014	308	296	2,843	1,235	1,028	342	307	2,911
Admissions		1	2	2	3	8	1	2	2	3	9	1	2	3	3	9
62265	New Baden															
Population		2,026	1,437	334	282	4,078	2,085	1,504	417	319	4,325	2,124	1,535	469	341	4,468
Admissions		0	1	1	3	5	0	1	1	3	6	0	1	1	4	6
62278	Red Bud															
Population		2,358	1,952	597	626	5,533	2,352	1,949	699	674	5,674	2,359	1,941	761	703	5,765
Admissions		1	3	0	3	7	1	3	0	3	7	1	3	0	3	7
62281	Saint Jacob															
Population		842	698	171	102	1,812	890	738	227	128	1,983	923	760	261	142	2,086
Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62285	Smithton															
Population		1,612	1,339	325	294	3,569	1,750	1,484	402	336	3,972	1,833	1,565	447	359	4,204
Admissions		0	2	0	3	5	0	2	0	3	6	0	2	0	4	6
62286	Sparta															
Population		2,324	2,086	688	543	5,640	2,244	2,010	784	576	5,614	2,204	1,970	837	594	5,604
Admissions		1	1	2	3	7	1	1	2	3	7	1	1	2	3	8
62293	Trenton															
Population		1,682	1,361	366	319	3,728	1,720	1,416	489	346	3,971	1,746	1,441	560	363	4,110
Admissions		0	1	2	2	5	0	1	3	2	6	0	1	3	2	6
62294	Troy															
Population		5,593	4,170	850	663	11,275	5,891	4,472	1,152	758	12,273	6,088	4,631	1,328	814	12,861
Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62298	Waterloo															
Population		5,924	5,122	1,268	1,204	13,518	6,247	5,548	1,586	1,373	14,754	6,431	5,765	1,774	1,464	15,434
Admissions		0	0	1	7	8	0	0	1	8	9	0	0	1	9	10
TOTAL SSA																
Population		88,539	63,097	16,463	15,019	183,118	88,651	63,876	20,121	16,134	188,782	88,883	63,988	22,249	16,786	191,906
Admissions		9	45	36	63	153	9	43	42	68	162	9	42	46	71	167

SEB Replacement Hospital
Rehab Admission Projections

	2013					2019					2022				
Zip Code City Name	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total	15-44	45-64	65-74	75+	Total
Bond County															
Population	7,361	5,161	1,399	1,339	15,260	7,297	5,103	1,684	1,424	15,508	7,272	5,066	1,852	1,477	15,668
Admissions	0	0	0	1	1	0	0	0	1	1	0	0	0	1	1
All Other Clinton County															
Population	6,203	4,599	1,279	1,284	13,364	6,298	4,704	1,527	1,374	13,903	6,352	4,744	1,670	1,427	14,192
Admissions	0	2	1	7	10	0	2	1	7	11	0	2	1	8	11
All Other Madison County															
Population	69,282	48,740	13,713	12,822	144,556	68,054	47,817	16,325	13,469	145,665	67,517	47,247	17,850	13,843	146,457
Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
All Other Randolph County															
Population	9,529	6,777	1,869	1,683	19,858	9,311	6,566	2,158	1,770	19,805	9,204	6,438	2,322	1,819	19,783
Admissions	0	1	3	7	11	0	1	3	7	12	0	1	4	8	12
All Other St. Clair County															
Population	2,653	2,008	443	340	5,443	2,658	1,992	566	383	5,599	2,675	1,981	643	406	5,705
Admissions	1	4	2	4	11	1	4	3	5	12	1	4	3	5	13
All Other Illinois															
Admissions	2	23	13	13	51	2	23	13	13	51	2	23	13	13	51
Missouri															
Admissions	1	0	0	0	1	1	0	0	0	1	1	0	0	0	1
All Other															
Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Admission - All Markets	**20**	**135**	**108**	**200**	**463**	**20**	**134**	**128**	**216**	**499**	**20**	**134**	**140**	**226**	**520**
Total Population*	**250,522**	**176,021**	**45,863**	**42,848**	**515,255**	**251,397**	**177,385**	**55,994**	**45,730**	**530,506**	**252,394**	**177,663**	**61,873**	**47,422**	**539,352**
Rates per 1,000 population*	**0**	**1**	**2**	**4**	**1**	**0**	**1**	**2**	**4**	**1**	**0**	**1**	**2**	**4**	**1**

**excludes All Other Illinois, Missouri, and All Other*


HSA -11 Rehabilitation Facilities
St. Clare's Alton
915 E. 5th St.
Alton, IL
Anderson Hospi...
6800 State Route
162
Gateway Regional
2100 Madison Ave.
Granite City, IL
St. Eliz Proposed
360 Regency Park
O'Fallon, IL

Latha Ravi, M.D., F.A.A.P.M.R.

Physical Medicine & Rehabilitation

Electromyography
Diplomate American Academy
Of Pain Management

180 S. Third St., Suite 102
Belleville, IL 62220
Office: (618) 235-2511
Exchange: (618) 398-9565
Fax: (618) 235-2548

Andhra University	November 30, 1976 Waltair, India - M.D.
Deaconess Hospital	July 1, 1981-June 30, 1982
Jewish Hospital	July 1, 1982-June 30, 1985
E.C.F.M.G.	February 2, 1981 Certificate #243-933-9
American Board of Physical Medicine & Rehabilitation	May 16, 1990 Certificate #3362
D.E.A.	Current Certificate #BL0675453
Illinois State	December 10, 1986 (issued) Current Certificate #036-072768
Illinois Controlled Substance	Current Certificate #0336-036437
Missouri State	August 10, 1990 (issued) Current Certificate #MD R6N70
Nebraska State	February 10, 1986 (issued) Current Certificate #17155
I.S.M.I.E.	September 15, 1986 (issued) Current Policy #18504 $1,000,000.00/$3,000,000.00

St. Clair Medical Society
Southern Illinois Medical Association
Illinois State Medical Society
American Medical Association
Fellow American Academy of Physical Medicine & Rehabilitation
October 24, 1990
Diplomate American Academy of Pain
American Association of Electrodiagnostic Medicine
September 19, 1997

St. Elizabeth's Hospital

August 14, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, Second Floor
Springfield, Illinois 62761

RE: St. Elizabeth's Hospital
Assurance - Criterion 1110.530 (g)

Dear Ms. Avery:

This letter provides the Health Facilities and Services Review Board the assurance required with our application to construct rehabilitation beds at St. Elizabeth's Hospital in O'Fallon.

We hereby state that it is our understanding, based on information available to us at this time, that by the second year of operation after project completion, St. Elizabeth's Hospital reasonably expects to operate the complement of rehabilitation beds at the State Agency's target occupancies, which are the occupancies specified in 77 Ill. Adm Code 1100.520 (c) and 1100.530 (c), 1100.540 (c) and 1100.550 (c).

Sincerely,

Maryann Reese

Maryann Reese
President and CEO

CC: Mike Constantino, Supervisor, Project Review Division

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org

An Affiliate of
Hospital Sisters
Health System

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

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

E. Criterion 1110.1230 - Open Heart Surgery

This section is applicable to all projects proposing to establish the open heart surgery category of service.

1. **Criterion 1110.1230(a), Peer Review**

   Read the criterion and submit a detailed explanation of your peer review program.

2. **Criterion 1110.1230(b), Establishment of Open Heart Surgery**

   Read the criterion and provide the following information:
   a. The number of cardiac catheterizations (patients) performed in the latest 12-month period for which data is available.
   b. The number of patients referred for open heart surgery following cardiac catheterization at your facility, for each of the last two years.

3. **Criterion 1110.1230(c), Unnecessary Duplication of Services**

   Read the criterion and address the following:
   a. Contact all existing facilities within 90 minutes travel time of your facility which currently provide or are approved to provide open heart surgery to determine what the impact of the proposed project will be on their facility.
   b. Provide a sample copy of the letter written to each of the facilities and include a list of the facilities sent letters.
   c. Provide a copy of all of the responses received.

4. **Criterion 1110.1230(d), Support Services**

   Read the criterion and indicate on a service by service basis which of the services listed in this criterion are available on a 24-hour inpatient basis and explain how any services not available on a 24 hour inpatient basis can be immediately mobilized for emergencies at all times.

5. **Criterion 1110.1230(e), Staffing**

   Read the criterion and for those positions described under this criterion provide the following information:
   a. The name and qualifications of the person currently filling the job.
   b. Letters of interest from potential employees.
   c. Application filed for a position.
   d. Signed contracts with the required staff.
   e. A detailed explanation of how you will fill the positions.

APPEND DOCUMENTATION AS ATTACHMENT-24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Introduction

St. Elizabeth's Hospital (St. Elizabeth's, Hospital) performed its first open heart surgery procedure in February 1991. Today, the quality outcomes and high customer service of St. Elizabeth's open heart surgery program are among the best in the nation. In both 2012 and 2013, the Hospital was named among the nation's 50 Top Cardiovascular Hospitals by Truven Health Analytics. In addition, the Hospital was named Top Performer on Key Quality Measures 2012: Heart Attach, Heart Failure, Pneumonia, and Surgical Care; the American Heart Association named the Hospital a "Mission Lifeline" Receiving Center, Silver (2013) and Bronze (2012) and was designated by the American College of Cardiology Foundation's (ACCF National Cardiovascular Data Registry (NCDR) ACTION registry for the Get with the Guidelines (GWTG) Platinum Performance Achievement Award, 2013. Today, heart surgery volume at the Hospital not only includes procedures related to coronary artery disease, but also abnormalities of the great vessels, including the aorta, heart/heart valves and birth defects of the heart. Because St. Elizabeth's is the HSHS designated regional referral center, heart surgery candidates are referred from the other HSHS hospital in the Southern Illinois Division as well as from other community hospitals that do not have open heart surgery capability.

During 2012, 111 caths resulted in a referral for for open heart surgery; during 2013,147 caths resulted in such referral.

1. *Criterion 1110.1230(a) Peer Review*

The applicant must document the mechanism for peer review of an open heart surgery program.

The purpose of St. Elizabeth's Hospital's "Medical Staff Quality Improvement and Peer Review Policy" is "to ensure that the hospital, through the activities of the medical staff, assesses the performance of individuals granted privileges and uses the results of such assessments to improve care." The goals are to:

- Improve the quality of care provided by individual physicians
- Monitor the performance of practitioners who have privileges
- Identify opportunities for performance improvement
- Monitor significant trends by analyzing aggregate data, and
- Assure that the process of peer review is clearly defined, fair, defensible, timely and useful.

Peer review is conducted using multiple sources of information including:

- The review of individual cases
- The review of aggregate data for compliance with general rules of the medical staff, and
- Clinical standards and use of rates in comparison with established benchmarks and norms.

Once a peer review case is identified it is assigned to an Individual Peer Reviewer who reviews the case and reports his findings to the Chief Medical Officer and/or Department Chair who determines the significance on a rating scale of Levels 0-4. Level 3 or 4 cases then move to the next phase in the review process, the Focused Professional Performance Evaluation Committee who determines one of the following:

- No further action or recommendation
- Recommendation made (most recommendations include additional continuing medical education), or
- Referral to the Medical Executive Committee for further review/or action.

The Peer Review Policy is based on the statutory authority of the Health Care Quality Improvement Act of 1986 42 U.S.C. 11101, et seq. and the Illinois Medical Studies Act.

2. *Criterion 1110.1230(b) Establishment of Open Heart Surgery*

Read the criterion and provide the following information:

a) *The number of cardiac catheterizations (patients) performed in the latest 12 month period for which data is available.*

Section 1110.1230 of the rules, an applicant must document that 750 cardiac catheterization were performed in the latest 12-month period for which data is available.

Total Adult Caths in 2012 and 2013

Year	Diagnostic Caths	Interventional Caths	Electrophysiology Caths	Total
2012	1,039	390	36	1,465
2013	971	334	568	1,873

Source: Hospital Records

In 2012 and 2013, St. Elizabeth's Hospital (St. Elizabeth's, Hospital) performed more than 750 required cardiac catheterizations. Therefore the Hospital substantially exceeds this criterion of 750 annual cardiac catheterizations for establishing an open heart surgery category of service.

b) *The number of patients referred for open heart surgery following cardiac catheterization at your facility for each of the last two years.*

St. Elizabeth's Hospital has provided heart surgery services for more than 20 years to the residents of the Metro East region; for that reason, surgery cases are seldom referred to other facilities.

3) *Criterion 1110.1230(c), Unnecessary Duplication of Services*

a) *all existing facilities within 90 minutes travel time of your facility which currently provide or are approved to provide open heart surgery to determine what the impact of the proposed project will be on their facility.*

In addition to St. Elizabeth's Hospital, two other hospitals within 90 miles have HFSRB approved heart surgery programs; they are Memorial Hospital in Belleville and Good Samaritan Hospital in Mount Vernon. All three programs provide only adult heart surgery services.

Travel Time from St. Elizabeth's Hospital and Heart Surgery Volumes for Hospitals within 90 Minutes Travel Time and the State of Illinois

Hospital	HSA	Location	Miles from St. Elizabeth's	2012 Heart Surgeries	2013 Heart Surgeries
St. Elizabeth's Hospital	11	Belleville	--	111	147
Memorial Hospital	11	Belleville	4.0	157	NA
Good Samaritan Regional Medical Center	5	Mount Vernon	66.9	90	NA
State of Illinois	All	Statewide	NA	12,371	NA

Source: *Hospital Profiles, 2011 and 2012; St. Elizabeth's Hospital Records, 2013*

4) *Provide a sample copy of the letter written to each of the facilities and include a list of the facilities sent letters.*

An example of the impact letter and Exhibit sent is attached.

The impact letters sent to Memorial Hospital in Belleville and Good Samaritan Mount Vernon and documentation of their receipt are in the attached apendices. The open heart program "establishment" at the new hospital site should have no impact on the surgeries performed by the two current facilities operating an open heart surgery program. Whether St. Elizabeth's were to stay in its current location or relocate, it would continue to provide its open heart surgery program. Thus the discontinuation and re-establishment will have no impact on these facilities.

5) *Provide a copy of all responses received.*

No response specific to open heart surgery were received. Any responses to the impact letters received after submission of this application will be forwarded to the State Agency upon receipt.

St. Elizabeth's Hospital

Sent Certified Mail/Return Receipt Requested

July 1st, 2014

Mr. Mark Turner
President & CEO
Memorial Hospital
4500 Memorial Drive
Belleville, Illinois 62226

Re: Proposed Discontinuation of St. Elizabeth's Hospital located in Belleville, Illinois and Re-Establishment of Same in O'Fallon, Illinois

Dear Mr. Turner:

I am taking this opportunity to advise you that St. Elizabeth's Hospital intends to seek approval from the Health Facilities and Services Review Board to discontinue its acute care facility located at 211 South 3rd Street, in Belleville, Illinois and re-establish it in O'Fallon, Illinois at the North West Quadrant of the Intersection of Interstate 64 and North Green Mount Road. The discontinuation of services and establishment of services will occur simultaneously, so there will be no interruption in services currently offered by St. Elizabeth's. We anticipate this will occur on or around December 31, 2017. However, please note that the current 14 bed pediatric unit will be discontinued permanently upon receipt of approval (if provided) by the Health Facilities and Services Review Board of the overall discontinuation and establishment application.

There is no intent to offer inpatient pediatric services at the proposed new St. Elizabeth's hospital site. However, pediatric outpatient services will continue at the proposed new site. The basis for discontinuing inpatient pediatrics permanently is low volume. In 2012 and 2013 St. Elizabeth's reported no inpatient pediatric volume in its inpatient pediatric beds. All other services will be maintained at the O'Fallon site, subject to some bed reductions (see attached Exhibit A).

Please feel free to advise us of the impact, if any, on your hospital of either the permanent discontinuation of the pediatric service or the discontinuation of St. Elizabeth's Hospital in Belleville and simultaneous re-establishment at the proposed new site in O'Fallon, Illinois. We invite you to advise us if your facility has the capacity to provide services to our patients (this ability to absorb capacity may apply to pediatric patients only, as there will otherwise be no disruption in services or need for your facility to absorb any of the

211 South Third Street
Belleville, IL 62220
618-234-2120
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patients/services given the simultaneous re-establishment of the hospital). Also, please advise us if there are any restrictions or limitations in place that would preclude you from providing services to patients from the service area (although again we see no reason that other than with respect to pediatric patients, this issue would be relevant to our discontinuation and simultaneous establishment).

Please send any response to Sue Beeler, Project Manager, 211 South Third Street, Belleville, Illinois 62220. Any responses we receive will be included in the application submitted to the Health Facilities and Services Review Board. Please note that if you do not respond within 15 days of receipt of this impact request, it is presumed the discontinuation will have no impact on your facility.

Of course, if you have any questions about our plans, do not hesitate to contact me. Thank you.

Sincerely,

Maryann Reese, President & CEO
St. Elizabeth's Hospital

Exhibit A

Reduction in Number of Beds per Inpatient Category of Service

	Current Authorized Beds	Proposed Bed Changes	Proposed Beds
Medical Surgical	202	(102)	100
Obstetrics/Gyn	30	(18)	12
Pediatrics	14	(14)	0
Intensive Care	24	(8)	16
Comprehensive Physical Rehabilitation	33	(17)	16
Acute /Chronic Mental Illness	35[1]	(35)	0
Total	338	(194)	144

1. *The HFSRB approved the discontinuation of the Acute/Chronic Mental Illness Category of Service on September 24, 2013, Permit 13-034. St. Elizabeth's Acute/Chronic Mental Illness service is expected to close by January 15, 2016 when the expansion of the AMI unit at Touchette Regional Hospital is completed.*

Other than the bed reductions, the services currently provided by St. Elizabeth's will be maintained as a result of the simultaneous discontinuation at the Belleville site and establishment at the O'Fallon site, including cardiac catheterization and open heart surgery categories of service.

6) Criterion 1110.1230(d) Support Services

Read the criterion and indicate on a service-by-service basis which of the services listed in this criterion are available on a 24-hour inpatient basis and explain how any services not available on a 24-hour inpatient basis can be immediately mobilized for emergencies at all times.

St. Elizabeth's provides a comprehensive range of services to support the heart surgery program. As noted below, all are either available on a 24-hour inpatient basis or can be mobilized within 10 minutes for emergencies.

Support Service	Immediately Available on a 24 Hour Basis
1. Surgical and cardiological support team appropriate for adult patients	Yes See e) Staffing, below.
2. Cardiac surgical intensive care unit/operating rooms and staff	Yes The proposed replacement hospital will have a 16-bed intensive care unit immediately adjacent to the surgical suite to expedite the transfer of patients to the operating room in the event it is necessary. For patient safety, one operating room will be designated for open heart surgery and a second room will be able to accommodate an emergency heart surgery case, if necessary. A team of specially prepared heart surgery OR nurses are always available for heart surgery cases and another is on call 24/7.
3. Emergency room with full-time director, staffed 24 hours for cardiac emergencies with acute coronary suspect surveillance area and voice communication linkage to the ambulance service and the coronary care area.	Yes St. Elizabeth's is an IDPH designated comprehensive emergency department staffed 24 hours a day for cardiac emergencies and includes an acute coronary suspect surveillance area and voice communication linkage to ambulance services and the intensive care unit.
4. Catheterization-angiographic laboratory services	Yes The proposed St. Elizabeth's replacement hospital will have 3 cardiac cath labs and one interventional angiography lab. The labs will all have state-of-the-art equipment and highly trained, experienced staff.

Support Service	Immediately Available on a 24 Hour Basis
5. Nuclear medicine laboratory	Yes
6. Cardiographic laboratory, electrocardiography including stress testing, continuous electrocardiogram, (ECG) monitoring and phonocardiography.	Yes In addition to the specified services noted in 6), St. Elizabeth's will also provide interventional diagnostic angiography, tilt table, transesophageal echo (TEE) and cardioversion exams.
7. Echocardiography service	Yes
8. Hematology laboratory	Yes
9. Microbiology laboratory	Yes
10. Blood gas and electrolyte laboratory with micro techniques for pediatric patients	Yes, except for micro techniques for pediatric patients. The heart surgery category of service at St. Elizabeth's will only treat adult patients.
11. Electrocardiographic Lab	Yes
12. Blood bank and coagulation laboratory	Yes There will also be an arterial blood gas lab in the intensive care unit.
13. Pulmonary Function Unit)	Yes
14. Installation of pacemakers	Yes. St. Elizabeth's Hospital has an active implant service, which includes pacemakers.
15. Organized cardiopulmonary resuscitation team or capability	Yes
16. Preventive maintenance program for all biomedical devices, electrical installations, and environmental controls.	Yes
17. Renal Dialysis.	Yes St. Elizabeth's will provide for Acute Hemodialysis with 4 chairs. The area is operated under contract by DaVita who also provide renal dialysis services to heart surgery patients at the bedside.

5. Criterion 1110.1230 (c)Staffing

The applicant must document that a cardiac surgical team will be established. Such a team must be comprised of least the following.

Since St. Elizabeth's has been performing open heart surgery for more than 20 consecutive years, an experienced heart surgery team is in place and will be relocated from Belleville to O'Fallon.

a. The name and qualifications of the person currently filling the job.

Staffing Requirement	Team Members Who Meet the Required Qualifications
A) Two cardiac surgeons (at a minimum, one of which must be certified and the other qualified by the American Board of Thoracic Surgery) with special competence in cardiology, including cardiopulmonary anatomy, physiology, pathology, and pharmacology; extracorporeal perfusion technique; and interpretation of catheterization angiographic data.	Dr. Daily, MD and Dr. Sadoff, MD are cardiac surgeons and are both board certified by the American Board of Thoracic Surgery.
B) Operating room nurse personnel (Registered Nurses (RN). The nurse to patient ratio for the ICU module open heart surgery patient care should be no less than one nurse per one patient in the immediate recovery phase and one nurse per two patients thereafter.	Two operating room nurses are, Debra Owens, RN and Linda Sutterer, RN. The intensive care nurse responsible for the care of heart surgery patients is John Meyer, RN. The nurse to patient ratio of the ICU module open heart surgery care is no less than one nurse per one patient in the immediate recovery phase and one nurse per two patients thereafter (see list).
C) Adult Cardiologists (Board Certified by the American Board of Internal Medicine with subspecialty certification in cardiology).	Among the board certified cardiologists on the medical staff is Dr. Atul Shah, MD.
D) Physician (Board Certified in anatomic and clinical pathology, with special expertise in microbiology, blood banking, lab aspects of blood coagulation, blood gases, and electrolytes.)	Among the board certified physicians in anatomic and clinical pathology, blood banking, lab aspects of blood coagulation, blood gases and electrolytes is Dr. Haege, MD.
E) Licensed Perfusionists / Operators of of the extra-corporeal pump oxygenator with experience on the active cardiac surgical service that includes perfusion physiology, mechanics of pump operation, sterile technique, and use of monitoring equipment, whether he/she	Steven Ford, CCP is one of the perfusionists on the heart surgery team. He has all of the specified skills, training, licensure and knowledge.

Staffing Requirement	Team Members Who Meet the Required Qualifications
be a physician, nurse or technician.	
F) Radiologic technologist experienced in angiographic principles and experienced in the usage, operation and care of all catheterization equipment.	N/A

Documentation shall consist of

b) Letters of interest from potential employees

c) Applications filed with the applicant for the positions

d) Signed contracts with required staff, or

e) A narrative of how other positions will be filled.

St. Elizabeth's already has an experienced heart surgery team in place, therefore recruitment will not be necessary. The Hospital has always been able to recruit qualified staff for the heart team, when an opening occurs.

St. Elizabeth's Hospital has been providing heart surgery services since 1991, or for more than 20 years. For the last 2 years the Hospital has reported more than the 750 cardiac catheterizations required to justify the reestablishment of a heart surgery program based on the Health Facilities and Services Review Board's rules. The service is nationally recognized for its achievements of safe, high-quality outcomes and excellent customer service.

Operating room nurse personnel (Registered Nurse (RN), Licensed Practical Nurse (LPN), Surgical Technician). The nurse to patient ratio for the ICU module open heart surgery patient care should be no less than one nurse per one patient in the immediate recovery phase and one nurse per two patients thereafter.

Bobbi Hanus, RN
Joyce Neff, RN
Janet Toohey, RN
Kacie Moore, RN
Sarah Poirot, RN
Keysha Pochoplen, RN
Samantha, McAninch, RN
Kelsie Mooney, RN
Dana Dickey, RN
Sheena Jackson, RN
Kristen Lance, RN
Bobbi Hanus, RN
Katy Lorenzo, RN
Jennifer Jones, RN
Ashley Poppe, RN
Julie Gordon, RN
Christy Converse, RN
Rachel Dulaney, RN
Janet Baker, RN
Julie Denton, RN

F. Criterion 1110.1330 - Cardiac Catheterization

This section is applicable to all projects proposing to establish or modernize a cardiac catheterization category of service or to replace existing cardiac catheterization equipment.

1. **Criterion 1110.1330(a), Peer Review**

   Read the criterion and submit a detailed explanation of your peer review program.

2. **Criterion 1110.1330(b), Establishment or Expansion of Cardiac Catheterization Service**

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

   a. A map (8 1/2" x 11") showing the location of the other hospitals providing cardiac catheterization service within the planning area.

   b. The number of cardiac catheterizations performed for the last 12 months at each of the hospitals shown on the map.

   c. Provide the number of patients transferred directly from the applicant's hospital to another facility for cardiac catheterization services in each of the last three years.

3. **Criterion 1110.1330(c), Unnecessary Duplication of Services**

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

   a. Copies of the letter sent to all facilities within 90 minutes travel time which currently provide cardiac catheterization. This letter must contain a description of the proposed project and a request that the other facility quantify the impact of the proposal on its program.

   b. Copies of the responses received from the facilities to which the letter was sent.

4. **Criterion 1110.1330(d), Modernization of Existing Cardiac Catheterization Laboratories**

   Read the criterion and, if applicable, submit the number of cardiac catheterization procedures performed for the latest 12 months.

5. **Criterion 1110.1330(e), Support Services**

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

6. **Criterion 1110.1330(f), Laboratory Location**

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

7. **Criterion 1110.1330(g), Staffing**

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

8. **Criterion 1110.1330(h), Continuity of Care**

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

9. Criterion 1110.1330(i), Multi-institutional Variance

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

a. A copy of a fully executed affiliation agreement between the two facilities involved.

b. Names and positions of the shared staff at the two facilities.

c. The volume of open heart surgeries performed for the latest 12-month period at the existing operating program.

d. A cost comparison between the proposed project and expansion at the existing operating program.

e. The number of cardiac catheterization procedures performed in the last 12 months at the operating program.

f. The number of catheterization laboratories at the operating program.

g. The projected cardiac catheterization volume at the proposed facility annually for the next 2 years.

h. The basis for the above projection.

APPEND DOCUMENTATION AS ATTACHMENT-25 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Introduction

St. Elizabeth's Hospital (St. Elizabeth's, Hospital) is proposing to discontinue the existing cardiac catheterization (cardiac cath, cath) category of service and simultaneously relocate and re-establish the service on a new site; there will be no lapse in service. The Hospital's cardiac cath lab includes 4 pieces of equipment; they are three cath labs including one with electrophysiology capabilities and a shared peripheral vascular diagnostic and interventional unit. The Hospital's cardiac cath lab includes diagnostic and interventional catheterization, electrophysiology and peripheral vascular diagnostic and interventional services.

The cardiac cath program at St. Elizabeth's is an example of how being part of HSHS enhances quality of care at the Hospital. Prairie Cardiovascular Consultants is a subsidiary of the HSHS and has a busy office in Belleville. The Belleville physicians are linked to the Springfield physicians at St. John's Hospital, and through a system wide PACS system, there is the opportunity for the physicians to consult on difficult or unusual procedures. The PACS system reduces time and other barriers in the delivery of high quality cardiac care. These physicians have assisted St. Elizabeth's staff in obtaining Chest Pain Center Accreditation as well as supporting the Hospital's Emergency Department physicians and the regional EMS. Further, these physicians are involved in many community events designed promote the early diagnosis and treatment of heart disease in order to improve outcomes.

The Hospital's catheterization volume far exceeds the threshold number for establishment of cardiac catheterization. The Hospital is not proposing an increase in the number of its catheterization units.

Peripheral Vascular Lab

During each of the last 2 years, the peripheral vascular lab has reported the following utilization, with interventional procedures accounting for higher percentages of the total volume.

Utilization of the Peripheral Vascular Lab

Year	2012	2013
Total Visits	1,444	1,391

Source: Hospital Records

The State Agency guideline for a peripheral vascular lab is 1,800 visits per year (using the angiography standard). The utilization currently supports one peripheral vascular lab, as proposed.

Utilization of the Cardiac Cath Labs

Year	2012	2013
Total Visits	1,444	1,391

Source: Hospital Records

The State Agency guideline is 200 visits per year. Historical utilization clearly supports the proposed cardiac catheterization units.

1. Criterion 1110.1330(a), Peer Review

Read the criterion and submit a detailed explanation of your peer review program.

Any applicant proposing the establishment or modernization of a cardiac catheterization unit shall detail in its application for permit the mechanism for adequate peer review of the program. Peer review teams will evaluate the quality of studies and related morbidity and mortality of patients and also the technical aspects of providing the services such as film processing, equipment maintenance, etc.

The purpose of St. Elizabeth's Hospital's "Medical Staff Quality Improvement and Peer Review Policy" is "to ensure that the hospital, through the activities of the medical staff, assesses the performance of individuals granted privileges and uses the results of such assessments to improve care." The goals are to:

- Improve the quality of care provided by individual physicians
- Monitor the performance of practitioners who have privileges
- Identify opportunities for performance improvement
- Monitor significant trends by analyzing aggregate data, and
- Assure that the process of peer review is clearly defined, fair, defensible, timely and useful.

In addition to the Medical Staff Policy, the Cardiac Catheterization Department has an additional Cath Lab Quality Assurance Program with the goal to "Eliminate Outliers, reduce variation, and enhance performance." Several quality indicators are measured.

Peer review is conducted using multiple sources of information including:

- The review of individual cases
- The review of aggregate data for compliance with general rules of the medical staff, and
- Clinical standards and use of rates in comparison with established benchmarks and norms.

Two randomly selected procedures per physician (PCI's for interventionalists) are presented each month to the invasive/interventional physician group. All patient and physician identifiers are removed. All physicians rate each procedure on a scale of 1 to 4 with 1 being "Acceptable Practice." Any rating of 3 or 4 will require one-on-one review with the Medical Director.

The focus of a diagnostic review includes angiographic quality (positioning and injection and ability to review all coronary anatomy adequately); appropriate use of criteria; accuracy of finding; case time, contrast total and radiation dose; and complications. The focus of an interventional review includes AUC (Appropriate Use Criteria); anti-coagulation regimen; cost of the procedure; result; and

complications.

Medical Director Review

As part of the quality assurance program of the Hospital's Heart and Vascular Lab, chart reviews are performed routinely by the Medical Director or a replacement appointed by the Hospital.

Initially charts are selected based on the following criteria:

- All patients who expire during an admission following a procedure performed in the cath lab or the vascular lab;
- All complications meeting criteria defined by the American College of Cardiology;
- Charts flagged by the staff;
- Procedures with excessive cost, and;
- Deviation from Standard of Practice.

The case is reviewed and the determination made by the reviewer how to proceed based on the findings. If all is deemed appropriate, no further action is taken. If there is opportunity for improvement, the Medical Director/reviewer will either coach, counsel, or elevate to the Chief Medical Officer for further review and possible action.

2. Criterion 1110.1330 (b), Establishment or Expansion of Cardiac Catheterization Service

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

There shall not be additional adult or pediatric catheterization categories of service started in a health planning area unless:

1) the standards outline in 1100.620 are met, unless

2) In the circumstances where area programs have failed to meet those targets, the applicant can document historical referral volume in each of the prior three years for cardiac catheterization in excess of 400 procedures (certification of the number of patients transferred to other service providers in each of the last three years).

a. A map (8 1/2" x 11") showing the location of the other hospitals providing cardiac catheterization within the planning area.

b. The number of cardiac catheterizations performed for the last 12 months at each of the hospitals shown on the map.

c. Provide the number of patients transferred directly from the applicant's hospital to another facility for cardiac catheterization services in each of the last 3 years.

2) a. Attached is a map showing the locations of other hospitals currently providing cardiac catheterization services in the Planning Area. F-01.

2) b. The attached shows the utilization of cardiac catheterization labs for the last 12 months at each of the hospitals shown on the map. All hospitals including St. Elizabeth's provide adult services only and each facility exceeded 400 procedures.

Utilization of Cardiac Catheterization Services at Planning Area F-01, 2012

Hospital	Diagnostic Caths	Interventional Caths	Electro-physiology	Total Lab
Alton Memorial Hospital	1,847	704	0	2,551
Anderson Hospital	305	200	0	505
Gateway Regional	408	203	17	628
Memorial Hospital, Belleville	1,271	347	72	1,690
St. Anthony's Hospital, Alton [1]	229	125	0	354
St. Elizabeth's Hospital	1,039	390	207	1,636

[1] St. Anthony's has a shared lab and reported 63 other interventional procedures for a total of 417 procedures.

Source: *Hospital Profiles, 2012*

Source: *Hospital Profiles, 2013*

c. St. Elizabeth's Hospital has an active cardiac catheterization and electrophysiology service; the interventional cardiologists perform a full range of catheterization procedures and the Hospital has open heart surgery backup, if needed. For these reasons, the Hospital very rarely transfers cardiac catheterization patients to another facility.

3. *Criterion 1110.1330 (c), Unnecessary Duplication of Services*

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

1) As shown on the previous attachment, each of the hospitals providing cardiac catheterization services in F-01 exceeded 400 catheterizations.

St. Elizabeth's already has a busy, high quality cardiac catheterization service and the current physicians and volume will be replaced when the proposed hospital opens at a new site. Hence, St. Elizabeth's will not reduce the volume of existing facilities.

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

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

a. Copies of the letter sent to all facilities within 90 minutes travel time which currently provide cardiac catheterization. This letter must contain a description of the proposed project and a request that the other facility quantify the impact of the proposal on its program.

b. Copies of the responses received from the facilities to which the letter was sent.

2) a) Providers in HSA 11 that received cardiac catheterization impact letters include:

- Alton Memorial Hospital
- Anderson Hospital
- Gateway Regional Hospital,
- Memorial Hospital of Belleville, and
- St. Anthony's Hospital, Alton.

Copies of these letters and documentation that the letters were received by the administrators of the respective hospitals are included in the attached Appendices.

b) Copies of the responses received from the facilities to which the letter was sent.

No responses were received specific to cardiac catheterization. Any responses to the

impact letters received after the submission of this application will be forwarded to the State Agency upon receipt.

4. *Modernization of Existing Cardiac Catheterization Laboratories* – Not Applicable.

Read the criterion and, if applicable, submit the number of cardiac catheterization procedures performed in the last 12 months.

No proposed project for the modernization of existing equipment providing cardiac catheterization services will be approved unless the applicant documents that the minimum utilization standards (1100.620) are met.

5. *Criterion 1110.1330 (e) Support Services*

Read the criterion and include on a service by service basis which of the listed services are available on a 24-hour basis and explain how any services not available on a 24-hour basis

1) Any applicant proposing the establishment of a dedicated cardiac catheterization laboratory must document the availability of the following support services<

2) These services need not be in operation on a 24-hour basis but must be available when needed.

5. 1) and 2)

As noted below, St. Elizabeth's Hospital currently provides a comprehensive range of cardiac cath support services, either on site or through contracts. All services are immediately available on a 24-hour basis. They are staffed 5 days a week 7:30 AM to 4:00 PM and on call 24/7/365.

Support Service	Immediately Available on a 24-Hour Basis
A. Nuclear Medicine Laboratory	Yes The Nuclear Medicine Department at St. Elizabeth's is equipped to do nuclear medicine exams with gamma cameras. The department is staffed by qualified, experienced staff.
B. Echocardiography Service	Yes Echocardiography services are provided by a qualified, experienced staff.
C. Electrocardiography Laboratory including Stress Testing and Continuous Cardiogram Monitoring	Yes Electrocardiography, continuous cardiogram monitoring (Holter Monitoring) and stress test services are all provided as part of Non-Invasive Cardiodiagnostics by qualified, experienced staff at St. Elizabeth's.
D. Pulmonary Function Unit	Yes Pulmonary function tests and pulmonary screenings are provided at the Hospital by qualified, experienced staff.
E. Blood Bank	Yes St. Elizabeth's Hospital will have a blood bank on site as part of the Laboratory.
F. Hematology Laboratory; Coagulation Laboratory	Yes These tests are provided at the Hospital and are available on a 24-hour basis.
G. Microbiology Laboratory	Yes These tests are provided at the Hospital and are available on a 24-hour basis.
H. Blood Gas Laboratory	Yes There will be a blood gas laboratory in the intensive care unit at the new Hospital.
I. Clinical Pathology Laboratory with Facilities for Blood Chemistry	Yes St. Elizabeth's has a pathologist on call at all times.

6. *Criterion 1110.1330 (f), Laboratory Location*

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

St. Elizabeth's Hospital is proposing to develop a replacement cardiac catheterization unit in new construction. The 3 cath labs and the 1 peripheral vascular lab will be located in close proximity to each other. See the attached.

7. *Criterion 1110.1330(g), Staffing*

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

It is the policy of the State Board that if cardiac catheterization services are to be offered that a cardiac catheterization laboratory team be established. Any applicant proposing to establish such a laboratory must document that the following personnel will be available.

Required Qualifications	Team Members Who Meet the Required Qualifications
Lab Director Board Certified in Internal Medicine, Pediatrics or Radiology with Subspecialty Training in Cardiology or Cardiovascular Radiology	Atul Shah, MD is the Director of the Cardiac Cath Labs at St. Elizabeth's Hospital.
A Physician with Training in Cardiology and /or Radiology Present during Examination with Extra Physician Backup Personnel Available.	The Hospital routinely has extra physician back up available during a cardiac catheterization procedure. Girish Mood, MD is one of 7 physicians trained in cardiology and/or radiology who may be present during an examination.
Nurse Specially Trained in the Critical Care of Cardiac Patients, knowledge of Cardiovascular Medication, and Understanding of Catheterization Equipment.	Colleen Albrecht, RN (and see attached list) (any degrees is part of the Hospital's Cardiac Catheterization Lab Team.) She has all of the required attributes.

Required Qualifications	Team Members Who Meet the Required Qualifications
Radiologic Technologist Highly Skilled in Conventional Radiographic Principles, Knowledge in Every Aspect of Catheterization Instrumentation, and with Thorough Knowledge of the Anatomy and Physiology of the Cardiovascular System.	Gary Cooper, RT, (and see attached list) is one of St. Elizabeth's radiologic technologist with the proposed attributes.
Cardiopulmonary Technician for Patient Observation, Handling Blood Samples and Performing Blood Gas Evaluation Calculations	The Hospital does not use cardiopulmonary techs in the cath lab. The techs and nurses in the cath lab monitor the physiological data and alert physicians to changes.
Monitoring and Recording Technician for Monitoring Physiologic Data and Alerting the Physician to Any Changes	The Hospital does not use monitor techs in the cath lab. The techs and nurses in the cath lab monitor the physiological data and alert physicians to changes.
Electronic Radiologic Repair Technician To Perform Systematic Tests and Routine Maintenance,: Must Be Immediately Available in the Event of Equipment Failure During a Procedure	St. Elizabeth's has a biomedical department available 24/7/365 as well as a full service contract with the vendor.
Darkroom Technician Well Trained in Photographic Processing and in the Operation of Automatic Processors Used for Both Sheet and Cine Film.	NA. St. Elizabeth's Hospital's cath lab uses digital imaging and does not use film; thus St. Elizabeth's has no need for a darkroom technician.

There is a cardiologist and an interventional cardiologist on call every night and weekend for the Emergency Department, in house and referral center emergencies. The Hospital has a program called "One Call". This program allows referring facilities to contact the One Call operator using one number any time of day or night. The One Call operator takes care of paging the appropriate physician, patching the physicians in on a conference line so there are no delays. The One Call operator also assists in the transfer and placement of non-emergent patients. There is also a 4-person call team (2 RN's, 2 techs) for the cath lab and the vascular lab. This call arrangement has accommodated up to 3 emergencies at the same time by contacting additional staff and additional physicians.

Nurse Specially Trained in the Critical Care of Cardiac Patients, knowledge of Cardiovascular Medication, and Understanding of Catheterization Equipment.

Deb Bohm, RN
Jennifer Eghigian, RN
Terri Foster, RN
Tara Helfrich, RN
Crimm Kim, RN
Rebecca Martin, RN
Mary Maxim, RN
Kevin Paulson, RN
Lorrie Schuette, RN
Kathryn Sy, RN

Radiologic Technologist Highly Skilled in Conventional Radiographic Principles, Knowledge in Every Aspect of Catheterization Instrumentation, and with Thorough Knowledge of the Anatomy and Physiology of the Cardiovascular System.

Chris Jennings, RT
Sheryl Juenger, RT
Angela McBride, RT
Katie Mellor, RT
Manny Pena, RT
Ariel Pineiro, RT

8. Criterion 1110.1330(h), Continuity of Care

Read the criterion and submit a copy of the fully executed written referral agreements. Any applicant proposing the establishment, expansion, or modernization of a cardiac cath service must document that written transfer agreements have been established with facilities with open heart surgery capabilities for the transfer of seriously ill patients for continuity of care.

St. Elizabeth's Hospital has been providing open heart surgery services for more than 20 years and is proposing to continue the service is the replacement hospital. If a cardiac catheterization patient experiences an adverse event as part of the procedure they are immediately transferred to the Hospital's surgical suite. At all times, an operating room is available for emergency heart surgery patients and a surgical team can be assembled in 10 minutes. Cardiac cath patients are rarely transferred to another facility.

9. Criterion 1110.1330 (i), Multi-institutional Variance NA St. Elizabeth's Hospital is not applying for a multi-institutional variance.

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

a. A copy of a fully executed affiliation agreement between the two facilities involved.

b. Names and positions of the shared staff at the 2 locations.

c. The volume of open heart surgeries performed for the latest 12-month period at the existing operating program.

d. A cost comparison between the proposed project and expansion at the existing operating program.

e. The number of cardiac catheterization laboratories at the operating program.

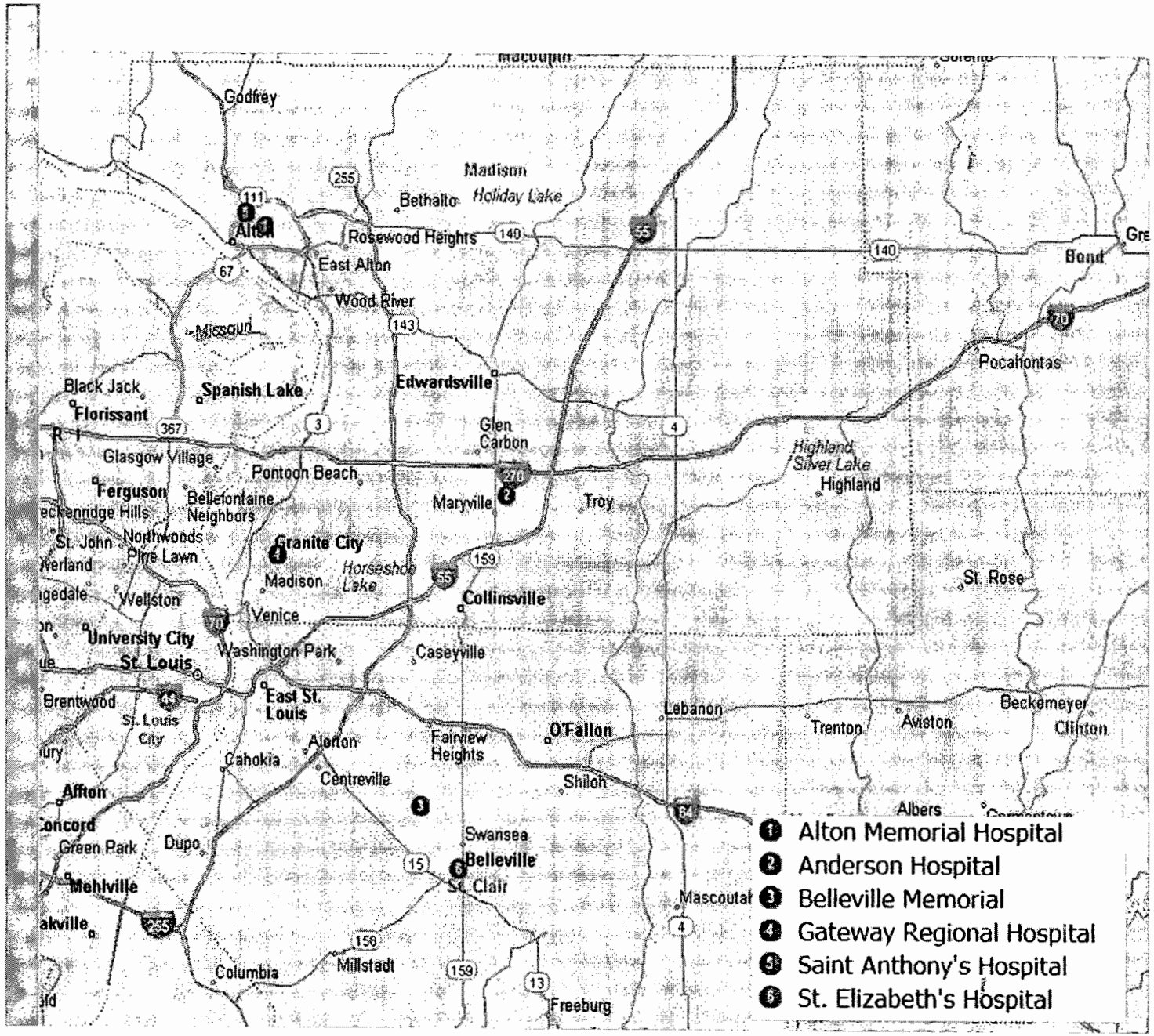
f. The number of catheterizations at the operating program.

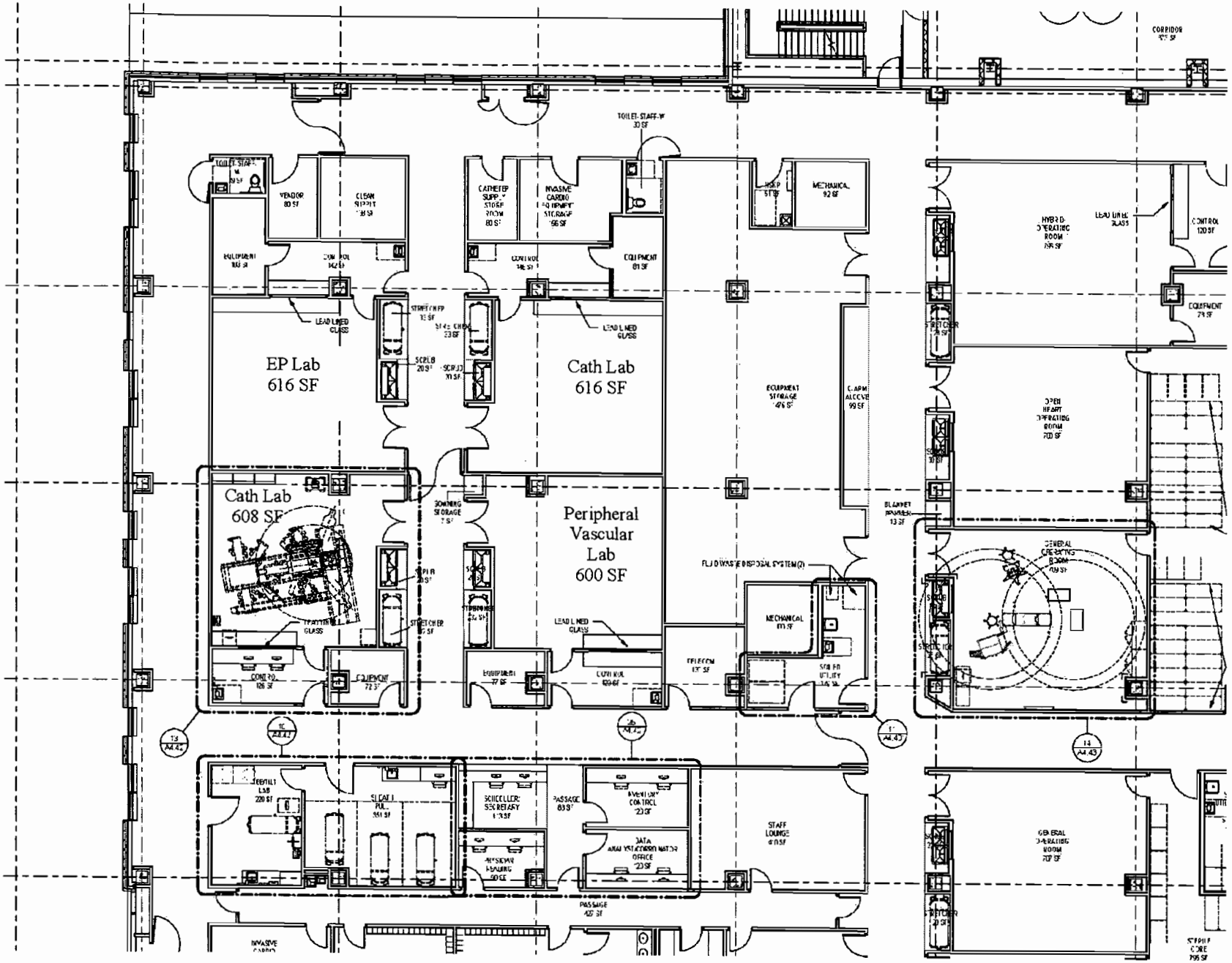
g. The projected cardiac catheterization volume at the proposed facility annually for the next 2 years.

h. The basis of the above projection.

Hospital Sisters
HEALTH SYSTEM

Planning Area F-01
Cardiac Catheterization Facilities




EP Lab
616 SF
Cath Lab
616 SF
Cath Lab
608 SF
Peripheral
Vascular
Lab
600 SF
MECHANICAL
EQUIPMENT
STAFF
LOUNGE
PASSAGE
CORRIDOR

O. Criterion 1110.3030 - Clinical Service Areas Other than Categories of Service

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than Categories of Service must submit the following information:
2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
☐		
☐		

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

:

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
New Services or Facility or Equipment	(b) –	Need Determination – Establishment
Service Modernization	(c)(1) –	Deteriorated Facilities
		and/or
	(c)(2) –	Necessary Expansion
		PLUS
	(c)(3)(A) –	Utilization – Major Medical Equipment
		Or
	(c)(3)(B) –	Utilization – Service or Facility
APPEND DOCUMENTATION AS ATTACHMENT-34 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

Clinical Service Areas (CSAs) – Hospital Surgery

a) Introduction to the Attachment requires that the applicants comply with the requirements of subsection a) 2) for "New Services or Facility or Equipment."

b) Need Determination

The applicant shall describe how the need for the proposed establishment was determined by documenting the following:

1) Service to Planning Area Residents

A) Either

i) The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located: or

ii) If the applicant service area includes a primary and secondary service area that expands beyond the planning area boundaries, the applicant shall document that the primary purpose of the project is to provide care to the residents of the service area.

Planning Area Patient Origin F-01, 2013

Area	Total Patients	Percent of Total Patients
HPA F-01	7,722	86.9
Extended Market Area	1,162	13.1
Total	8,884	100,0

Source: Hospital Records
Note: Data excludes acute mental illness patients.

As shown above, 86.9 percent of patients to St. Elizabeth's Hospital (St. Elizabeth's, Hospital) reside in HPA F-01. This high percentage of patients from the health planning area demonstrates that the primary purpose of the proposed project is to serve the residents of the planning area. St. Elizabeth's is receives surgical referrals from other the Southern Illinois Division hospitals and from other facilities in the Metro East region because of the specialized surgical services that are provided; as a referral center, the Hospital will continue to receive surgical referrals not only from HPA F-01, but also from beyond.

B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical incidence of disease or health conditions, or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections or trend analyses shall not exceed 10 years.

Surgical services are among the clinical service areas that the Hospital will be relocating to the new site. When the project is ready for occupancy, surgical services will be discontinued at the existing site and simultaneously established in the relocated hospital; there will be no lapse in service. There will be no increase in the number of operating rooms, and in fact the project proposes reducing ORs from 16 to 10. The Hospital can support 10 ORs at required guidelines as its general surgical volume in 2013 supports 9 and it holds one OR for open heart procedures (and other emergency procedures).

The project schedule includes completing the replacement of the hospital in December of 2017, with the second full year of utilization being 2019.

Historical Utilization of Surgery Services

Year	2013
Total Hours	12,650

Source: *Hospital Profiles, 2008 - 2010 and 2012,* Declaratory Ruling March 11, 2014 and Annual Hospital Questionnaire, 2013.

2) Service Demand

To demonstrate the need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections b) 2) A through D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

A) Referrals from Inpatient Base

For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum 2-year historical and 2-year projected number of inpatients requiring the subject CSA.

B) Physician Referrals

For CSAs that require physician referrals to create or maintain a patient base volume, the applicant shall document patient origin information for referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true.

C) Historical Referrals to Other Providers

If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant shall submit verification of those referrals, specifying: the service need, patient origin by zip code; *recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.*

D) Population Incidence

The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

In Attachments 20 and 21, there are physician referral letters that certify that St. Elizabeth's medical staff will admit at least the same number of inpatients that they did in 2013 and will continue to refer patients for inpatient and outpatient ancillary services (such as surgery), with the expectation that volume will gradually increase based on growth in individual practices and ongoing recruitment of needed physicians to the region. St. Elizabeth's rarely refers surgery patients to other services. The projected need does not assume any increase in market share.

The Hospital currently has 16 operating rooms and is proposing 10 operating rooms at the replacement facility. The Hospital's Medical Staff By Laws require that one operating room be dedicated to heart surgery; the remaining 9 rooms will be used for general inpatient and outpatient surgery.

Utilization of Surgery Services, 2013

Inpatient Surgery Hours	Outpatient Surgery Hours	Total Surgery Hours
6,238	6,412	12,650

Current and Need

12,650 hours of surgery in 2013 - 780 hours (2013 AHQ cites 2639 hours of CV surgery) of heart surgery =
11,870 hours for all other surgery

11,870 hours of surgery ÷ State Agency Guideline of 1,500 hours per room =
8 rooms

1 dedicated open heart surgery operating room + 8 general purpose operating rooms =
9 operating rooms justified based on 2013 historical utilization. However, the Hospital projects 13,182 utilization by 2019 based on population and medical staff growth within the past year as referenced herein. Volume of 13,182 justifies 9 ORs and one dedicated OR for open heart.

3) Impact of the Proposed Project on Other Area Providers

The applicant shall document that, within 24 months after project completion, the proposed project will not:

A) Lower the utilization of other area providers below the utilization standards specified in Appendix B.

B) Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.

St. Elizabeth's replacement hospital will continue will serve the same market area as the current facility.

The volume of patients that historically used the surgery services will also be relocated to the new site. Thus the provision of 10 surgery operating rooms will not lower the utilization of any other area providers.

4) Utilization

Projects involving the establishment of CSAs shall meet or exceed utilization standards for the services, as specified in Appendix B If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

As noted above, the proposed project meets the standards specified in Appendix B. with a modest adjustment for population growth.

a) Introduction to the Attachment requires that the applicants comply with the requirements of subsection a) 2) for "New Services or Facility or Equipment."

b) Need Determination

The applicant shall describe how the need for the proposed establishment was determined by documenting the following:

1) Service to Planning Area Residents

A) Either

i) The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located: or

ii) If the applicant service area includes a primary and secondary service area that expands beyond the planning area boundaries, the applicant shall document that the primary purpose of the project is to provide care to the residents of the service area,

Planning Area Patient Origin F-01, 2013

Area	Total Patients	Percent of Total Patients
HPA F-01	7,722	86.9
Extended Market Area	1,162	13.1
Total	8,884	100,0

Source: Hospital Records
Note: Data excludes acute mental illness patients.

Of the total patients who used inpatient services at St. Elizabeth's Hospital's (St. Elizabeth's, Hospital) in 2013, 86.9 percent of them reside in HPA F-01. This high percentage of patients from the health planning area validates that the primary purpose of the proposed project is to serve the residents of the planning area.

B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical incidence of disease or health conditions , or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections or trend analyses shall not exceed 10 years.

Obstetric services are among the clinical service areas that the Hospital will be replaced at the

new site. When the project is ready for occupancy, obstetric services will be discontinued at the existing site and simultaneously established in the relocated hospital; there will be no lapse in service.

The project schedule includes completing the replacement of the hospital in December of 2017, with the second full year of utilization being 2019. The 2013 volume of 887 procedures supports the need for operation of two C-Section suites at the new facility (800 procedures/room is the State standard). The project proposes two surgical C-Section suites.

2) Service Demand

To demonstrate the need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections b) 2) A through D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

A) Referrals from Inpatient Base

For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum 2-year historical and 2-year projected number of inpatients requiring the subject CSA.

B) Physician Referrals

For CSAs that require physician referrals to create or maintain a patient base volume, the applicant shall document patient origin information for referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true.

C) Historical Referrals to Other Providers
If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant shall submit verification of those referrals, specifying: the service need, patient origin by zip code; recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.

D) Population Incidence

The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

In Attachments 20 and 21, there are physician referral letters that certify that St. Elizabeth's medical staff will admit at least the same number of inpatients that they did in 2013 and will

continue to refer patients for inpatient and outpatient ancillary services.

Current and Future Need

Based on the number of births in 2013, the Hospital can support the development of 2 C-Section Delivery Suites.

887 births ÷ 800 births per C-Section Delivery Suites = 2 C-Section Delivery Suites

3) Impact of the Proposed Project on Other Area Providers

The applicant shall document that, within 24 months after project completion, the proposed project will not:

A) Lower the utilization of other area providers below the utilization standards specified in Appendix B.

B) Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.

St. Elizabeth's replacement hospital will continue will serve the same market area as the current facilities.

The volume of patients that historically used the obstetric services will also relocate to the new site. Thus the provision of 2 C-Section Delivery Suites and will not lower the utilization of any other area providers.

4) Utilization

Projects involving the establishment of CSAs shall meet or exceed utilization standards for the services, as specified in Appendix B. If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

887-1115 births per year ÷ 800 births per room = 2 C-Section Delivery Suites justified

The proposed number of births per room is consistent with the State Agency guideline.

a) Introduction to the Attachment requires that the applicants comply with the requirements of subsection a) 2) for "New Services or Facility or Equipment."

b) Need Determination

The applicant shall describe how the need for the proposed establishment was determined by documenting the following:

1) Service to Planning Area Residents

A) Either

i) The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located: or

ii) If the applicant service area includes a primary and secondary service area that expands beyond the planning area boundaries, the applicant shall document that the primary purpose of the project is to provide care to the residents of the service area.

St . Elizabeth's Patient Origin from HPA F-01, 2013

Area	Patients	Percent of Total Patients
HPA F-01	7,722	86.9
Extended Market Area	1,162	13.1
Total	8,884	100.0

Source: Hospital Records.
Note: Excludes acute mental illness patients

Almost 70 percent of the inpatients admitted to St. Elizabeth's Hospital (St. Elizabeth's, Hospital) reside in HPA F-01. This high percentage shows that the primary purpose of the proposed project is to serve the residents of the planning area. However, because the hospital provides many advanced services that are not offered at critical access and rural hospitals in the region, the Hospital also receives patients from beyond the planning area. The Hospital's patient origin is not expected to change when the hospital replaces on a new site.

B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical incidence of disease or health conditions , or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections or trend analyses shall not exceed 10 years.

Endoscopy is among the clinical service areas that St. Elizabeth's will be relocating from its current site. Like other services, endoscopy will be discontinued at the existing site and simultaneously established in the replacement hospital on the new site; there will be no lapse in service.

The proposed project schedule includes completing the replacement of the Hospital in December of 2017, with the second full year of utilization being 2019. The number of endoscopy rooms proposed is three. The current utilization for 2013 supports two rooms. However, three rooms is justified as detailed below. (Note: The Hospital is reducing its number of endoscopy rooms from six to three.)

2) Service Demand
To demonstrate the need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections b) 2) A through D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

A) Referrals from Inpatient Base

For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum 2-year historical and 2-year projected number of inpatients requiring the subject CSA.

B) Physician Referrals

For CSAs that require physician referrals to create or maintain a patient base volume, the applicant shall document patient origin information for referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true.

C) Historical Referrals to Other Providers

If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the

absence of those services at the applicant facility, the applicant shall submit verification of those referrals, specifying: the service need, patient origin by zip code; recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.

D) Population Incidence

The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

The referral letters located in Attachments 20 and 21 certify that the St. Elizabeth's medical staff will admit at least the same number of inpatients as they did in 2013 and will continue to refer patients for inpatient and outpatient ancillary services (such as endoscopy) with the expectation that volume will actually increase based on the growth of individual practices and ongoing recruitment of needed physicians to the region. As the Southern Illinois Division regional referral center, St. Elizabeth's does not refer endoscopy cases to other facilities. The projected need does not assume any increase in market share.

The Hospital currently has 6 endoscopy procedure room and is proposing to provide 3 rooms in the relocated hospital.

The 2013 utilization of the endoscopy procedure room was as follows:

Utilization of the Endoscopy Procedure Rooms, 2013

Inpatient Procedure Hours	Outpatient Procedure Hours	Total Procedure Hours
864	1,988	2,852

Source: Annual Hospital Questionnaire, 2013

Current Need

The State Agency guideline for Class B Surgical Operating Rooms (procedure rooms) is 1,500 hours per room. Based on current endoscopic procedure volume, the Hospital can justify the need for procedure rooms. If the Hospital were operating only 2 rooms in 2013, the utilization would be 95 percent of the guideline, leaving virtually no room for growth from either new applications of established standards, emerging technologies capable of diagnosing gastric disease at earlier stages. Nor would it allow for a major change in industry standards.

2,852 hours in 2013 ÷ 1,500 hours per room = 2 rooms justified

Future Need

The Hospital first assumed that future volume would increase at a rate consistent with population growth by the senior population, that cohort most likely to be stricken with colon cancer and also the one covered by the Affordable Care Act, at least for the short term until mandatory coverage for this procedure will be extended to other insurance carriers.

2,852 hours in 2013 x 1.068 senior population growth = 3,045 hours in 2019

3,045 hours in 2019 ÷ 1,500 hours per unit = 3 rooms justified

Population age 45 and over was used to determine future hours. This population is most likely to use endoscopy services. Several important changes in industry standards are occurring; industry experts expect these changes to increase endoscopy volume at least 15 percent over the next decade. A provision of the Affordable Care Act requires colonoscopies to be provided as a preventive measure. While this provision initially only affects Medicare recipients, eventually all health plans must include these diagnostic screenings with no co-payment. Improved coverage for colorectal screenings is especially important to historically underserved populations that have a higher incidence of colorectal cancer. Early screenings and the removal of pre-cancerous polyps will prevent unnecessary admissions.

Based on changes in industry standards, the Hospital will be able to accommodate new applications of endoscopic technology and insurance reforms.

2,853 hours in 2013 X 1.15 percent impact of changes in industry standards and insurance reforms = 3,280 hours

3,280 hours ÷ 1,500 hours per room = 3 rooms

3) Impact of the Proposed Project on Other Area Providers

The applicant shall document that, within 24 months after project completion, the proposed project will not:

A) Lower the utilization of other area providers below the utilization standards specified in Appendix B.

B) Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.

St. Elizabeth's replacement hospital will continue to serve the same market area as the current facility. The volume of patients that historically used the endoscopic services will also relocate to O'Fallon facility. Thus, the provision of 3 endoscopic procedure rooms will not lower utilization of any area providers.

4) Utilization

Projects involving the establishment of CSAs shall meet or exceed utilization standards for the services, as specified in Appendix B. If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

3,280 projected endoscopic hours =
State Agency guideline of 1,500 hours per unit

The proposed endoscopy hours per room is consistent with the State Agency guideline.

a) *Introduction to the Attachment requires that the applicants comply with the requirements of subsection a) 2) for "New Services or Facility or Equipment."*

b) *Need Determination*

The applicant shall describe how the need for the proposed establishment was determined by documenting the following:

1) Service to Planning Area Residents

A) Either

i) The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located: or

ii) If the applicant service area includes a primary and secondary service area that expands beyond the planning area boundaries, the applicant shall document that the primary purpose of the project is to provide care to the residents of the service area.

St. Elizabeth's has provided emergency services on the Belleville campus and "Urgi-Care" services in the O'Fallon Medical Arts Building for more than a decade. Hence, the Hospital can demonstrate a long-history of providing emergency services to the residents of HPA F-01. The Hospital currently has 30 emergency stations, and is proposing 25. Based upon its 2013 volume it can support 26 so its project is conservative, and meets State Agency Guidelines.

St . Elizabeth's Patient Origin from HPA F-01 for Intensive Care and Medical Surgical Patients, 2013

Area	Patients	Percent of Total Patients
HPA F-01	7,722	86.9
Extended Market Area	1,162	13.1
Total	8,884	100.0

Source: Hospital Records
Note: Excludes acute mental illness patients.

As shown above, more than 85.0 percent of the patients admitted to St. Elizabeth's Hospital (St. Elizabeth's, Hospital) are from HPA F-01. The percentage of emergency patients from beyond

the HPA F-01 area may increase when the hospital relocates because the new site is near major interstate highways.

B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical incidence of disease or health conditions, or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections or trend analyses shall not exceed 10 years.

Emergency services are among the clinical service areas that the Hospital will be relocating to the new site. When the project is ready for occupancy, emergency services will be discontinued at the exiting site and simultaneously established in the relocated hospital. There will be no lapse in service.

The project schedule envisions completing the replacement of the hospital in December of 2017, with the second full year of operation being 2019. Based on 2013 ED volume of 59,532, the Hospital will be at State Standard within two years of operation in 25 ED stations at the replacement hospital.

2) Service Demand

To demonstrate the need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections b) 2) A through D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

A) Referrals from Inpatient Base

For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum 2-year historical and 2-year projected number of inpatients requiring the subject CSA.

B) Physician Referrals

For DSAs that require physician referrals to create or maintain a patient base volume, the applicant shall document patient origin information for referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true.

C) Historical Referrals to Other Providers

If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant

shall submit verification of those referrals, specifying: the service need, patient origin by zip code; recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.

D) Population Incidence

The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

St. Elizabeth's is a comprehensive Emergency Service, as defined by the Illinois Hospital Licensing Act and currently has 30 stations including 6 in the Urgi-care Center in O'Fallon Medical Building which is across Green Mount Drive from the proposed site of the replacement hospital. In 2013, 5.5 percent of the emergency visits were classified as trauma, and 10.5 percent were admitted to the hospital.

At the time that the replacement hospital opens in 2017, the Urgi-Care volume will be integrated into the Emergency Department at the Hospital. Concurrently, a same day access clinic will open on the Belleville campus. Based on patient acuity and residence, the Hospital determined that 7,505 of the emergency patients currently being seen at the current Belleville Emergency Department and the O'Fallon Urgi-care Center would use the Belleville same day access clinic, leaving 52,027 patients to use the new Emergency Department

Current Volume

59,532 total emergency visits - 7,505 to Belleville Clinic =

52,027 to the Emergency Department at the relocated hospital

Using State Agency guidelines, the need for emergency stations is determined by dividing emergency volume by 2,000 to arrive at the number of allowable stations. Current volume can justify 26 stations. St. Elizabeth's is conservatively proposing to develop 25 emergency stations.

52,027 emergency visits ÷ 2,000 visits per room = 26 needed emergency stations

4) Utilization

Projects involving the establishment of CSAs shall meet or exceed utilization standards for the services, as specified in Appendix B. If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

The proposed Emergency Department exceeds the utilization standards as specified in Appendix B.

a) *Introduction to the Attachment requires that the applicants comply with the requirements of subsection a) 2) for "New Services or Facility or Equipment."*

b) *Need Determination*

The applicant shall describe how the need for the proposed establishment was determined by documenting the following:

1) Service to Planning Area Residents

A) Either

i) The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located: or

ii) If the applicant service area includes a primary and secondary service area that expands beyond the planning area boundaries, the applicant shall document that the primary purpose of the project is to provide care to the residents of the service area.

St. Elizabeth's Patient Origin from HPA F-01

Area	Patients	Percent of Total Patients
HPA F-01	7,722	86.9
Extended Market Area	1,162	13.1
Total	8,884	100.0

Source: Hospital Records

General radiography is a basic imaging modality. Based on 2013 patient origin data, 86.3 percent of St. Elizabeth's Hospital (St. Elizabeth's, Hospital) patients are residents of HPA F-01; the remainder are from a broader service area. The purpose of the proposed replacement hospital is to serve the same market area; therefore, the primary purpose of the project is to serve the residents of HPA F-01 in which the hospital will be located.

B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical incidence of disease or health conditions, or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections or trend analyses shall not exceed 10 years.

The project schedule for the replacement hospital targets December 2017 for the completion of

the facility; based on this schedule the second full year of utilization will be 2019. The establishment of the new hospital and the discontinuation of the current hospital will occur simultaneously; there will be no lapse in service.

Historical Utilization of St. Elizabeth's General Radiology and Fluoroscopy Service, 2008-2013

Year – 2013
Total 59,470

Source: *Hospital Profiles, 2008-2012; Annual Hospital Questionnaire, 2013. Declaratory Ruling, March 11, 2014*

2) *Service Demand*
To demonstrate the need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections b) 2) A through D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

A) Referrals from Inpatient Base
For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum 2-year historical and 2-year projected number of inpatients requiring the subject CSA.

B) Physician Referrals
For DSAs that require physician referrals to create or maintain a patient base volume, the applicant shall document patient origin information for referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true.

C) Historical Referrals to Other Providers

If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant shall submit verification of those referrals, specifying: the service need, patient origin by zip code; recipient facility; *date of referral; and physician certification that the representations contained in the verifications are true and correct.*

D) Population Incidence

The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

Attachments 20 and 21 contain physician referral letters that certify that St. Elizabeth's medical

staff will admit at least the same number of inpatients that they did in 2013 and will continue to refer patients for inpatient and outpatient ancillary services (such as general radiology) with the expectation that volume will gradually increase based on growth in individual practices and ongoing recruitment of needed physicians to the region. St. Elizabeth's does not refer general radiology patient to other providers. The projected need calculated below does not include any increase in market share.

In 2013, St. Elizabeth's reported 59, 470 general radiography and fluoroscopy procedures being performed on 9 units.

Current and Future Need

The State Agency guideline for general radiography units is 8,000 procedures per unit. Fluoroscoy is 6,500 procedures per unit. Based on current volume, the general radiography volume at the Hospital supports the need for 6 imaging units at the higher standard. The Hospital is proposing to equip the new facility with 5 units.

59,470 2013 procedures ÷ 8,000 procedures per unit = 5 units justified

The number of hospital-based general radiography and fluoroscopy units is consistent with the State Agency guideline.

3) Impact of the Proposed Project on Other Area Providers
The applicant shall document that, within 24 months after project completion, the proposed project will not:

A) Lower the utilization of other area providers below the utilization standards specified in Appendix B.

B) Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.

St. Elizabeth's replacement hospital will continue to serve the same market area as the current facility. The general radiology and fluoroscopy procedure volume that historically used the imaging services at the current hospital will also relocate to O'Fallon. Thus, the development of 5 general radiology and fluoroscopy units at the Hospital will not lower utilization of any area providers.

4) Utilization

Projects involving the establishment of CSAs shall meet or exceed utilization standards for the services, as specified in Appendix B. If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

59,470 projected procedures per five unit - meets State Agency guideline of 8,000 per unit

The proposed volume of general radiology and fluoroscopy procedures per unit in the Hospital's Imaging Department exceeds the State Agency guideline.

a) *Introduction to the Attachment requires that the applicants comply with the requirements of subsection a) 2) for "New Services or Facility or Equipment."*

b) *Need Determination*

The applicant shall describe how the need for the proposed establishment was determined by documenting the following:

1) Service to Planning Area Residents

A) Either

i) The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located: or

ii) If the applicant service area includes a primary and secondary service area that expands beyond the planning area boundaries, the applicant shall document that the primary purpose of the project is to provide care to the residents of the service area.

S . Elizabeth's Patient Origin from HPA F-01, 2013

Area	Patients	Percent of Total Patients
HPA F-01	7,722	86.9
Extended Market Area	1,162	13.1
Total	8,884	100.0

Source: Hospital Records

Ultrasound is an essential diagnostic and therapeutic modality for many of clinical disciplines including cardiovascular medicine, neurosciences, cancer, women's services, orthopedics and gastroenterology. The Hospital currently has two ultrasounds units with 2013 volume at 7,782 visits. The State Agency Guidelines is 3,100 visits per unit. The 2013 volume supports the need for two ultrasound units.

St. Elizabeth's Hospital (St. Elizabeth's, Hospital) serves the Metro East region; the 2013 patient origin shows that the majority of the Hospital's inpatients reside in HPA F-01, with the remaining patients residing in a broader geographic area. The Hospital does not anticipated that this patient origin will change when the hospital relocates. This patient origin clearly confirms that the purpose of the Hospital is to continue to serve HPA F-01 residents as well as those from

beyond.

B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical incidence of disease or health conditions , or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections or trend analyses shall not exceed 10 years.

Ultrasound is among the clinical service areas that St. Elizabeth's will be relocating from its current site to O'Fallon. Like other services, ultrasound will be discontinue at the existing site and simultaneously established at the new site; there will be no lapse in service.

2) Service Demand

To demonstrate the need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections b) 2) A through D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

A) Referrals from Inpatient Base

For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum 2-year historical and 2-year projected number of inpatients requiring the subject CSA.

B) Physician Referrals

For CSAs that require physician referrals to create or maintain a patient base volume, the applicant shall document patient origin information for referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true.

C) Historical Referrals to Other Providers

If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant shall submit verification of those referrals, specifying: the service need, patient origin by zip code; recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.

D) Population Incidence

The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

The physician referral letters in Attachments 20 and 21 include attestations that the medical staff will admit at least the same number of inpatients and use the same number of inpatient and outpatient ancillaries, including ultrasound, that they did in 2013, with the expectation that volume will increase based on the growth of the individual practices and recruitment of needed physicians to the community. Hence the projected inpatient volumes will support the projected ultrasound inpatient and outpatient volume. As the Southern Illinois Division's regional referral center, St. Elizabeth's does not refer nuclear medicine cases to other facilities. The projected demand does not include a factor for increase in market share.

The Hospital currently has 2 fixed ultrasound units and is proposing to have 2 in the Imaging Department in the replacement facility.

Current Need

The following table shows the 2013 utilization of the ultrasound units in the Imaging Department.

Utilization of Ultrasound Unit in St. Elizabeth's Hospital, 2013

Inpatient Visits	Outpatient Visits	Total Visits
1,688	6,094	7,782

Source: *Annual Hospital Questionnaire, 2013*

The State Agency guideline for ultrasound is 3,100 visits. Based on current utilization, the ultrasounds volume at the Hospital supports the need for 2 units.

3) Impact of the Proposed Project on Other Area Providers

The applicant shall document that, within 24 months after project completion, the proposed project will not:

A) Lower the utilization of other area providers below the utilization standards specified in Appendix B.

B) Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.

St. Elizabeth's replacement hospital will continue to serve the same market area as the current facility. The volume of patients that historically used the ultrasound units will also relocate to O'Fallon. Thus, the provision of 2 fixed ultrasound units will not lower utilization of any area providers.

4) Utilization

Projects involving the establishment of CSAs shall meet or exceed utilization standards for the services, as specified in Appendix B. If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

7,782 ultrasound visits ÷ 2 units = 3,891 visits per unit

The proposed volume of ultrasound = procedures per unit in the Hospital's Imaging Department exceeds the State Agency guideline.

a) *Introduction to the Attachment requires that the applicants comply with the requirements of subsection a) 2) for "New Services or Facility or Equipment."*

b) *Need Determination*

The applicant shall describe how the need for the proposed establishment was determined by documenting the following:

1) Service to Planning Area Residents

A) Either

i) The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located: or

ii) If the applicant service area includes a primary and secondary service area that expands beyond the planning area boundaries, the applicant shall document that the primary purpose of the project is to provide care to the residents of the service area.

St . Elizabeth's Patient Origin from HPA F-01, 2013

Area	Patients	Percent of Total Patients
HPA F-01	7,722	86.9
Extended Market Area	1,162	13.1
Total	8,884	100.0

Source: Hospital Records

Computerized tomography, or CT, has several advantages over general radiography For example, CT provides very high resolution and can generate 3-dimensional images of the area being studied; further it eliminates the superimposition of images or structures outside the area of interest.

It is evident that the primary purpose of the CT scanning services to be provided at St. Elizabeth's Hospital (St. Elizabeth's, Hospital) is to serve the residents of HPA F-01. In addition, patients from the extended market area (beyond HPA F-01) may also use the CT services at the Hospital, either because CT exams are adjunct to the high acuity inpatient services that are available at St. Elizabeth's or because CT services are not available at their community hospital. The Hospital currently has 3 CT Scanners and is proposing to have 3 at the

replacement facility. The 2013 volume of 15,371 scans supports the need for three CT scanners at the State Agency Guideline of 7,000 per CT scan.

B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical incidence of disease or health conditions, or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections or trend analyses shall not exceed 10 years.

Computerized tomography is among the clinical service areas that St. Elizabeth's will be relocating from its current site to O'Fallon. Like other services, CT will be discontinued at the existing site and simultaneously established at the new site; there will be no lapse in service.

2) Service Demand

To demonstrate the need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections b) 2) A through D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

A) Referrals from Inpatient Base

For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum 2-year historical and 2-year projected number of inpatients requiring the subject CSA.

B) Physician Referrals

For DSAs that require physician referrals to create or maintain a patient base volume, the applicant shall document patient origin information for referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true.

C) Historical Referrals to Other Providers

If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant shall submit verification of those referrals, specifying: the service need, patient origin by zip code; recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.

D) Population Incidence

The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

The physician referral letters provided in Attachments 20 and 21 certify that St. Elizabeth's medical staff will admit at least the same number of inpatients as they did in 2013 and will continue to refer patients for inpatient and outpatient ancillary services (such as CT scanning) with the expectation that volume will increase based on the growth of individual practices and ongoing recruitment of needed physicians in the region. As the Southern Illinois Division regional referral center, St. Elizabeth's does not refer patients to other facilities for CT scanning services. The following projected need does not assume any increase in market share.

The current utilization of the CT scanners in 2013 was as follows:

Utilization of CT Scanners in St. Elizabeth's Hospital, 2013

Inpatient Exams	Outpatient Exams	Total Exams
4,324	11,047	15,371

Source: Hospital Records

The State Agency guideline for CT scanners is 7,000 exams per unit. Based on current utilization, CT volume at the Hospital supports the need for 3 scanners.

15,371 CT scanner 2013 visits ÷ 7,000 visits per unit = 3 units justified

3) Impact of the Proposed Project on Other Area Providers

The applicant shall document that, within 24 months after project completion, the proposed project will not:

A) Lower the utilization of other area providers below the utilization standards specified in Appendix B.

B) Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.

St. Elizabeth's replacement hospital will continue to serve the same market area as the current facility. The patients that historically used the CT scanner technology will also relocate to O'Fallon. Thus, the replacement of the current 3 CT scanner units will not lower utilization of any area providers.

4) Utilization

Projects involving the establishment of CSAs shall meet or exceed utilization standards for the services, as specified in Appendix B If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

15,371 historical visits per unit > 7,000 visits per unit State Agency Guideline

The proposed number of CT scanning visits per unit exceeds the State Agency guideline.

a) *Introduction to the Attachment requires that the applicants comply with the requirements of subsection a) 2) for "New Services or Facility or Equipment."*

b) *Need Determination*

The applicant shall describe how the need for the proposed establishment was determined by documenting the following:

1) Service to Planning Area Residents

A) Either

i) The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located: or

ii) If the applicant service area includes a primary and secondary service area that expands beyond the planning area boundaries, the applicant shall document that the primary purpose of the project is to provide care to the residents of the service area.

St. Elizabeth's Patient Origin from HPA F-01, 2013

Area	Patients	Percent of Total Patients
HPA F-01	7,722	86.9
Extended Market Area	1,162	13.1
Total	8,884	100.0

Source: Hospital Records

Magnetic resonance imaging (MRI) is one of the most useful imaging tools for a wide variety of diseases and injuries. It provides the most detailed images of soft tissues such as the brain, eyes and inner ear; of organs such as the heart, liver and pancreas; of the female reproductive system; as well as joints, ligaments, and cartilage. It is also useful to provide real time images of the heart and circulatory system.

The proposed replacement of St. Elizabeth's Hospital (St. Elizabeth's, Hospital) will not change the market area of the hospital. It is evident that the primary purpose of the services at the replacement hospital is to serve the residents of HPA F-01. In addition, patients from the extended market area (beyond HPA F-01) may also use the Hospital's MRI services, either

because they have been admitted to the Hospital for a condition that requires MRI imaging or because MRI services are not available at their community hospital.

B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical incidence of disease or health conditions , or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections or trend analyses shall not exceed 10 years.

Magnetic resonance imaging is among the clinical service areas that St. Elizabeth's will be relocating from its current site to O'Fallon. Like other services, MRI will be discontinued at the existing site and simultaneously established at the new site; there will be no lapse in service. The Hospital operates one MRI currently, and proposed operation of one MRI at the replacement facility. The number of procedures in 2013 was 2,868, which meets the State Agency Guidelines of 2,500 procedures per MRI.

2) Service Demand

To demonstrate the need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections b) 2) A through D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

A) Referrals from Inpatient Base

For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum 2-year historical and 2-year projected number of inpatients requiring the subject CSA.

B) Physician Referrals

For CSAs that require physician referrals to create or maintain a patient base volume, the applicant shall document patient origin information for referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true.

C) Historical Referrals to Other Providers

If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant shall submit verification of those referrals, specifying: the service need, patient origin by zip code; recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.

D) Population Incidence

The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

The physician referral letters in Attachment 20 include attestations that the medical staff will admit at least the same number of inpatients and use the same number of inpatient and outpatient ancillaries, (including MRI) that they did in 2013 with the expectation that volume will increase based on the growth of the individual practices and recruitment of needed physicians to the community. Hence the projected inpatient volumes will support the projected MRI inpatient and outpatient volume. As the Southern Illinois Division's regional referral center, St. Elizabeth's does not refer MRI cases to other facilities. The projected demand does not include a factor for increase in market share.

The Hospital currently has 1 MRI unit in the main Hospital and is proposing to have 1 unit in the replacement facility.

The 2013 utilization of the hospital-based MRI unit was:

Utilization of MRI Units in St. Elizabeth's Hospital, 2013

Inpatient Procedures	Outpatient Procedures	Total Procedures
889	1,979	2,868

Source: *Annual Hospital Questionnaire, 2013*

The State Agency guideline for MRI units is 2,500 procedures per unit. Based on current utilization, MRI volume at the Hospital supports the need for 2 MRI units. The Hospital is conservatively proposing to equip the Imaging Department with 1 MRI unit.

2,868 2013 procedures ÷ 2,500 procedures per unit = 2 units justified

3) Impact of the Proposed Project on Other Area Providers

The applicant shall document that, within 24 months after project completion, the proposed project will not:

A) Lower the utilization of other area providers below the utilization standards specified in Appendix B.

B) Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.

St. Elizabeth's replacement hospital will continue to serve the same market area as the current facility. The patients that historically used the MRI imaging unit will also relocate to O'Fallon. Thus, the replacement of 1 MRI unit will not lower utilization of any area providers.

4) Utilization

Projects involving the establishment of CSAs shall meet or exceed utilization standards for the services, as specified in Appendix B. If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

2,868 historical utilization > State Agency guideline of 2,500 procedures per unit

The proposed volume of MRI procedures per unit in the Hospital's Imaging Department exceeds the State Agency guideline.

a) *Introduction to the Attachment requires that the applicants comply with the requirements of subsection a) 2) for "New Services or Facility or Equipment."*

b) *Need Determination*

The applicant shall describe how the need for the proposed establishment was determined by documenting the following:

1) Service to Planning Area Residents

A) Either

i) The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located: or

ii) If the applicant service area includes a primary and secondary service area that expands beyond the planning area boundaries, the applicant shall document that the primary purpose of the project is to provide care to the residents of the service area.

St. Elizabeth's Patient Origin from HPA F-01, 2013

Area	Patients	Percent of Total Patients
HPA F-01	7,722	86.9
Extended Market Area	1,162	13.1
Total	8,884	100.0

Source: Hospital Records

Nuclear medicine is an imaging subspecialty using trace amounts of radioactive material to diagnose and treat many diseases. During a nuclear medicine procedure, a radiotracer is injected, swallowed or inhaled as a gas; it gives off gamma rays which are detected on by a nuclear medicine scanner or a probe. Using a computer, the amount of radiotracer absorbed by the body is measured to produce imagines providing details to analyze functions of organs such as kidney, gallbladder and lungs, check bones for fractures or tumors, visualize blood flow, monitor the spread of cancer, and locate infection in the body.

St. Elizabeth's Hospital (St. Elizabeth's, Hospital) serves the Metro East region; the 2013 patient origin shows that the majority of the Hospital's inpatients reside in HPA F-01, with the remaining patients residing in a broader geographic area. The Hospital does not anticipated that this patient origin will change when the hospital relocates. This patient origin clearly confirms that the purpose of the Hospital is to continue to serve HPA F-01 residents as well as those from beyond, especially those whose local hospital may not offer nuclear medicine services.

B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical incidence of disease or health conditions , or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections or trend analyses shall not exceed 10 years.

Nuclear medicine imaging is among the clinical service areas that St. Elizabeth's will be relocating from its current site to O'Fallon. Like other services, nuclear medicine will be discontinued at the existing site and simultaneously established at the new site; there will be no lapse in service. The replacement facility will have one nuclear medicine unit and one nuclear medicine camera for cardiology diagnostics. The projected need is based on historical utilization which utilization supports the need for 2 pieces of equipment, based on State Agency Guidelines of 2,000 visits per unit based and 2,556 2013 visits.

2) Service Demand
To demonstrate the need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections b) 2) A through D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

A) Referrals from Inpatient Base

For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum 2-year historical and 2-year projected number of inpatients requiring the subject CSA.

B) Physician Referrals

For CSAs that require physician referrals to create or maintain a patient base volume, the applicant shall document patient origin information for referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true.

C) *Historical Referrals to Other Providers*

If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant shall submit verification of those referrals, specifying: the service need, patient origin by zip code; recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.

D) *Population Incidence*

The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

The physician referral letters in Attachments 20 and 21 include attestations that the medical staff will admit at least the same number of inpatients and use the same number of inpatient and outpatient ancillaries, including nuclear medicine, that they did in 2013, with the expectation that volume will increase based on the growth of the individual practices and recruitment of needed physicians to the community. Hence the projected inpatient volumes will support the projected nuclear medicine inpatient and outpatient volume. As the Southern Illinois Division's regional referral center,

St. Elizabeth's does not refer nuclear medicine cases to other facilities. The projected demand does not include a factor for increase in market share.

The Hospital currently has 6 nuclear medicine units and proposes 2 nuclear medicine units, one in the Imaging Department and one in the cardio diagnostic area.

Current Need

The following table shows the 2013 utilization of the nuclear medicine unit in the Imaging Department,

Utilization of Nuclear Medicine Unit in St. Elizabeth's Hospital, 2013

Inpatient Visits	Outpatient Visits	Total Visits
611	1,945	2,556

Source: *Annual Hospital Questionnaire, 2013*

The State Agency guideline for nuclear medicine units is 2,000 annual visits per unit. Based on current utilization, nuclear medicine volume at the Hospital supports the need for 2 units.

2,556 visits in 2013 ÷ 2,000 visits per unit = 2 units justified

3) Impact of the Proposed Project on Other Area Providers

The applicant shall document that, within 24 months after project completion, the proposed project will not:

A) Lower the utilization of other area providers below the utilization standards specified in Appendix B.

B) Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.

St. Elizabeth's replacement hospital will continue to serve the same market area as the current facility. The volume of patients that historically used the nuclear medicine unit will also relocate to O'Fallon. Thus, the provision of 3 nuclear medicine units will not lower utilization of any area providers.

4) Utilization

Projects involving the establishment of CSAs shall meet or exceed utilization standards for the services, as specified in Appendix B If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

2,663 projected nuclear medicine visits per unit >
State Agency guideline of 2,000 procedures per unit

The proposed volume of nuclear medicine procedures per unit supports three units.

a) Introduction to the Attachment requires that the applicants comply with the requirements of subsection a) 2) for "New Services or Facility or Equipment."

b) Need Determination

The applicant shall describe how the need for the proposed establishment was determined by documenting the following:

1) Service to Planning Area Residents

A) Either

i) The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located: or

ii) If the applicant service area includes a primary and secondary service area that expands beyond the planning area boundaries, the applicant shall document that the primary purpose of the project is to provide care to the residents of the service area.

St. Elizabeth's Patient Origin from HPA F-01, 2013

Area	Patients	Percent of Total Patients
HPA F-01	7,722	86.9
Extended Market Area	1,162	13.1
Total	8,884	100.0

Source: Hospital Records

The majority of the patients who are admitted to St. Elizabeth's Hospital (St. Elizabeth's, Hospital) reside in HPA F-01, with the remaining patients residing in a broader geographic area. The Hospital does not anticipated that this patient origin will change when the hospital relocates. This patient origin clearly confirms that the primary purpose of the Hospital is to continue to serve HPA F-01 residents as well as those from beyond.

B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical incidence of disease or health conditions, or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections or trend analyses shall not exceed 10 years.

Labor/Delivery/Recovery (LDR) is among the clinical service areas that St. Elizabeth's will be relocating from its current site to O'Fallon. Like other services, LDR will be discontinued at the existing site and simultaneously established at the new site; there will be no lapse in service.

2) *Service Demand*
To demonstrate the need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections b) 2) A through D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

A) *Referrals from Inpatient Base*

For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum 2-year historical and 2-year projected number of inpatients requiring the subject CSA.

B) *Physician Referrals*

For CSAs that require physician referrals to create or maintain a patient base volume, the applicant shall document patient origin information for referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true.

C) *Historical Referrals to Other Providers*

If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant shall submit verification of those referrals, specifying: the service need, patient origin by zip code; recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.

D) *Population Incidence*

The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

The physician referral letters in Attachments 20 and 21 include attestations that the medical staff will admit at least the same number of inpatients and use the same number of inpatient and outpatient ancillaries that they did in 2013, with the expectation that volume will increase based on the growth of the individual practices and recruitment of needed physicians to the community. Hence the projected inpatient volumes will support the projected inpatient and outpatient ancillary volume. As the Southern Illinois Division's regional referral center, St. Elizabeth's

does not refer Level I and Level II mothers and babies to other facilities; high risk (Level III) mothers and babies are referred to Level III neonatal units. The projected demand does not include a factor for increase in market share.

Current Need

The State Agency guideline for LDR rooms is 400 births per room. This guideline does not take into account the fact that many patients utilize the LDRs whose stay does not result in a birth.

At St. Elizabeth's Hospital (St. Elizabeth's, Hospital), the LDRs are used by:

- Patients that labor or who have labor like symptoms but do not deliver
- Scheduled C-Section mothers for prep
- Labor, delivery and recovery of uncomplicated delivery patients including clinically necessary inductions
- Labor of uncomplicated pregnancies that ultimately require a C-Section

Typically 65 to 70 percent of the women who use the LDR do not deliver.

In 2013, the following number of patients and related minimum hours of stay in the LDRs were reported at St. Elizabeth's.

Hours of Utilization of LDRs, 2013

Description of Patient	Number of Patients	Minimum Stay per Patient	Total Hours
False labor/labor like symptoms but does not deliver and go home	2,259	4 hours	9,032
Scheduled C-Section Mothers	87	2 hours	174
Uncomplicated vaginal deliveries including inductions	721	18 hours 5 minutes	12,694
Unscheduled C-Section mother who begin labor as an uncomplicated delivery	110	15 hours 5 minutes	1,650
Total	3,177	7 hours 24 minutes	23,550

Source: Hospital Records

Based on 2013 actual data, the Hospital reported 23,550 hours in the LDRs. This volume supports the need for from 5 to 6 LDRs depending using either a 50 percent or a 60 percent target occupancy

23,550 hours in 2013 ÷24 hours / day = 981.25 days

98.1.25 days ÷ 365 days per year = 2.7 ADC

2.7 ADC ÷ 50 percent occupancy = 6 LDRs

2.7 ADC ÷ 60 percent occupancy = 5 LDRs

Future Need

Population in the 15-44 age cohort is expected to increase very modestly between 2013 and 2019, or by 1.5 percent. However, the health care literature reports that in times of economic recession fertility rates decline but that they rebound after the recession ends. Based upon both the female population growth and a rebounding of the fertility rate, the Hospital assumed that births St. Elizabeth's increase to 980 births based on increase and population and the addition or a new female obstetrician who could accommodate the post recession increase. This is a 10.5 increase over the unusually low volume reported in 2013, but less than reported in either 2011 or 2012.

Assuming a 10.5 percent increase in births and the same distribution of utilization of the LDRs, the Hospital calculated a potential for 26,023 days in the LDRs and the number of LDRs needed by 2019.

23,552 hours in 2013 x 10.5 percent increase = 26,025 days in 2019

26,025 hours in 2019 ÷24 hours / day = 1084.4 days

1,084.4 days in 2019 ÷ 365 days per year = 3.0 ADC

3.0 ADC ÷ 50 percent occupancy = 6 LDRs

3.0 ADC ÷ 60 percent occupancy = 5 LDRs

The Hospital currently has 8 LDRs. Based on the calculation of current and future need based on reasonable assumptions, the Hospital is conservatively requesting 5 LDRs for the replacement hospital.

3) Impact of the Proposed Project on Other Area Providers

The applicant shall document that, within 24 months after project completion, the proposed project will not:

A) Lower the utilization of other area providers below the utilization standards specified in Appendix B.

B) Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.

St. Elizabeth's replacement hospital will continue to serve the same market area as the current facility. The volume of patients that historically used the ultrasound units will also relocate to O'Fallon. Thus, the provision of 5 LDRs will not lower utilization of any area providers.

4) Utilization

Projects involving the establishment of CSAs shall meet or exceed utilization standards for the services, as specified in Appendix B. If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

The State Agency's guideline for LDRs does not reflect the actual utilization of LDRs. The Hospital offered a more realistic alternative model that better reflects actual utilization of LDRs. Based on both current and projected utilization, the outcome of the model was the need for from 5 to 6 LDRs. The Hospital is requesting 5 LDRs that would function at an average occupancy of from 54 to 60 percent.

2.7 current ADC ÷ 5 LDRs = 54 percent occupancy

3.0 future ADC ÷5 LDRs = 60 percent occupancy

These occupancy rates are appropriate because of the predictable variation in obstetrical average daily census with peaks in the summer months.

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):

- **Section 1120.120 Availability of Funds – Review Criteria** — **NOT APPLICABLE**
- **Section 1120.130 Financial Viability – Review Criteria** — **DUE TO**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)** — **AA BOND RATING**

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-36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability N/A DOUBLE A BOND RATING

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:

5. **"A" Bond rating or better**
6. **All of the projects capital expenditures are completely funded through internal sources**
7. **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**
8. **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-37, 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:	NOT APPLICABLE – AA BOND RATING			
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 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

1120.130 - Financial Viability

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:

9. **"A" Bond rating or better**
10. **All of the projects capital expenditures are completely funded through internal sources**
11. **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**
12. **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-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

This section is not applicable. Hospital Sisters Health System's bonds have been rated by Fitch as AA-, F1#, and Standard and Poor's as AA-/Stable which qualify the applicants for the waiver. Bond rating letters are appended as Attachment 37.

Bond Rating Letters

1. Fitch
2. Standard & Poors

FitchRatings

FITCH AFFIRMS HOSPITAL SISTERS SERVICES, INC. (IL) REVS AT 'AA-/ F1+'; OUTLOOK STABLE

Fitch Ratings-Chicago-04 April 2014: Fitch Ratings has affirmed the 'AA-' long-term ratings on the following revenue bonds issued on behalf of Hospital Sisters Services, Inc. (HSSI):

--$76.9 million Wisconsin Health and Educational Facilities Authority, series 2012B;
--$68.8 million Illinois Finance Authority, series 2012C;
--$61.1 million Wisconsin Health and Educational Facilities Authority, series 2012D*;
--$41.6 million Wisconsin Health and Educational Facilities Authority, series 2012E*;
--$31.6 million Illinois Finance Authority, series 2012F*;
--$31.6 million Illinois Finance Authority, series 2012G*;
--$72.0 million Illinois Finance Authority, series 2007A.

*Underlying rating. The bonds are expected to be supported by an irrevocable direct pay letter of credit issued by the Bank of Montreal, N.A.

In addition, Fitch has affirmed the 'AA-/F1+' ratings to the following variable-rate demand revenue bonds issued on behalf of HSSI. The 'F1+' is based on the sufficiency of the self-liquidity provided by HSSI:

--$65.9 million Illinois Finance Authority, series 2012H;
--$89.5 million Illinois Finance Authority, series 2012I;
--$14.2 million Wisconsin Health and Educational Facilities Authority, series 2012J.

The Rating Outlook is Stable.

SECURITY: Joint and severable liability of each member of the obligated group

KEY RATING DRIVERS

STRONG LIQUIDITY POSITION: HSSI's robust liquidity position provides a strong financial cushion which mitigates the system's light but improving operating profitability and the risks associated with its variable-rate debt exposure.

SOLID DEBT SERVICE COVERAGE: HSSI's light debt burden allows for solid coverage of maximum annual debt service (MADS) despite modest profitability. Coverage of MADS by EBITDA was very solid 6.6x and 6.3x in fiscal 2012 and 2013, respectively. Moreover, MADS coverage by operating EBITDA of 4.1x and 4.5x in fiscal 2012 and 2013 is much improved from fiscal 2010 and 2011.

IMPROVED OPERATING PERFORMANCE: HSSI's operating profitability has improved sharply since fiscal 2011 despite continued investment in its physician alignment strategy. Operating EBITDA margins improved to 7.7% and 8.1% in fiscal 2012 and 2013 from 4.4% in fiscal 2011. Operating improvement at HSSI's flagship, St John's Hospital in Springfield, IL has been key with further improvement expected in 2014.

CHALLENGING SERVICE AREAS: HSSI's location in mid-sized markets with stagnant growth, the concentration of system revenue at St. John's (the flagship hospital in Springfield), and its reliance on its five Wisconsin hospitals to cover losses at its Illinois facilities continue to be credit concerns.

AMPLE INTERNAL LIQUIDITY: HSSI maintains ample cash and investments which can be liquidated to fund any failed remarketing on approximately $169.5 million variable-rate demand bonds exceeding Fitch's criteria for assignment of an 'F1+' short-term rating.

RATING SENSITIVITIES

IMPROVED OPERATING PERFORMANCE: HSSI's improvement in operating performance combined with its strong liquidity position and light leverage provide ample financial cushion to absorb the corporation's continued physician alignment strategy as well as the transition to value based reimbursement models at the current rating level.

CREDIT PROFILE

HSSI is composed of 13 inpatient hospitals, with eight facilities in Illinois and five facilities in Wisconsin. In fiscal 2013, the system had 1,965 beds in operation and total revenue of $2 billion.

Fitch's analysis is based upon consolidated financial statements. In 2013, the obligated group accounted for 93.2% of consolidated operating revenue and 90.0% of consolidated total assets in fiscal 2013.

STRONG LIQUIDITY / LIGHT DEBT BURDEN

The 'AA-' rating reflects the benefits of HSSI's robust balance sheet, light debt burden and solid debt service coverage which serve to mitigate HSSI's historically weak operating profitability for the rating category. At Dec. 31, 2013, HSSI's unrestricted cash and investments totaled $1.71 billion which is up from $1.63 billion at fiscal year-end (FYE) 2013 (+4.9% increase) and $1.47 billion at FYE 2012 (+16.6% increase). HSSI's days cash on hand, cushion and cash-to-debt ratios of 324.7, 47.4x and 265.6%, respectively, well exceed the 'AA' category medians.

HSSI enjoys a light debt burden which allows for strong debt service coverage despite light but improving profitability. MADS of $36 million equates to a light 1.8% of fiscal 2013 total revenues while debt to capitalization (at Dec. 31, 2013) of 21.4% compares favorably to the 'AA' category median of 32.7%. Coverage of MADS by EBITDA has been very solid at 6.6x and 6.3x in fiscal 2012 and 2013, respectively, and exceeds the 'AA' median of 5.0x. Coverage of MADS by operating EBITDA has improved to 4.1x and 4.5x in fiscal 2012 and 2013 and is now in line with the 'AA' category median. Further capital spending has been strong averaging 164% of depreciation expense over the last three years.

LIGHT BUT IMPROVING PROFITABILTY

Since posting a $44.8 million loss from operations (-2.4% operating margin) in fiscal 2011, HSSI has generated improved profitability in fiscal 2012 and 2013. In fiscal 2012, HSSI generated 'break even' operations and in fiscal 2013, the corporation generated income from operations of $18.8 million (0.9% operating margin). However, Fitch notes that 2013 results were enhanced by receipt of 'EHR Incentive Program' revenues in 2013 ($31.8 million in 2013 vs. $4.2 million in 2012). The improved results of the system's hospital operations have been diluted by the losses from HSSI's physician alignment and employment strategy. Operating performance through the six month interim period ended Dec. 31, 2013 is improved over the prior year period with $12.8 million of income from operations (1.2% operating margin) compared to $9.5 million in operating income (1% operating margin) in prior year period.

At FYE 2013, the system employed a total 588 physicians and mid-level providers as compared to 431 at FYE 2010. Along with the acquisition of established physician practices, HSSI has many newly recruited physicians, which continues to have a negative impact on profitability. Growth in the

employed physician group is expected to continue over the near to medium term which will likely depress the rate of profitability improvement.

SERVICE AREA CHALLENGES:

Many of HSSI's hospitals are located in mid-sized markets with little projected population growth and marginal demographics. Management is making progress in reducing losses at St. John's-Springfield, which accounted for about 22% of total system revenues in fiscal 2013 which is viewed positively. The operating loss at St. John's- Springfield narrowed to roughly $11 million in fiscal 2013 from $20.9 million in 2012 and $34.4 million in 2011. Proceeds from the series 2012 financing are being used to rebuild the surgical suites and remodel of four patient floors, which should improve surgical volumes and further improve the financial performance at St. John's. Fitch believes improved financial performance at St. John's is critical to the overall operating success of the system. Fitch expects to see improved operating balance across the system as capital improvements and physician alignment strategies take hold.

SELF LIQUIDITY

The 'F1+' short-term rating reflects the sufficiency of HSSI's highly liquid cash and investments available to fund any failed re-marketing puts on approximately $169.5 million of series 2012 variable-rate demand bonds. At Feb. 28, 2014, after assigning appropriate discounts based on underlying ratings and maturity of its holdings, HSSI had eligible cash and fixed income investments available to fund any un-remarketed puts well in excess of the required threshold of 1.25x to achieve the 'F1+' short-term rating. The system has a written procedures letter outlining the liquidation procedures in place to ensure timely funding and provides Fitch monthly investment reports which are used to monitor its cash and investment position available for self-liquidity.

DISCLOSURE

HSSI covenants to provide bondholders with audited annual information within 120 days of fiscal year-end and unaudited quarterly statements within 45 days of quarter-end to the national recognized municipal securities information repositories and through Digital Assurance Certification, L.L.C. The content of HSSI's disclosure to-date has been excellent and includes a balance sheet, income statement, cash flow statement, utilization statistics, and management discussion and analysis.

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Applicable Criteria and Related Research:
--'Nonprofit Hospitals and Health Systems Rating Criteria', dated May 30, 2013.

Applicable Criteria and Related Research:
U.S. Nonprofit Hospitals and Health Systems Rating Criteria
http://www.fitchratings.com/creditdesk/reports/report_frame.cfm?rpt_id=708361

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STANDARD & POOR'S
RATINGS SERVICES
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Related Criteria And Research

Hospital Sisters Services Inc., Wisconsin; Joint Criteria; System

Credit Profile

Series 2012C

Long Term Rating	AA-/Stable	Affirmed

Rationale

Standard & Poor's Ratings Services affirmed its 'AA-' long-term rating to the Wisconsin Health & Educational Facilities Authority's (WHEFA) series 2012B bonds and the Illinois Finance Authority's (IFA) series 2007A and 2012C bonds. Also, Standard & Poor's Ratings Services affirmed its 'AA-/A-1+' dual rating to WHEFA's series 2012J bonds and to IFA's series 2012H and 2012I bonds. Finally, Standard &Poor's affirmed its 'AAA/A-1' dual rating and 'AA-' underlying rating (SPUR) to WHEFA's series 2012D bonds and series 2012E bonds, and to IFA's series 2012F bonds and series 2012G bonds. All bonds were issued for Hospital Sisters Services Inc. (HSSI). The outlook on all ratings is stable.

The 'AAA/A-1' rating on the series 2012D, series 2012E, series 2012F, and 2012G revenue refunding bonds are joint criteria ratings. The long-term component of the rating is based jointly (assuming low correlation) on the ratings on the obligor, Hospital Sisters Services Inc., and the letter of credit provider, Bank of Montreal. The short-term component of the rating is based solely on the rating on Bank of Montreal. The bank facility expires Dec. 31, 2014.

The 'AA-' ratings reflect our view of HSSI's solid unrestricted reserves, strong maximum annual debt service (MADS) coverage, and low debt levels. HSSI also saw an improvement in the shares of six of its markets during fiscal 2013. Finally management believes that HSSI has been preparing the system for health care reform with improved quality, care coordination, and an electronic medical record that has been implemented organization wide, coupled with HSSI's insurance offerings and physician alignment strategy. We believe that HSSI will continue to see improved operations, which currently are lower than our median for the rating, that in turn will help to drive strong MADS coverage and the solid balance sheet while the system continues to invest in capital over the next five years. All financial information is based on Hospital Sisters Health System (HSHS).

The 'AA-' ratings further reflect our view of HSHS':

- Solid balance sheet, which we anticipate will strengthen as the HSHS management team continues to improve operations;
- Stable management team with a CEO who, in our opinion, has a good background in Wisconsin-based hospitals and working with HSSI-employed and non-HSSI-employed physicians; and
- Geographic diversity, with 13 hospitals in Illinois and Wisconsin.

Partly offsetting the above strengths, in our view, are HSHS':

- Operating margin, which, although improving, remains less than adequate for the rating category, and
- Utilization that has been flat-to-declining during the past couple of years.

The 'A-1+', short-term component of the dual ratings reflects that HSSI utilizes its own liquidity. HSSI has committed several sources of short-term and long-term funds to support its unenhanced variable-rate demand bonds (VRDBs). As of Oct. 30, 2013 HSSI identified cash and fixed-income assets of approximately $700 million. We continue to monitor both the sufficiency and the liquidity available through HSSI's cash and fixed-income assets to ensure that it can cover the purchase price of any bonds in the event of failed remarketing for its three series of self-liquidity-backed VRDBs totaling $170 million. Ample liquidity is provided through the money held in cash and high-quality, short-term fixed-income securities.

The 'AA-' rating is based on our view of HSSI's group credit profile and the obligated group's core status. Accordingly, the bonds are rated at the same level as the group credit profile. Gross revenue of the obligated group secures the various bonds.

HSHS, the parent of HSSI, is a 13-hospital system operating in Illinois and Wisconsin. HSSI operates eight facilities in Illinois (Belleville, Streator, Breese, Decatur, Effingham, Highland, Litchfield, and Springfield, the last of which is the flagship site) and five in Wisconsin (Chippewa Falls, Eau Claire, two in Green Bay, and Sheboygan). HSHS also operates an integrated physician network with the HSHS Medical group, Prairie Cardiovascular Consultants, and in collaboration with other large multispecialty groups in Wisconsin and Illinois.

Outlook

The stable outlook reflects our opinion that HSHS' senior management will continue to improve on the operating gains of fiscal 2013. Management has provided a high-level financial forecast for our review that calls for improved operating margins.

If management is unable to stay in line with its fiscal 2014 budget, we could revise the outlook to negative. Also, if operational challenges return and the balance sheet suffers in the near future, a negative rating action could occur.

However, if management is able to continue improve and sustain its operations to a minimum of greater than a 2% margin coupled with no less than 5x MADS coverage and maintain its unrestricted reserves to a level of no less than 300 days' cash, a positive rating action or outlook revision could occur.

Enterprise Profile

HSHS, the parent of HSSI, operates 13 hospitals: eight in Illinois and five in Wisconsin. The Illinois hospitals are:

- St. Elizabeth's Belleville (260 staffed beds);
- St. Joseph's Hospital, Breese (46 staffed beds);
- St. Mary's Hospital, Decatur (232 staffed beds);
- St. Anthony's Memorial Hospital, Effingham (146 staffed beds);
- St. Joseph's Hospital, Highland (25 staffed beds);
- St. Francis Hospital, Litchfield (25 staffed beds);
- St. John's Hospital, Springfield (458 staffed beds); and
- St. Mary's Hospital, Streator (68 staffed beds).

The Wisconsin hospitals are:

- St. Joseph's Hospital, Chippewa Falls (126 staffed beds);
- Sacred Heart Hospital, Eau Claire (217 staffed beds);
- St. Mary's Hospital Medical Center, Green Bay (83 staffed beds);
- St. Vincent Hospital, Green Bay (255 staffed beds); and
- St. Nicholas Hospital, Sheboygan (55 staffed beds).

Utilization

For fiscal 2013, ended June 30, HSHS' utilization slightly declined when compared with fiscal 2012. However, HSHS did beat its budget for admissions for fiscal 2013. For the year, admissions totaled 82,681 versus 83,062, or a decline of 0.1%, which was slightly better than its budgeted admissions for fiscal 2013, which called for 82,197 admissions. As with other hospitals that we rate, HSHS has experienced a decline in utilization due to the implementation of high deductible health plans, but management is also planning for further declines as health care reform is implemented, including the impact of the "two midnight rule," which is that a patient is in the hospital for at least two midnights to be considered for inpatient status. To help combat a large-scale decline, HSHS is focusing on care coordination between its hospitals, employed physicians, and insurance offerings. For example, HSHS has continued to grow its employed physician base, adding 46 providers (net growth of 26 providers) during fiscal 2013. Currently HSHS employs nearly 600 physicians via the HSHS Medical Group, Prevea Health, and Prairie Cardiovascular Consultants. HSHS is also working with physicians that wish to remain independent via the Physician Clinical Integration Network (PCIN). Through PCIN, HSHS is planning to improve its overall quality by working with both independent physicians and its employed physicians. Using this aligned initiative with PCIN, HSHS is currently addressing a reduction of patient readmissions as hospitals will be penalized in the future for some readmissions. PCIN currently has almost 900 aligned providers, with 70% being independent.

Management

Management believes that the strategies that it has implemented during the past couple of years are starting to take hold. The CEO continues to believe that, with the strategies that were put in place, HSHS is acquiring the market share that it had historically lost to competition. To be able to remain a competitive force in its various markets, HSHS management states that they must continue to focus in on cost reductions, enhancing the revenue cycle and growing the share of the market is receives. As discussed earlier, HSHS is growing the physician base and is also looking to align or affiliate with smaller facilities to continue to grow its overall market share. However, this strategy does have a cost in the short term as newly employed physicians will have to stabilize their business before the cost per physician begins to decline. This was seen in fiscal 2013 as the loss for the total physician group ramped up to $79 million compared with $70 million in fiscal 2012. To combat this short-term rise and longer-term concerns, HSHS is striving to reach a point that the system is breakeven (driven by cost reduction and revenue enhancement) on a Medicare basis by 2015. For fiscal 2013, Management stated that HSHS had approximately $5 million at risk under value-based purchasing. HSHS was able to earn back all but $335,000 of the at-risk funds. As this amount ramps up in fiscal 2014, management expects to earn all but $360,000 of the $8.8 million that will be at risk.

Financial Profile

In accordance with the publication of our article, "New Bad Debt Accounting Rules Will Alter Some U.S. Not-for-Profit Health Care Ratios But Won't Affect Ratings", on Jan. 19, 2012, we recorded HSHS' 2013 and 2012 audits including the adoption of Financial Accounting Standards Board 2011-017 in 2012, but not in prior periods. The new accounting treatment means that HSHS' fiscal 2012 and subsequent financial statistics are not directly comparable to the results for 2011 and prior years. For an explanation of how each financial measure is affected by the change in accounting for bad debt, including the direction and size of the change, please see the above article.

Operations

For fiscal 2013, HSHS saw its operations improve over fiscal 2012 and its budget for the year. HSHS posted an operating margin of 0.94% in fiscal 2013 compared with negative 0.22% in fiscal 2012. This is a continuation of improved operations for the system. The management of HSHS has implemented various cost-saving initiatives over the years and continues to look for ways to cut cost as they plan to reach a breakeven level on Medicare patients by fiscal 2015. During fiscal 2013, HSHS was able to drop its number of full-time equivalent employees by 358, which was one of the keys to the continued operational improvement. Also, HSHS operations benefitted from the receipt of $31 million for meaningful use funds related to the implementation of an electronic medical record for the system, helping to offset the costs of their implementation. While this is a positive for the system, management will have to continue to focus on culling cost out of the system or growing its revenues as the money for meaningful use will decline going forward. This will be a challenge for HSHS, but the management team has put together plans to help the system stay focused on improving operations and not returning to the losses recorded a couple of years ago. For the first quarter of fiscal 2014, ended Sept. 30, HSHS posted an operating margin of 0.26% and is outperforming the operations of the same period fiscal in 2013. Management is budgeting for softer volumes in fiscal 2014 as they expect some disruption from health care reform, and the system does not budget the receipt of meaningful use funds.

With the improved operations and the continued solid non-operating income, HSHS posted MADS coverage of 6.2x for the first quarter of fiscal 2014.

Balance sheet and capital spending

As of Sept. 30, 2013, HSHS' unrestricted reserves equated to 314 days' cash on hand. The solid unrestricted reserves coupled with strong cash to long-term debt of 268% and low leverage of 21% continue to be the strength of the rating. During fiscal 2013, HSHS saw its balance sheet grow due to the strength of investment returns for the year coupled with prudent capital spending outside of its major capital project at St. John Hospital in Springfield.

Per management, HSHS will spend more than $500 million in the next five years. HSHS management has re-evaluated what it will spend on capital after it has completed the St. John's facility. During fiscal 2014, HSHS plans to spend approximately $160 million, including St. John's. After this period, HSHS capital expenditures will average a little greater than $90 million going forward, which is approximately 70% of depreciation for fiscal 2013.

Contingent liabilities

As of June 30, 2013, HSHS had the following contingent liabilities:

- Four swaps with Merrill Lynch for a notional amount of $368 million;
- $120 million bonds directly purchased by JPMorgan Chase;
- $166 million of letter of credit-supported bonds; and
- $170 million of self-liquidity bonds.

In our view, event risk is low for these contingent liabilities due to the large spread between the rating on HSSI and the termination trigger on its swaps, no collateral needed for posting as of this analysis, and its headroom above the covenant triggers. Taking into account the swaps, HSHS has a 36% net variable-rate exposure, which we believe is manageable given HSHS' overall low debt level and strong rating.

Hospital Sisters Health System And Subsidiaries

		--Fiscal year ended June 30,--			Medians
	Three month interim ended Sept. 30, 2013*	2013*	2012*	2011	Healthcare system 'AA-' 2012
Financial performance					
Net patient revenue ($000s)	476,966	1,904,977	1,869,928	1,933,034	1,811,816
Total operating revenue ($000s)	502,296	2,004,815	1,929,088	1,991,424	MNR
Total operating expenses ($000s)	500,990	1,986,002	1,933,345	2,036,431	MNR
Operating income ($000s)	1,306	18,813	(4,257)	(45,007)	MNR
Operating margin (%)	0.26	0.94	(0.22)	(2.26)	4.3
Net non-operating income ($000s)	19,462	66,172	92,839	113,917	MNR
Excess income ($000s)	20,768	84,985	88,582	68,910	MNR
Excess margin (%)	3.98	4.1	4.38	3.27	6.4
Operating EBIDA margin (%)	7.68	8.08	7.74	4.14	11
EBIDA margin (%)	11.13	11.01	11.98	9.33	12.8
Net available for debt service ($000s)	58,060	228,103	242,180	196,406	272,221
Maximum annual debt service ($000s)	37,586	37,586	37,586	37,586	MNR
Maximum annual debt service coverage (x)	6.18	6.07	6.44	5.23	5.2
Operating lease-adjusted coverage (x)	5.35	3.95	4.09	3.74	3.7
Liquidity and financial flexibility					
Unrestricted cash and investments ($000s)	1,601,721	1,628,515	1,465,591	1,431,227	1,191,316
Unrestricted days' cash on hand	313.8	321.3	298.9	272.7	231.8
Unrestricted cash/total long-term debt (%)	267.7	271.3	272.7	265.6	157.4
Average age of plant (years)	N.A.	11.1	10	11.1	10.1
Capital expenditures/depreciation and amortization (%)	185.6	178.3	133.8	179.2	150
Debt and liabilities					
Total long-term debt ($000s)	598,423	600,177	537,425	538,809	MNR
Long-term debt/capitalization (%)	20.9	21.4	22.3	20.9	32.2
Contingent liabilities ($000s)	355,695	355,695	456,970	468,795	MNR
Contingent liabilities/total long-term debt (%)	59.4	59.3	85	87	MNR
Debt burden (%)	1.8	1.81	1.86	1.79	2.6
Defined benefit plan funded status (%)	N.A.	80.19	68.29	76.44	68.9

Hospital Sisters Health System And Subsidiaries (cont.)

*FASB 2011-07 adopted related to the treatment of bad debt. Standard & Poor's recorded bad debt expense as if FASB 2011-07 had been adopted related to the treatment of bad debt beginning in fiscal 2012. MNR--Median not reported. N.A.--Not available.

Related Criteria And Research

Related Criteria

- USPF Criteria: Not-For-Profit Health Care, June 14, 2007
- The Interaction Of Bond Insurance And Credit Ratings, Aug. 24, 2009
- Criteria: Methodology And Assumptions: Approach To Evaluating Letter Of Credit-Supported Debt, July 6, 2009
- Criteria: Joint Support Criteria Update, April 22, 2009

Related Research

- Glossary: Not-For-Profit Health Care Ratios, Oct. 26, 2011
- U.S. Not-For-Profit Health Care System Ratios: Metrics Remain Steady As Providers Navigate An Evolving Environment, Aug. 8, 2013

Ratings Detail (As Of December 27, 2013)

Illinois Fin Auth, Illinois

Hospital Sisters Services, Inc., Illinois

Series 2007A		
Long Term Rating	AA-/Stable	Affirmed
Series 2012F		
Unenhanced Rating	AA-(SPUR)/Stable	Affirmed
Long Term Rating	AAA/A-1	Affirmed
Series 2012G		
Unenhanced Rating	AA-(SPUR)/Stable	Affirmed
Long Term Rating	AAA/A-1	Affirmed
Series 2012H		
Long Term Rating	AA-/A-1+/Stable	Affirmed
Series 2012I		
Long Term Rating	AA-/A-1+/Stable	Affirmed

Wisconsin Hlth & Ed Fac Auth, Wisconsin

Hospital Sisters Services, Inc., Illinois

Wisconsin Hlth & Ed Fac Auth (Hospital Sisters Services, Inc.) rev rfdg bnds		
Long Term Rating	AAA/A-1	Affirmed
Unenhanced Rating	AA-(SPUR)/Stable	Affirmed
Wisconsin Hlth & Ed Fac Auth (Hospital Sisters Services, Inc.) rev rfdg bnds		
Long Term Rating	AAA/A-1	Affirmed
Unenhanced Rating	AA-(SPUR)/Stable	Affirmed
Series 2008A, 2008B & 2003B		
Long Term Rating	NR	Withdrawn

Ratings Detail (As Of December 27, 2013) (cont.)		
Series 2012B		
Long Term Rating	AA-/Stable	Affirmed
Series 2012J		
Long Term Rating	AA-/A-1+/Stable	Affirmed

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Hospital Sisters Services, Inc.

August 20, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Ms. Avery,

The purpose of this letter is to attest to the fact that Hospital Sisters Services, Inc. will use the selected form of debt financing for the St. Elizabeth's Hospital Relocation Project described in this certificate of need application because it will be the lowest interest cost available, is more advantageous due to such terms as prepayment privileges, requires no mortgage, and provides access to additional indebtedness, term, financing costs, and other factors. Generally, the term of the indebtedness is anticipated to be 30 years but would not exceed 40 years and the interest rate approximating 4% but not to exceed 6%.

Sincerely,

Michael W. Cottrell
Chief Financial Officer

Subscribed and sworn before me on this 20 day of (month) Aug, 2014.

Signature of Notary Donna J Chase

Seal of Notary

OFFICIAL SEAL
DONNA J CHASE
Notary Public - State of Illinois
My Commission Expires Jun 21, 2018

P.O. Box 19456
Springfield, Illinois
62794-9456
P: 217-523-4747
F: 217-523-0542

An Affiliate of Hospital Sisters Health System

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

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

Ő2) That the total estimated project costs and related costs will be funded in total or in part by borrowing

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.

Not Applicable. Applicants qualify for the waiver.

B. Conditions of 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:

3.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).
4.

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

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

	Cost and Gross Square Feet by Department of Service								
	A	B	C	D	E	F	G	H	Total Cost
	Cost / Square Foot		Gross Square Feet		Gross Square Feet		Const. Cost	Mod. Cost	
Department	New	Mod.	New	Circ. %	Mod.	Circ. %	(AxC)	(BxE)	(G+H)
Clinical									
ICU Beds	***$ 413.52***		***10,112***				***$ 4,181,518***		***$ 4,181,518***
Intensive Care Service	$ 413.52		10,112				$ 4,181,518		$ 4,181,518
Medical Surgical Services	***$ 337.43***		***55,428***				***$ 18,703,214***		***$ 18,703,214***
Medical/Surgical Service	$ 337.43		55,428				$ 18,703,214		$ 18,703,214
Obstetric Services	***$ 366.45***		***9,096***				***$ 3,333,199***		***$ 3,333,199***
Postpartum	$ 380.44		7,264				$ 2,763,507		$ 2,763,507
Newborn Nursery	$ 310.97		1,832				$ 569,692		$ 569,692
Comprehensive Rehabilitation Care Service	***$ 363.90***		***10,524***				***$ 3,829,662***		***$ 3,829,662***
Comprehensive Physical Rehabilitation Services	$ 363.90		10,524				$ 3,829,662		$ 3,829,662
Cardiac Catherterization	***$ 479.68***		***6,937***				***$ 3,327,565***		***$ 3,327,565***
Invasive Cardiovascular Services (4)	$ 479.68		6,937				$ 3,327,565		$ 3,327,565
Diagnostics and Treatment - High Resource Intensive	***$ 486.95***		***53,176***				***$ 25,894,168***		***$ 25,894,168***
Interventional Platform - Surgery Suite/Anesthesia (10)	$ 542.54		27,330				$ 14,827,582		$ 14,827,582
Interventional Platform - Post Anesthesia Recovery - Stage I (14)	$ 337.43		2,481				$ 837,170		$ 837,170
Imaging Services - General Radiology/Flouroscopy	$ 453.22		6,399				$ 2,900,145		$ 2,900,145
Imaging Services - Ultrasound	$ 363.90		1,785				$ 649,558		$ 649,558
Imaging Services - Computed Tomography	$ 453.22		2,321				$ 1,051,920		$ 1,051,920
Imaging Services - Magnetic Resonance Imaging	$ 542.54		1,609				$ 872,945		$ 872,945
Imaging Services - Nuclear Medicine	$ 396.98		1,395				$ 553,786		$ 553,786
Women's Services - C-Section Delivery Suite	$ 479.68		3,212				$ 1,540,744		$ 1,540,744
Women's Service - Labor Delivery/Recovery Suite	$ 403.60		6,324				$ 2,552,340		$ 2,552,340

	Cost and Gross Square Feet by Department of Service								
	A	B	C	D	E	F	G	H	Total Cost
	Cost / Square Foot		Gross Square Feet		Gross Square Feet		Const. Cost	Mod. Cost	
Department	New	Mod.	New	Circ. %	Mod.	Circ. %	(AxC)	(BxE)	(G+H)
Women's Services - Post Anesthesia Recovery - Stage I (2)	$ 337.43		320				$ 107,978		$ 107,978
Diagnostics and Treatment - Medium Resource Intensive	***$ 385.52***		***41,956***				***$ 16,174,941***		***$ 16,174,941***
Interventional Platfrom - Endoscopy (3)	$ 446.60		2,507				$ 1,119,631		$ 1,119,631
Interventional Platfrom - Surgical Prep/Stage II Recovery (47)	$ 337.43		17,484				$ 5,899,672		$ 5,899,672
Interventional Platfrom - Pain Management	$ -		0				$ -		$ -
Emergency Services - Emergency (25)	$ 416.83		17,666				$ 7,363,692		$ 7,363,692
Emergency Services - Observation Unit (10)	$ 416.83		4,299				$ 1,791,946		$ 1,791,946
Diagnostics and Treatment - Low Resource Intensive	***$ 330.35***		***22,955***				***$ 7,583,142***		***$ 7,583,142***
Cardiopulmonary Services - Noninvasive Cardiodiagnostics	$ 314.28		6,272				$ 1,971,136		$ 1,971,136
Cardiopulmonary Services - Respiratory Therapy/Pulmonary Function/EEG	$ 314.28		1,927				$ 605,609		$ 605,609
Neurology Service - Noninvasive Neurodiagnostics	$ -		0				$ -		$ -
Inpatient Physical Medicine	$ 314.28		3,951				$ 1,241,702		$ 1,241,702
Preadmission Testing	$ 314.28		2,404				$ 755,518		$ 755,518
Pharmacy	$ 363.90		3,209				$ 1,167,748		$ 1,167,748
Central Sterile Processing	$ 363.90		3,381				$ 1,230,339		$ 1,230,339
Acute Dialysis	$ 337.43		1,811				$ 611,090		$ 611,090
Clinical / Average Cost / Sq. Ft.	**$ 395.02**		**210,184**				**$ 83,027,409**		**$ 83,027,409**
Clinical Contingency	**$ 39.50**						**$ 8,302,741**		**$ 8,302,741**
Clinical Subtotal	**$ 434.52**						**$ 91,330,150**		**$ 91,330,150**

	Cost and Gross Square Feet by Department of Service								
	A	B	C	D	E	F	G	H	Total Cost
	Cost / Square Foot		Gross Square Feet		Gross Square Feet		Const. Cost	Mod. Cost	
Department	New	Mod.	New	Circ. %	Mod.	Circ. %	(AxC)	(BxE)	(G+H)
Non-Clinical									
Administrative	***$ 248.90***		***10,708***				***$ 2,665,175***		***$ 2,665,175***
Patient Access/Registration	$ 271.27		2,415				$ 655,115		$ 655,115
Social Services / Care Coordination	$ -		0				$ -		$ -
Information Technology, Server Room	$ 231.57		1,194				$ 276,496		$ 276,496
On-Call Rooms	$ 231.57		1,761				$ 407,797		$ 407,797
Pastoral Care	$ 271.27		2,258				$ 612,526		$ 612,526
Staff Admin	$ 231.57		1,407				$ 325,822		$ 325,822
Hospital Administration	$ 231.57		1,673				$ 387,419		$ 387,419
Non-Clinical Storage, Processing and Distribution	***$ 328.75***		***23,027***				***$ 7,570,218***		***$ 7,570,218***
Food and Nutrition Services/Dining	$ 479.68		10,427				$ 5,001,661		$ 5,001,661
Support Services	$ 215.03		11,181				$ 2,404,257		$ 2,404,257
Ambulance Garage	$ 115.79		1,419				$ 164,300		$ 164,300
Public / Amenities	***$ 256.58***		***23,584***				***$ 6,098,450***		***$ 6,098,450***
Conference Rooms	$ -		0				$ -		$ -
Education Services - Clinical Education	$ -		0				$ -		$ -
Education Services - Student Conference	$ -		0				$ -		$ -
Gift Shop	$ 261.34		1,209				$ 315,966		$ 315,966
Lobbies/Reception/Public Spaces	$ 281.19		10,100				$ 2,840,058		$ 2,840,058
Vertical Circulation (Stairs/Elevators)	$ 239.71		12,275				$ 2,942,426		$ 2,942,426
Building Components	***$ 334.45***		***83,627***				***$ 27,969,064***		***$ 27,969,064***
Exterior Skin/Building Enclosure	*Unrelated to square footage		12,547				$ 16,211,854		$ 16,211,854
Interdepartment Circulation	$ 165.41		31,055				$ 5,136,750		$ 5,136,750
Mechanical Spaces/Equipment	$ 165.41		40,025				$ 6,620,460		$ 6,620,460
Non-Clinical / Average Cost / Sq. Ft.	**$ 314.33**		**140,946**				**$ 44,302,907**		**$ 44,302,907**
Non-Clinical Contingency	**$ 31.43**						**$ 4,430,291**		**$ 4,430,291**

	Cost and Gross Square Feet by Department of Service								
	A	B	C	D	E	F	G	H	Total Cost
	Cost / Square Foot		Gross Square Feet		Gross Square Feet		Const. Cost	Mod. Cost	
Department	New	Mod.	New	Circ. %	Mod.	Circ. %	(AxC)	(BxE)	(G+H)
Non-Clinical Subtotal	**$ 345.76**						**$ 48,733,198**		**$ 48,733,198**
Total with Contingency / Average Cost / Sq. Ft.	**$ 398.89**		**351,130**						**$ 140,063,348**

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.

F. 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-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Projected Operating Costs

Completion of the projected detailed in this application is anticipated to be December 2017. The first full fiscal year of operation after project completion will be 2019. It is estimated that the direct operating costs in Fiscal Year 2019 per the definition provided will be:

	Fiscal Year 2019 (000's)
Salaries and Wages	$51,765
Benefits	$14,042
Supplies	$26,512
Estimated Direct Operating Costs	$92,319
Inpatient Revenue	$347,520
Total Revenue	$864,731
Patient Days	37,259
Equivalent Patient Days	92,711
Estimated Direct Operating Costs per Equivalent Patient Day	$996

Total Effect of the Project on Capital Costs

Completion of the projected detailed in this application is anticipated to be December 2017. The first full fiscal year of operation after project completed will be 2019. The estimated total project cost is $273,582,160, which calculates into an Estimated Annual Project cost per Equivalent Patient Day below:

	Fiscal Year 2019 (000's)
Total Project Cost	$273,582
Blended Useful Life (in years)	15
Annual Project cost	$18,277
Inpatient Revenue	$347,520
Total Revenue	$864,731
Patient Days	37,259
Equivalent Patient Days	92,711
Estimated Annual Project cost per Equivalent Patient Day	$197

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.

To the applicants' knowledge, St. Elizabeth's proposed project will have no material impact on essential safety net services as to the community. St. Elizabeth's Hospital (St. Elizabeth's, Hospital) will maintain all services except for inpatient pediatrics.

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.

To the applicants' knowledge, the project will have no impact on the ability of any other provider or health care system to cross subsidize safety net services.

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

To the applicants' knowledge, neither the discontinuation of pediatrics nor the discontinuation and re-establishment of St. Elizabeth's Hospital will impact safety net services in the Hospital's market area. In fact, the proposed replacement will bring safety net services closer to the most vulnerable population because of improved access to the proposed site. The new hospital will be located closer to a greater number of communities with people living at or below the poverty line and will generally be easier to get to because it is right off Interstate 64, with two exits going either direction.

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 in accordance with an appropriate methodology specified by the Board.*

2. *For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.*

Safety Net Information per PA 96-0031			
CHARITY CARE*			
Charity (# of patients)	**2013**	**2012**	**2011**
Inpatient	889	1,293	825
Outpatient	5,090	6,531	4,945
Total	5,979	7,824	5,770
Charity (cost In dollars)			
Inpatient	2,224,944	2,103,347	2,549,547
Outpatient	2,173,917	2,456,260	2,212,403
Total	4,398,861	4,559,607	4,761,950
MEDICAID			
Medicaid (# of patients)	**2013**	**2012**	**2011**
Inpatient	1,257	1,622	1,267
Outpatient	9,960	10,115	7,923
Total	11,217	11,737	9,190
Medicaid (revenue)			
Inpatient	10,536,449	11,246,900	12,280,693
Outpatient	7,931,793	7,381,253	10,674,926
Total	18,468,242	18,628,153	22,955,618

*Note: The information in the 2012 and 2011 numbers for charity care vary from the AHQ responses because the Hospital used the wrong calculation method (not the one specified in the AHQ responses).

3. *Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.*

Foundation and Mission:

In 1875, three sisters of the religious order The Hospital Sisters of the Third Order of St. Francis traveled from their Motherhouse in Muenster, Germany to begin a healthcare mission in Belleville. They were following the example set by St. Francis of Assisi, who dedicated his life to caring for those who were poor and rejected by society. The Sisters quickly gained the confidence of the community by ministering to them from their small convent, which also served as a hospital. By 1881, the first St. Elizabeth's Hospital building was completed. It had 22 rooms for 68 patients, an operating room, a chapel, a laundry and a drug store. Several incarnations of buildings would follow over the next 130 plus years, but it was the Sisters' mission of caring that guides St. Elizabeth's Hospital to this day.

The mission statement of St. Elizabeth's and HSHS is "to reveal and embody Christ's healing love for all people through our high quality Franciscan health care ministry." St. Elizabeth's colleagues live that mission by providing holistic healing to all who seek our care, as well as through Community Benefit. By working collaboratively with other organizations, St. Elizabeth's is helping expand access to care, improving residents' health status, and furthering medical education and knowledge.

1. Community Activities

Volunteer Graduates from the Bridges-Connections Program of Belleville District 201

The Bridges-Connections program of District 201 services students ages 18-22 with disabilities from both East and West High Schools. The program focuses on life skills, work experience, community participation, and adult education. The students learn life skills such as cooking, cleaning, household safety, personal hygiene, and money management at the facility located off Town all Road. Through partnerships with 22 different businesses in the Belleville area, students gain valuable work experience to prepare them for future employment.

St. Elizabeth's Hospital has participated in the program for over 10 years. During the 2013/2014 school year, St. Elizabeth's sponsored four students and their mentor. Collectively, they volunteered over 600 hours and supported Food & Nutrition and EVS. According to Facilitator of Volunteers, Carol Lawrence, *"Everyone is really going to miss Zach and all of our District 201 volunteers. They are such an exceptional group of hard working individuals."*

Chronic Disease Management

About 9.2% of the people in St. Clair County have diabetes. (This diabetes rate has a confidence interval between 6.8% - 11.7%). In 2012, 29.1 million Americans, or 9.3% of the population, had diabetes. In 2010 the figures were 25.8 million and 8.3%. The prevalence rate for adults age 20 and older in 2012 was 12.3%, compared to 11.3% in 2010. Of the 29.1 million, 21.0 million were diagnosed, and 8.1 million were undiagnosed. In 2010 the figures were 18.8 million and 7.0 million.

St. Clair County continues to rank low on overall health—89 out of 102—compared with other counties in the state.

The national County Health Rankings & Roadmaps report is collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. *"The Rankings help us identify factors that are making it difficult for residents to maintain a healthy lifestyle and understand how we compare to other counties in the state," said Mark Peters, Director of Community Health for the Health Department of St. Clair County. "With this knowledge, we can take steps to improve the health of our residents."*

St. Elizabeth's has addressed this issue by offering support group for those with diabetes. The groups are conducted by a registered dietician and pharmacists both of whom actively engage and educate these patients in our region. The goal of the program is to keep blood sugar in control and create a supportive learning environment. Members gather twice a week to receive information, listen to guest speakers, and exercise in the hospital's gymnasium. The Program has been active since 2010 and serves those who cannot afford a Diabetes Program or a Gym Membership but are still seeking guidance to manage their diabetes.

Our participants overall have decreased average Blood glucose readings and Hemoglobin A1c, reported weight loss and increased mobility, and are able to identify carbohydrates in foods they enjoy and apply general nutrition recommendations. Participants keep a log of their activity each week at the gym and they are able to share this with their physicians.

Guest speakers have included dentists, eye doctors, and wound-care specialists. Yoga classes are also implemented into the program to help reduce stress and control blood sugar.

One support group member stated, *"Attending the diabetes support group gives me a better understanding of my condition, and I am increasing my mobility with the exercise."*

Approximately 10 people attend such support group and information about the program is shared at local physician offices. *The Messenger*, our local diocesan newspaper featured a full-page story about our program.

St. Elizabeth's is in the process of starting an outpatient program that will provide additional resources for residents in the community with this chronic disease.

St. Elizabeth's participates in numerous health fairs and provides a variety of education materials on diabetes. In March, St. Elizabeth's hosted the Diabetic Alert Day. Over 100 persons were screened for diabetes, and we offered onsite glucometer testing. The response was overwhelmingly positive and the guests thoroughly enjoyed the visual displays on food portions and blood sugar monitoring.

Currently St. Elizabeth's is in conversation with the American Diabetes Association of Greater St. Louis to establish an education and training program for community volunteers to learn more about Diabetes and share it amongst their communities with significant need, as we see in St. Clair County.

Emergency/Disaster Preparedness training:

In the wake of recent local and national events, emergency preparedness by local entities has been put to the test. At St. Elizabeth's, we have a dedicated team with decades of combined

experience in planning for and responding to emergencies, plus strong, ongoing relationships with outside resources to create safe, planned response in case of a disaster or mass casualty to the region. While this isn't specifically for the underserved, it represents training that addresses the needs of our entire region, regardless of income level.

"The public looks to local health care providers (hospitals and EMS) during a crisis, be it a weather event or a man-made incident. During weather events, traffic accidents, environmental incidents, or violent acts, hospitals are often the center for both physical care and information. We are a regional resource for all persons in our area," Tim Claxton, Emergency Services Manager, St. Elizabeth's Hospital.

A total of 28 members of leadership and supplemental departments at St. Elizabeth's, in addition to eight members of local community entities (three Monroe County, one Millstadt EMS, two Medstar EMS, two SAFB Sgts), and five outside agencies schedule for the next cohort in August of 2014, will have completed ICS 300 and 400 levels of training. ICS is a standardized, on-scene, all-hazards incident management approach instituted by the Federal Emergency Management Agency (FEMA).

- Ongoing drills are standard practice at St. Elizabeth's Hospital.
- Hazard Vulnerability Analysis, done annually, provides a systematic approach to recognizing hazards that may affect demand for the hospital's services or its ability to provide those services. The risks associated with each hazard are analyzed to prioritize planning, mitigation, response and recovery activities
- Monthly meetings of the Emergency Preparedness Committee, spanning aspects including facilities, communications (both internal & external), finance, resource management, staffing, and more.
- Flu shots to staff used as drill for mass vaccination (October 2012)
- Full scale exercise for a "mock" airplane crash at meat packing plant. St. Elizabeth's was one of only two hospitals to participate fully and actually see "live" patients on site. (October 2012)
- "Mock" chemical spill drill (June 2012)
- National Disaster Medical System NDMS event drill at MidAmerica Airport, with observers from New Orleans. (July 2012)
- Public Information Officer drills for specialized training of communications staff members (April/May)
- Internal hospital staff drills for Code Pink, Fire, Severe Weather, and more
- Community presentations on Disaster Preparedness through local Chamber group for community education (Spring'14)

St Clair County Health Care Department and Health Care Commission

Another commitment to the local and regional community is our long-standing relationship with the St. Clair County Health Department. When they formed in 1985, St. Elizabeth's original practices became part of the health department's standard practice.

The Health Care Commission, founded in 1991, is a 20 plus organization that serves as a public health system to establish priority health issues, mobilize resources to meet identified needs, and promote the health and well-being of the all-county residents. St. Elizabeth's multi-disciplinary

representatives provided valuable feedback for the St Clair County Public Health Department's first ever accreditation process with the Illinois Department of Public Health. Over the last few years, collaborative efforts with the Commission include; but are not limited to:

- **CV and related health screenings** *(No charge blood pressure/pulse oximeter/ BMI and bone density screenings and discounted glucose/lipids/PSA/Vitamin D, Hepatitis A, Hepatitis B, Complete Blood Count Blood Draws)*
- **Breast and cervical cancer management and screenings** *(noted below as part of IBCCP)*
- **Smoking cessation education** *(currently a part of standard inpatient support at St. Elizabeth's Hospital in collaboration with Belleville Memorial.)*
- **Discounted / Free Immunizations** *(Discounted immunizations for Hepatitis-B in newborn in low income families.*
- **(Women Infants and Children) WIC programs** *(St. Elizabeth's provides care packages, including formula, coupons, diaper bag, education, etc. to new moms at discharge. Moms are additionally encouraged to contact local WIC office for appointment: newborn/ maternal food & nutrition counseling and baby weight check. St. Elizabeth's offers prenatal counseling when WIC counselors unavailable, outpatient lactation upon request.)*
- **Efforts toward reduction of Domestic Violence** *(All moms screened in OB for domestic violence: "Do you feel safe in your home?", signage, Access to toll-free call line)*
- **High Risk infants and pregnancy** *(Partner with March of Dimes for deliveries prior to 39 weeks for all patients, regardless of income.)*

Prime Time Clinic

St. Elizabeth's houses Prime-Time clinic, a clinic that is run by Southern Illinois Healthcare Foundation (SIHF). SIHF is a community-based, Federally Qualified Health Center (FQHC) network that serves predominately low income or medically-underserved populations throughout nine counties in Southern Illinois.

St. Elizabeth's is forgoing revenue in the Emergency Room to channel patients into the appropriate care setting by having this clinic as close to the emergency room as possible.

St. Elizabeth's Hospital Celebrates October as Breast Health Awareness Month Each Year

In 2012, it was estimated that among U.S. women there will be over 226,800 new cases of invasive breast cancer, according to the American Cancer Society. With these statistics in mind, St. Elizabeth's Hospital Imaging Services encourages all women aged 40 and over to get a yearly mammogram because 80-90% of breast cancers will be detected by mammography, even in women without symptoms.

St. Elizabeth's is a contracted provider with the Illinois Breast and Cervical Cancer Program (IBCCP) which offers free mammograms, breast exams, pelvic exams and Pap tests to eligible women. Even if a woman has already been diagnosed with cancer, she may receive free treatment if she qualifies. The program has been providing breast and cervical cancer screenings to the women of Illinois since 1995. This provides access to services for the underinsured and uninsured women.

St. Elizabeth's cares for our colleagues, as well, and therefore provides events specifically for them. Mammorama is a program that offers special times, set aside by Scheduling, for our female colleagues to schedule their screening mammograms. Colleagues also spread awareness to patients and visitors by wearing 'pink' every Friday during the month in support and honor of those touched by breast cancer.

Social Security Disability Diagnostic Testing at Nominal Charge

For over 15 years and roughly eight patients per week, St. Elizabeth's Hospital has provided a range of Social Security Disability testing for Southwestern Illinois patients. St. Elizabeth's provides diagnostic testing including; but not limited to: X-rays, Vascular (Laser Doppler) all types of Laboratory testing, EKGs, Radiology, Spirometry/Ventilator studies, etc. to applicants for a significantly reduced fee to the State of Illinois. Patients must quality through Social Security for access to this discounted testing.

Heart2Heart Health Awareness

Heart care is of high priority at St. Elizabeth's Hospital. Every 33 seconds someone in the United States dies from heart Disease. This year more than 920,000 Americans will have a heart attack, and nearly half will occur without prior symptoms or warning signs.

Heart disease ranks #1 as the leading cause of premature mortality and #2 for hospitalizations for St. Clair County residents (<65 years). Cardiovascular disease is the leading chronic disease condition in St. Clair County. [1]

To address this issue, St. Elizabeth's stresses the need for education and awareness in the community so hearts can be healthier. A Heart Health Awareness Committee works each February, which has been named "American Heart Month", to raise awareness and provide education on cardiovascular diseases.

- **In kind community education events** at various churches, senior centers, health fairs and other locations throughout the area.
- **Heart-savers class**, presented by St. Elizabeth's Clinical Educators, which teaches CPR, AED and First Aid to the public at no charge.
- **Dine with Your Valentine** event allowed the public to express their care for a loved one by learning life-saving CPR skills. The evening was capped with a special heart healthy meal prepared for all of the participants.
- **"RED" Fashion Sales** on site at the hospital. This 'pop-up' department store offers the public to buy items such as apparel, accessories, jewelry, perfume, small appliances, and much more – all in shades of red for heart month at a discounted price.
- **Switching Aprons** internal event for St. Elizabeth's colleagues offers a no charge opportunity to taste-test heart healthy recipes (often converted from high-cholesterol and calorie versions) while getting additional education on improving their heart health.
- **Decorating downtown areas** to symbolize the awareness of heart health during the month of February.

[1] St. Clair County IPlan

- Worked With the local EMS and performed a "**code Blue at Sam's**" engaged the community to increase awareness for heart disease.

Reverence for the Earth – Sponsor eRecycle Event on St. Elizabeth Hospital's Campus

Nothing is truly thrown away. It only goes to a different place. With this in mind, there is a need to minimize what is thrown in the dumpsters and try to salvage anything that is still of use. With new regulations on disposal of electronics, it is challenging for individuals to dispose of electronics that they no longer have use for.

To assist with responsible disposal of electronics, on January 10, 2014, colleagues of St. Elizabeth's Hospital and the surrounding community were invited to recycle old electronics. A drop-off location conveniently located near the hospital allowed for a quick drop-off of electronics from the car. Volunteers for St. Elizabeth's Hospital and contracted IT staff from Keystone worked with the recycling vendor Adonis to assist people with drop-off of their old electronics. Any reimbursement from the recycling event is channeled to the Franciscan fund, a resource that allows the hospital to focus on mission activities for those in need.

St. Elizabeth's Hospital Named Practice Greenhealth Partner For Change

St. Elizabeth's Hospital was awarded the 2014 "Greenhealth Partner for Change" Award by Practice Greenhealth, the nation's leading health care community that empowers its members to increase their efficiencies and environmental stewardship while improving patient safety and care through tools, best practices and knowledge. In achieving this honor, St. Elizabeth's demonstrates commitment to a safer environment for all residents of our community.

The Award is one of the organization's Environmental Excellence Awards given each year to honor outstanding environmental achievements in the health care sector. St. Elizabeth's gathered data and established benchmarks for tracking our waste, chemicals, greening of the operating room, food, energy, water, climate, and green building initiatives. A minimum qualification for the award included recycling 15% or more of total waste and our recycle rate came out at 25.7% of total waste.

St. Elizabeth's durable medical equipment donations to Hospital Sisters Mission Outreach

Founded in 2002 by the Hospital Sisters of St. Francis, this 501(c) (3) not-for-profit organization addresses the serious unmet medical needs of people in developing countries and promotes a more green-friendly environment through a medical recovery and responsible redistribution program.

This ministry that began in a garage on the grounds of the Hospital Sisters' Motherhouse eventually relocated to a 23,000 square foot facility that was built in 2006. At any given time there is more than $3,000,000 in medical supplies and equipment in this building and the inventory is turned over at least two times a year. Surplus medical equipment and supplies are recovered primarily from hospitals, clinics, and major medical manufacturers in Illinois and Wisconsin. Upon request, these items are sent to healthcare providers in developing countries around the world.

In 2013, St. Elizabeth's Hospital donated 4000+ lbs. of durable medical equipment valued at $12,000+ to Hospital Sisters Mission Outreach. Each year, St. Elizabeth's donates used equipment for use and refurbishment through this important Mission program.

Donation of laptops to regional community schools

As equipment is replaced at St. Elizabeth's Hospital, frequently older equipment still has useful life left. After the last scheduled computer replacement project, St. Elizabeth's was left with old laptops that were still in good working order. The hospital donated 32 DELL Latitude D820's to the Belleville Public School Foundation, 20 to the Shiloh School District 85, and 6 DELL Latitude D830's to Althoff Catholic High School. The fair market value of this donation was $7300+. Further donations are in the works with Catholic Urban Programs of SW IL.

Dale Sauer, the Superintendent of Shiloh Village School District 85, expressed enormous gratitude for the donation of laptops from St. Elizabeth's hospital. He said that the computers will be utilized as resources to improve instruction for the students. He appreciates St. Elizabeth's continued support in their community and the school deeply appreciates this donation.

Elizabeth's Garden- Food drive(s)

During the Great Depression, the Hospital Sisters distributed food baskets. This has become an important tradition within St. Elizabeth's. The Hospital hosts food drives each year to support regional community pantries.

Additionally, the Hospital colleagues come together each year and harvest a garden on the current Belleville campus for share with regional service organizations in need. Total poundage since the garden started in 2011:

- 2011: 339lbs. (113lbs. each to three pantries (Community Interfaith Food Pantry, St. Vincent DePaul-Cathedral, Catholic Urban Programs)
- 2012: 346lbs. (173lbs. each to two pantries (Community Interfaith Food pantry, St. Vincent DePaul-Cathedral)
- 2013: 1070lbs. (356lbs. each to two pantries (Community Interfaith Food Pantry, St. Vincent DePaul-Cathedral and Union Methodist Church)
- 2014: 138lbs. (YTD- July 2014) app. 70lbs. ea. to 2 pantries (Community Interfaith Food Pantry, St. Vincent DePaul-Cathedral)

Free Regional Health Fair Screenings:

St. Elizabeth's Hospital proudly supports our community by participating in numerous health fairs in the Metro East Region. We are privileged to serve the community by offering free health screenings such as on-demand glucose testing, body mass index (BMI) readings, blood pressure readings, and bone density tests, when appropriate.

In FY14, St. Elizabeth's participated in 20+ health fairs for our region interacting with nearly 2,500+ event participants, ranging from children to senior citizens.

Important information was distributed on the following important topics:

- Heart health, including heart attack signs and symptoms, and the importance of dialing 9-1-1 if these symptoms present

- Stroke Awareness, including the signs and symptoms of a stroke and the importance of dialing 9-1-1 if symptoms present
- Emergency Preparedness
- Diabetes Awareness and proper treatment of problem wounds
- Breast Health Awareness and the importance of regular screenings
- Healthcare career opportunities

2. Community Relationships

Partnering to Deliver Miracles.sm

St. Elizabeth's Hospital and Sparta Community Hospital have recently partnered to provide region leading care and convenience for Sparta area residents. When choosing to deliver at St. Elizabeth's Hospital, expectant mothers from Sparta now can pre-register and participate in education classes at their local hospital.

Classes are recommended for moms to attend between 32-38 weeks of pregnancy and focus on all aspects of the birth experience, including relaxation techniques and infant care. Participants are also able to view a virtual tour of the Mother Child Center at St. Elizabeth's, so they will be more familiar with the facility when they deliver. Financial assistance for this valuable partnered program is available to those in need.

Sparta Community Hospital chose to partner with St. Elizabeth's Mother Child Center because of the reputation of St. Elizabeth's mother-child program and St. Elizabeth's commitment to working with the local community in delivering responsive maternal care, while recognizing the needs of expectant mothers in receiving care locally.

"We have created a level of trust with our patients and are excited that St. Elizabeth's Mother Child Center will stand with us in maintaining the relationship we have with our patients. St. Elizabeth's is committed to maintaining a 'bridge of service' which keeps our local providers in touch with their patients and allows them to receive pre-natal and post-natal care close to home," said Joann Emge, CEO of Sparta Community Hospital.

With prenatal care in Sparta and only one trip to Belleville for delivery, this valuable partnership saves Sparta area residents time and money, by allowing them to prepare for their new arrival close to home.

St Elizabeth's partners with East Side Health District to support the local community

Three years after the signing of the Affordable Care Act (ACA), a major change in the law took effect in the fall of 2013. All Americans who were uninsured or looking for different insurance could enroll in the Health Insurance Marketplace. Individuals or families could choose a different insurance plan that met their unique health care needs and family budget. In the late summer and early fall St. Elizabeth's launched a proactive plan to assist those in our local and regional community to obtain health insurance coverage.

The goal was to educate and inform as many individuals as possible about obtaining health care insurance and remove any barriers to healthcare access for the vulnerable and underserved. St. Elizabeth's actively supported the enrollment process and provided space in which they could

enroll in the Health Care Marketplace. The plan included educating colleagues, patients, family members, and visitors and providing a space where they could complete the process.

Colleagues were informed and provided information about the enrollment process through several different avenues. St. Elizabeth's branded the material provided by Catholic Health Association (CHA) and had access to brochures and pamphlets on Get Covered Illinois. The *eNews*, our online newsletter, contained questions and answers about the ACA or the enrollment process. Screensavers changed weekly and offered one new fact each week. Managers shared information at weekly huddles and encouraged colleagues to share the information with patients and families. The quarterly colleague forums included education about the ACA and how colleagues can support and encourage patients to enroll. Information brochures, fact sheets, and scripting were provided to all colleagues.

Patients, family members, and visitors had access to brochures provided by Illinois Get Covered and CHA. Particular attention was given to our patient access colleagues who registered patients for admission or outpatient procedures. These colleagues would engage patients and provide literature for patients; in addition, written information was easily accessible in waiting areas. St. Elizabeth's used the phone system to support the enrollment process. If someone called the hospital and was placed on hold, the recorded message provided information about how and where one could enroll.

The second component in the plan was securing a location for the visitors to access and enroll in the Marketplace. An office (later called the ACA Room) adjacent to the Emergency Room and easily accessible from the entrance was selected and equipped with computers, a phone, written instructions and additional information. The room was available 12 hours a day.

At the onset of the enrollment period and throughout the enrollment process St. Elizabeth's hosted the Illinois Health Reform Coalition meetings. These meeting gathered stakeholders and discussed ways to improve access and increase enrollment. This interaction led to a partnership with East Side Health District; they were looking for a location for their Certified Application Counselors (CAC). St. Elizabeth's ACA Room was then staffed seven days a week for greater than 8 hours a day with this qualified and helpful CAC. Individuals would call or walk into the office seeking enrollment. The CAC guided them through the process and answered their questions. If a patient was at point of entry at our hospital, and wanted/needed assistance with enrollment, the patient access colleague would gather the contact information and either walk the patient down the ACA Room or place the information in a secure place for a the CAC to contact them the next day.

As the last days of enrollment approached, East Side Health District asked St. Elizabeth's to host an "enrollment blitz." They wanted to maximize their last opportunity to enroll the community by staffing the ACA room with two to three counselors until midnight through the weekend. The Counselors were appreciative of the location; they felt safe and had the necessary tools to do their job.

The ACA room remains open 5 days a week for 5 hours a day to support clients who have questions, or need assistance. The collaboration with East Side remains strong and we plan to continue to work together for the betterment of our community.

Franciscan Inspired Life Long Learning- Kaskaskia College, Southwestern Illinois College, and East St. Louis Community Center

The leadership team at St. Elizabeth's is committed to helping the poor and vulnerable by assisting individuals who seek to improve themselves through academic learning. Key members of the leadership met with the East Saint Louis vocational director, the director of East St. Louis Community Center that houses both Kaskaskia College and Southwestern Illinois Community College, and Kaskaskia College Dean of Nursing to discuss opportunities to partner for the goal of improving the lives of those living in impoverished areas. Through education and job placement individuals have the opportunity to improve themselves and their families.

The collaboration resulted in a two-faceted project that benefits students in East Saint Louis and creates an opportunity for current colleagues to return to school and advance their education. St. Elizabeth's leadership identified entry-level positions that were currently available for high school graduates. To further this vision, St. Elizabeth's People Services planned a visit to East Saint Louis High School to demonstrate how to search and apply for a position. The second part of the program engages current colleagues who have a desire to continue their education. Leadership values the contributions of all colleagues and wants to support those who wish additional education.

Pregnancy Care Clinic Support

St. Elizabeth's Hospital provides space, storage and utilities for the Pregnancy Care Center, a non-profit organization that serves the needs of new mothers and their babies for families who are financially challenged.

Bethany Place Support

Bethany Place is the largest non-profit AIDS Service Organization in the St. Louis Metro East area, serving eleven counties of the Metro-East. In a spirit of compassion and justice, Bethany Place provides comprehensive case management and programming focused on promoting wellness and serving all people living with HIV/AIDS.

Founded in 1988 by Sisters Mary Rombach and Carol Baltosiewich of the Franciscan Third Order of Hospital Sisters, Bethany Place was originally designed as an outpatient hospice service and healing ministry of St. Elizabeth's Hospital. Bethany Place was incorporated as an independent nonprofit organization 501(c) (3) in 1992.

Today, St, Elizabeth's Hospital provides resources such as postage, printing and supplies ($1300+ in FY13), in addition to a Hospital Sister as a colleague volunteer and activist.

3. St. Elizabeth's Teaching Hospital- Developing health care professionals for the future

St. Elizabeth's Hospital is privileged to serve as a teaching hospital for our region, offering first-class residency programs and clinical educational opportunities. As a region leader in quality care and as a healing ministry founded on Franciscan traditions, St. Elizabeth's Hospital offers the right mix of support and clinical expertise to develop high-quality medical professionals for the future. Our investment in region leading health care is a support to all residents of our community today and in the future:

Our Residency Programs include:

- The Saint Louis University Family Medicine Residency Program in partnership with Southern Illinois Healthcare Foundation and Scott Air Force Base. St. Elizabeth's Hospital invests $1.2+MM toward the family residency program for our region.
- Versant RN Nursing Residency Program, an investment by St. Elizabeth's Hospital of $372+K.
- Mentoring/Educating other healthcare professionals (of which the largest include: Radiology $19K, Pharmacy $103K, PT $20K, Resp. Therapy $9K). total - $210K
- Southern Illinois University Edwardsville (SIUE) School of Pharmacy PGY-1 Program
- Hospital Sisters Health System (HSHS) PGY-2 Pharmacy Informatics Program.

Family Residency graduates provide high quality care to over 10,000 patients during their three-year program.

St. Elizabeth's RN Residency that began in 2006 is now part of the culture at St. Elizabeth's. Over the past eight years St. Elizabeth's transitioned over 200 new graduate nurses into competent and confident bedside care-givers.

Total investment of healthcare education to our region in our role as the St. Elizabeth's Teaching Hospital is $1.8+MM.

Other Clinical Program Affiliations include:

- Career Center of Southern Illinois (CCSI) Nursing
- Fontbonne University Dietetics and Speech Therapy
- Illinois State University Speech Pathology and Audiology
- Kaskaskia College Diagnostic Medical Sonography, Nursing, Phlebotomy, Physical Therapy, Respiratory Therapy
- Lewis and Clark Community College Nursing and Occupational Therapy
- Maryville University Nursing and Physical Therapy
- McKendree University Nursing and Professional Counseling
- Saint Louis University Athletic Training, Dietetics and Nutrition, Clinical Laboratory Science, Health Informatics, Nuclear Medicine Technology, Nursing, Occupational Therapy, Physical Therapy, Physician Assistant Education, Radiation Therapy Social Services and Speech Language Pathology
- Southern Illinois University Edwardsville (SIUE) Nursing, Kinesiology and Health Education, Speech Language Pathology
- Southern Illinois University (SIU) Nursing, Social Work, and Physical Therapy Assistant Program
- Southeast Missouri State Speech Pathology
- St. Louis Community College Occupational Therapy and Surgical Tech
- Southwestern Illinois College (SWIC) EMT, Medical Laboratory Technician, Paramedic, Phlebotomy, Radiologic Technology and Respiratory Care
- St. Louis College of Pharmacy Clinical Rotations
- University of Illinois Health and Human Development, Physical Therapy and Social Work
- University of Missouri St. Louis (UMSL) Emergency Medicine Nurse Practitioner
- Washington University School of Medicine Medical Student and Physical and Occupational Therapy Clinical Rotations
- Western Illinois University Speech Language Pathology

Volunteers / Internships / Fellowships across St. Elizabeth's departments and Southern Division of HSHS

We are pleased that our long-standing volunteer program has blossomed business interns through departments such as Marketing/Public Relations and Print Shop to Facilities to Risk and Legal.

Administrative fellowships are also a strength of the HSHS system, with multiple fellows participating across both Division and System on varying disciplines and strategic projects.

XII. Charity Care Information

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

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

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.*

   The requested information is provided on Attachment 41.

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.*

   The requested information is provided on Attachment 41.

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.*

   Not Applicable. St. Elizabeth's Hospital is an existing facility.

CHARITY CARE			
	2013	**2012**	**2011**
Net Patient Revenue	**158,547,048**	**170,284,906**	**176,696,159**
Amount of Charity Care (charges)	19,391,687	15,749,939	14,788,672
Cost of Charity Care	4,398,861	4,559,607	4,761,950
Cost/Net Revenue	2.77%	2.68%	2.69%

The above cost of charity care values are based on the Sate's required calculation methodology to complete the Annual Hospital Questionnaire.

Appendix A

Impact Letters and Certified Mail Receipts

St. Elizabeth's Hospital

Sent Certified Mail/Return Receipt Requested

June 27, 2014

David Braasch
President
Alton Memorial Hospital
One Memorial Drive
Alton, Illinois 62002

Re: Proposed Discontinuation of St. Elizabeth's Hospital located in Belleville, Illinois and Re-Establishment of Same in O'Fallon, Illinois

Dear Mr. Braasch:

I am taking this opportunity to advise you that St. Elizabeth's Hospital intends to seek approval from the Health Facilities and Services Review Board to discontinue its acute care facility located at 211 South 3rd Street, in Belleville, Illinois and re-establish it in O'Fallon, Illinois at the North West Quadrant of the Intersection of Interstate 64 and North Green Mount Road. The discontinuation of services and establishment of services will occur simultaneously, so there will be no interruption in services currently offered by St. Elizabeth's. We anticipate this will occur on or around December 31, 2017. However, please note that the current 14 bed pediatric unit will be discontinued permanently upon receipt of approval (if provided) by the Health Facilities and Services Review Board of the overall discontinuation and establishment application.

There is no intent to offer inpatient pediatric services at the proposed new St. Elizabeth's hospital site. However, pediatric outpatient services will continue at the proposed new site. The basis for discontinuing inpatient pediatrics permanently is low volume. In 2012 and 2013 St. Elizabeth's reported no inpatient pediatric volume in its inpatient pediatric beds. All other services will be maintained at the O'Fallon site, subject to some bed reductions (see attached Exhibit A).

Please feel free to advise us of the impact, if any, on your hospital of either the permanent discontinuation of the pediatric service or the discontinuation of St. Elizabeth's Hospital in Belleville and simultaneous re-establishment at the proposed new site in O'Fallon, Illinois. We invite you to advise us if your facility has the capacity to provide services to our patients (this ability to absorb capacity may apply to pediatric patients only, as there will otherwise be no disruption in services or need for your facility to absorb any of the

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org

An Affiliate of Hospital Sisters Health System

patients/services given the simultaneous re-establishment of the hospital). Also, please advise us if there are any restrictions or limitations in place that would preclude you from providing services to patients from the service area (although again we see no reason that other than with respect to pediatric patients, this issue would be relevant to our discontinuation and simultaneous establishment).

Please send any response to Sue Beeler, Project Manager, 211 South Third Street, Belleville, Illinois 62220. Any responses we receive will be included in the application submitted to the Health Facilities and Services Review Board. Please note that if you do not respond within 15 days of receipt of this impact request, it is presumed the discontinuation will have no impact on your facility.

Of course, if you have any questions about our plans, do not hesitate to contact me. Thank you.

Sincerely,

Maryann Reese, President & CEO
St. Elizabeth's Hospital

Exhibit A

Reduction in Number of Beds per Inpatient Category of Service

	Current Authorized Beds	Proposed Bed Changes	Proposed Beds
Medical Surgical	202	(102)	100
Obstetrics/Gyn	30	(18)	12
Pediatrics	14	(14)	0
Intensive Care	24	(8)	16
Comprehensive Physical Rehabilitation	33	(17)	16
Acute /Chronic Mental Illness	35[1]	(35)	0
Total	338	(194)	144

1. *The HFSRB approved the discontinuation of the Acute/Chronic Mental Illness Category of Service on September 24, 2013, Permit 13-034. St. Elizabeth's Acute/Chronic Mental Illness service is expected to close by January 15, 2016 when the expansion of the AMI unit at Touchette Regional Hospital is completed.*

Other than the bed reductions, the services currently provided by St. Elizabeth's will be maintained as a result of the simultaneous discontinuation at the Belleville site and establishment at the O'Fallon site, including cardiac catheterization and open heart surgery categories of service.

St. Elizabeth's Hospital

Sent Certified Mail/Return Receipt Requested

June 27, 2014

Larry McCully
CEO
Touchette Regional Hospital
5900 Bond Avenue
Centreville, Illinois 62207

Re: Proposed Discontinuation of St. Elizabeth's Hospital located in Belleville, Illinois and Re-Establishment of Same in O'Fallon, Illinois

Dear Mr. McCully:

I am taking this opportunity to advise you that St. Elizabeth's Hospital intends to seek approval from the Health Facilities and Services Review Board to discontinue its acute care facility located at 211 South 3rd Street, in Belleville, Illinois and re-establish it in O'Fallon, Illinois at the North West Quadrant of the Intersection of Interstate 64 and North Green Mount Road. The discontinuation of services and establishment of services will occur simultaneously, so there will be no interruption in services currently offered by St. Elizabeth's. We anticipate this will occur on or around December 31, 2017. However, please note that the current 14 bed pediatric unit will be discontinued permanently upon receipt of approval (if provided) by the Health Facilities and Services Review Board of the overall discontinuation and establishment application.

There is no intent to offer inpatient pediatric services at the proposed new St. Elizabeth's hospital site. However, pediatric outpatient services will continue at the proposed new site. The basis for discontinuing inpatient pediatrics permanently is low volume. In 2012 and 2013 St. Elizabeth's reported no inpatient pediatric volume in its inpatient pediatric beds. All other services will be maintained at the O'Fallon site, subject to some bed reductions (see attached Exhibit A).

Please feel free to advise us of the impact, if any, on your hospital of either the permanent discontinuation of the pediatric service or the discontinuation of St. Elizabeth's Hospital in Belleville and simultaneous re-establishment at the proposed new site in O'Fallon, Illinois. We invite you to advise us if your facility has the capacity to provide services to our patients (this ability to absorb capacity may apply to pediatric patients only, as there will otherwise be no disruption in services or need for your facility to absorb any of the

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An Affiliate of Hospital Sisters Health System

patients/services given the simultaneous re-establishment of the hospital). Also, please advise us if there are any restrictions or limitations in place that would preclude you from providing services to patients from the service area (although again we see no reason that other than with respect to pediatric patients, this issue would be relevant to our discontinuation and simultaneous establishment).

Please send any response to Sue Beeler, Project Manager, 211 South Third Street, Belleville, Illinois 62220. Any responses we receive will be included in the application submitted to the Health Facilities and Services Review Board. Please note that if you do not respond within 15 days of receipt of this impact request, it is presumed the discontinuation will have no impact on your facility.

Of course, if you have any questions about our plans, do not hesitate to contact me. Thank you.

Sincerely,

Maryann Reese

Maryann Reese, President & CEO
St. Elizabeth's Hospital

Exhibit A

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Other than the bed reductions, the services currently provided by St. Elizabeth's will be maintained as a result of the simultaneous discontinuation at the Belleville site and establishment at the O'Fallon site, including cardiac catheterization and open heart surgery categories of service.

St. Elizabeth's Hospital

Sent Certified Mail/Return Receipt Requested

June 27, 2014

Bruce Merrell
President
St. Mary's Hospital
400 N. Pleasant Avenue
Centralia, Illinois 62801

Re: Proposed Discontinuation of St. Elizabeth's Hospital located in Belleville, Illinois and Re-Establishment of Same in O'Fallon, Illinois

Dear Mr. Merrell:

I am taking this opportunity to advise you that St. Elizabeth's Hospital intends to seek approval from the Health Facilities and Services Review Board to discontinue its acute care facility located at 211 South 3rd Street, in Belleville, Illinois and re-establish it in O'Fallon, Illinois at the North West Quadrant of the Intersection of Interstate 64 and North Green Mount Road. The discontinuation of services and establishment of services will occur simultaneously, so there will be no interruption in services currently offered by St. Elizabeth's. We anticipate this will occur on or around December 31, 2017. However, please note that the current 14 bed pediatric unit will be discontinued permanently upon receipt of approval (if provided) by the Health Facilities and Services Review Board of the overall discontinuation and establishment application.

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Please feel free to advise us of the impact, if any, on your hospital of either the permanent discontinuation of the pediatric service or the discontinuation of St. Elizabeth's Hospital in Belleville and simultaneous re-establishment at the proposed new site in O'Fallon, Illinois. We invite you to advise us if your facility has the capacity to provide services to our patients (this ability to absorb capacity may apply to pediatric patients only, as there will otherwise be no disruption in services or need for your facility to absorb any of the

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patients/services given the simultaneous re-establishment of the hospital). Also, please advise us if there are any restrictions or limitations in place that would preclude you from providing services to patients from the service area (although again we see no reason that other than with respect to pediatric patients, this issue would be relevant to our discontinuation and simultaneous establishment).

Please send any response to Sue Beeler, Project Manager, 211 South Third Street, Belleville, Illinois 62220. Any responses we receive will be included in the application submitted to the Health Facilities and Services Review Board. Please note that if you do not respond within 15 days of receipt of this impact request, it is presumed the discontinuation will have no impact on your facility.

Of course, if you have any questions about our plans, do not hesitate to contact me. Thank you.

Sincerely,

Maryann Reese

Maryann Reese, President & CEO
St. Elizabeth's Hospital

Exhibit A

Reduction in Number of Beds per Inpatient Category of Service

	Current Authorized Beds	Proposed Bed Changes	Proposed Beds
Medical Surgical	202	(102)	100
Obstetrics/Gyn	30	(18)	12
Pediatrics	14	(14)	0
Intensive Care	24	(8)	16
Comprehensive Physical Rehabilitation	33	(17)	16
Acute /Chronic Mental Illness	35[1]	(35)	0
Total	338	(194)	144

1. *The HFSRB approved the discontinuation of the Acute/Chronic Mental Illness Category of Service on September 24, 2013, Permit 13-034. St. Elizabeth's Acute/Chronic Mental Illness service is expected to close by January 15, 2016 when the expansion of the AMI unit at Touchette Regional Hospital is completed.*

Other than the bed reductions, the services currently provided by St. Elizabeth's will be maintained as a result of the simultaneous discontinuation at the Belleville site and establishment at the O'Fallon site, including cardiac catheterization and open heart surgery categories of service.

St. Elizabeth's Hospital

Sent Certified Mail/Return Receipt Requested

June 27, 2014

Peggy Sebastian
President & CEO
St. Joseph's Hospital – Highland
1515 Main Street
Highland, Illinois 62249

Re: Proposed Discontinuation of St. Elizabeth's Hospital located in Belleville, Illinois and Re-Establishment of Same in O'Fallon, Illinois

Dear Ms. Sebastian:

I am taking this opportunity to advise you that St. Elizabeth's Hospital intends to seek approval from the Health Facilities and Services Review Board to discontinue its acute care facility located at 211 South 3rd Street, in Belleville, Illinois and re-establish it in O'Fallon, Illinois at the North West Quadrant of the Intersection of Interstate 64 and North Green Mount Road. The discontinuation of services and establishment of services will occur simultaneously, so there will be no interruption in services currently offered by St. Elizabeth's. We anticipate this will occur on or around December 31, 2017. However, please note that the current 14 bed pediatric unit will be discontinued permanently upon receipt of approval (if provided) by the Health Facilities and Services Review Board of the overall discontinuation and establishment application.

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Sincerely,

Maryann Reese

Maryann Reese, President & CEO
St. Elizabeth's Hospital

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St. Elizabeth's Hospital

Sent Certified Mail/Return Receipt Requested

June 27, 2014

Mark Klosterman
President & CEO
St. Joseph's – Breese Hospital
9515 Holy Cross Lane
Breese, Illinois 62230

Re: Proposed Discontinuation of St. Elizabeth's Hospital located in Belleville, Illinois and Re-Establishment of Same in O'Fallon, Illinois

Dear Mr. Klosterman:

I am taking this opportunity to advise you that St. Elizabeth's Hospital intends to seek approval from the Health Facilities and Services Review Board to discontinue its acute care facility located at 211 South 3rd Street, in Belleville, Illinois and re-establish it in O'Fallon, Illinois at the North West Quadrant of the Intersection of Interstate 64 and North Green Mount Road. The discontinuation of services and establishment of services will occur simultaneously, so there will be no interruption in services currently offered by St. Elizabeth's. We anticipate this will occur on or around December 31, 2017. However, please note that the current 14 bed pediatric unit will be discontinued permanently upon receipt of approval (if provided) by the Health Facilities and Services Review Board of the overall discontinuation and establishment application.

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St. Elizabeth's Hospital

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St. Elizabeth's Hospital

Sent Certified Mail/Return Receipt Requested

June 27, 2014

Sister Mary Mikela
President & CEO
Saint Clare's Hospital
915 East 5th Street
Alton, Illinois 62002

Re: Proposed Discontinuation of St. Elizabeth's Hospital located in Belleville, Illinois and Re-Establishment of Same in O'Fallon, Illinois

Dear Sr. Mikela:

I am taking this opportunity to advise you that St. Elizabeth's Hospital intends to seek approval from the Health Facilities and Services Review Board to discontinue its acute care facility located at 211 South 3rd Street, in Belleville, Illinois and re-establish it in O'Fallon, Illinois at the North West Quadrant of the Intersection of Interstate 64 and North Green Mount Road. The discontinuation of services and establishment of services will occur simultaneously, so there will be no interruption in services currently offered by St. Elizabeth's. We anticipate this will occur on or around December 31, 2017. However, please note that the current 14 bed pediatric unit will be discontinued permanently upon receipt of approval (if provided) by the Health Facilities and Services Review Board of the overall discontinuation and establishment application.

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Sincerely,

Maryann Reese

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St. Elizabeth's Hospital

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St. Elizabeth's Hospital

Sent Certified Mail/Return Receipt Requested

June 27, 2014

Sister Mary Mikela
President & CEO
Saint Anthony's Hospital
1 Saint Anthony's Way
Alton, Illinois 62002

Re: Proposed Discontinuation of St. Elizabeth's Hospital located in Belleville, Illinois and Re-Establishment of Same in O'Fallon, Illinois

Dear Sr. Mikela:

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St. Elizabeth's Hospital

Sent Certified Mail/Return Receipt Requested

June 27, 2014

Shane Watson
CEO
Red Bud Regional Hospital
325 Spring Street
Red Bud, Illinois 62278

Re: Proposed Discontinuation of St. Elizabeth's Hospital located in Belleville, Illinois and Re-Establishment of Same in O'Fallon, Illinois

Dear Mr. Watson:

I am taking this opportunity to advise you that St. Elizabeth's Hospital intends to seek approval from the Health Facilities and Services Review Board to discontinue its acute care facility located at 211 South 3rd Street, in Belleville, Illinois and re-establish it in O'Fallon, Illinois at the North West Quadrant of the Intersection of Interstate 64 and North Green Mount Road. The discontinuation of services and establishment of services will occur simultaneously, so there will be no interruption in services currently offered by St. Elizabeth's. We anticipate this will occur on or around December 31, 2017. However, please note that the current 14 bed pediatric unit will be discontinued permanently upon receipt of approval (if provided) by the Health Facilities and Services Review Board of the overall discontinuation and establishment application.

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St. Elizabeth's Hospital

Sent Certified Mail/Return Receipt Requested

June 27, 2014

Mr. Mark Turner
President & CEO
Memorial Hospital
4500 Memorial Drive
Belleville, Illinois 62226

Re: Proposed Discontinuation of St. Elizabeth's Hospital located in Belleville, Illinois and Re-Establishment of Same in O'Fallon, Illinois

Dear Mr. Turner:

I am taking this opportunity to advise you that St. Elizabeth's Hospital intends to seek approval from the Health Facilities and Services Review Board to discontinue its acute care facility located at 211 South 3rd Street, in Belleville, Illinois and re-establish it in O'Fallon, Illinois at the North West Quadrant of the Intersection of Interstate 64 and North Green Mount Road. The discontinuation of services and establishment of services will occur simultaneously, so there will be no interruption in services currently offered by St. Elizabeth's. We anticipate this will occur on or around December 31, 2017. However, please note that the current 14 bed pediatric unit will be discontinued permanently upon receipt of approval (if provided) by the Health Facilities and Services Review Board of the overall discontinuation and establishment application.

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St. Elizabeth's Hospital

Sent Certified Mail/Return Receipt Requested

June 27, 2014

Mike Warren
President
Good Samaritan Regional Health Center
1 Good Samaritan Way
Mount Vernon, Illinois 62864

Re: Proposed Discontinuation of St. Elizabeth's Hospital located in Belleville, Illinois and Re-Establishment of Same in O'Fallon, Illinois

Dear Mr. Warren:

I am taking this opportunity to advise you that St. Elizabeth's Hospital intends to seek approval from the Health Facilities and Services Review Board to discontinue its acute care facility located at 211 South 3rd Street, in Belleville, Illinois and re-establish it in O'Fallon, Illinois at the North West Quadrant of the Intersection of Interstate 64 and North Green Mount Road. The discontinuation of services and establishment of services will occur simultaneously, so there will be no interruption in services currently offered by St. Elizabeth's. We anticipate this will occur on or around December 31, 2017. However, please note that the current 14 bed pediatric unit will be discontinued permanently upon receipt of approval (if provided) by the Health Facilities and Services Review Board of the overall discontinuation and establishment application.

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St. Elizabeth's Hospital

Sent Certified Mail/Return Receipt Requested

June 27, 2014

Ed Cunningham
CEO
Gateway Regional Medical Center
2100 Madison Avenue
Granite City, Illinois 62040

Re: Proposed Discontinuation of St. Elizabeth's Hospital located in Belleville, Illinois and Re-Establishment of Same in O'Fallon, Illinois

Dear Mr. Cunningham:

I am taking this opportunity to advise you that St. Elizabeth's Hospital intends to seek approval from the Health Facilities and Services Review Board to discontinue its acute care facility located at 211 South 3rd Street, in Belleville, Illinois and re-establish it in O'Fallon, Illinois at the North West Quadrant of the Intersection of Interstate 64 and North Green Mount Road. The discontinuation of services and establishment of services will occur simultaneously, so there will be no interruption in services currently offered by St. Elizabeth's. We anticipate this will occur on or around December 31, 2017. However, please note that the current 14 bed pediatric unit will be discontinued permanently upon receipt of approval (if provided) by the Health Facilities and Services Review Board of the overall discontinuation and establishment application.

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Please feel free to advise us of the impact, if any, on your hospital of either the permanent discontinuation of the pediatric service or the discontinuation of St. Elizabeth's Hospital in Belleville and simultaneous re-establishment at the proposed new site in O'Fallon, Illinois. We invite you to advise us if your facility has the capacity to provide services to our patients (this ability to absorb capacity may apply to pediatric patients only, as there will otherwise be no disruption in services or need for your facility to absorb any of the

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org

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patients/services given the simultaneous re-establishment of the hospital). Also, please advise us if there are any restrictions or limitations in place that would preclude you from providing services to patients from the service area (although again we see no reason that other than with respect to pediatric patients, this issue would be relevant to our discontinuation and simultaneous establishment).

Please send any response to Sue Beeler, Project Manager, 211 South Third Street, Belleville, Illinois 62220. Any responses we receive will be included in the application submitted to the Health Facilities and Services Review Board. Please note that if you do not respond within 15 days of receipt of this impact request, it is presumed the discontinuation will have no impact on your facility.

Of course, if you have any questions about our plans, do not hesitate to contact me. Thank you.

Sincerely,

Maryann Reese

Maryann Reese, President & CEO
St. Elizabeth's Hospital

Exhibit A

Reduction in Number of Beds per Inpatient Category of Service

	Current Authorized Beds	Proposed Bed Changes	Proposed Beds
Medical Surgical	202	(102)	100
Obstetrics/Gyn	30	(18)	12
Pediatrics	14	(14)	0
Intensive Care	24	(8)	16
Comprehensive Physical Rehabilitation	33	(17)	16
Acute /Chronic Mental Illness	35[1]	(35)	0
Total	338	(194)	144

1. *The HFSRB approved the discontinuation of the Acute/Chronic Mental Illness Category of Service on September 24, 2013, Permit 13-034. St. Elizabeth's Acute/Chronic Mental Illness service is expected to close by January 15, 2016 when the expansion of the AMI unit at Touchette Regional Hospital is completed.*

Other than the bed reductions, the services currently provided by St. Elizabeth's will be maintained as a result of the simultaneous discontinuation at the Belleville site and establishment at the O'Fallon site, including cardiac catheterization and open heart surgery categories of service.

St. Elizabeth's Hospital

Sent Certified Mail/Return Receipt Requested

June 27, 2014

Keith Page
President & CEO
Anderson Hospital
6800 State Route 162
Maryville, Illinois 62062

Re: Proposed Discontinuation of St. Elizabeth's Hospital located in Belleville, Illinois and Re-Establishment of Same in O'Fallon, Illinois

Dear Mr. Page:

I am taking this opportunity to advise you that St. Elizabeth's Hospital intends to seek approval from the Health Facilities and Services Review Board to discontinue its acute care facility located at 211 South 3rd Street, in Belleville, Illinois and re-establish it in O'Fallon, Illinois at the North West Quadrant of the Intersection of Interstate 64 and North Green Mount Road. The discontinuation of services and establishment of services will occur simultaneously, so there will be no interruption in services currently offered by St. Elizabeth's. We anticipate this will occur on or around December 31, 2017. However, please note that the current 14 bed pediatric unit will be discontinued permanently upon receipt of approval (if provided) by the Health Facilities and Services Review Board of the overall discontinuation and establishment application.

There is no intent to offer inpatient pediatric services at the proposed new St. Elizabeth's hospital site. However, pediatric outpatient services will continue at the proposed new site. The basis for discontinuing inpatient pediatrics permanently is low volume. In 2012 and 2013 St. Elizabeth's reported no inpatient pediatric volume in its inpatient pediatric beds. All other services will be maintained at the O'Fallon site, subject to some bed reductions (see attached Exhibit A).

Please feel free to advise us of the impact, if any, on your hospital of either the permanent discontinuation of the pediatric service or the discontinuation of St. Elizabeth's Hospital in Belleville and simultaneous re-establishment at the proposed new site in O'Fallon, Illinois. We invite you to advise us if your facility has the capacity to provide services to our patients (this ability to absorb capacity may apply to pediatric patients only, as there will otherwise be no disruption in services or need for your facility to absorb any of the

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Sincerely,

Maryann Reese

Maryann Reese, President & CEO
St. Elizabeth's Hospital

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St. Elizabeth's Hospital

Sent Certified Mail/Return Receipt Requested

June 27, 2014

Nancy M. Newby
CEO
Washington County Hospital
705 South Grand Street
Nashville, Illinois 62263

Re: Proposed Discontinuation of St. Elizabeth's Hospital located in Belleville, Illinois and Re-Establishment of Same in O'Fallon, Illinois

Dear Ms. Newby:

I am taking this opportunity to advise you that St. Elizabeth's Hospital intends to seek approval from the Health Facilities and Services Review Board to discontinue its acute care facility located at 211 South 3rd Street, in Belleville, Illinois and re-establish it in O'Fallon, Illinois at the North West Quadrant of the Intersection of Interstate 64 and North Green Mount Road. The discontinuation of services and establishment of services will occur simultaneously, so there will be no interruption in services currently offered by St. Elizabeth's. We anticipate this will occur on or around December 31, 2017. However, please note that the current 14 bed pediatric unit will be discontinued permanently upon receipt of approval (if provided) by the Health Facilities and Services Review Board of the overall discontinuation and establishment application.

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patients/services given the simultaneous re-establishment of the hospital). Also, please advise us if there are any restrictions or limitations in place that would preclude you from providing services to patients from the service area (although again we see no reason that other than with respect to pediatric patients, this issue would be relevant to our discontinuation and simultaneous establishment).

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Of course, if you have any questions about our plans, do not hesitate to contact me. Thank you.

Sincerely,

Maryann Reese

Maryann Reese, President & CEO
St. Elizabeth's Hospital

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Other than the bed reductions, the services currently provided by St. Elizabeth's will be maintained as a result of the simultaneous discontinuation at the Belleville site and establishment at the O'Fallon site, including cardiac catheterization and open heart surgery categories of service.

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City, State, ZIP+4 Alton, IL 62002

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Sent To Larry McCully

Street, Apt. No.; or PO Box No. Touchette Regional Hospital 5900 Bond Avenue

City, State, ZIP+4 Centreville, IL 62207

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City, State, ZIP+4: Centralia, IL 62801

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City, State, ZIP+4: Highland, IL 62249

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Street, Apt. No.; or PO Box No.: St. Joseph's-Breese Hospital 9515 Holy Cross Lane

City, State, ZIP+4: Breese, IL 62230

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Street, Apt. No.; or PO Box No.: Saint Clare's Hospital 915 East 5th Street

City, State, ZIP+4: Alton, IL 62002

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Street, Apt. No.; or PO Box No.: St. Anthony's Hospital 1 Saint Anthony's Way

City, State, ZIP+4: Alton, IL 62002

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Street, Apt. No.; or PO Box No. Red Bud Regional Hospital 325 Spring Street

City, State, ZIP+4 Red Bud, IL 62278

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Sent To Mark Turner

Street, Apt. No.; or PO Box No. Memorial Hospital 4500 Memorial Drive

City, State, ZIP+4 Belleville, IL 62226

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Street, Apt. No.; or PO Box No.: Good Samaritan Regional Health Center 1 Good Samaritan Way

City, State, ZIP+4: Mount Vernon, IL 62864

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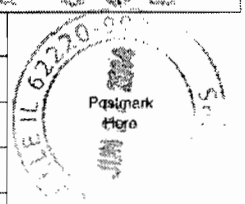

Sent To Ed Cunningham

Street, Apt. No.; or PO Box No. Gateway Regional Medical Center 2100 Madison Avenue

City, State, ZIP+4 Granite City, IL 62040

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Sent To: Keith Page
Street, Apt. No.; or PO Box No.: Anderson Hospital 8800 State Route 162
City, State, ZIP+4: Maryville, IL 62062

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Sent To Nancy Newby

Street, Apt. No.; or PO Box No. Washington County Hospital 705 South Grand Street

City, State, ZIP+4 Nashville, IL 62263

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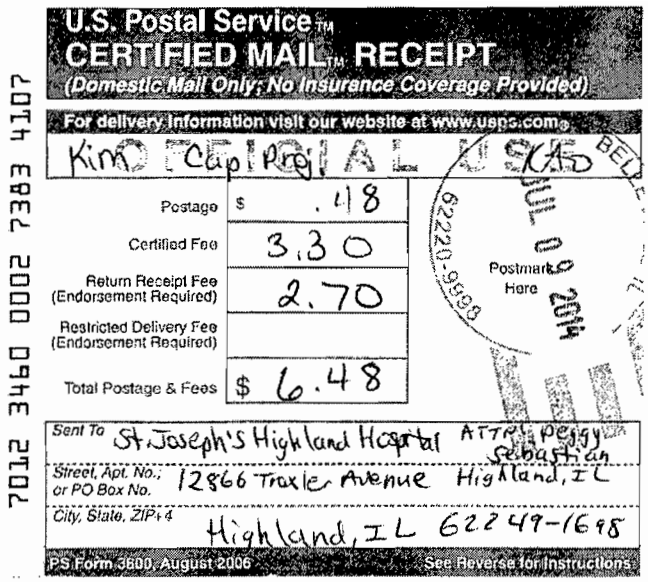

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Sent To St. Joseph's Highland Hospital ATTN: Peggy Sebastian

Street, Apt. No.; or PO Box No. 12866 Troxler Avenue Highland, IL

City, State, ZIP+4 Highland, IL 62249-1698

PS Form 3800, August 2006 See Reverse for Instructions

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1. Article Addressed to:

St. Mary's Hospital
ATTN: Bruce Merrell
400 N. Pleasant Avenue
Centralia, Illinois
62801

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A. Signature
X L.D. Mainer ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* L.D. MAINER C. Date of Delivery

D. Is delivery address different from Item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

St. Joseph's-Highland Hospital
ATTN: Peggy Sebastian
12866 Troxler Avenue
Highland, IL
62249-1698

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Deb Hartman ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Debbarta C. Date of Delivery 7-10-14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7012 3460 0002 7383 4107

PS Form 3811, July 2013 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Red Bud Regional Hospital
ATTN: Shane Watson
325 Spring Street
Red Bud, IL
62278

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jane E Bumann ☒ Agent ☐ Addressee

B. Received by (Printed Name) Jane E Bumann
C. Date of Delivery 6/28/14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

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4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 2250 0001 3362 2261

PS Form 3811, July 2013 Domestic Return Receipt

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Anderson Hospital
ATTN: Keith Page
680 State Route 162
Maryville, IL 62062

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Linda Matt ☒ Agent ☐ Addressee

B. Received by (Printed Name) Linda Matt
C. Date of Delivery 6-28-14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
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☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 2250 0001 3362 2308

PS Form 3811, July 2013 Domestic Return Receipt

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1. Article Addressed to:

Gateway Regional Medical Center
ATTN: Ed Cunningham
2100 Madison Avenue
Granite City, IL
62040

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 6/28/14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
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☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 2250 0001 3362 2292

PS Form 3811, July 2013 Domestic Return Receipt

St. Joseph's Hospital Breese
AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

9515 Holy Cross Lane
PO Box 99
Breese, Illinois 62230
(618) 526-4511
www.stjoebreese.com

July 7, 2014

Sue Beeler
St. Elizabeth's Hospital
Project Manager
211 South Third Street
Belleville, Illinois 62220

Dear Ms. Beeler,

Thank you for your letter dated June 27, 2014, about St. Elizabeth's Hospital's plans to build a replacement hospital along Interstate 64 at Green Mount Road.

We look forward to seeing this project come to fruition. During a stroke, time means brain function, and during a heart attack, time means muscle. Our emergency services personnel could save about 15 minutes of travel time to transport patients to the more advanced stroke and cardiac care available at St. Elizabeth's. Those 15 minutes also are important to our patients' families, who could spend the extra moments with their hospitalized loved ones.

St. Elizabeth's role as the second largest hospital in the HSHS is an important one – collaborator. Your partnerships with several area colleges and universities help train the next generation of health care providers. And, the collaborations you have with other health care providers such as our hospital, St. Joseph's Hospital Highland, Belleville Memorial and Scott Air Force Base, help keep patients healthy and close to home.

Our hospitals have both been serving the Metro East region for more than a century. We are both committed to our mission to reveal and embody Christ's healing love for all through our high-quality Franciscan health care ministry.

The St. Elizabeth's replacement hospital is crucial to improving access to high-quality care for Metro East residents. We support you in your quest for a Certificate of Need application.

Best wishes,

Mark Klosterman, FACHE, CMPE
President & Chief Executive Officer

Paulette Evans, RN, BSN, CPPS
Chief Nursing Officer
Interim Pres. & CEO – Eff. 7/11/2014

St. Joseph's Hospital Highland

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

July 7, 2014

Sue Beeler
Project Manager
St. Elizabeth's Hospital
211 S. Third St.
Belleville, IL 62220

Dear Ms. Beeler,

Thank you for your letter dated June 27, 2014, about St. Elizabeth's Hospital's plans to build a replacement hospital along Interstate 64 at Green Mount Road.

I'm thrilled to report that these plans will have a positive impact on St. Joseph's Hospital Highland, an affiliate of Hospital Sisters Health System (HSHS).

As you know, we often refer our patients to your hospital for more advanced care such as cardiac and stroke services. Our patients and families would save about 10 minutes of driving time with your new location. Those 10 minutes are additional moments spent with hospitalized loved ones, which, as we all know, helps the healing process.

St. Elizabeth's role as the second largest hospital in the HSHS is an important one – collaborator. Your partnerships with several area colleges and universities help train the next generation of health care providers. And, the collaborations you have with other health care providers such as our hospital, St. Joseph's Hospital Breese, Belleville Memorial and Scott Air Force Base, help keep patients healthy and close to home.

We know the importance of updating hospital facilities. Like St. Elizabeth's, our 60-year-old building wasn't able to accommodate the needs of providing 21st century health care. We opened our replacement hospital almost one year ago. Our patients love the updated design and continually high-quality care, and our physicians and staff appreciate the modern building that allows them to more efficiently provide care.

Our hospitals have both been serving the Metro East region for almost 140 years. We are both committed to our mission to reveal and embody Christ's healing love for all through our high-quality Franciscan health care ministry. I know from experience that your replacement hospital will help you continue that mission for generations to come. In fact, I believe your location will help you reach more people who are underserved in the Metro East region.

The St. Elizabeth's replacement hospital is crucial to improving access to high-quality care for Metro East residents. We support you in your quest for a Certificate of Need application.

Best wishes,

Peggy Sebastian

Peggy Sebastian
President and CEO

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Alton Memorial Hospital
ATTN: David Braasch
One Memorial Drive
Alton, IL
62002

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 2250 0001 3362 2315

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Kim O'Brien Cap. Proj. L KAO

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Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

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7013 2250 0001 3362 2315

Sent To David Braasch
Street, Apt. No.; or PO Box No. Alton Memorial Hospital One Memorial Drive
City, State, ZIP+4 Alton, IL 62002

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Touchette Regional Hospital
ATTN: Larry McCully
5900 Bond Avenue
Centreville, IL
62207

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 2250 0001 3362 2346

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Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Larry McCully
Street, Apt. No.; or PO Box No.: Touchette Regional Hospital 5900 Bond Avenue
City, State, ZIP+4: Centreville, IL 62207

PS Form 3800, August 2006 See Reverse for Instructions

7013 2250 0001 3362 2346

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

St. Mary's Hospital
ATTN: Bruce Merrell
400 N. Pleasant Avenue
Centralia, Illinois
62801

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7013 2250 0001 3362 2223

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Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Bruce Merrell
Street, Apt. No.; or PO Box No.: St. Mary's Hospital 400 N. Peasant Avenue
City, State, ZIP+4: Centralia, IL 62801

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

St. Joseph's - Highland Hospital
ATTN: Peggy Sebastian
1515 Main Street
Highland, Illinois
62249

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 2250 0001 3362 2216

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Kim O'Brien Cap. Proj. L USRAD

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Peggy Sebastian
Street, Apt. No.; or PO Box No.: St. Joseph's Hospital-Highland 1515 Main Street
City, State, ZIP+4: Highland, IL 62249

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

St. Joseph's-Breese Hospital
ATTN: Mark Klosterman
9515 Holy Cross Lane
Breese, Illinois
62230

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 2250 0001 3362 2230

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Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

7013 2250 0001 3362 2230

Sent To Mark Klosterman
Street, Apt. No.; or PO Box No. St. Joseph's-Breese Hospital 9515 Holy Cross Lane
City, State, ZIP+4 Breese, IL 62230

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Saint Clare's Hospital
ATTN: Sister Mary Mikela
915 East 5th Street
Alton, Illinois
62002

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
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☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 2250 0001 3362 2247

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Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To Sister Mary Mikela
Street, Apt. No.; or PO Box No. Saint Clare's Hospital 915 East 5th Street
City, State, ZIP+4 Alton, IL 62002

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Saint Anthony's Hospital
ATTN: Sister Mary Mikela
1 Saint Anthony's Way
Alton, Illinois
62002

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service labe

7013 2250 0001 3362 2254

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Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To Sister Mary Mikela
Street, Apt. No.; or PO Box No. St. Anthony's Hospital 1 Saint Anthony's Way
City, State, ZIP+4 Alton, IL 62002

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Red Bud Regional Hospital
ATTN: Shane Watson
325 Spring Street
Red Bud, IL
62278

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 2250 0001 3362 2261

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Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

7013 2250 0001 3362 2261

Sent To: Shane Watson
Street, Apt. No.; or PO Box No.: Red Bud Regional Hospital 325 Spring Street
City, State, ZIP+4: Red Bud, IL 62278

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Memorial Hospital
ATTN: Mark Turner
4500 Memorial Drive
Belleville, IL
62226

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 2250 0001 3362 2278

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Kim O'Brien Cap. Proj. USKAO

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To Mark Turner
Street, Apt. No.; or PO Box No. Memorial Hospital 4500 Memorial Drive
City, State, ZIP+4 Belleville, IL 62226

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Good Samaritan Regional
Health Center
ATTN: Mike Warren
1 Good Samaritan Way
Mount Vernon, IL
62864

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 2250 0001 3362 2285

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Kim O'Brien Cap Proj. USKH

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Mike Warren
Street, Apt. No.; or PO Box No.: Good Samaritan Regional Health Center 1 Good Samaritan Way
City, State, ZIP+4: Mount Vernon, IL 62864

PS Form 3800, August 2006 See Reverse for Instructions

7013 2250 0001 3362 2285

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gateway Regional Medical Center
ATTN: Ed Cunningham
2100 Madison Avenue
Granite City, IL 62040

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 2250 0001 3362 2292

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Kim O'Brien Env. Prof. KAO

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To Ed Cunningham
Street, Apt. No.; or PO Box No. Gateway Regional Medical Center 2100 Madison Avenue
City, State, ZIP+4 Granite City, IL 62040

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Anderson Hospital
ATTN: Keith Page
6800 State Route 162
Maryville, IL 62062

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
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☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 2250 0001 3362 2308

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Kim O'Brien Cap Proj. USKAO

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Keith Page
Street, Apt. No.; or PO Box No.: Anderson Hospital 6800 State Route 162
City, State, ZIP+4: Maryville, IL 62062

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Washington County Hospital
ATTN: Nancy Newby
705 South Grand Street
Nashville, IL
62263

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 2250 0001 3362 2322

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Kim OBrien Cap. Proj. L. U1640

Postage	$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Nancy Newby
Street, Apt. No.; or PO Box No.: Washington County Hospital 705 South Grand Street
City, State, ZIP+4: Nashville, IL 62263

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

St. Joseph's-Breese Hospital
ATTN: Mark Klosterman
9515 Holy Cross Lane
Breese, Illinois
62230

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ A ☐ A

B. Received by (Printed Name) | C. Date o
6-3

D. Is delivery address different from item 1? ☐ Y
If YES, enter delivery address below: ☐ N

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Me
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐

2. Article Number (Transfer from service label) 7013 2250 0001 3362 2230

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GoodSamaritan Regional
Health Center
ATTN: Mike Warren
1 Good Samaritan Way
Mount Vernon, IL
62864

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ A ☐ A

B. Received by (Printed Name) Stephen L Rennels | C. Date
6-3

D. Is delivery address different from item 1? ☐
If YES, enter delivery address below: ☐

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for M
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐

2. Article Number (Transfer from service label) 7013 2250 0001 3362 2285

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ A ☐ A

B. Received by (Printed Name) | C. Date
6-3

D. Is delivery address different from item 1? ☐

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Alton Memorial Hospital
ATTN: David Braasch
One Memorial Drive
Alton, IL
62002

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible]

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7013 2250 0001 3362 2315

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Appendix B

Responses to Impact Letters

4500 Memorial Drive
Belleville, Illinois 62226-5399
(618) 233-7750
FAX: (618) 257-5658
www.memhosp.com

Mark J. Turner, President

MEMORIAL Hospital

Dedication. Compassion. Innovation.

VIA UPS

July 10, 2014

Maryann Reese
President & CEO
St. Elizabeth's Hospital
211 South Third Street
Belleville, IL 62220

Dear Ms. Reese:

This letter responds to your June 27, 2014 letter to me (received by my office on June 30, 2014), as required by the Illinois Health Facilities and Services Review Board regulations. Pursuant to the agency rules, your letter requests Memorial Hospital (hereafter referred to as either Memorial Belleville or Memorial East) to advise you of the impact of "either the permanent discontinuation of the pediatric service or the discontinuation of St. Elizabeth's Hospital in Belleville and simultaneous re-establishment at the proposed new site in O'Fallon, Illinois." For purposes of this response, please be advised that we have not been given an opportunity to review the specifics of the new facility and, if St. Elizabeth's chooses to proceed to file an application to discontinue services in Belleville and to establish a new hospital in O'Fallon, Memorial will augment this statement of impact as appropriate.

The closure of St. Elizabeth's Hospital in Belleville will have a significant and harmful impact on Memorial Belleville. At the present time and for many years, St. Elizabeth's Hospital and Memorial Belleville have shared responsibility for providing essential services to residents of Belleville, including many who are financially disadvantaged. The present location of our two hospitals insures access to the medically underserved members of our community. The closure of St. Elizabeth's would redirect many patients to Memorial Belleville. In particular, we anticipate that Memorial Belleville will be impacted by increased numbers of current St. Elizabeth's patients – particularly those seeking emergency services and those who live closer to Memorial's Belleville campus than the proposed St. Elizabeth's – O'Fallon campus. Many of St. Elizabeth's current patients will not travel to O'Fallon for their care, and Memorial Belleville does not have the physical capacity to absorb this significant patient influx.

In addition, the proposed establishment of a new St. Elizabeth's Hospital in O'Fallon will cause great economic harm to Memorial East. As you are aware, the Illinois Health Facilities and Services Review Board unanimously approved the establishment of Memorial East on June 28, 2011 and construction of the hospital is underway and scheduled for completion in April 2016. Approval of the closure of St. Elizabeth's in Belleville and the establishment of a new hospital in such close proximity to Memorial East in Shiloh would jeopardize the viability of Memorial East. The Illinois Health Facilities and Services Review Board's approval of Memorial East was based on assessments of need and utilization that did not include the establishment of a second hospital to be located in a community directly contiguous to Shiloh. St. Elizabeth's proposed hospital in O'Fallon, less than two miles away from Memorial East, would result in duplication of services in direct conflict with the specific language and spirit of the Illinois Health Facilities and Services Review Board Act and its regulations. Moreover, it would undercut the financial viability of Memorial Belleville and Memorial East and the ability to continue to recruit and retain both clinical and non-clinical staff.

St. Elizabeth's stated plan will not just impact Memorial Belleville and Memorial East. Equally as important, the shuttering of St. Elizabeth's in Belleville would have a material impact on Belleville residents seeking accessible medical services. It will also devastate Belleville as a community going forward, as shrinking access to healthcare services will be considered an indicator of instability both to existing civic stakeholders and employers, and also to prospective new entrants to our community. Closure would result in a dramatic decrease in the availability of care. The healthcare safety net for residents of Belleville – especially those who are economically vulnerable and who need to access emergency services – would be devastated. St. Elizabeth's inpatient and outpatient services at their Belleville campus, when viewed in combination with the services provided at Memorial Belleville, are necessary to insure continued access to needed services in Belleville.

Sincerely,

Mark J. Turner
President & CEO

cc: Courtney Avery
Mike Constantino

July 14, 2014

Anderson Hospital

Ms. Sue Beeler
Project Manager
St. Elizabeth's Hospital
211 South Third Street
Belleville, IL 62220

RE: Proposed Discontinuation of St. Elizabeth's Hospital located in Belleville, Illinois and Re-Establishment of Same in O'Fallon, Illinois

Dear Ms. Beeler:

Thank you for the information received June 30, 2014 regarding the proposed discontinuation of services at St. Elizabeth's Hospital, Belleville and re-establishment of the facility in O'Fallon, Illinois. Your letter indicates that a component of this project includes the discontinuation of inpatient pediatric services. Anderson Hospital has no objection to this change in service. Anderson does not operate an inpatient pediatric service but instead relies on the excellent services available at both Cardinal Glennon Children's Hospital and Children's Hospital in St. Louis. Their proximity and array of services meet our community's needs.

Anderson Hospital does not support the relocation of St. Elizabeth's Hospital from its Belleville campus to O'Fallon, Illinois. This aspect of the project will cause a duplication of services no more than a mile from the new Memorial Hospital East under construction and expected to open in 2016. Anderson Hospital draws few patients from the O'Fallon area but objectively it does not seem rational to build two new hospitals so close together. As inpatient services continue to transition to outpatient services, it appears that a more cost effective approach would include retaining inpatient services at St. Elizabeth's Belleville location while expanding outpatient services in the desirable O'Fallon market. The St. Elizabeth's media release indicates that the new hospital would be located only "seven miles" from the current facility. This would also provide excellent proximity for an outpatient facility in O'Fallon and reduce the costs of a projected $300 million dollar project. An additional hospital so close to the hospital under construction will cause excess capacity and ultimately increased healthcare costs to the community.

Sincerely,

Keith A. Page, FACHE
President & Chief Executive Officer

cc: Maryann Reese, President & CEO
St. Elizabeth's Hospital

6800 State Route 162
Maryville, Illinois 62062
618-288-5711

St. Joseph's Hospital Highland

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

July 7, 2014

Sue Beeler
Project Manager
St. Elizabeth's Hospital
211 S. Third St.
Belleville, IL 62220

Dear Ms. Beeler,

Thank you for your letter dated June 27, 2014, about St. Elizabeth's Hospital's plans to build a replacement hospital along Interstate 64 at Green Mount Road.

I'm thrilled to report that these plans will have a positive impact on St. Joseph's Hospital Highland, an affiliate of Hospital Sisters Health System (HSHS).

As you know, we often refer our patients to your hospital for more advanced care such as cardiac and stroke services. Our patients and families would save about 10 minutes of driving time with your new location. Those 10 minutes are additional moments spent with hospitalized loved ones, which, as we all know, helps the healing process.

St. Elizabeth's role as the second largest hospital in the HSHS is an important one – collaborator. Your partnerships with several area colleges and universities help train the next generation of health care providers. And, the collaborations you have with other health care providers such as our hospital, St. Joseph's Hospital Breese, Belleville Memorial and Scott Air Force Base, help keep patients healthy and close to home.

We know the importance of updating hospital facilities. Like St. Elizabeth's, our 60-year-old building wasn't able to accommodate the needs of providing 21st century health care. We opened our replacement hospital almost one year ago. Our patients love the updated design and continually high-quality care, and our physicians and staff appreciate the modern building that allows them to more efficiently provide care.

Our hospitals have both been serving the Metro East region for almost 140 years. We are both committed to our mission to reveal and embody Christ's healing love for all through our high-quality Franciscan health care ministry. I know from experience that your replacement hospital will help you continue that mission for generations to come. In fact, I believe your location will help you reach more people who are underserved in the Metro East region.

The St. Elizabeth's replacement hospital is crucial to improving access to high-quality care for Metro East residents. We support you in your quest for a Certificate of Need application.

Best wishes,

Peggy Sebastian

Peggy Sebastian
President and CEO

St. Joseph's Hospital Breese
AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

9515 Holy Cross Lane
PO Box 99
Breese, Illinois 62230
(618) 526-4511
www.stjoebreese.com

July 7, 2014

Sue Beeler
St. Elizabeth's Hospital
Project Manager
211 South Third Street
Belleville, Illinois 62220

Dear Ms. Beeler,

Thank you for your letter dated June 27, 2014, about St. Elizabeth's Hospital's plans to build a replacement hospital along Interstate 64 at Green Mount Road.

We look forward to seeing this project come to fruition. During a stroke, time means brain function, and during a heart attack, time means muscle. Our emergency services personnel could save about 15 minutes of travel time to transport patients to the more advanced stroke and cardiac care available at St. Elizabeth's. Those 15 minutes also are important to our patients' families, who could spend the extra moments with their hospitalized loved ones.

St. Elizabeth's role as the second largest hospital in the HSHS is an important one – collaborator. Your partnerships with several area colleges and universities help train the next generation of health care providers. And, the collaborations you have with other health care providers such as our hospital, St. Joseph's Hospital Highland, Belleville Memorial and Scott Air Force Base, help keep patients healthy and close to home.

Our hospitals have both been serving the Metro East region for more than a century. We are both committed to our mission to reveal and embody Christ's healing love for all through our high-quality Franciscan health care ministry.

The St. Elizabeth's replacement hospital is crucial to improving access to high-quality care for Metro East residents. We support you in your quest for a Certificate of Need application.

Best wishes,

Mark Klosterman, FACHE, CMPE
President & Chief Executive Officer

Paulette Evans, RN, BSN, CPPS
Chief Nursing Officer
Interim Pres. & CEO – Eff. 7/11/2014

Appendix C

Mapquest Information

mapquest

Notes

Trip to:

Gateway Regional Medical Center
2100 Madison Ave

Granite City, IL 62040
(618) 798-3000
22.30 miles / 28 minutes

St. Elizabeth's Hospital

Call Today
211 S 3rd Street, Belleville, IL 62220
(618) 207-3859

Download Free App

1. Start out going **west** on **W Lincoln St** toward **Centreville Ave**. Map	**0.08 Mi** *0.08 Mi Total*
2. Turn **slight left** onto **Centreville Ave**. Map	**0.6 Mi** *0.7 Mi Total*
3. Merge onto **IL-15 W** toward **E St Louis**. Map	**7.5 Mi** *8.2 Mi Total*
4. Merge onto **I-255 N / US-50 E** toward **Chicago**. Map	**3.1 Mi** *11.3 Mi Total*
5. Take the **I-64 / US-50** exit, **EXIT 20**, toward **Louisville / St Louis**. Map	**0.2 Mi** *11.5 Mi Total*
6. Keep **left** at the fork in the ramp. Map	**0.4 Mi** *11.9 Mi Total*
7. Merge onto **I-64 W** toward **St Louis**. Map	**4.5 Mi** *16.4 Mi Total*
8. Merge onto **I-55 N / US-40 E** via **EXIT 4** toward **I-70 E / Chivago / Indianapolis**. Map	**0.9 Mi** *17.3 Mi Total*
9. Merge onto **IL-203 N** via **EXIT 4** toward **Granite City**. Map	**4.2 Mi** *21.5 Mi Total*
10. Turn **left** onto **E 20th St**. Map	**0.7 Mi** *22.2 Mi Total*
11. Turn **right** onto **Madison Ave**. Map	**0.1 Mi** *22.3 Mi Total*
12. **2100 MADISON AVE** is on the **right**. Map	

Gateway Regional Medical Center
2100 Madison Ave, Granite City, IL 62040
(618) 798-3000

Total Travel Estimate: **22.30 miles - about 28 minutes**

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Notes

mapquest

Trip to:

Red Bud Regional Hospital
325 Spring St
Red Bud, IL 62278
(618) 282-5172
21.61 miles / 28 minutes

St. Elizabeth's Hospital
Call Today
211 S 3rd Street, Belleville, IL 62220
(618) 207-3859

Download Free App

1. Start out going **east** on **W Lincoln St** toward **S 3rd St**. Map	**0.3 Mi** *0.3 Mi Total*
2. Turn **right** onto **S Illinois St / IL-159**. Continue to follow **IL-159**. Map	**21.0 Mi** *21.3 Mi Total*
3. Turn **right** onto **W Market St / IL-3**. Map	**0.1 Mi** *21.5 Mi Total*
4. Take the 3rd **left** onto **Spring St**. Map	**0.1 Mi** *21.6 Mi Total*
5. **325 SPRING ST** is on the **left**. Map	

Red Bud Regional Hospital
325 Spring St, Red Bud, IL 62278
(618) 282-5172

Total Travel Estimate: **21.61 miles - about 28 minutes**

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Notes

mapquest

Trip to:
1 St Anthonys Way
Alton, IL 62002-4568
39.38 miles / 46 minutes

St. Elizabeth's Hospital
Call Today
211 S 3rd Street, Belleville, IL 62220
(618) 207-3859

Download Free App

1. Start out going **west** on **W Lincoln St** toward **Centreville Ave**. Map	**0.08 Mi**	*0.08 Mi Total*
2. Turn **slight left** onto **Centreville Ave**. Map	**0.6 Mi**	*0.7 Mi Total*
3. Merge onto **IL-15 W** toward **E St Louis**. Map	**7.5 Mi**	*8.2 Mi Total*
4. Merge onto **I-255 N** toward **Chicago**. Map	**13.7 Mi**	*22.0 Mi Total*
5. Take **IL-255 N** toward **Alton**. Map	**10.7 Mi**	*32.6 Mi Total*
6. Take the **IL-140** exit, **EXIT 10**, toward **IL-111 / Alton / Bethalto**. Map	**0.3 Mi**	*32.9 Mi Total*
7. Keep **left** at the fork in the ramp. Map	**0.03 Mi**	*32.9 Mi Total*
8. Turn **left** onto **E McArthur Dr / IL-111 / IL-140**. Continue to follow **IL-140**. Map	**4.7 Mi**	*37.6 Mi Total*
9. Stay **straight** to go onto **College Ave**. Pass through 1 roundabout. Map	**1.5 Mi**	*39.1 Mi Total*
10. Turn **right** onto **Saint Anthonys Way**. Map	**0.2 Mi**	*39.4 Mi Total*
11. **1 ST ANTHONYS WAY**. Map		

1 St Anthonys Way, Alton, IL 62002-4568

Total Travel Estimate: **39.38 miles - about 46 minutes**

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Notes

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Trip to:

St. Mary's Hospital
444 N Pleasant Ave
Centralia, IL 62801
(618) 436-5665
63.16 miles / 1 hour 10 minutes

St. Elizabeth's Hospital
Call Today
211 S 3rd Street, Belleville, IL 62220
(618) 207-3859

Download Free App

1. Start out going **east** on **W Lincoln St** toward **S 3rd St**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Turn **left** onto **S Illinois St / IL-159**. Map	**0.1 Mi**	*0.4 Mi Total*
3. Enter next roundabout and take the 2nd exit onto **N Illinois St / IL-159**. Map	**0.4 Mi**	*0.8 Mi Total*
4. Turn **slight right** onto **Lebanon Ave**. Map	**3.6 Mi**	*4.5 Mi Total*
5. Turn **left** onto **N Green Mount Rd / County Hwy-R18**. Map	**1.8 Mi**	*6.3 Mi Total*
6. Merge onto **I-64 E** toward **Mt Vernon**. Map	**44.8 Mi**	*51.1 Mi Total*
7. Take the **US-51** exit, **EXIT 61**, toward **Centralia / Ashley**. Map	**0.3 Mi**	*51.4 Mi Total*
8. Turn **left** onto **US-51 N**. Map	**10.5 Mi**	*61.9 Mi Total*
9. Turn **right** onto **E Noleman St / IL-161**. Map	**0.6 Mi**	*62.5 Mi Total*
10. Turn **slight right** onto **E Noleman St / IL-161**. Continue to follow **IL-161**. Map	**0.2 Mi**	*62.7 Mi Total*
11. Turn **left** onto **S Pleasant Ave**. Map	**0.4 Mi**	*63.2 Mi Total*
12. **444 N PLEASANT AVE** is on the **left**. Map		

St. Mary's Hospital
444 N Pleasant Ave, Centralia, IL 62801
(618) 436-5665

Total Travel Estimate: **63.16 miles - about 1 hour 10 minutes**

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Notes

Trip to:
1 Good Samaritan Way
Mt Vernon, IL 62864
66.86 miles / 1 hour 11 minutes

St. Elizabeth's Hospital
Call Today
211 S 3rd Street, Belleville, IL 62220
(618) 207-3859

Download Free App

1. Start out going **east** on **W Lincoln St** toward **S 3rd St**. Map	**0.3 Mi** *0.3 Mi Total*
2. Turn **left** onto **S Illinois St / IL-159**. Map	**0.1 Mi** *0.4 Mi Total*
3. Enter next roundabout and take the 2nd exit onto **N Illinois St / IL-159**. Map	**0.4 Mi** *0.8 Mi Total*
4. Turn **slight right** onto **Lebanon Ave**. Map	**3.6 Mi** *4.5 Mi Total*
5. Turn **left** onto **N Green Mount Rd / County Hwy-R18**. Map	**1.8 Mi** *6.3 Mi Total*
6. Merge onto **I-64 E** toward **Mt Vernon**. Map	**58.9 Mi** *65.2 Mi Total*
7. Take the **IL-15** exit, **EXIT 95**, toward **Mt Vernon / Ashley**. Map	**0.3 Mi** *65.5 Mi Total*
8. Keep **left** to take the ramp toward **Mt Vernon**. Map	**0.01 Mi** *65.5 Mi Total*
9. Turn **left** onto **IL-15 / Broadway St**. Map	**1.4 Mi** *66.9 Mi Total*
10. **1 GOOD SAMARITAN WAY**. Map	

1 Good Samaritan Way, Mt Vernon, IL 62864

Total Travel Estimate: **66.86 miles - about 1 hour 11 minutes**

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Notes

Belleville Memorial/Shiloh Location

Trip to:

Holiday Inn Express Hotel & Suites O'FALLON/SHILOH
3396 Green Mount Crossing Drive
Shiloh, IL 62269
(877) 410-6681
6.54 miles / 14 minutes

St. Elizabeth's Hospital
Call Today
211 S 3rd Street, Belleville, IL 62220
(618) 207-3859

Download Free App

1. Start out going **east** on **W Lincoln St** toward **S 3rd St**. Map	**0.3 Mi** *0.3 Mi Total*
2. Turn **left** onto **S Illinois St / IL-159**. Map	**0.1 Mi** *0.4 Mi Total*
3. Enter next roundabout and take the 2nd exit onto **N Illinois St / IL-159**. Map	**0.4 Mi** *0.8 Mi Total*
4. Turn **slight right** onto **Lebanon Ave**. Map	**3.6 Mi** *4.5 Mi Total*
5. Turn **left** onto **N Green Mount Rd / County Hwy-R18**. Map	**1.8 Mi** *6.2 Mi Total*
6. Turn **right** onto **Green Mount Crossing Dr**. Map	**0.06 Mi** *6.3 Mi Total*
7. Turn **left** to stay on **Green Mount Crossing Dr**. Map	**0.2 Mi** *6.5 Mi Total*
8. **3396 GREEN MOUNT CROSSING DRIVE**. Map	

Holiday Inn Express Hotel & Suites O'FALLON/SHILOH
3396 Green Mount Crossing Drive, Shiloh, IL 62269
(877) 410-6681

Total Travel Estimate: **6.54 miles - about 14 minutes**

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Notes

Trip to:
Memorial Hospital
4500 Memorial Dr
Belleville, IL 62226
(618) 233-7750
3.97 miles / 9 minutes

St. Elizabeth's Hospital
Call Today
211 S 3rd Street, Belleville, IL 62220
(618) 207-3859

Download Free App

1.	Start out going **west** on **W Lincoln St** toward **Centreville Ave**. Map	**0.1 Mi** *0.1 Mi Total*
2.	Turn **right** onto **S 6th St**. Map	**0.1 Mi** *0.2 Mi Total*
3.	Turn **left** onto **W Main St**. Map	**2.0 Mi** *2.3 Mi Total*
4.	Turn **right** onto **N 37th St**. Map	**0.6 Mi** *2.9 Mi Total*
5.	**N 37th St** becomes **Royal Heights Rd**. Map	**0.5 Mi** *3.4 Mi Total*
6.	Turn **left** onto **Memorial Dr**. Map	**0.5 Mi** *4.0 Mi Total*
7.	**4500 MEMORIAL DR** is on the **left**. Map	

Memorial Hospital
Hospice
4500 Memorial Dr, Belleville, IL 62226
(618) 233-7750

Total Travel Estimate: **3.97 miles - about 9 minutes**

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Notes

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Trip to:

Touchette Regional Hospital
5900 Bond Ave
East Saint Louis, IL 62207-2397
(866) 977-3849
9.24 miles / 12 minutes

St. Elizabeth's Hospital
Call Today
211 S 3rd Street, Belleville, IL 62220
(618) 207-3859

Download Free App

1. Start out going **west** on **W Lincoln St** toward **Centreville Ave**. Map	**0.08 Mi** *0.08 Mi Total*
2. Turn **slight left** onto **Centreville Ave**. Map	**0.6 Mi** *0.7 Mi Total*
3. Merge onto **W Illinois Highway 15 / IL-15 W** toward **E St Louis**. Map	**6.3 Mi** *7.0 Mi Total*
4. Take the **IL-157** ramp toward **Bluff Rd / Cahokia**. Map	**0.3 Mi** *7.3 Mi Total*
5. Turn **left** onto **IL-157 / S 88th St**. Map	**0.8 Mi** *8.1 Mi Total*
6. Enter next roundabout and take the 1st exit onto **IL-157 / Old Saint Louis Rd**. Map	**0.3 Mi** *8.4 Mi Total*
7. Turn **right** onto **Old Missouri Ave / IL-163**. Map	**0.4 Mi** *8.8 Mi Total*
8. Stay **straight** to go onto **Bond Ave**. Map	**0.4 Mi** *9.2 Mi Total*
9. **5900 BOND AVE** is on the **left**. Map	

Touchette Regional Hospital
5900 Bond Ave, East Saint Louis, IL 62207-2397
(866) 977-3849

Total Travel Estimate: **9.24 miles - about 12 minutes**

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Notes

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Trip to:

Washington County Hospital
705 S Grand St
Nashville, IL 62263
(618) 327-2317
39.99 miles / 48 minutes

St. Elizabeth's Hospital
Call Today
211 S 3rd Street, Belleville, IL 62220
(618) 207-3859

Download Free App

1. Start out going **west** on **W Lincoln St** toward **Centreville Ave**. Map	**0.08 Mi**	*0.08 Mi Total*
2. Turn **slight left** onto **Centreville Ave**. Map	**0.7 Mi**	*0.8 Mi Total*
3. Enter the IL-158 / Centreville Ave roundabout. Map	**0.04 Mi**	*0.8 Mi Total*
4. Merge onto **IL-15**. Map	**4.5 Mi**	*5.4 Mi Total*
5. Stay **straight** to go onto **IL-13 / IL-15 / E State Route 15**. Continue to follow **IL-13 / IL-15**. Map	**4.3 Mi**	*9.7 Mi Total*
6. Turn **left** onto **Urbanna Dr / IL-15**. Continue to follow **IL-15**. Map	**11.6 Mi**	*21.2 Mi Total*
7. Turn **left** onto **State Route 15 / IL-15**. Continue to follow **IL-15**. Map	**18.4 Mi**	*39.7 Mi Total*
8. Turn **right** onto **S Grand St**. Map	**0.3 Mi**	*40.0 Mi Total*
9. **705 S GRAND ST** is on the **right**. Map		

Washington County Hospital
Physical Therapy
705 S Grand St, Nashville, IL 62263
(618) 327-2317

Total Travel Estimate: **39.99 miles - about 48 minutes**

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Notes

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Trip to:

Saint Clare's Hospital
915 E 5th St
Alton, IL 62002
(618) 453-5150
37.15 miles / 43 minutes

St. Elizabeth's Hospital
Call Today
211 S 3rd Street, Belleville, IL 62220
(618) 207-3859

Download Free App

1. Start out going **west** on **W Lincoln St** toward **Centreville Ave**. Map	**0.08 Mi** *0.08 Mi Total*
2. Turn **slight left** onto **Centreville Ave**. Map	**0.6 Mi** *0.7 Mi Total*
3. Merge onto **IL-15 W** toward **E St Louis**. Map	**7.5 Mi** *8.2 Mi Total*
4. Merge onto **I-255 N** toward **Chicago**. Map	**13.7 Mi** *22.0 Mi Total*
5. Take **IL-255 N** toward **Alton**. Map	**6.9 Mi** *28.8 Mi Total*
6. Take the **IL-143** exit, **EXIT 6**, toward **Wood River / Edwardsville**. Map	**0.1 Mi** *29.0 Mi Total*
7. Keep **left** to take the ramp toward **Wood River**. Map	**0.03 Mi** *29.0 Mi Total*
8. Turn **left** onto **IL-143 / Edwardsville Rd**. Continue to follow **IL-143**. Map	**7.5 Mi** *36.5 Mi Total*
9. Turn **right** onto **IL-140 / Broadway Connector**. Map	**0.2 Mi** *36.7 Mi Total*
10. Turn **left** onto **E Broadway / IL-140**. Continue to follow E **Broadway**. Map	**0.2 Mi** *37.0 Mi Total*
11. Turn **right** onto **Central Ave**. Map	**0.1 Mi** *37.1 Mi Total*
12. Take the 3rd **left** onto **E 5th St**. Map	**0.04 Mi** *37.1 Mi Total*
13. **915 E 5TH ST** is on the **left**. Map	

Saint Clare's Hospital
915 E 5th St, Alton, IL 62002
(618) 453-5150

Total Travel Estimate: **37.15 miles - about 43 minutes**

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Notes

mapquest

Trip to:

Alton Memorial Hospital
1 Memorial Dr
Alton, IL 62002-6755
(618) 463-7311
38.53 miles / 44 minutes

St. Elizabeth's Hospital
Call Today
211 S 3rd Street, Belleville, IL 62220
(618) 207-3859

Download Free App

1. Start out going **west** on **W Lincoln St** toward **Centreville Ave**. Map	**0.08 Mi** *0.08 Mi Total*
2. Turn **slight left** onto **Centreville Ave**. Map	**0.6 Mi** *0.7 Mi Total*
3. Merge onto **IL-15 W** toward **E St Louis**. Map	**7.5 Mi** *8.2 Mi Total*
4. Merge onto **I-255 N** toward **Chicago**. Map	**13.7 Mi** *22.0 Mi Total*
5. Take **IL-255 N** toward **Alton**. Map	**10.7 Mi** *32.6 Mi Total*
6. Take the **IL-140** exit, **EXIT 10**, toward **IL-111 / Alton / Bethalto**. Map	**0.3 Mi** *32.9 Mi Total*
7. Keep **left** at the fork in the ramp. Map	**0.03 Mi** *32.9 Mi Total*
8. Turn **left** onto **E McArthur Dr / IL-111 / IL-140**. Continue to follow **IL-140**. Map	**4.7 Mi** *37.6 Mi Total*
9. Turn **left** onto **Washington Ave / IL-140**. Map	**0.2 Mi** *37.8 Mi Total*
10. Take the 2nd **right** onto **Brown St**. Map	**0.6 Mi** *38.4 Mi Total*
11. Turn **right** onto **Memorial Dr**. Map	**0.1 Mi** *38.5 Mi Total*
12. **1 MEMORIAL DR** is on the **right**. Map	

Alton Memorial Hospital
1 Memorial Dr, Alton, IL 62002-6755
(618) 463-7311

Total Travel Estimate: **38.53 miles - about 44 minutes**

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Notes

mapquest

Trip to:

St Joseph Hospital
1515 Main St
Highland, IL 62249
(618) 654-6443
37.78 miles / 43 minutes

St. Elizabeth's Hospital
Call Today
211 S 3rd Street, Belleville, IL 62220
(618) 207-3859

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1. Start out going **west** on **W Lincoln St** toward **Centreville Ave**. Map	**0.08 Mi** *0.08 Mi Total*
2. Turn **slight left** onto **Centreville Ave**. Map	**0.6 Mi** *0.7 Mi Total*
3. Merge onto **IL-15 W** toward **E St Louis**. Map	**7.5 Mi** *8.2 Mi Total*
4. Merge onto **I-255 N** toward **Chicago**. Map	**7.8 Mi** *16.1 Mi Total*
5. Merge onto **I-55 N / I-70 E / US-40 E** via **EXIT 25A** toward **Chicago / Indianapolis**. Map	**6.9 Mi** *23.0 Mi Total*
6. Merge onto **US-40 E** via **EXIT 17** toward **St Jacob / Highland**. Map	**14.1 Mi** *37.1 Mi Total*
7. Enter next roundabout and take the 1st exit onto **Poplar St**. Map	**0.7 Mi** *37.7 Mi Total*
8. Turn **right** onto **Main St**. Map	**0.05 Mi** *37.8 Mi Total*
9. **1515 MAIN ST** is on the **right**. Map	

St Joseph Hospital
1515 Main St, Highland, IL 62249
(618) 654-6443

Total Travel Estimate: **37.78 miles - about 43 minutes**

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Notes

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Trip to:

Anderson Hospital
6800 State Route 162
Maryville, IL 62062
(618) 288-5711
23.92 miles / 27 minutes

St. Elizabeth's Hospital
Call Today
211 S 3rd Street, Belleville, IL 62220
(618) 207-3859

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1. Start out going **west** on **W Lincoln St** toward **Centreville Ave**. Map	**0.08 Mi** *0.08 Mi Total*
2. Turn **slight left** onto **Centreville Ave**. Map	**0.6 Mi** *0.7 Mi Total*
3. Merge onto **IL-15 W** toward **E St Louis**. Map	**7.5 Mi** *8.2 Mi Total*
4. Merge onto **I-255 N** toward **Chicago**. Map	**7.8 Mi** *16.1 Mi Total*
5. Merge onto **I-55 N / I-70 E / US-40 E** via **EXIT 25A** toward **Chicago / Indianapolis**. Map	**5.0 Mi** *21.0 Mi Total*
6. Merge onto **IL-159 N** via **EXIT 15B** toward **Maryville**. Map	**2.3 Mi** *23.4 Mi Total*
7. Turn **right** onto **State Route 162 / IL-162**. Map	**0.5 Mi** *23.9 Mi Total*
8. **6800 STATE ROUTE 162** is on the **right**. Map	

Anderson Hospital
6800 State Route 162, Maryville, IL 62062
(618) 288-5711

Total Travel Estimate: **23.92 miles - about 27 minutes**

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Notes

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Trip to:

St Joseph's Hospital-Breese
9515 Holy Cross Ln

Breese, IL 62230
(618) 526-4511
30.87 miles / 41 minutes

St. Elizabeth's Hospital

Call Today
211 S 3rd Street, Belleville, IL 62220
(618) 207-3859

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1. Start out going **east** on **W Lincoln St** toward **S 3rd St**. Map	**0.3 Mi** *0.3 Mi Total*
2. Turn **left** onto **S Illinois St / IL-159**. Map	**0.1 Mi** *0.4 Mi Total*
3. Enter next roundabout and take the 1st exit onto **E Main St**. Map	**0.9 Mi** *1.4 Mi Total*
4. Turn **right** onto **Carlyle Ave**. Map	**4.6 Mi** *6.0 Mi Total*
5. Turn **left** onto **Air Mobility Dr / IL-158**. Continue to follow **Air Mobility Dr**. Map	**4.1 Mi** *10.1 Mi Total*
6. **Air Mobility Dr** becomes **US-50 E**. Map	**0.4 Mi** *10.4 Mi Total*
7. Turn **right** onto **US-50 E / US Highway 50**. Continue to follow **US-50 E**. Map	**3.7 Mi** *14.2 Mi Total*
8. Turn **left** onto **S Madison St / US-50 E / IL-4**. Map	**0.6 Mi** *14.8 Mi Total*
9. Turn **right** onto **E Saint Louis St / US-50 E**. Continue to follow **US-50 E**. Map	**15.2 Mi** *30.0 Mi Total*
10. Take the ramp toward **Breese**. Map	**0.3 Mi** *30.3 Mi Total*
11. Turn **left** onto **County Hwy-11 / N Walnut St**. Continue to follow **County Hwy-11**. Map	**0.3 Mi** *30.6 Mi Total*
12. Turn **right** onto **Holy Cross Ln**. Map	**0.3 Mi** *30.9 Mi Total*
13. **9515 HOLY CROSS LN**. Map	

St Joseph's Hospital-Breese
9515 Holy Cross Ln, Breese, IL 62230
(618) 526-4511

Total Travel Estimate: **30.87 miles - about 41 minutes**

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