

NEW YORK
LONDON
SINGAPORE
PHILADELPHIA
CHICAGO
WASHINGTON, DC
SAN FRANCISCO
SILICON VALLEY
SAN DIEGO
BOSTON
HOUSTON
LOS ANGELES
HANOI
HO CHI MINH CITY
ATLANTA

DuaneMorris®

FIRM and AFFILIATE OFFICES

www.duanemorris.com

RECEIVED

NOV 25 2014

HEALTH FACILITIES &
SERVICES REVIEW BOARD

BALTIMORE
WILMINGTON
MIAMI
BOCA RATON
PITTSBURGH
NEWARK
LAS VEGAS
CHERRY HILL
LAKE TAHOE
MYANMAR
OMAN
A GCC REPRESENTATIVE OFFICE
OF DUANE MORRIS
MEXICO CITY
ALLIANCE WITH
MIRANDA & ESTAVILLO

November 25, 2014

HAND DELIVERED

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

**Re: HFSRB Project No.14-043, St. Elizabeth's Hospital; Discontinuation
Belleville Hospital and Off-Site Establishment of O'Fallon Hospital**

Dear Ms. Avery:

We represent the City of Belleville, a community that will be significantly impacted by St. Elizabeth's hospital leaving the community and the people that have supported it for its entire history, over 140 years. The adverse impact upon the community has been detailed in an unprecedented manner through letters of opposition and media reports, reflecting the devastation that would be had if the Health Facilities and Services Review Board ("HFSRB") authorized St. Elizabeth's to abandon the downtown Belleville community. We hope the Board will rest assured that the entire Belleville community, through its leadership and civic organizations, would support a proposal to establish a new hospital in the downtown Belleville community. The community supports progress, just not the abandonment of the downtown area, the abandonment of the economically challenged members of the greater community, or the abandonment of the mission that this community has supported for well over 100 years.

This document, however, presents a thorough review of the application and representations set forth in this project. We perform an evaluation of the proposed project as

compared to the State's standards and find overwhelmingly that the criterion addressed and the overall goals of this Board are not being met, or even shown deference, by this project.

Below we outline the applicable required review criterion and our assessment of concerns related to the information, materials, or lack of information provided. One theme that will be notably repeated throughout our analysis is the fundamental lack of documentation that has been provided to support this application or to meaningfully address the review criteria. The State Board staff did an exceptional job identifying multiple key areas where the application was deficient, and accordingly requested additional information from the applicant. The pattern of non-information and certainly a lack of documentation to substantiate the claims continued throughout the supplemental information – we evaluate those responses (as they relate to review criterion) herein, as well.

1. Section 1110.230(c) Alternatives to the Proposed Project. This rule states: "*The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.*" Although the alternatives were discussed, no documentation was provided in support of what was being referenced. According to the Specific Instructions to the CON application form it is stated that: "*information to be considered by must be included with the applicable Section attachments. References to appended material not included within the appropriate Section will **NOT** be considered.*" Not only is this information referenced throughout the entire CON application, nowhere has it been documented.

Specifically, the first alternative considered by the applicant was to replace the hospital on the existing site. St. Elizabeth's stated that the "current site being inadequately sized" a site study was not provided. The first alternative also stated: "(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)." However, the City of Belleville has offered to St. Elizabeth's to close existing streets, to change one-way streets, to explore widening or repaving roads, and generally committed to working with St. Elizabeth's to alleviate any access issues. There is no acknowledgement of this. No site study was provided to document any issues with traffic, congestion, parking or ambulance service and accessibility. Merely the self-serving conclusion was presented. Finally, this first alternative claimed that: "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...The cost of this alternative was \$364.8

million.” Importantly, however, no architectural or engineering studies were provided documenting cost or physical and site deficiencies. It should be noted, and surprisingly (or embarrassingly) so, that St. Elizabeth’s sister facility, St. John’s Hospital (HFSRB Project # 10-019) was presented to and approved by the Board with one-way streets, inner-city/downtown location and HSHS determined modernization and expansion of its older facility to be the best alternative.

The second alternative, to modernize the current hospital building, states: “that this alternative was least favored, as the current building footprint within the core does not allow for a design that is consistent with modern delivery of healthcare.” Again, no architectural/engineering or site study was provided to document, as required, this design impediment, cost or need to phase the project.

The third alternative, to exit the market, was presented with a cost of \$193.6 million which is undocumented. Alternative 4 restated accessibility issues and cost for which no supporting or collaborating documentation was provided.

Notably, there are two alternatives that were never reflected in the application. One was to establish a brand new hospital adjacent to Southwestern Illinois College. This was a proposal designed by the City of Belleville when St. Elizabeth’s proved no longer willing to discuss the idea of a new and modern St. Elizabeth’s in downtown Belleville, in approximately 2009. Also never presented is, of course, the idea of establishing a brand new St. Elizabeth’s hospital in downtown Belleville. This would not be the challenge that Board members might expect because St. Elizabeth’s already owns almost a dozen city blocks *in addition to the site of its existing hospital*.

Attached hereto as Exhibit A is a map of downtown City of Belleville identifying all the property that St. Elizabeth’s owns. Apart of that same map is the land that the City of Belleville owns in the adjacent areas that it has been willing to committing to a new St. Elizabeth’s in downtown Belleville. There is also an illustration (Exhibit B) showing that simply by using the *existing downtown property* that St. Elizabeth’s hospital already owns, a replacement facility could be built in downtown Belleville with little to no phasing. Therefore, the most basic alternative of downtown replacement has not been honestly evaluated. St. Elizabeth’s should have to provide an explanation as to why they have elected to withhold this information from the Board or never meaningfully evaluated this option.

2. Section 1110.530(c)(3) Service Demand - Establishment of Bed Category of Service. This criteria requires: “ *The number of beds proposed to establish a new category of service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-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.*” As the facility is a replacement, both the historical demand and the projected referrals are required for this item to be addressed. The existing St. Elizabeth’s 2012 and 2013 utilization figures supports 85 medical/surgical beds and 88 medical/surgical beds, respectively. As the minimum bed capacity to establish a medical/surgical unit in an MSA is 100 beds, the applicant falls short on meeting the requirements of this criterion.

Moreover, according to the applicant’s response to the State’s request for additional information, the applicant stated (page 2, item 3): “The plan for the replacement hospital includes the allocation of four medical/surgical beds to be used as a step down unit, which will alleviate the need for a higher number of ICU beds.” In the Applicant’s own words, this perfectly illustrates the lack of demand for the proposed medical/surgical beds.

At the same time, the forecast utilization of the replacement facility is significantly suspect. With specific reference to page 115 of the application, Attachment 15 (Project Service Utilization), we note that medical/surgical days are forecast to increase by 10,630, an increase to the average daily census of 29 patients. Using the population data provided in support of this exhibit, we note that the pediatric population is rightly excluded. St E’s current utilization computes to 126.7 days per thousand population when all services are included. The forecast utilization is 155 days per thousand. The statistics show that while population is increasing on the order of 4 percent, their purported utilization will be increasing by 22 percent. Moreover, the forecast utilization represents a highly aggressive occupancy of 97 percent, a figure that St. Elizabeth’s has not maintained.

In general, acute care inpatient utilization trends are softening. There are theoretical explanations for such a huge jump in utilization, but none of those explanations (nor the documentation to support them) are provided. The Board is left to take the applicant’s word for it. Without the specifics to support its logic, St. Elizabeth’s is left in the position of simply having submitted an incredibly optimistic assumption to justify (or

rationalize) its decisions without any basis to believe that the result has any likelihood of being realized.

St E's Belleville

Historical and Projected Utilization

CON Application page 115,

Attachment 15

Source

	Historical Utilization		Projected		Chg	ADC	Pct Chg		
	2012	ADC	2013	ADC				2019	ADC
Med Surg	26247	71.9	27157	74.4	37787	103.5	10630	29.1	39%
OB	2920	8.0	2436	6.7	2822	7.7	386	1.1	16%
ICU	5014	13.7	5121	14.0	5121	14.0	0	0.0	0%
SubTotal	34181	93.6	34714	95.1	45730	125.3	11016	30.2	32%
Comp Rehab	5026	13.8	5416	14.8	5416	14.8	0	0.0	0%
Total	39207	107.4	40130	109.9	51146	140.1	11016	30.2	27%
Occupancy at 144 beds					97.3%				
Market Population			316774		330026		13252		4.2%
Peds Excluded									
Days/Thou			126.7		155.0		28.3		22%
Days/Thou w/o rehab			109.6		138.6		29.0		26%

- Section 1110.230(b) Safety Net Impact Statement. The St. Clair County health department raised several issues: Safety Net Impact Statement, Access to Care, and Clinical Emergency Service and Same Day Access. Ms. Susan Beeler responded to these issues in her letter to Courtney Avery, dated November 13, 2014.

Safety Net Impact Statement - The health department maintains that vulnerable poor will be further away from the hospital than they currently are. The health department requested a specific Health Impact Assessment because it felt that there were more details that St. Elizabeth's Hospital did not address.

Ms Beeler responded that most zip codes in the PSA/SSA are closer to the new site. She provided some math that adds no meaningful clarification and more importantly no relevance to the response. Even if we were to stipulate that many zip codes will be closer to the O'Fallon site, that detail does not address the core issue related to access to care.

At issue was the health department's request for a Health Impact Statement. St. Elizabeth's Hospital did *not* provide such a document and, it would appear, is hoping this will go unnoticed.

Access to Care - The health department remains concerned that transportation barriers continue to hinder access to care and that St. Elizabeth's Hospital has not adequately addressed transportation in the application.

Ms Beeler asserts that public transportation is not an issue and cites the work St. Elizabeth's Hospital has done to promote public transportation to the new location. She goes on to cite St. Elizabeth's Hospital work with first responders (EMS) and provides details of the public transportation routes to O'Fallon. Attached to this letter as Exhibit C is a copy of the Metrolink public transportation map. What it reveals is that the entirety of public transportation, upon which many indigent patients are reliant upon for access to healthcare, is designed to get individuals to Belleville. The only established public transportation to the proposed site is a single bus line that we understand, in whichever direction you take it, gives you the opportunity to stop by a mall before you can obtain access to necessary healthcare.

Clinical Emergency Services and Same Day Access - There is a disconnect on this issue. The health department correctly points out that many of the poor use the Emergency Department of the hospital as their primary physician. This is not a new finding.

However, the health department rightfully believes that the scope of services that St. Elizabeth's Hospital will leave behind in Belleville will not be comprehensive. Indeed, that appears to be the case as Ms Beeler states that Belleville will enjoy the same level of service that O'Fallon currently enjoys in its Urgent Care facility. In other words, Belleville gets what O'Fallon has now and O'Fallon gets the comprehensive services. Ms Beeler commits to urgent care services being available between 8 am and 9 pm, reflecting a fundamental misunderstanding of the concern that the health department had in mind.

The health department questions St. Elizabeth's Hospital data that 12.6 percent of Emergency Department patients will access the Urgent Care facility. The health department believes that a "high concentration" of the vulnerable population lives within

close proximity to the current Emergency Department. St. Elizabeth's Hospital counters with statistics about low acuity visits.

There is little question that St. Elizabeth's Hospital intends to concentrate its Emergency Department capability at its proposed new hospital. That has been clear from the outset and is one of the few descriptions of their project that has not been modified based upon the audience to whom St Elizabeth's executives were speaking. Ms Beeler introduces the notion that Memorial can serve as a back-up because it has excess capacity, but then appears to minimize the need for that by saying that most patients will not have access issues to the new facility. This might be true, so long as they are at all not dependent upon public transportation and are located adjacent to I-64. For everyone else, other than the affluent residents of O'Fallon/Shiloh, access will become a more notable challenge. This is, of course, what happens when you relocate a hospital away from the means of accessing healthcare the community has spent 140 years establishing, developing, and maintaining.

4. Flood Plain Requirements. This item, as found on page 61 of the above referenced CON application, is a requirement of Illinois Executive Order #2005-5. It is required that: "*as part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas.*" A map was never part of the documentation provided.
5. Criterion 1110.130 – Discontinuation. This item, 1110.130(a)(4) requires: "*the anticipated use of the physical plant and equipment after discontinuation occurs:*" The applicant's response is merely that it will "work with the City of Belleville and the community generally to determine an appropriate re-use." Therefore, based upon the information contained in their own application coupled with the complete absence of any documentation, it would appear that no planning has been undertaken except that the facility will be "vacated" (page 76). This lack of clarity is consistent with the public information being reported by several sources as coming from St. Elizabeth's. People have reported everything from purported offers to sell the existing hospital for \$1 to leveling the entire existing structure to keeping 'meaningful healthcare' in Belleville to threats to simply close the hospital if their plans are not approved. The one thing that is clear is that St. Elizabeth's is not proposing *anything in the form of healthcare* that requires oversight, regulation, or approval to shut down from the State of Illinois. We hope this is a detail of which the HFSRB members take notice.

This criterion also requires 1110.130(a)(6) “for applications involving discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by the HFSRB or the Illinois Department of Public Health (“IDPH”) (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.” The applicant states that this item is “not applicable”. Regardless of the facility being proposed for replacement, the new facility will have a new facility identification number and require its own survey; so in no way is the existing facility’s responsibility absolved by the replacement project. This is a criteria the applicant should have to address.

6. Project Costs and Sources of Funds. The applicant failed to include all required sources of funds in the “Project Costs and Sources of Funds” table provided in Section I of the application. Specifically, the applicant omitted all costs relating to mine mitigation design and mine mitigation, which are identified in Attachment 7 as totaling \$7,142,451. These costs are required to complete the project, regardless of funding. The appropriate funding source should have been identified as a “Use of Funds” in the “Project Costs and Sources of Funds” table. This is all the more relevant of a discussion point if the costs of these expenses are being passed on from the billion dollar not-for-profit company to be borne by the taxpayers of the proposed location. If it is an expense related to this project, albeit an unnecessary expense that could be entirely avoided if a modern St. Elizabeth’s were pursued in downtown Belleville on the land St. Elizabeth’s already owns, it should be explained as part of this application.

The applicant failed to itemize (as required via the “Note: itemization of each line item must be provided as ATTACHMENT-7” to the chart for Project Costs and Sources of Funds) \$6,880,987 of “Other Costs to be Capitalized-Belleville Health Center” and \$3,377,948 of “Other Costs to be Capitalized-O’Fallon Health Center” (each set forth in Attachment 7 on page 66 of the CON application). The rules require itemization of these amounts. As presented in the application, the applicant could easily reallocate these funds to the replacement O’Fallon Hospital, thus allowing for further frustration of the Board’s rules and regulations.

7. Section 1110.230(a) Purpose of the Project. On page 95 under item 3, Hospital Facility, the Applicant states that: “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.” However, nowhere is this documented. Continuing a now common theme, the claim is presented without any supporting documentation to reveal the veracity of the claim or to allow the Board to assess the relevance of the purported problem. According to the instructions accompanying the CON application form, it specifically states that: *“information to be considered by must be included with the applicable Section attachments. References to appended material not included within the appropriate Section will **NOT** be considered.”* Not only is this information referenced throughout the entire CON application, it has not been documented anywhere. The Board should demand this information be provided.

This is particularly true if the Board is to consider the fact that practically the entirety of support that the project has received relate to subjects like ability to support technology and the need for modernized healthcare, all of which could be achieved in a brand new hospital built in downtown Belleville. Even if the Board overlooked that this option would allow St. Elizabeth’s to have zero cost related to land acquisition, even if this Board is to ignore the fact that proposed **hospital and medical office buildings** could all be accomplished downtown, even if St. Elizabeth’s has never meaningfully assessed whether or not that option could be pursued at a lower expense than every other option they proposed to overlook (utilizing the traditional straw man argument technique) the Board should at least require the applicant to document their claims that the existing building is somehow incapable of providing modern healthcare. If the Board is convinced that the answer is yes, perhaps the Board might also inquire how it is that St. Elizabeth’s allowed such a circumstance to develop before offering them another new hospital?

8. Section 1110.530(d) Unnecessary Duplication / Maldistribution. This item states that: *“1) The applicant shall document that the project will not result in an unnecessary duplication; 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; and 3) the applicant shall document that, within 24 months after project completion, the proposed project will not lower the utilization of other area providers and will not lower, to a further extent, the utilization of other area hospitals...”* It should be known that another brand new

hospital, Project #11-017 Memorial Hospital-East was approved June 28, 2011 and is under construction in Shiloh, Illinois.

The applicant stated on page 124 that: "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." This completely disregards the HFSRB approval of Memorial Hospital-East which is currently under construction. Moreover, no documentation was provided as to the representations made that no facilities or their utilization would be effected. The applicant simply hopes the Board will not notice that the duplication they are claiming to remedy will be repeated (if not exacerbated) in the coincidentally more affluent community of O'Fallon/Shiloh.

It is also important to point out that by St. Elizabeth's Hospital leaving the more densely populated and less affluent area, Belleville, the exodus of this project will render the City's other hospital, Belleville Memorial the sole safety net provider. The potential imbalance they are creating could be devastating to the established mode of healthcare delivery in the community. This applicant should have to provide a meaningful analysis and explanation regarding this criterion. In requiring this, it will reveal that this applicant cannot positively address this criterion nor the overall goals set forth for this Board.

9. Section 1110.530(g)(2)(A) Performance Requirements - Bed Capacity Minimum. This criterion requires: "The Minimum unit size for a new obstetric unit within an MSA is 20 beds. As St. Elizabeth's is only proposing 12 OB beds, this item is out of compliance. Moreover, this is indicative of low area utilization that further illustrates that this project does not address the goals of this Board.

Below are additional comments related to the responses that were provided by the applicant as part of the November 11, 2014 additionally requested information. Our comments are as follows and are numbers listed relate to the number specified within the State's request and the Applicant's response:

Request for Additional Information Points

2. The pediatric beds at St. Elizabeth's was clearly discontinued without the benefit of a permit. The State's definition of discontinuation is:

"Discontinuation" means to cease operation of an entire health care facility or category of service on a voluntary or involuntary basis. A

permit is required prior to discontinuation. A facility or category of service that has ceased operation or has interrupted service on a temporary basis due to unanticipated or unforeseen circumstances (such as the lack of appropriate staff, or a natural or unnatural disaster) may be determined to not have discontinued, provided that the facility has exercised appropriate efforts to maintain operation and has provided documentation of the circumstances and anticipated date of restoration to HFSRB within 30 days after the temporary interruption of the service.

This was a discontinuation, plain and simple. And it was done without the approval of the Board. To claim that it was considered as part of the discontinuation of AMI services but then not pursued rings as disingenuous as when the CEO appeared before the HFSRB in September 2013 and denied that any decision had been made to discontinue the hospital in Belleville in favor of a new hospital in O'Fallon. Yet, here we are and they have discontinued their pediatric services and are seeking to enact their **long designed** plan to relocate their hospital to O'Fallon.

St. Elizabeth's purchased the proposed replacement site back in 2009 and proactively closed admissions to its pediatrics unit prior to 2012. Yet, this applicant tells this Board that it was considering modernization or on-site replacement (new construction). As all documentation points, the decision to discontinue was made long before 2012 and certainly prior to its discontinuation of its AMI service this year. The hospital's scoring sheet on its site analysis is dated January 10, 2011 after the applicant purchased its replacement property. This calls into question the sincerity and integrity of the analysis performed, or perhaps it is their business model to simply put the cart before the horse. In their own words, "realistically, St. Elizabeth's did not think it could compete, or that the service was necessary." Nevertheless, they expect the Board to not take notice of these repeated disregards for the HFSRB rules and regulations.

3. The applicant is proposing 16 ICU beds as part of their replacement hospital. St. Elizabeth's cannot have it both ways. St. Elizabeth's cannot be maintaining its commitment to its existing patients and state that who they serve will not change at all and, then, at the same time reduce bed capacity to a level lower than what historical utilization dictates. In effect, they are proposing abandoning that portion of patients who relied upon and utilized the existing St Elizabeth's in Belleville and cannot be accommodated by the proposed "new" St. Elizabeth's. What is also telling is that in their response to the State's inquiry, they responded that four of the medical / surgical beds will be used as a step down for the ICU and that should future needs show, they will redistribute bed allocation. As noted above, this calls into question the hospital's ability and intent to address the MSA minimum bed compilation for medical/ surgical beds,

specifically illustrating it is manipulating its answers to appear in compliance with the Board's rules. However, both current and prior history call into question whether St. Elizabeth's truly intends to adhere to or show meaningful respect them.

4. State staff are questioning the Applicant's projection as they provided on page 115 of the CON application that from 2013 to projected year 2019 the medical/ surgical patient days will go from 27,157 to 37,787, this is an increase in patient days of more than 10,000 days. Moreover, the applicant's own 5 year historical use rates have decrease each year by more than 5% according to the hospital's own IDPH profile data. This coupled with the above item in which ICU utilization is and appears will remain higher than the beds being proposed, there would appear to be limited credibility to the applicant's projections. Simply put the hospital on page 115 or its CON application is projecting a 39.1% increase in medical/ surgical utilization through 2019 when the population is only projected to increase by 4%. Should we use the applicant's own data, the drive age cohort for medical/ surgical referrals is that of those 65+, that rate is only increasing by 16% not the 40% needed to support these patient days.
5. There has to be some consistency in the responses St. Elizabeth's provides. One cannot claim no change in the proposed patient mix and then not follow suit with following all historical use rates, *i.e.*, as previously mentioned having a correlation between historical ICU utilization and proposed number of beds. In justifying the need for OB beds, the applicant referred to the CON application's listing of "bullet points" on page 152, however, that listing provides no supporting or documentation of the "points".
6. **Enclosed** for your convenience is a downtown City of Belleville map illustrating the location of *all* St. Elizabeth Hosptial/ HSHS property and structures are located and their approximate age. This issue also lends itself to the realization that a full analysis of the alternative of replacing all or part of the hospital downtown was not performed.
7. This item will be addressed under separate cover by the City of Belleville.
8. This item will be addressed under separate cover by the City of Belleville.
9. This item will be addressed under separate cover by the City of Belleville.
10. Although the admissions and charity care policies appear to remain constant, the applicant's response under item 12 states that: "In fact, the payer mix may be slightly more weighted to a higher percentage to Medicaid and uninsured." Although this comment does not take into account the fact that the most disenfranchised population do

not have the means of self transportation or a support system in-place to allow this population to transverse to the proposed location. Also, see comments to item 3 above. Also worth mentioning in the context of an evaluation of charity care is the fact that *St. Elizabeth's elected to pursue the option that it identified to be notably less consistent with its Franciscan mission.* At the same time, however, it also selected the option that provided them with a notably better payor mix. These are not our assessments, they are the assessments that St. Elizabeth's performed in summarily dismissing the potential of a hospital at Southwestern Illinois College and certainly by refusing to evaluate a new hospital in downtown Belleville. It is, again, somewhat disingenuous to claim their approach towards providing charity care is unchanged when their own assessment was that this location was less consistent with their Franciscan mission.

This was a part of the scoring tool that St. Elizabeth's utilized to evaluate between a possible hospital at Southwestern Illinois College and in O'Fallon (it should be noted that no such evaluation was presented regarding rebuilding anew in downtown Belleville on land already owned by St. Elizabeth's).

Site Analysis Evaluation Tool Points

Two sites were scored using a rating tool, presumably developed by a firm named Adams. The CON application contains no reference to Adams.

The tool utilizes five classifications:

Classification elements	O'Fallon/64	Carlyle Ave (SWIC)
Physical	47	54
Operational	104	56
Financial	52	40
Regulatory	16	23
Other	49	54
Total points	268	227

The O'Fallon location scored 41 more points than the Belleville site, a margin of 18 percent. The biggest difference was in Operational elements where O'Fallon out-scored Carlyle by 48 points.

The physical characteristics of the Carlyle Ave site outscored the proposed O'Fallon location by 15 percent. The clear implication is that the Carlyle site had sufficient land and superior civil engineering characteristics.

In operational characteristics, the tool moves away from engineering criteria and gets into value judgments about how a replacement facility would perform at either location. The tool reveals some troublesome contradictions:

- There are strong physical elements in favor of the Carlyle site; at the same time, some of the operational elements are biased markedly in favor of O'Fallon
- Support for the Franciscan Mission is stronger at the Belleville location, as is local political support; at the same time, payer mix considerations shift financial scoring towards O'Fallon.

In performing its analysis, we would hope the Board would take into consideration the following:

Item 2.1: Location O'Fallon = 20 Carlyle = 13

The criteria are "central to primary, secondary service areas, growth areas, consideration for trauma status).

Access to I-64 could be a legitimate consideration for trauma access, but only for those communities located along the I-64 corridor. Relocating the hospital to O'Fallon does not maintain St. Elizabeth's central location within the Primary Service Area ("PSA") or even within the Secondary Service Area ("SSA"). If anything, the hospital is more removed from central Belleville and all of the southern communities reliant upon access to care in Belleville. In its comments to Courtney Avery, St. Elizabeth's documents that most PSA communities will be closer to the O'Fallon site than to the current Belleville location. In most cases, however, these differences (expressed as drive time to St. Elizabeth's) in minutes, tend to be small. These minimal differences are inconsequential, especially when taking into consideration the concern that many of the indigent individuals are not accessing the hospital via "drive time" but, rather, through public transportation. If the drive time differences are inconsequential, the main reasons for the higher O'Fallon score can be seen as relating more to the growth of wealthier individual migrating to O'Fallon.

With respect to the PSA, further analysis is helpful. Generally, a hospital defines its PSA as the source of 70-75 percent of its admissions. A referral center may be able to make a case for a lower percentage. St. Elizabeth's has tried to suggest that it is a regional referral center because of its ownership of and affiliation with other facilities within the greater region. The design of their proposed hospital is inconsistent with acting as a regional medical center (consider the decreases in ICU, obstetrics, pediatrics, etc.). Moreover, it is worth noting that St. Elizabeth's

Ms. Courtney Avery, Administrator

November 25, 2014

Page 15

has adopted a strategy of physician recruitment to reverse outmigration to St Louis, something that usually is not required for regional referral centers.

St. Elizabeth's defines its PSA as 52 percent of its total admissions (see p 129 of the app). O'Fallon is in the PSA with 442 admits; the combined six zip codes representing East St. Louis are classified in the SSA despite combined admissions of 582 patients (an amount notably more than from O'Fallon). Below is a compilation of St. Elizabeth's own patient origin information contained within the CON application and the supplemental information.

Primary Service Area		Source p128 CON App				Total Cases		6065	O'Fallon	
Zip	Location	5099 Admits	PSA and SSA only Pct	Cumulative	Pct Cum	Total Cases Pct	Cumulative	O'Fallon closer?		
62220	Belleville	620	12.2%	620	12.2%	10.2%	10.2%	no	13 min	
62221	Belleville	570	11.2%	1190	23.3%	9.4%	19.6%	yes		
62226	Belleville	538	10.6%	1728	33.9%	8.9%	28.5%	no	7	
62269	O'Fallon	442	8.7%	2170	42.6%	7.3%	35.8%	yes		
62258	Mascoutah	301	5.9%	2471	48.5%	5.0%	40.7%	yes		
62223	Belleville	250	4.9%	2721	53.4%	4.1%	44.9%	no	8	
62208	Fairview Hts	239	4.7%	2960	58.1%	3.9%	48.8%	yes		
62206	ESL	192	3.8%	3152	61.8%	3.2%	52.0%	no	2	
62254	Lebanon	157	3.1%	3309	64.9%	2.6%	54.6%	yes		
62243	Freeburg	157	3.1%	3466	68.0%	2.6%	57.1%	no	6	
62249	Highland	134	2.6%	3600	70.6%	2.2%	59.4%	yes		
62298	Waterloo	109	2.1%	3709	72.7%	1.8%	61.2%	no	10	
62205	ESL	98	1.9%	3807	74.7%	1.6%	62.8%	yes		
62234	Collinsville	98	1.9%	3905	76.6%	1.6%	64.4%	yes		
62265	New Baden	96	1.9%	4001	78.5%	1.6%	66.0%	yes		
62207	ESL	92	1.8%	4093	80.3%	1.5%	67.5%	no	2	
62203	ESL	91	1.8%	4184	82.1%	1.5%	69.0%	yes		
62260	Millstadt	87	1.7%	4271	83.8%	1.4%	70.4%	no	15	
62232	Caseyville	82	1.6%	4353	85.4%	1.4%	71.8%	yes		
62278	Red Bud	82	1.6%	4435	87.0%	1.4%	73.1%	no	13	
62285	Smithton	79	1.5%	4514	88.5%	1.3%	74.4%	no	13	
62257	Marissa	78	1.5%	4592	90.1%	1.3%	75.7%	no	3	
62264	New Athens	72	1.4%	4664	91.5%	1.2%	76.9%	no	6	
62204	ESL	65	1.3%	4729	92.7%	1.1%	78.0%	yes		
62230	Breese	65	1.3%	4794	94.0%	1.1%	79.0%	yes		
62286	Sparta	65	1.3%	4859	95.3%	1.1%	80.1%	no	7	
62293	Trenton	59	1.2%	4918	96.5%	1.0%	81.1%	yes		
62201	ESL	44	0.9%	4962	97.3%	0.7%	81.8%	yes		
62225	Scott AFB	39	0.8%	5001	98.1%	0.6%	82.5%	yes		
62255	Lexburg	32	0.6%	5033	98.7%	0.5%	83.0%	no	7	
62294	Troy	26	0.5%	5059	99.2%	0.4%	83.4%	yes		
62062	Maryville	13	0.3%	5072	99.5%	0.2%	83.6%	yes		
62034	Glen Carbon	11	0.2%	5083	99.7%	0.2%	83.8%	yes		
62060	Madison	9	0.2%	5092	99.9%	0.1%	84.0%	yes		
62281	Saint Jacob	4	0.1%	5096	99.9%	0.1%	84.0%	yes		

The problem with the ranking tool that was utilized is that the ranking tool introduces value judgments to replace meaningful and thorough analysis of the issue. St. Elizabeth's claims that trauma access is somehow challenged by the existing St. Elizabeth's in Belleville, but does not provide any support or any documentation to support this conclusion. St. Elizabeth's designates East St. Louis as part of its SSA and O'Fallon as part of its PSA despite the fact that more admissions originate from East St. Louis than does from O'Fallon. The numbers, along with the analysis accompanying them, appears skewed to achieve a predetermined and preferred result – to pursue a brand new hospital in O'Fallon.

Item 2.2: Accessibility for Patients, Visitors, Staff, Suppliers
O'Fallon =20 Carlyle = 13

The criteria listed are “Direct and Efficient Ingress and Egress, Mass Transportation Access”. What is revealed in this analysis (and communicated throughout the CON) is St. Elizabeth's conclusion that access to the current Belleville site is poor. This statement is made repeatedly *with no supporting evidence*. There is nothing to indicate that access alternatives were considered and priced. If you consider Exhibit C, above, that outlines the existing mass transit available to the area, mass transit access to the Belleville location is already assured. There is only a single bus line that travels anywhere near the proposed location of the hospital in O'Fallon. Nevertheless, and without any explanation, St. Elizabeth's in responding to the Board's concerns, implies that there are access problems with the current location and never addresses how access via mass transportation would be improved by relocation to O'Fallon. Yet again, there are no specifics offered or documentation to support these claims that run contrary to existing facts and common sense.

Item 2.3: Identity/Visibility O'Fallon = 10 Carlyle = 3

This scoring is mysterious as there are no criteria associated with this line item. A new facility on an Interstate is highly visible; so is a multi-story, multi-lot development in downtown Belleville. A modern medical center, located in downtown Belleville, could be a major attraction for the city and spearhead economic development. The disparity in this scoring is curious and, more importantly, is offered without any explanation to explain it. The City's development proposal describes the proposed setting as vibrant, yet it only gets a 3. Unless St. Elizabeth's is envisioning substantial “walk-in” business via the interstate, this criteria appears to be manufactured to skew the analysis to the O'Fallon project.

Item 2.4: Demographics and Traffic Count O'Fallon = 10 Carlyle = 4

The criterion listing includes the priority of “validate is consistent with strategic and business plan”.

Nothing could better illustrate that St. Elizabeth’s is placing its own business interests ahead of its own charitable doctrines, not to mention the principles founding the CON process: access to care for indigent and underserved populations.

Utilizing St. Elizabeth’s own figures from p 128 of the app, the PSA represents 3,156 admits or 52 percent of total admits. Of those 3,156 admissions, 70 percent (2,216) are from the close-in zip codes representing Belleville and Fairview Heights. O’Fallon places 442 patients and Scott AFB is a distant 39. Despite the claimed shift of population growth to the east, the primary volume generators for patients remain Belleville and Fairview Heights.

This criterion is, in its essence, a repetition of 2.2, above, related to accessibility. The repetition further skews the scoring towards O’Fallon. Demographics are important in selecting a site. In the case of St. Elizabeth’s, it seems evident that the hospital wants to move away from – or adjust – its PSA. Also, while traffic counts might help evaluate options for a Carlyle location, we have no way of knowing whether or not traffic counts were ever performed because, once again, no documentation is provided.

Item 2.5: Current/Anticipated Competitors Nearby
O’Fallon = 10 Carlyle = 2

The criterion states “Is location a strength or weakness in competitive environment?”

The logic for including this criterion is inherently confusing and – certainly – based upon the knowledge we now have (an approved Memorial Hospital in Shiloh) it is particularly suspect. Nobody would acquire a site without the express purpose of gaining a competitive advantage. What advantage does St. Elizabeth’s have in O’Fallon that it would not have in Belleville? By St. Elizabeth’s own admission, it is relying on a strategy of physician recruitment to reverse outmigration of healthcare to St Louis. Recommitting to the infrastructure and quality of care at a new hospital in Belleville is as meaningful a means to combat this outmigration – and represents an option that St. Elizabeth’s has simply refused to discuss for over five years. St. Elizabeth’s has a deserved reputation in cardiac care (a recently created center it proposes to close). Providing better care in more service lines could easily reverse the outmigration trend and its efforts would be consistent (and supported) for factoring in the greater good of the community. These efforts have nothing to do with a Site Scoring Tool. St. Elizabeth’s can assemble a great recruiting option downtown just as easily as it can on the Interstate.

Item 2.6: Availability of Site O’Fallon = 10 Carlyle = 3

There were no descriptive criteria for this line item. The best we can evaluate is that the “availability” scoring relates to the fact that St. Elizabeth’s already owned the land in O’Fallon and did not want to wait for the City to assemble a land package on Carlyle Avenue (needless to say, if buying the land in O’Fallon constituted a 10, one can only imagine what utilizing the land they already owned in downtown Belleville (see Exhibit A) would have scored). With the O’Fallon site already secured and acquired when combined with the clear preferences St. Elizabeth’s had presented to a future site in O’Fallon, it made little sense to consider a different location. Perhaps this is what inspired the skewing of the scoring tool.

Item 2.9: Relocation of Physicians at Existing SEB Campus to New Campus
O’Fallon = 10 Carlyle = 2

This has nothing to do with site analysis. Physicians are attracted by better professional and income options. The downward trends St. Elizabeth’s complains of regarding physician recruitment are notably consistent with the downward trend of commitment to the upkeep and modernization of the Belleville facility. The changes necessary (technology, modernized facilities, etc.) can be achieved downtown just as easily as they can be created along an Interstate.

Item 3.1: Site Location Impact on Business Plan O’Fallon = 30 Carlyle = 17

The criterion states “demographics, usage, payer mix, physician use”.

There are the only two items in the tool that have 30 points: 3.1 (site location) and 5.1 (supports Franciscan mission – addressed below). According to the St. Elizabeth’s scoring tools, mission and business plan are equally important. In fact, the scoring tool tells us that these two items are the most important factors.

Of the four elements in the criterion, demographics, usage, and physician use are all dependent upon payer mix. A poor payer mix is a challenge to any healthcare provider – and concessions are made to not-for-profit healthcare providers to enable them to withstand the necessary commitment to indigent and underserved patients. However, for St. Elizabeth’s, that appears to be insufficient. In responding to the Board’s request for more information (item 12), St. Elizabeth anticipates that the payer mix would be largely the same with, perhaps, a slight increase in Medicaid and the uninsured. If this is true, a slight increase in Medicaid and uninsured patients does not create a better situation with regards to their purported payer mix. Why move at all? If the payer mix is not going to change, why not stay put and pursue a project that involves *no land acquisition costs, and maintains the existing healthcare delivery system, and is supported by the established public transit system, has the support of the entire community, and is more consistent with your Franciscan mission?*

Ms. Courtney Avery, Administrator
November 25, 2014
Page 19

Duane Morris

Item 5.3: Physician Integration Strategy O'Fallon = 10 Carlyle = 2

The analysis here is the same as for Item 2.9. It appears to be a manufactured item to skew the analysis towards O'Fallon and does not appear to be rooted in reality. If there is a good reason for this factor, or for this disparity, it doesn't appear in the application or in any other supporting documentation. Physician Integration has everything to do with how the hospital interacts with physicians to align incentives. Such a function is not site sensitive and the suggestion that it undermines whatever limited credibility St. Elizabeth's maintains.

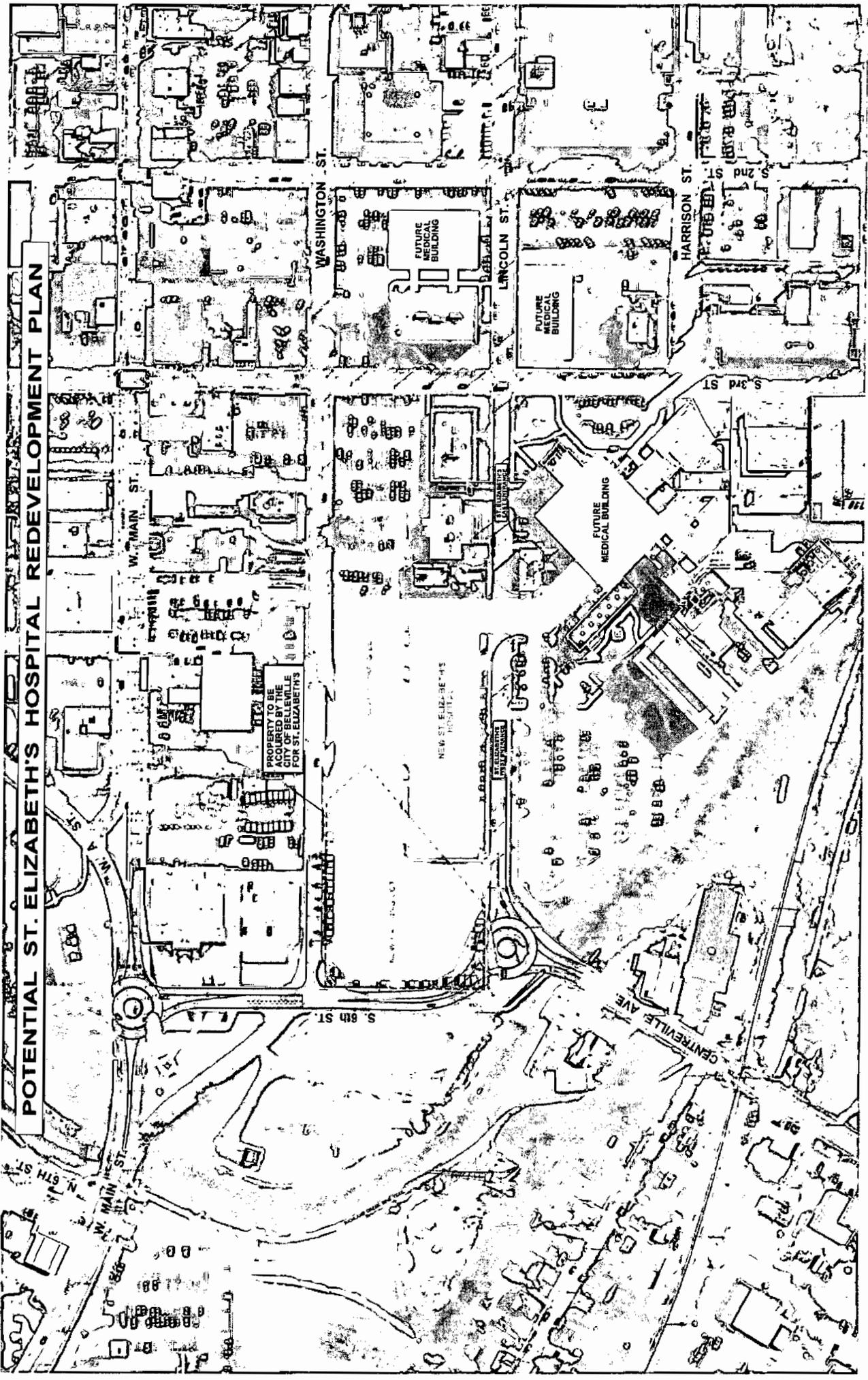
11. See item 4 above. Specifically, a site plan should be provided as to ascertain that all 140 acres are usable.

From both sets of information put forth by St. Elizabeth Hospital, there would appear to be too many questions and not enough candor for the approval of this project. As such, and for the greater good of the community at-large, we respectfully request the denial of this Certificate of Need application. Moreover, we would invite the Board to encourage St. Elizabeth's to engage in meaningful discussions with the City of Belleville about how to pursue a new hospital in downtown Belleville. Despite all of the opposition that has been presented to a project, the City would love to see a new St. Elizabeth's in downtown Belleville and remains committed to facilitating such an endeavor.

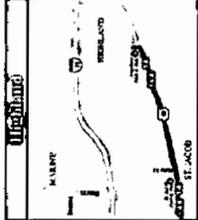
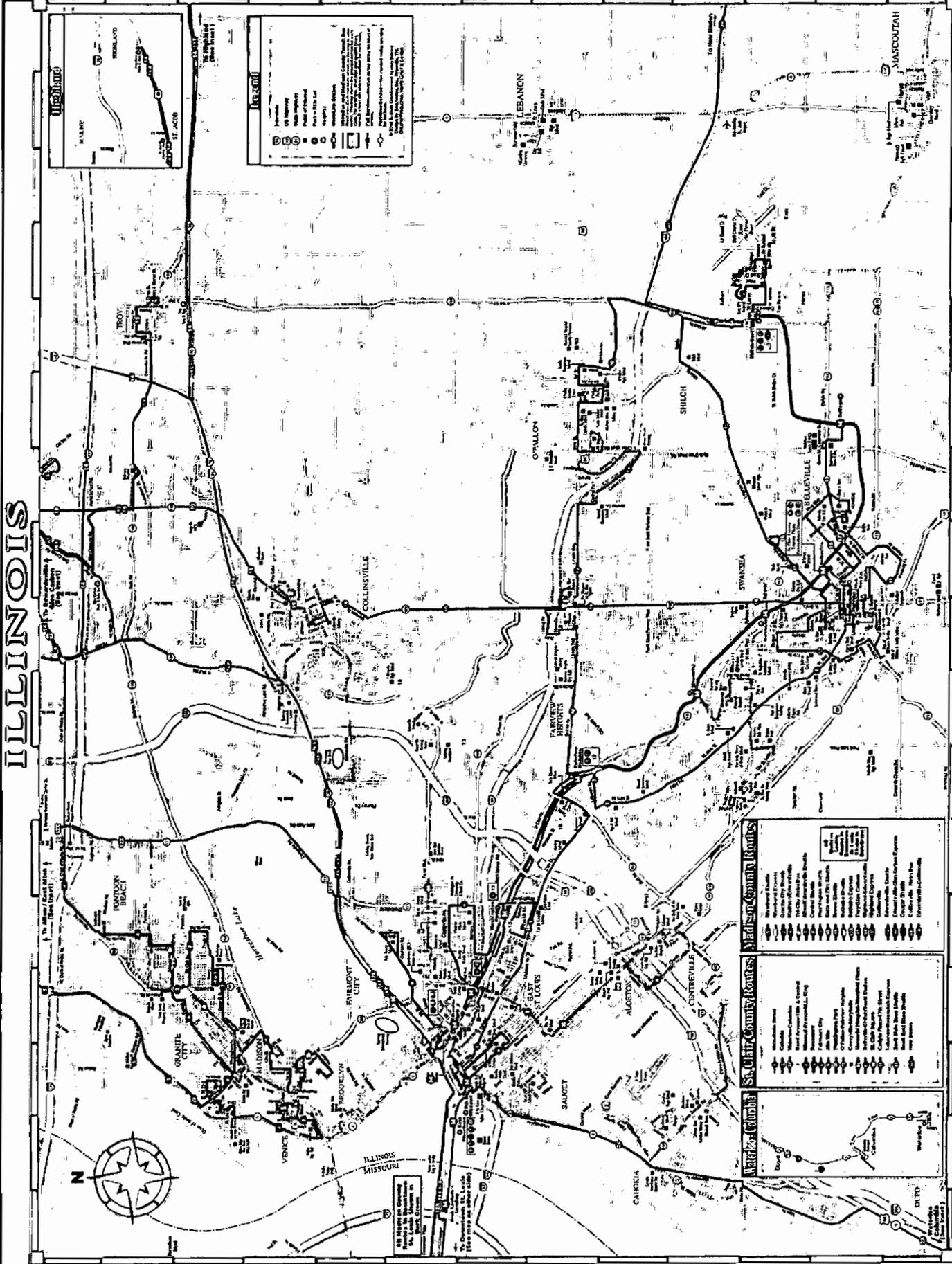
Should there be any questions or concerns, please do not hesitate to let us know. We sincerely appreciate your, the staff, and the Board attention to this matter.

DUANE MORRIS, LLP
on behalf of the City of Belleville

POTENTIAL ST. ELIZABETH'S HOSPITAL REDEVELOPMENT PLAN



ILLINOIS



LEGEND

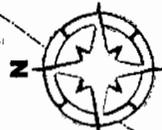
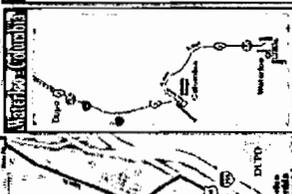
- State Highways
- U.S. Highways
- County Highways
- State Routes
- U.S. Routes
- County Routes
- State Routes
- U.S. Routes
- County Routes
- State Routes
- U.S. Routes
- County Routes

Madison County Routes

- State Highways
- U.S. Highways
- County Highways
- State Routes
- U.S. Routes
- County Routes
- State Routes
- U.S. Routes
- County Routes
- State Routes
- U.S. Routes
- County Routes

Madison County Routes

- State Highways
- U.S. Highways
- County Highways
- State Routes
- U.S. Routes
- County Routes
- State Routes
- U.S. Routes
- County Routes
- State Routes
- U.S. Routes
- County Routes



ALL DISTANCES ARE APPROXIMATE AND SHOULD BE USED AS A GUIDE ONLY. FOR MORE INFORMATION, CONTACT THE MADISON COUNTY TOURISM BUREAU.

Copyright © 1985 by Madison County, Illinois. All rights reserved.

RECEIVED

NOV 25 2014

RESOLUTION NO. 14-1110
SERVICES REVIEW BOARD

**RESOLUTION IN OPPOSITION TO CERTIFICATE OF NEED
APPLICATION SUBMITTED TO THE ILLINOIS HEALTH FACILITIES
AND SERVICES REVIEW BOARD BY ST. ELIZABETH'S HOSPITAL OF
THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS
FOR PROPOSED HOSPITAL REPLACEMENT PROJECT**

WHEREAS, it is the obligation of the Village of Millstadt Board of Trustees to act in the best interests of its citizens;

WHEREAS, access to care is a fundamentally important issue for the citizens of Millstadt;

WHEREAS, St. Elizabeth's Hospital has been a fixture of the central and southern St. Clair County community for the last 140 years, with both the citizens of Millstadt benefitting from this relationship, but also St. Elizabeth's Hospital benefitting from the committed dedication to the region;

WHEREAS, the Village of Millstadt Board of Trustees believes that St. Elizabeth's Hospital and HSHS have set out to advance the interests of their business and entirely disregarded the destructive impact it will have on the central and southern St. Clair County region;

WHEREAS, the Village of Millstadt Board of Trustees considers it disingenuous for a not-for-profit charitable organization to benefit from 140 years of tax exemptions and then complain that recommitting to that same community that has housed it would be "too costly" to pursue;

WHEREAS, all of the benefits that will be bestowed upon O'Fallon/Shiloh will befall the central and southern St. Clair County region;

WHEREAS, all of the benefits that St. Elizabeth's Hospital is seeking could be achieved closer to its current location, perhaps only with the exception of a more affluent community and better payor mix;

WHEREAS, St. Elizabeth's Hospital leaving the central and southern St. Clair County region would undermine the economic viability of the community;

WHEREAS, the central and southern St. Clair County region can ill afford to lose the thousands of jobs and the millions of dollars in economic benefit that would result from the abandonment of the region by relocating St. Elizabeth's Hospital;

WHEREAS, indigent communities would have a notably harder time accessing healthcare in O'Fallon, far more so than they have for over 140 years in Belleville;

WHEREAS, the Village of Millstadt Board of Trustees believes that two new hospitals within a mile of Exit 16 in O'Fallon/Shiloh would be an unnecessary duplication of services and adversely impact access to healthcare;

WHEREAS, the Village of Millstadt Board of Trustees wants its citizens to know this is not a done deal and that it is important to let their voices be heard;

Now, therefore, be it resolved by the Village of Millstadt Board of Trustees, as follows:

RESOLVED, that the Village of Millstadt does not oppose progress, so long as progress does not come at the expense of the central and southern St. Clair County region, and the Village of Millstadt would invite a modern St. Elizabeth's Hospital pursued in the community that has supported it for the last 140 years and grown to depend on St. Elizabeth's Hospital for its healthcare and for the economic viability of the community; and

RESOLVED, that if HSHS and St. Elizabeth's claim that the only options are O'Fallon/Shiloh or closing, that reflects an ultimatum of their own creation because the Village of Millstadt remains committed to a brand new or modernized St. Elizabeth's Hospital in central/southern St. Clair County.

RESOLVED, that the Village of Millstadt Board of Trustees opposes Projects 14-043 and 14-044 to establish a new St. Elizabeth's Hospital in O'Fallon;

RESOLVED, that the Village of Millstadt calls upon its citizens and the citizens of the surrounding communities to let their voices be heard – and either attend the public hearing or submit comments to the Health Facilities and Services Review Board; and

RESOLVED, that Millstadt does not oppose progress, but it does oppose abandonment!

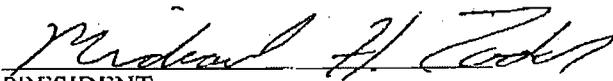
PASSED BY THE BOARD OF THE VILLAGE OF MILLSTADT, ILLINOIS, this 10 day of October, 2014.

AYES: 5

NAYS: 0

ABSENT: 1

APPROVED BY THE PRESIDENT OF THE BOARD OF TRUSTEES OF THE VILLAGE OF MILLSTADT, ILLINOIS, this 6 day of October, 2014.


PRESIDENT

ATTEST:

VILLAGE CLERK

RECEIVED

2014-08

NOV 25 2014

**A RESOLUTION OPPOSING THE CLOSURE OF FACILITIES &
ST. ELIZABETH'S HOSPITAL IN BELLEVILLE, ILLINOIS REVIEW BOARD**

WHEREAS, the Village of New Athens is located in St. Clair County
Approximately 17.5 miles from downtown Belleville; and

WHEREAS, it is the duty and obligation of the New Athens Village board to act in the
best interest of the village and its citizens; and

WHEREAS, Village Trustees believe that maintaining access to quality and affordable
health care is vital for the Village residents; and

WHEREAS, many residents in New Athens receive medical care at St. Elizabeth's
Hospital in Belleville; and

WHEREAS, the New Athens EMS transported residents from New Athens and
surrounding area 106 times to St. Elizabeth's Hospital from January thru September 2014; and

WHEREAS, despite the need for those services, St. Elizabeth's has chosen to close its
Belleville Hospital; and

WHEREAS, the closure of St. Elizabeth's will cause residents to seek health care
elsewhere; and

WHEREAS, the closure of St. Elizabeth's will most negatively impact those resident
with limited resources and the medically underserved; and

WHEREAS, overall access to care for residents of New Athens will be negatively
impacted by the closure of St. Elizabeth's Hospital; and

WHEREAS, St. Elizabeth's Hospital is seeking to build a new hospital in
O'Fallon, IL; and

WHEREAS, O'Fallon is located further from New Athens, adding significant
transportation challenges and travel times for patients to approximately 22.6 miles without
significant traffic; and

WHEREAS, the congested travel to the proposed facility in O'Fallon will significantly
impact availability of care to the citizens of New Athens.

NOW, THEREFORE, be it resolved as follows:

SECTION 1: That the Village of New Athens does hereby oppose the closure of St. Elizabeth's Hospital in Belleville, IL

SECTION 2: That the Village of New Athens encourages the Illinois Health Facilities and Services Review Board to recognize the negative impact the closure and establishment of a new hospital will have on area patients and deny the application.

PASSED by the following vote of, The Village Board of New Athens, New Athens, IL on this day 20th, of October, 2014

	<u>AYE</u>	<u>NAY</u>
David Kreher	<u>X</u>	___
Larry Weber	<u>X</u>	___
Arlene Geppert	<u>X</u>	___
Terry Politsch	<u>ABSTAIN</u>	___
Ron Hampton	<u>X</u>	___
Don Hall	<u>X</u>	___

APPROVED this 20th day of October, 2014

Richard P. Clear
MAYOR

ATTEST:

Michelle Neff
VILLAGE CLERK



CITY OF BELLEVILLE, ILLINOIS



CITY FLAG
DESIGNED BY
FREDRICK L. LANGE
JULY 6th 1964



Economic Development & Planning

101 South Illinois Street
Belleville, IL 62220-2105
Office: (618) 233-6810 x250
Fax: (618) 355-4209

November 25, 2014

Mr. Mike Constantino
Supervisor, Project Review Section
Illinois Health Facilities and Services Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Mr. Constantino:

The City of Belleville considered commissioning a study to assess the financial impact that would be had upon the community if St. Elizabeth's were allowed to leave the Belleville community. Fortunately, Belleville did not have to incur that cost because through our use of the Freedom of Information Act, we were able to obtain the documentation that St. Elizabeth's provided to O'Fallon to interest them in being the site for their new hospital.

St. Elizabeth's provided an economic impact study they prepared with the assistance of the Illinois Hospital Association. Their report details creating 2,000 jobs and an annual economic impact of \$313 million for the community. Belleville has worked incredibly hard to rebuild over the last decade. Belleville can ill afford to lose the "1,300 healthcare employees," or the "additional 700 jobs" created for the local economy by the spending of St. Elizabeth's Hospital employees, or the additional \$16,516,000 that is generated for the local economy each year based upon St. Elizabeth's capital spending.

Presumably, it was this same financial information that was the motivation for O'Fallon agreeing to create a Tax Increment Finance (TIF) district, to annex unincorporated land into O'Fallon to house the proposed new hospital, and to commit to spending millions of dollars of taxpayer money to pay for the mine remediation that St. Elizabeth's considered necessary for it to build in O'Fallon.

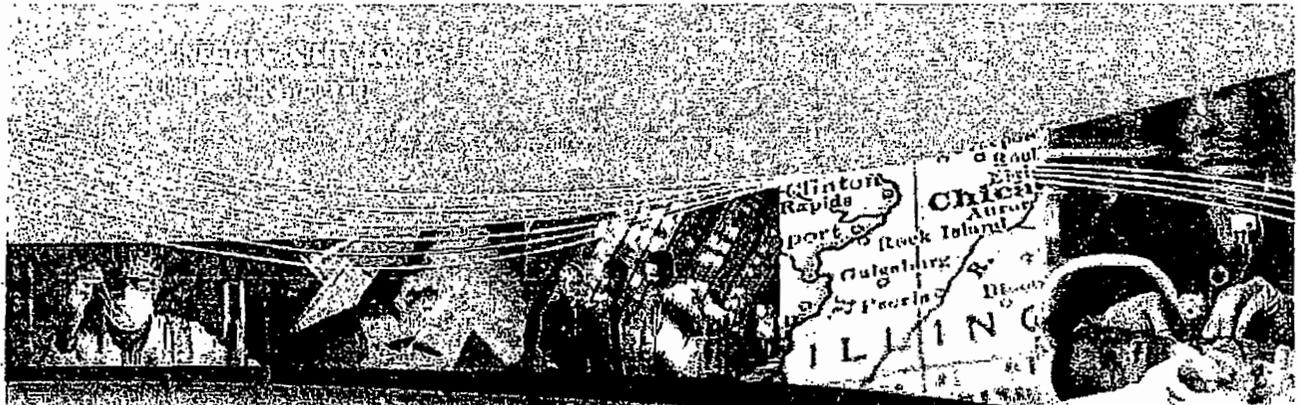
However, St. Elizabeth's is acting as if this financial boon it has utilized to entice O'Fallon will not equate to a financial harm to befall Belleville. The stark reality is that it does and it will. The efforts of Belleville to weather the economic storm and to revitalize its downtown community could all be undermined (no pun intended) if St. Elizabeth's is allowed to abandon its downtown hospital in favor of a new hospital in the more affluent O'Fallon/Shiloh community.

Fortunately, the Health Facilities and Services Review Board does not have to take our word for it. They can rely on St. Elizabeth's own evaluation in the attached report.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Schauster".

Eric Schauster
Economic Development Specialist/Grants Coordinator

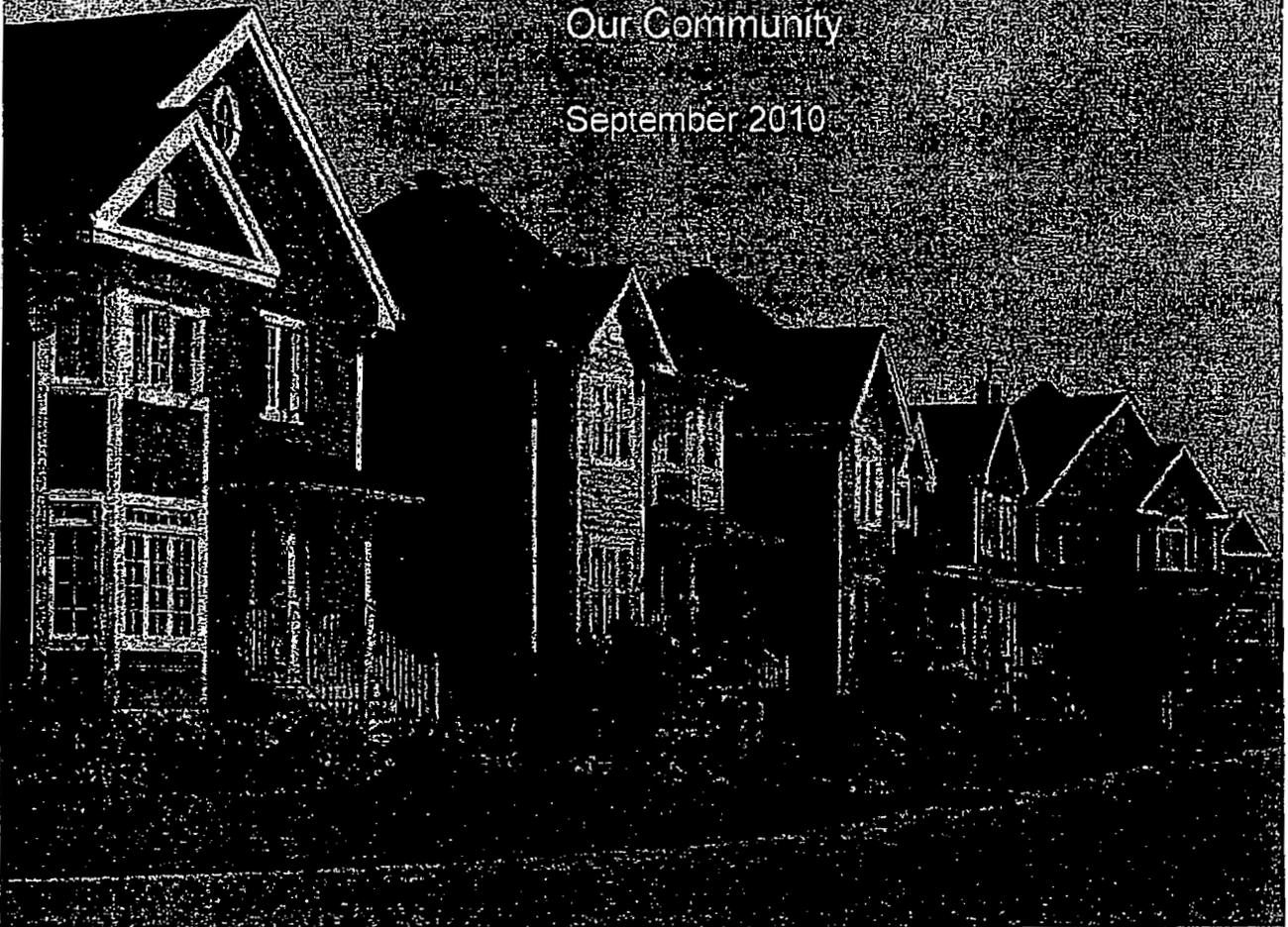


What's at Stake

St. Elizabeth's Hospital

Our Impact on the Economy and
Our Community

September 2010



How St. Elizabeth's Hospital Contributes to Our Economy and Community



St. Elizabeth's Hospital invests in the health of our community in many ways. We provide essential medical services 24 hours a day, 365 days a year. We provide a variety of innovative preventive and community services that improve the health of citizens.

An increasingly important way St. Elizabeth's Hospital keeps our community healthy is by supporting the local and state economies. We are a vigorous economic engine for our community and for Illinois.

This report, prepared with assistance of the Illinois Hospital Association, highlights the significant role St. Elizabeth's Hospital plays in our community. It identifies and measures the direct involvement of our hospital on the local economy and demonstrates the "ripple" effect of the dollars the health care sector brings into the community and the jobs it helps create. In addition, it illustrates the ways we provide for a safe, stable, and healthy community.

ST. ELIZABETH'S HOSPITAL: AN ECONOMIC ANCHOR FOR OUR COMMUNITY

Every year St. Elizabeth's Hospital serves thousands of community residents and helps keep our community strong by providing health care that helps people to be productive citizens. St. Elizabeth's Hospital is also critical to the economic viability of our community as a major source of employment and purchaser of goods and services.

For each hospital
job, an additional
1.1 Illinois jobs
are created
statewide.

St. Elizabeth's Hospital Direct and Indirect Impact on Our Community

JOBS	2,000
ECONOMIC IMPACT	
Payroll	\$140,211,000
Supply Purchases	\$156,304,000
Capital Spending	\$16,516,000
TOTAL IMPACT	\$313,032,000

St. Elizabeth's Hospital contributes significantly to the area's economic health. In 2009, the estimated total annual economic impact was \$313,032,000.

Providing Well-Paying, Stable Employment

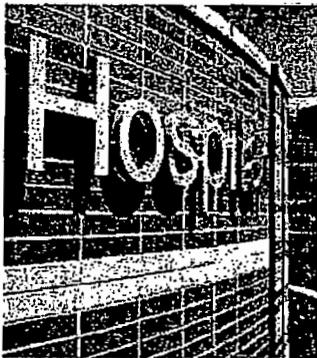
- St. Elizabeth's Hospital has 1,300 health care employees with a total payroll of \$79,019,000. Hospital payroll expenditures serve as an important economic stimulus, creating and supporting jobs throughout the local and state economies.
- Dollars earned by St. Elizabeth's Hospital employees and spent on groceries, clothing, mortgage payments, rent, etc., generate approximately \$140,211,000 in economic activity and create an additional 700 jobs for the local economy.

Stimulating the Local Economy with Purchases of Goods and Services

- St. Elizabeth's Hospital spends about \$88,089,000 per year on the goods and services it needs to provide health care – for example, medical supplies, electricity for its buildings, and food for patients. Funds spent to buy goods and services flow from the hospital to vendors and businesses and then ripple throughout the economy.
- Dollars spent by St. Elizabeth's Hospital generate approximately \$156,304,000 for the local economy.

Building for a Healthier Tomorrow

- In 2009, St. Elizabeth's Hospital spent \$9,308,000 on enhancing and updating buildings and on major medical equipment.
- Capital spending by St. Elizabeth's Hospital generates approximately \$16,516,000 for the local economy per year.



A PLACE OF REFUGE

In today's world, hospitals do even more than provide medical care to the community. Communities can take comfort in knowing that their local hospital always is there, ready to help in an emergency. Hospitals are a place of refuge, food, shelter, and information in times of distress.

[Mention any role that your hospital has played in a natural or non-natural disaster, stressing the community's reliance on your organization. Include any role your hospital has had in emergency preparedness related to individual facility efforts or local efforts.]

A GOOD NEIGHBOR

St. Elizabeth's Hospital has a positive impact on the surrounding neighborhoods. We contribute to civic and cultural programs, make space available to community groups, and improve the environment.

[Include community projects your hospital has been involved in to improve its surrounding neighborhood. Examples could be improving and/or construction of area housing, environmental improvements, working with school programs, etc.]

AN ECONOMIC CATALYST

[Your hospital may be involved with projects or programs that add significant dollars to the regional economy. Following are several examples. Please fill in the blanks where appropriate and adjust your total economic impact figure accordingly.]

Every dollar that Illinois hospitals pay their employees in the form of salaries and benefits generates an additional \$1.40 in income for workers in other industries, statewide.

- **Medical and Nursing Education:** Students in the St. Elizabeth's Hospital teaching/nursing program spend approximately \$____ per year in the community for housing, food, transportation, books, entertainment, clothing, utilities, insurance, and supplies.
 - The medical education program brings approximately \$____ per year into the region from state and federal funding sources.
- **Construction:** Construction activity at St. Elizabeth's Hospital affects the local economy, from the convenience store located down the street to the insurance agent providing policies for the contractors and other companies working on the project. Construction projects totaling approximately \$____ are currently underway at St. Elizabeth's Hospital, generating local jobs and revenue while improving health care delivery for the community.
- **Research:** St. Elizabeth's Hospital medical research programs draw \$____ in funding from sources outside the community per year.
- **Grants:** St. Elizabeth's Hospital is the recipient of a \$____ grant for the purpose of _____ for the years _____.
- **Visitors:** St. Elizabeth's Hospital attracts a variety of visitors, including _____ [e.g., patients' families and friends, vendors, prospective students, students' families, academic visitors who use a variety of community services, including hotels, car rentals, and restaurants.]

CARING FOR OUR COMMUNITY

- St. Elizabeth's Hospital provides vital health care services to our community.

In 2009 we had:

_____ inpatient visits,
_____ outpatient visits and procedures, and
_____ emergency room visits.

[Add others as appropriate, e.g., deliveries.]

- Through programs aimed at educating consumers and preventing disease before it occurs, St. Elizabeth's Hospital saves individuals and the community millions of dollars in treatment costs and lost earnings.

[Mention specific programs from your community service plan or community health programs.]

- Through screening programs, St. Elizabeth's Hospital detects existing medical conditions in the population early, thus lowering the costs of treatment.

[Mention specific programs from your community service plan or community health programs.]

In addition, the hospital contributes to a variety of community service initiatives designed to improve residents' health status and quality of life.

[Mention specific community benefit programs that go beyond traditional medical care.]

CONCLUSION

Hospitals are a key ingredient to Illinois' quality of life and to keeping communities healthy and vibrant. St. Elizabeth's Hospital is a major contributor to both the local and state economies and to keeping families healthy and secure by providing needed health care services.

The data and information contained in this report provide strong evidence that the economic benefit of our hospital on the local and state economies is significant. To continue to attract jobs to and maintain families in Illinois, it is critical that the state have high quality health care providers and services.

We urge our legislators, members of Congress, and community leaders to recognize that our hospital is instrumental in supporting the state and local economy, and steps need to be taken to continue to invest in our state's health care system.



A Message from the Illinois Hospital Association:

**Hospitals are Vital
to All of Illinois**

From rural communities to inner cities, hospitals are a vital part of life in Illinois. Every minute of every day, thousands of people throughout Illinois are providing health care services or receiving services in Illinois hospitals. As partners with our state and federal governments, hospitals provide a solid foundation for our health care system and are a vital segment of the economy. Hospitals are key to keeping Illinois communities healthy and vibrant.

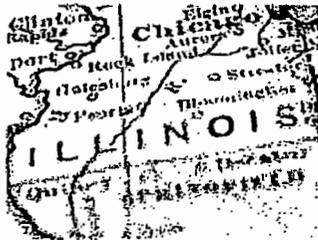
They Boost the Economy...

Illinois hospitals are a fundamental building block for the state and local economy. More than a quarter of a million Illinoisans are employed by Illinois hospitals. As direct employers and purchasers of supplies and investors in capital projects, and as generators of additional jobs and spending by hospital employees and suppliers, their total contribution to the Illinois economy is more than \$75.1 billion annually.

Illinois hospitals pay their employees \$14.8 billion in wages and benefits. In nearly half of the state's counties, hospitals are among the top three employers. These include skilled, family-supporting jobs that are critical to the state's economic recovery.

These jobs generate additional income throughout the state. The salaries paid to these employees are spent in the local economy, creating another 225,900 jobs and resulting in a total impact of 426,700 Illinois jobs. In 2008/2009, annual spending generated by hospital payrolls generated another \$20.7 billion in economic activity, creating a total economic impact of \$35.5 billion from hospital payroll alone.

These hospitals need goods and services in order to continue delivering high-quality care to Illinoisans. They spent \$13.4 billion annually on goods and services for patient care. This led to more employment and spending, further generating an additional \$18.7 billion in economic activity, with a total impact of \$32.1 billion.



**Illinois hospitals
contribute more
than \$75.1 billion
annually to the
Illinois economy.**

Every dollar that hospitals spend on materials and supplies generates an additional \$1.40 in spending throughout the state.

Hospitals also need capital improvements in order to stay on the cutting edge of health care. Illinois hospitals spent \$3.2 billion annually on buildings and equipment, which generated an additional \$4.4 billion with a total impact from capital improvements of \$7.6 billion. Altogether, Illinois hospitals infused approximately \$75.1 billion into the economy of the state.

The Medicaid program is also a major stimulus to the state economy. Three-quarters of the Medicaid payments to hospitals are from sources other than general state revenues, including taxes paid by hospitals to the state amounting to \$900 million a year. This allows the state to draw down a federal match, generating billions of federal dollars into the Illinois economy for essential health care services. When health care providers receive Medicaid payments, new rounds of spending are promoted, generating new spending and tax revenues for the state.

Illinois faces shortages of health care professionals. To address this, our hospitals invest significantly in workforce development and retention, through such activities as tuition reimbursement and partnering with local colleges to support nursing and other educational programs. This is one more way they contribute to the overall economy.

ILLINOIS HOSPITALS:	RESULTING IN:
Employ 200,800 FTEs/ 255,890 Workers	An Additional 225,900 Illinois Jobs
Expend \$14.8 Billion on Payroll	\$20.7 Billion in Salaries in Other Industries
Spend \$16.5 Billion on Capital, Goods and Services	\$23.1 Billion in Other Spending in the State Economy

IN ILLINOIS HOSPITALS, EVERY:	RESULTS IN:
Job	An additional 1.1 Jobs in Other Industries
Dollar Spent	An additional \$ 1.40 in Spending in the State Economy

...And Support Their Communities

Every year more than 100 Illinois hospitals file annual reports on the benefits they provide to their communities with the Office of the Attorney General. These reports show the monetary value of their contributions, including the cost of the charity care they provide; the underpayment for Medicaid and Medicare patients they absorb; the unpaid debt of patients unable to pay for their care; the cost of subsidizing medical services that bring a financial loss, such as emergency and trauma care; the cost of training the next generation of doctors, nurses, and other highly skilled health care professionals; research not covered by grants; providing free language assistance; donations of meeting space and volunteer time; and free programs addressing community health needs, such as immunizations, nutrition education, support groups, screenings, parenting counseling, and transportation.

The charity care provided by the 109 reporting hospitals in the fiscal years ending through September 30, 2009 was nearly \$500 million, an increase of 17% over the year before and an increase of nearly 100% since 2005. Overall community benefits were more than \$4.86 billion, an increase of more than 4% over the previous year and an increase of more than 32% since 2005.

But the wide range of benefits that Illinois hospitals provide to their communities goes well beyond these numbers. They include innovative programs designed to meet specific needs of their communities, ranging from day care for sick kids to literacy programs, from financial counseling for seniors to psychological counseling for victims of abuse – all created to improve the overall quality of life of the community.

To continue to attract businesses, create jobs, and maintain community health, it is critical that Illinois has strong, adequately funded health care providers. Just as lives depend on our hospitals, our hospitals depend on the support of government and the public.

We urge our legislators, members of Congress, and community leaders to acknowledge that Illinois hospitals are key to the state and local economy, and to take steps to invest in the state's health care system.



Just as lives depend
on our hospitals,
our hospitals depend
on the support of
government and
the public.

OPPOSE THE MOVE

Save St. E's Belleville

NOV 25 2014

We, the undersigned, are concerned citizens in and around Belleville, Illinois do hereby voice our opposition to the proposed project to relocate St. Elizabeth's Hospital to O'Fallon, Illinois; while we support the notion of a modern St. Elizabeth's Hospital, we cannot support it being built outside of Belleville.

Printed Name	Signature	Street Address	City	Zip
Shirley Rutledge	<i>Shirley Rutledge</i>	521 Paul Ave	Belleville	62220
Chuck Ludwig	<i>Chuck Ludwig</i>	440 W. Miller	Columbia	62236
Judie Joellenbeck	<i>Judie Joellenbeck</i>	1508 Campbell Ln	Columbia	62236
Don Stula	<i>Don Stula</i>	1804 Campbell Co	Co	62236
MIKE MAT	<i>Mike Mat</i>	753 Mapleview Ln	Co	62236
Lacy Asselmeier	<i>Lacy Asselmeier</i>	6911 Asselmeier Dr.	Waterloo	62298
Adam Boker	<i>Adam Boker</i>	3674 Lake Ln.	Millstadt	62260
R. J. Touper	<i>R. J. Touper</i>	6905 Asselmeier Dr.	Belleview	62220
Mark Hoffman	<i>Mark Hoffman</i>	39 Notische Ln	Belleview	62227
Brian Wallace	<i>Brian Wallace</i>	306 Fish -	Smithers	62285
TERRY BAUCHMAN	<i>Terry Bauchman</i>			
COURTNEY Mearlow's	<i>Courtney Mearlow's</i>	6905 Asselmeier Dr.	Belleview	62220
JERRY HOFFMAN	<i>Jerry Hoffman</i>	103 EAST MILLS ST.	MILLSTADT	62260
JUSAN HOFFMAN	<i>Jusan Hoffman</i>			
BARBARA HOFFMAN	<i>Barbara Hoffman</i>	318 E. Hill St	Millstadt	62260
Nicholas Thomas	<i>Nicholas Thomas</i>	3276 Sewickia Dr	Belleville	62221

OPPOSE THE MOVE

Save St. E's Belleville

We, the undersigned, are concerned citizens in and around Belleville, Illinois do hereby voice our opposition to the proposed project to relocate St. Elizabeth's Hospital to O'Fallon, Illinois; while we support the notion of a modern St. Elizabeth's Hospital, we cannot support it being built outside of Belleville.

Printed Name	Signature	Street Address	City	ZIP
Amber william	<i>Amber william</i>	600 East Adams	Belleville, IL	62280
Chris MORGAN	<i>Chris Morgan</i>	100 ^s High St	Belleville	62220
MONICA SAVAGE	<i>Monica Savage</i>	1800 E ST A ST	Belleville, IL	62221
Lois Hess	<i>Lois Hess</i>	541 Big Bend Bl.	SWANSEA, IL	62226
Richard D KILZER	<i>Richard D Kilzer</i>	4-A ALEXA DR <small>SWANSEA</small>	SWANSEA <small>ILL</small>	62226
Amarda Evans	<i>Amarda Evans</i>	4815 Ledgestone Dr	SMITHTON	62285
Peter BIVANS	<i>Peter Bivans</i>	" "	" "	" "
Roger DUNCAN	<i>Roger Duncan</i>	26 AURETE	Belleville	62226
Dina Gromada	<i>Dina Gromada</i>	1141 Forest Hill Dr.	Belleville	62221
Dian Metzger	<i>Dian Metzger</i>	501 S. Douglas	Belleville	62220
Jeanette Phillips	<i>Jeanette Phillips</i>	1005 East B St	Belleville	62220
<small>EO METZGER</small> D Metzger	<i>D Metzger</i>	501 S Douglas	Belleville	62220
JEMai neWilson	<i>Jemaine Wilson</i>	3100 Mariner	Bellville	62226
Linda Blane	<i>Linda Blane</i>	3334 W. Main	Belleville	62220
DWAYNE SHAW	<i>Dwayne Shaw</i>	1519 4611 st	East St. Louis	62205
Michelle Blawes	<i>Michelle Blawes</i>	1035.33rd st	Belleville	62220

OPPOSE THE MOVE

Save St. E's Belleville

We, the undersigned, are concerned citizens in and around Belleville, Illinois do hereby voice our opposition to the proposed project to relocate St. Elizabeth's Hospital to O'Fallon, Illinois; while we support the notion of a modern St. Elizabeth's Hospital, we cannot support it being built outside of Belleville.

Printed Name	Signature	Street Address	City	Zip
Stacie Williams	<i>Stacie Williams</i>	105A S. 23rd St	Belleville	62226
Karin Thomas	<i>Karin Thomas</i>	628 Royal Heights Rd	Belleville	62226
SAY SMITH	<i>Say Smith</i>	---	E. St. Louis	62220
LEE GRIFFIN	<i>Lee Griffin</i>	3709 N. BELT WEST	Belleville	62220
Emmitt Bell	<i>Emmitt Bell</i>	1415 Sullivan	St. Louis	63117
AMY E. NIX	<i>Amy E. Nix</i>	19 MONTICELLO PLACE	FARMINGTON, IL	62208
Latasha Johnson	<i>Latasha Johnson</i>	289 Graystone Dr.	Alton, IL	62207
Bindu Bhakta	<i>Bindu Bhakta</i>	931 S. Bourwest	Belleville	62220
MANHAR BHAKTA	<i>Manhar Bhakta</i>	931 South Belt West	Belleville	62220
Kristen McWhirter	<i>Kristen McWhirter</i>	4 Dale Allen Dr	Belleville	62226
James Gilmore	<i>James Gilmore</i>	128 S34 street	Belleville	62226
Diana Kay Cooper	<i>Diana Kay Cooper</i>	9804 Olympian St	Belleville	62223
Michael J. Rudolph	<i>Michael J. Rudolph</i>	9804 Olympia St	Belleville	62223
Jane Barbeau	<i>Jane Barbeau</i>	309 Wellensburg Dr	Belleville	62223
Patricia Ansley	<i>Patricia Ansley</i>	1104 Hampton Ct	Belleville	62223
Latasha Samuels	<i>Latasha Samuels</i>	1306 Raab Ave	Belleville	62220

OPPOSE THE MOVE
Save St. E's Belleville

Action petitioned for We, the undersigned, are concerned citizens in and around Belleville, Illinois do hereby voice our opposition to the proposed project to relocate St. Elizabeth's Hospital to O'Fallon, Illinois; while we support the notion of a modern St. Elizabeth's Hospital, we cannot support it being built outside of Belleville.

Printed Name	Signature	Street Address	City	Zip
DONALD A. STORK	<i>Donald A. Stork</i>	27 Reynolds Dr.	Belleville	62223
CAROL A. JOHNSON	<i>CA</i>	417 N. 75th St	Belleville	62223
MARIAN WHITE	<i>Marian White</i>	2419 Pro Tour Dr	Belleville	62223
DOLORES HUGHES	<i>Dolores Hughes</i>	112 S. 98th	Belleville	62223
ROYD WATSON	<i>Royd Watson</i>	6722 N. Main	Belleville	62223
ANNA M. KEEN-TAYLOR	<i>Anna M. Keen Taylor</i>	10 Pimblewood Dr	Belleville	62223
KATHY HARTMAN	<i>Kathy Hartman</i>	404 Whitehall Ct.	Belleville	62223
ROBERT MORGAN	<i>Robert Morgan</i>	6021 W. MAIN ST.	BELEVILLE	62223
ANDREW ATMAN	<i>Andrew Atman</i>	98 Julia Place	Belleville	62223
ROBERT ELSEN	<i>Robert Elsen</i>	9 Tanenwood Ct	Belleville	62223
BENJAMIN ELDER	<i>Benjamin Elder</i>	9 Tanenwood Ct	"	"
PAUL BROWNING	<i>Paul Browning</i>	58 Oak Point Circle	"	"
BETTY COULBURN	<i>Betty Coulburn</i>	58 Oak Point Circle	"	"
NANCY KOSTELAC	<i>Nancy Kostelac</i>	831 Concordia Dr	Belleville	62223
CHERYL MUEHL	<i>Cheryl Muehl</i>	21 Jordan Ct.	Millstadt	62260
MARY G. SMITH	<i>Mary G. Smith</i>	712 At. May Dr.	Belleville, IL	62226

OPPOSE THE MOVE

Save St. E's Belleville

Action petitioned for
 We, the undersigned, are concerned citizens in and around Belleville, Illinois do hereby voice our opposition to the proposed project to relocate St. Elizabeth's Hospital to O'Fallon, Illinois; while we support the notion of a modern St. Elizabeth's Hospital, we cannot support it being built outside of Belleville.

Printed Name	Signature	Street Address	City	Zip
Lynn Ann Schott	<i>Lynn Ann Schott</i>	1911 Salway Dr.	Belleville	62221
Debra Wigginton	<i>Debra Wigginton</i>	8020 W. Wood	Bell	62223
MARY WIGGINTON	<i>Mary Wigginton</i>	8020 W. Wood	Belleville	62223
Audrey Wilson	<i>Audrey Wilson</i>	29 E Adams	Millstadt	62260
Mari Fritz	<i>Mari Fritz</i>	1740 Admiral Wendt Pkwy	Millstadt	62260
RUTH HUBER	<i>Ruth Huber</i>	3 Willow Dr.	Stairway Apt	62208
Linda Watson	<i>Linda Watson</i>	1801 Hampton St	Belleville	62223
Arleen Nolte	<i>Arleen Nolte</i>	37 Rhine Land Dr	Belleville	62260
CLAUDE T. CABLE	<i>Claude T. Cable</i>	9103 Boukhan Rd	FARMVILLE HEIGHTS	62208
Sue Palucci	<i>Sue Palucci</i>	317 Breckenridge	Belle	62221
Lynn Schott				
Jo Ann Syzdek	<i>Jo Ann Syzdek</i>	25 Sunnyside Dr.	Belleville	62226
ROSE BARFIERO	<i>Rose Barfiero</i>	215 Glenview Dr	Belleville	62223
Maureen Wilson	<i>Maureen Wilson</i>	901 W. E St	Belleville	62220
Kay Tribut	<i>Kay Tribut</i>	2305 Matilda	Belleville	62226
Carole Thompson	<i>Carole Thompson</i>	1808 Stafford Way	Swansea	62226
		18 Lashley Est.	Belleville	62226

OPPOSE THE MOVE
Save St. E's Belleville

We, the undersigned, are concerned citizens in and around Belleville, Illinois do hereby voice our opposition to the proposed project to relocate St. Elizabeth's Hospital to O'Fallon, Illinois; while we support the notion of a modern St. Elizabeth's Hospital, we cannot support it being built outside of Belleville.

Action petitioned for

Printed Name

Printed Name

Signature

Street Address

City

Zip

W of th

Printed Name

Signature

Street Address

City

Zip

Lorena

Ellen

Barb

MARLENE

1/VOX

Guest O

Karen

Pat + Lan

DIANE

Pat Lan

Ray M.

Betty

Lynn B

Beverly

Daryl S

Steryl Mothers

CHAR WILD

Ethan Wild

Janet Bentege

Susan Wagner

Christine Inler

Amanda Newkirk Hintz

Andrea Howard

Diane Devovetta Keeb

Sue Taylor

Pat Woods

Deanna Giddings

Janice Walton

Stephanie Anne Pierce

Rita Skimelhorn

Deborah Gross

Ed G. Hunter

Chen Wild

Ed Wild

Janet Bentege

Susan Wagner

Christine Inler

Amanda Newkirk Hintz

Andrea Howard

Diane Devovetta Keeb

Sue Taylor

Pat Woods

Deanna Giddings

Janice Walton

Stephanie Anne Pierce

Rita Skimelhorn

Deborah Gross

3024 LaFayette

1776 SADDLEWOOD

1778 Saddlewood

754 CEDAR MILL

13 Berkshire Drive

622 E. Church St.

1430 Abbott St

4109 Highland Rd

815 North 17th St.

124 E. Hunters Ridge

8808 Wilda Dr.

2901 W Bud # 17

3311 Rand Lane

4203 Pommer Point

1126 Quail Point

609 Springwood Dr

St. Louis

O'Fallon

O'Fallon

BELLEVILLE

Belleville

Collinsville

Carlyle

Fairview Hgts

Belleville

Belleville

Belleville

Swansea IL

Shibon, IL

Mascoutch

Belleville

Belleville

63104

62269

62269

62221

62223

62234

62231

62208

62226

62295

62223

62221

62226

62269

62258

62226

OPPOSE THE MOVE

Save St. E's Belleville

Action petitioned for We, the undersigned, are concerned citizens in and around Belleville, Illinois do hereby voice our opposition to the proposed project to relocate St. Elizabeth's Hospital to O'Fallon, Illinois; while we support the notion of a modern St. Elizabeth's Hospital, we cannot support it being built outside of Belleville.

Printed Name	Signature	Street Address	City	Zip
Richard Gundlach Bn Botts	Richard Gundlach	128 Papillon	Swansea	62226
RANDALL HREY PAUL WAGNER	Paul Wagner	333 Lincolnshire	Belleville	62221
DAN BRUEGGEMAN CHARLES MUEHA	Paul Wagner	406 Lake Lorraine Dr	Swansea	62226
WINDFORD BURNETT DALE GOLDBRAND	Paul Wagner	17 Johnson	Belleville	62260
EMGUNDLACH KATHY SCHERPE	Dan Brueggeman	1716 N. 15th	Swansea	62226
DON L SCHERPE TERESA MUELLER	Charles Mueha	821 JOTA Am Co	Milstadt	62260
ESTHER STAUB JOHN H. STAUB	Woodford Burnett	3295 MICHAEL JOHN	SWANSEA	62226
DONNA BISCHOFF VIN BISCHOFF	Dale Goldbrand	4502 Elk Meadows Ln	SWITZER	62285
	Theresa Muller	118 Menard Dr	Belleville	62220
	Kathleen Scherpe	1000 Eiler Rd.	Belleville	62223
	John H. Scherpe	1600 EILER ROAD	BELLEVILLE	62223
	Teresa Mueller	6 Freedom Dr	Belleville	62226
	Esther Staub	315 David Dr	Fairview Hgts	62208
	John H. Staub	315 David Dr.	Fairview Hgts	62208
	Donna Bischoff	304 Ursula Dr	Belle	62221
	Vin Bischoff	3204 Ursula Dr.	Belleville	62226

OPPOSE THE MOVE

Save St. E's Belleville

Action petitioned for: We, the undersigned, are concerned citizens in and around Belleville, Illinois do hereby voice our opposition to the proposed project to relocate St. Elizabeth's Hospital to O'Fallon, Illinois; while we support the notion of a modern St. Elizabeth's Hospital, we cannot support it being built outside of Belleville.

Printed Name	Signature	Street Address	City	ZIP
Emily Morris	Emily Morris	13 W. Van Buren	MILLSTADT	62260
Maryann Munie	Maryann Munie	2 Petite Ct	Highland	62249
Donna Boushard	Donna Boushard	799 Troy Rd	Collinsville	62234
Ashley Swenger	Ashley Swenger		New Athens, IL	62264
Ann Thom	Ann Thom		Farmers Heights	62268
Carrie Webb	Carrie Webb		Bressy IL	62280
Carolyn Alberkrnst	Carolyn Alberkrnst	9415 Sugar Rd	Bressy I	62238
Susan Stablesfield	Susan Stablesfield	56 Dale Allen	Belleville	62266
April Champ	April Champ	104 st Clair Dr	Fairview Heights	62268
Brenna Cardin	Brenna Cardin		O'Fallon	62269
Winnie Gibbs	Winnie Gibbs	18 Markham Dr	Belleville	62266
Susie Paszkiewicz	Susie Paszkiewicz	5557 Lake Rd	Nashville,	62263

OPPOSE THE MOVE

Save St. E's Belleville

We, the undersigned, are concerned citizens in and around Belleville, Illinois do hereby voice our opposition to the proposed project to relocate St. Elizabeth's Hospital to O'Fallon, Illinois; while we support the notion of a modern St. Elizabeth's Hospital, we cannot support it being built outside of Belleville.

Action petitioned for

Printed Name	Signature	Street Address	City	ZIP
BARBARA SUTTON	Barbara Sutton	4110 Memorial Dr	B'ville	62226
Ann Schneider	Ann Schneider	3435 Maple Ridge Dr	Woodlevy	62095
DEVA K. HICK	Deva Hick	37 Lakeview	B'ville	62227
Charles Wright	Charles Wright	37 Lakewood Dr	Belleville	62223
Kim Wister	Kim Wister	Shiloh Hill	Belleville	62227
Bobbie Knous	Bobbie Knous	22 County Club Cir	Belleville	62223
Winnie Kane	Winnie Kane	479 S. Main	Belleville	62229
Marilyn Cron	Marilyn Cron	463 Summerfield	St. Jacob	62281
Ann Duncan	Ann Duncan	6 N. Lafayette #210	Millstadt	62260
Lorng Williams	Lorng Williams	#57 Hillsdale	Belleville	62227
Autumn Founkles	Autumn Founkles	621 Union Ave	Belleville	62220
Becky Harris	Becky Harris	409 E 2nd St	St Jacob	62281

RECEIVED

NOV 25 2014

RESOLUTION NO. 3202 S &
SERVICES REVIEW BOARD

**RESOLUTION IN OPPOSITION TO CERTIFICATE OF NEED
APPLICATION SUBMITTED TO THE ILLINOIS HEALTH FACILITIES
AND SERVICES REVIEW BOARD BY ST. ELIZABETH'S HOSPITAL OF
THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS
FOR PROPOSED HOSPITAL REPLACEMENT PROJECT**

WHEREAS, it is the obligation of the Belleville City Council to act in the best interests of its citizens;

WHEREAS, access to care is a fundamentally important issue for the citizens of Belleville, especially so for the economically challenged communities surrounding Belleville;

WHEREAS, St. Elizabeth's Hospital has been a fixture of our community for the last 140 years, with both the citizens of Belleville benefitting from this relationship, but also St. Elizabeth's Hospital benefitting from the committed dedication of Belleville;

WHEREAS, the Belleville City Council believes that St. Elizabeth's Hospital and HSHS have set out to advance the interests of their business and entirely disregarded the destructive impact it will have on the City of Belleville;

WHEREAS, the Belleville City Council considers it disingenuous for a not-for-profit charitable organization to benefit from 140 years of tax exemptions and then complain that recommitting to that same community that has housed it would be "too costly" to pursue;

WHEREAS, all of the benefits that will be bestowed upon O'Fallon/Shiloh will befall Belleville;

WHEREAS, all of the benefits that St. Elizabeth's Hospital is seeking could be achieved within Belleville, perhaps only with the exception of a more affluent community and better payor mix;

WHEREAS, St. Elizabeth's Hospital leaving Belleville would undermine the economic viability of the community;

WHEREAS, the City of Belleville can ill afford to lose the hundreds of jobs and the millions of dollars in economic benefit that would result from the abandonment of the downtown area by relocating St. Elizabeth's Hospital;

WHEREAS, indigent communities would have a notably harder time accessing healthcare in O'Fallon, far more so than they have for over 140 years in Belleville;

WHEREAS, the Belleville City Council believes that two new hospitals within a mile of Exit 16 in O'Fallon/Shiloh would be an unnecessary duplication of services and adversely impact access to healthcare;

WHEREAS, the Belleville City Council wants its citizens to know this is not a done deal and that it is important to let their voices be heard;

Now, therefore, be it resolved by the City Council of the City of Belleville, Illinois, as follows:

RESOLVED, that the City of Belleville does not oppose progress, so long as progress does not come at the expense of Belleville, and the City of Belleville would invite a modern St. Elizabeth's Hospital pursued in the community that has supported it for the last 140 years and grown to depend on St. Elizabeth's Hospital for its healthcare and for the economic viability of the community; and

RESOLVED, that if HSHS and St. Elizabeth's claim that the only options are O'Fallon/Shiloh or closing, that reflects an ultimatum of their own creation because the City of Belleville remains committed to a brand new or modernized St. Elizabeth's Hospital in Belleville.

RESOLVED, that the Belleville City Council opposes Projects 14-043 and 14-044 to establish a new St. Elizabeth's Hospital in O'Fallon;

RESOLVED, that the Belleville City Council calls upon its citizens and the citizens of the surrounding communities to let their voices be heard – and either attend the public hearing or submit comments to the Health Facilities and Services Review Board; and

RESOLVED, that Belleville does not oppose progress, but it does oppose abandonment!

PASSED by the City Council of the City of Belleville, Illinois, on this 15th day of September, 2014 on the following roll call vote:

	<u>AYE</u>	<u>NAY</u>
Michael Heisler	<u>X</u>	_____
Ken Kinsella	<u>X</u>	_____
Janet Schmidt	<u> A B S E N T</u>	_____
Melinda Hult	_____	<u>X</u>
Kent Randle	<u>X</u>	_____
Arnold "Gabby" Rujawitz	<u>X</u>	_____
Johnnie Anthony	<u>X</u>	_____
James Davidson	<u>X</u>	_____
Joseph W. Hayden	<u>X</u>	_____
Phillip Silsby	<u>X</u>	_____
Paul Seibert	<u>X</u>	_____
Bob White	<u> A B S T A I N E D</u>	_____
Lillian Schneider	<u>X</u>	_____
Trent Galetti	_____	<u>X</u>
Joe Orlet	<u>X</u>	_____
James Musgrove	<u>X</u>	_____

APPROVED by the Mayor of the City of Belleville, Illinois this 16th day of September, 2014.

Mark W. Ekin
MAYOR

ATTEST:

Dallas B. Cook
CITY CLERK

Ms. Courtney Avery -Administrator
Health Facilities and Services Review Board Members
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RECEIVED

NOV 25 2014

Re: Project # 14-043

HEALTH FACILITIES &
SERVICES REVIEW BOARD

November 25, 2014

Dear Ms. Avery and Health Facilities and Services Review Board Members,

I was born and raised in Belleville and have been an early organizer for Oppose the Move, Save St. E's Belleville. As a concerned citizen of Belleville along with other like-minded citizens we have been working to; inform the public of the problems associated with the loss of St. E's to the Belleville community, gathering petitions against the move to O'Fallon, holding a public rally, letter writing campaigns to the Board and our local newspaper (BND), alerting citizens to public hearings and providing for an overall fact checking analysis of the Application and other supplements filed by St. E's to the Board.

My background is in Accounting. I graduated from Baylor University with BBA in Accounting. I worked in the Silicon Valley for 20 years and was a Certified Public Accountant (CPA) in the state of California. I spent time at Price Waterhouse in Audit and Litigation Consulting. I then moved on to the high-tech industry as a CFO, specializing in semiconductors and/or start-up companies. Due to an untimely illness, I was forced into early retirement and I moved back to Belleville 10 years ago. While I am unable to return to work, I have been involved in the St. Louis area as a volunteer for a variety of organizations. This project to work with Oppose the Move is entirely voluntary and none of us are receiving any compensation for our work. Honestly, it has not been easy to keep up with an entity that has so many resources in terms of manpower and money supporting them.

So my forte is numbers. Numbers can be magical. They can help tell a story without the use of words. They can assist people in decision making. Because of this we diligently track and collect numbers, perform calculations and build massive databases so we can look at numbers in all sorts of ways. I have spent a significant amount of time pouring over numbers that have been supplied by St. Elizabeth's Hospital in either the Application, letter responses to the Board, letter responses to St. Clair County Public Health Department and other publicly released numbers (in the BND primarily). What I have found is alarming. There are multiple areas with discrepancies, deceptions or omissions which I will address individually in no particular order of importance.

Populations

- 1) In the CON, page 125 is a list of 2013 Populations by zip code that are supposed to be in a 30 minute drive to the proposed project site.
 - a. There is no source given for the population numbers
 - b. Population numbers are not representative of St. E's own defined Primary and Secondary Service areas (PSA & SSA) and thus this listing includes zip codes that are not currently defined as a PSA or SSA. Conversely, it is also missing zip codes that are currently part of their PSA or SSA. We have argued that St. E's wants to "redefine" their PSA and SSA's as part of this move and this illustrates just that.
- 2) In the Letter response to the St. Clair County Health Department there are numerous uses of population numbers.
 - a. Safety Net Impact section (p.2) displays a Table showing the difference between Belleville and East St. Louis for populations, % of Population living under poverty level and drive time differences between their current Belleville address and proposed O'Fallon site.
 - i. Use of 2014 Estimates for Population appear to be extremely inaccurate. If you use and compare the zip codes in the CON 2013 population listing (p.125), the 2014 estimates show in one year a 22.5% and 27% growth increase in Belleville and East St. Louis populations, respectively. By their own words on page 3, "City of Belleville's population has increased by 1.9% over the last 10 years", so it would be truly amazing that our population has made this huge leap in just one year. The same would be true for East St. Louis. This table overstates the populations and thus increases the total numbers living under the poverty level.
 - ii. While they claim that O'Fallon's population has increased 27.4% from 2000 to the 2010 census they did not mention that growth since the 2010 census only has O'Fallon with 1.7% growth in the past 3 years. Adjusted for 10 years, this would result in an approximate 5.1% growth from 2010 to 2020.
 - b. Table 2: Drive Time for Zip Codes within St. Elizabeth's PSA/SSA is designed to show the total populations in St. E's Primary and Secondary Service areas with the corresponding drive times to either the current Belleville location or the proposed O'Fallon address and then calculating the total population with a decreased drive time and showing the percentage of their PSA and SSA populations that would have a decreased drive time to their proposed O'Fallon location.
 - i. As in Item 2 above, the population numbers used are 2014 Estimates that appear to be wholly inaccurate. In comparison to the 2013 population numbers these estimates are significantly higher. I did

not attempt to calculate each one but I did check at least 10 other zip codes and they are all out of whack.

- ii. St. Elizabeth's published and has made available on their web site the 2012 Community Health Needs Assessment Report. On page 15 there is a map of their Primary and Secondary Service Areas. I compared the zip code listing in Table 2 and found 9 zip codes/cities that have been included in the Table but are not part of St. E's PSA or SSA thus invalidating the population total, population with decrease drive times and the corresponding percentage decrease in drive times. Adjusting for the erroneous zip codes, the total of the population is closer to 324,000 not 398,000 as reported, a 23% discrepancy. Total minutes also would change and the original table showed the original campus with 799 total minutes and O'Fallon with only 755 minutes. The corrected numbers are reversed with 495 minutes to the current location and 512 minutes to the new site. The zip codes included in error are 62034, 62060, 62062, 62090, 62230, 62249, 62281, 62286 and 62294.
- iii. Additionally, they have omitted an additional 7 zip codes/cities. I do not have access to the 2014 population estimates used (although I believe them to be wrong, see 2.b.ii. above) and therefore I cannot calculate the total impact of these omissions. I can state categorically that at least 6 of the 7 zips are closer to Belleville than O'Fallon. The zip codes omitted in error are 62059, 62236, 62239, 62240, 62282, 62289 and 62295. In a perfect world, with access to the correct population numbers, I would have redone the Table for you.

3) Guest viewpoint by Amy Ballance, VP of Business Development and Strategy, HSHS So. Illinois Division on November 16, 2014, Belleville News Democrat, p. A5. (Attachment 1)

- a. States that Belleville has about 45,000 residents as do the combined cities of O'Fallon and Shiloh. Due to the way zip codes combine certain cities and villages in showing populations, this number is not readily available using the supplied CON 2013 populations. The Belleville zip codes include both the Shiloh and Swansea village populations, thus they have been split out individually. The populations below were based on using 2013 data from <http://quickfacts.census.gov/qfd/states>.

Belleville	42,895	O'Fallon	29,143
Swansea	13,712	Shiloh	12,882
Total	56,607	Total	42,025

As you can see the populations described by an Executive of HSHS, St. E's parent company are not true. First, the O'Fallon Shiloh number was overstated and secondly, if you include Shiloh in with O'Fallon then in fairness you must also include Swansea with Belleville.

- b. States that 63 % of communities served will have shorter commutes to the replacement hospital. This calculation was discussed in 2.b. above as having multiple errors, plus it distorts the results. To be included in this category of decreased drive times, a location only need be 1 minute shorter. In fairness you need to review the total drive minutes between the 2 locations and not include or exclude a city in a calculation because of a 1 or 2 minute difference. With the rework based on true locations within the PSA or SSA, the total minutes of drive time to Belleville is less than O'Fallon.
- c. In an article in the St. Louis Post Dispatch, "St. Elizabeth's proposed move puts care farther out of reach for some Metro East residents", October 10, 2014, By Samantha Liss the article states that "While Smithton is a fraction of O'Fallon in terms of population, Smithton's population grew 64 percent to about 3,700 residents in 2010, the last count by U.S. Census Bureau since 2000. And the areas around Smithton are growing, too. Add together the populations of [Smithton's] neighboring towns Waterloo, Freeburg and Millstadt, and that accounts for more than 20,000 residents." These are all communities that will experience longer drive times to the new facility. These reported statistics of growth do not support the claim made by Ms. Ballance, in her Viewpoint, that "the O'Fallon/Shiloh area [which] is the fastest growing area in the county".

Facility Utilization Data

- 1) In the CON, the applicant is required to show historical data relative to the number of patients admitted or days observed by major clinical service group. The 4 categories of service (Medical Surgical, ICU, OB/GYN and Rehabilitation) includes a summary by zip codes separating PSA's, SSA's and all others. There is further detail available by individual zip code accounting for all admissions and observation days for 2013.
 - a. Comparing the information provided in the CON to the Illinois Department of Public Health's 2013 Hospital Profile (Attachment 2), there are discrepancies. In medical/surgical the CON lists 2,579 observation days as compared to 2,976 days in the Hospital Profile. ICU is missing 273 transfer admissions in the CON and shows 56 observation day vs. 47 days in the profile. OB/GYN shows 162 observation days vs. 94 in the profile and Rehabilitation shows no observation days and the profile shows 7. While these numbers may not significantly alter decisions, it again shows a systematic disregard for the data.

- b. The summaries provided in the CON that separate the PSA, SSA and others are wrong. The applicant has excluded zip codes that should be shown in the Primary service area and included them in the Secondary service area. There are also zip codes included in the Secondary service which should be shown as other. Again, in total the numbers are correct, but the summary distorts the totals for the PSA, SSA and other.
- 2) Letter Response to Health Facilities Review Board's October 21, 2014 request for additional information, Question #12. St. E's bases its answer using erroneous numbers and calculations. It claims that "only 23% of the Hospital's inpatients in 2014 have come from Belleville and only 26% of its outpatients". They also claim that less than 4% of the Hospital's patients come from communities slightly south of Belleville.
- a. First of all, I believe that they intended to say 2013 instead of 2014. Data for 2014 would not be complete and in reference to their letter response to the County Health Department, they were comparing 2013 numbers in their Safety Net Impact Statement and the numbers they presented are the same percentages they have referenced in this letter. So for the analysis I used the 2013 data provided in the CON by clinical service group. (See Attachment 3).
- b. Using the data in the CON and preparing a worksheet that could accurately calculate the numbers for each of the 4 disciplines and arriving at a total, I found that Belleville zip codes account for 33% of all inpatient admissions and 35% of patient observation days.
- c. Using the above data, I reviewed the percentages of cities that would be considered to the south of Belleville and came up with a much higher percentage than the 4% reported. The answer may lie in St. E's use of the term slightly south in that I have no idea who they considered for this calculated percentage.
- 3) Letter Response to St. Clair County Health Department in the Safety Net Impact Statement section (p.1) claims that the Health Department only used data from the Medical/Surgical Admissions to calculate the % of patients that come from Belleville and East St. Louis and therefore the Health department was inaccurate. The Health department stated that 32.6% come from Belleville and St. E's disputes that number claiming that if you look at all the inpatient admissions that only 24% of patients are from Belleville. Their claim is wrong. The real number as I have recalculated on the spreadsheet (Attachment 3) is 33.0%. The Health Department may have only used the medical/surgical data but their results are still consistent with the total for all disciplines. Surprisingly, O'Fallon only accounts for 7.4% of all their admissions.
- 4) Guest viewpoint by Amy Ballance, VP of Business Development and Strategy, HSHS So. Illinois Division on November 16, 2014, Belleville News Democrat, p. A5 (Attachment 1). In the viewpoint, Ms. Ballance states "that more than 75% of St.

Elizabeth's patients who are admitted for around the clock care live outside of Belleville". Again, a gross overstatement of the raw data resulting in an error of over 8%. The true percentage is 67%.

Poverty Information

- 1) Letter Response to Health Facilities Review Board's October 21, 2014 request for additional information, Question #12. The answer St. E's provides when discussing payor mix is deceptive. Their words, chosen carefully I assume, state "the new location is located closer to a greater number of communities with residents living at or below the poverty level than the current location". I suspect that just counting cities that have a higher incidence in poverty would seem on the surface an acceptable answer. However, this ignores the actual number for persons affected by poverty. A small percentage of a large number can still be a large number. So while there may be cities that have a higher percentage of people living in or below the poverty line they are also smaller population areas whereas areas with high populations and smaller poverty percentages can still be a greater number of persons affected by poverty. For example, using the data from the U.S Department of Commerce's website the populations and percentages for poverty for Belleville, Swansea, East St. Louis, Centreville and Cahokia are illuminating. See Attachment 4. In summary the total calculated number of population in poverty for those closer to the Belleville location is 12,926 and yet is just 13,184 for those closer to the O'Fallon location. So just about equal, unlike the impression provided by St. E's.
- 2) Letter Response to St. Clair County Health Department
 - a. Safety Net Impact Statement section (p.2) claims that the "proposed campus is closer to the majority of zip codes outlined" as having the highest percentage of residents living below the poverty line. Again, you cannot view this in terms of number of cities affected by poverty, you have to look at the number of people affected by poverty, in which case there is a stronger case to be made for the Belleville location.
 - b. They provide a map for a graphical representation of the Top 10 zip codes with Populations living below the Poverty Level which again only shows locations and not people.

Alternative Costs

- 1) The Con requires the applicant to describe the possible alternatives to the replacement hospital and St. E's provided for 3 alternatives to moving to O'Fallon.
 - a. Replace on the Existing Site - The cost numbers associated with this alternative is \$364.8 Million. This is \$77.1 Million more than building their proposed new facility in O'Fallon. First there is no backup or

disclosure of how they determined this cost. Second, does it really seem logical that it would cost \$77.1 Million more to build new at their existing site in Belleville? Since the primary reason for a choice of one over another would be costs, it seems there is no support for the dismissive claims they make.

- b. Modernize the Current Hospital Building - The cost numbers associated with this alternative is \$352.9 Million. Again, there is no support for where they derived this amount. And again, this is a shockingly \$65.2 Million more.
 - c. Exit the Market - According to the CON, this was an alternative albeit not a good one, according to the applicant. They do provide a cost of \$193.6 Million to exit the market. Again there is no support and I believe the bulk of these costs could be "soft costs" or "lost opportunity costs" to HSHS or communities served by St. E's.
 - d. Relocate St. Elizabeth's to a different site - When you review the bullet points for why this was the chosen path there is only 1 bullet point that would give rise to the selection of the O'Fallon location over the alternative Belleville "different" site otherwise all of the other points were achieved or exceeded by a different Belleville location (SWIC). They state that the possible site was outside the City and 6 miles from the existing hospital which is not true. It is only 4.1 miles and would have been next door to the St. Louis area Metrolink station and the largest junior college in Southern Illinois. They claim that O'Fallon developed a TIF district, but it is primarily to help pay for extremely expensive mine mitigation. The Belleville locations (either the current downtown location or SWIC alternative) do not require any mine mitigation despite what they put in the CON (p. 105).
- 2) Belleville News Democrat (BND), "St. E's says they won't move everything to O'Fallon", by Maria Hasenstab, October 1, 2014. The article states that "St. Elizabeth's announced in June that it planned to build a \$300 million replacement hospital in O'Fallon off Interstate 64, because it would cost twice as much and take twice as long to update the current hospital." If you do the math on this statement it would cost an additional \$300 Million more to accomplish Alternative B. This was the level of truthfulness that St. E's began their campaign with, confusing residents to the real facts.

Project Costs

The CON requires detailed support for the proposed project (too bad some level of detail isn't required for the alternative cost information). Due to the fact that St. E's has split up the O'Fallon proposal into 2 different projects, to compare side by side costs you must look at the details for both projects. The total cost for both projects is \$287.7 Million of which \$253.5 Million represents the Hospital portion

and \$34.2 Million for the Ambulatory Care Center & Physicians' Offices. The following are areas of concern regarding the combined Project Costs.

- a. I cannot locate any costs associated with the purchase of the land. Why would the land not be included in the total cost of the project? Note they already own the land they occupy in Belleville and thus would not incur new costs for land purchases.
- b. The Review Board had requested a further explanation for a line item "CON Design Services" for \$1,841,001 and St. E's answer (in the letter dated November 13, 2014) was that "these services included various consulting and legal fees ranging from issues such as how to best place a helipad at the site to minimize noise and disruption to the area, mine mitigation bid proposals and landscape consultants, as examples. Also included were CON consultants and related CON estimates." After re-reviewing the Project Costs (p. 65-66 and 88-89 of each projects application), I think they better try again with their answer. All of these type costs listed already have a line item in the project costs. They show a total of \$25K for each of the following; helicopter pad Consultants, Helicopter Noise and Plume Studies. There are \$190K for legal services, \$662K for Mine mitigation design services and \$507K for CON prep and preplanning. So again, what is the \$1.8M for?

Mine Mitigation

While the CON Application requires a detailed analysis of Flood Plain issues, Mine subsidence is not a red flag in the process and I'm not sure why. The basis for evaluating whether a location could be subject to a catastrophe during an area catastrophe such as flooding is important for the immediate care of the citizens involved in the event. I would suspect that an earthquake in an area with mine subsidence problems could be the equivalent of a flood. If the hospital is located on land with mine subsidence issues, during an earthquake, they may not be able to keep critical services up and running if the hospital was to suffer significantly more damage due to the location over old mines. In Southern Illinois we are located on or near several large faults and an earthquake is not something out of the question and the "mitigation" may not be effective.

The amount of money to be spent on the mine issue is extraordinary. Included in the project costs are a total of \$9.7 Million. There is an additional \$10M in TIF financing that is coming from the City of O'Fallon that appears to be over and above the \$9.7M. I reviewed the Sources of Funds that were provided and did not see a line item offset for the TIF funds, therefore my assumption is that the costs that the City is paying in TIF money, is not included in the total project costs. Regardless of whether it's \$9.7M or \$19.7M, this is a large amount of money that is arguably unique to the O'Fallon location.

Site Analysis Criteria and Scorecard

As part of St. E's answer to the Review Board's question #8 regarding meetings with the City of Belleville and what has the City offered in incentives to stay, they stated that they had met with Belleville and that Belleville only offered a site outside the city limits. I will defer to those with more history in this area to dispute these claims as I believe the applicant has once again parsed words or distorted the facts. I would like to address their attachment of a Scorecard that was prepared in due diligence for selecting the location. First of all the scorecard is dated January 2011, which is many, many months ahead of when St. E's claims they decided to abandon Belleville. The scorecard does not provide for scoring the current downtown location, only the Belleville/SWIC location. Not surprisingly, the O'Fallon location wins handily but let's look at some of the areas in which there are big spreads between the 2 scoring locations.

- 1) Operation Elements 2.1 - Location (central to primary and secondary service areas, growth areas, consideration for Trauma status) and 2.2 - Accessibility for Patients, Visitors, Physicians, Staff, Suppliers (Direct and Efficient Ingress and Egress, Mass Transportation Access) have a combined total available score of 40 pts with the O'Fallon location scoring a whopping 100% for all 40 points while Belleville/SWIC trails with only 26 pts. First of all, since the SWIC location is still in Belleville and only a few miles from the current downtown hospital, how could it not meet the needs of the primary and secondary service areas? Additionally, the public transportation alternatives for the O'Fallon site are almost non-existent. There is only 1 bus line that does not interconnect with the rest of the public transportation system and is not located right next to the Metrolink train College Station stop.
- 2) Operational Element 2.3 - Identity/Visibility has a 10 pt. maximum with the new location again landing the 10 pt. score with Belleville coming in at 3 pts. How can a hospital located in a brand new location have greater identity than the City that has embraced it for 140 years? St. Elizabeth's has become synonymous with Belleville and it should get a better grade for this item, period.
- 3) Operational Element 2.5 - Competition, Current/Anticipated Nearby has a top score of 10 and once again the O'Fallon site got all 10 pts and Belleville/SWIC only received 2. I'm not sure when it comes to the hospital industry that having nearby competitors would bring additional business. I doubt if delivered to the ER you would discuss pricing and then go over to Memorial East's ER to decide if they had a better deal. Health care doesn't work that way, but for the way they scored this you have to assume that it does.
- 4) Operational Element 2.9 - Relocation of Physicians at Existing Campus to New Campus has a total of 10 available pts. The O'Fallon location again with a 10 pt. score and Belleville/SWIC with a measly 2 pts. I have a hard time believing that physicians would agree to move to a location further away but would not agree to the location closer to where they currently are. This just lacks logic.

5) Financial Element 3.1 - Site Location Impact on Business Plan (demographics, usage, payor mix, and physician use) has a 30 pt. maximum score. Just guess what score the O'Fallon site gets? Yes, it is a 30. The Belleville/SWIC site scored only a 17 for a difference of 13 pts on this item alone. Since this is a financial measurement then the only clear answer is that O'Fallon will have a more favorable financial payor mix. Despite their adamant responses that this is not about payor mix, they just provided the proof that even back in 2011 when planning their flight from Belleville, they totally understood that the financial considerations of payor mix would be in their favor.

In Summary the scorecard provided for a total maximum score of 335 pts. and O'Fallon came in at 268 pts. vs. the Belleville/SWIC location of 227 pts. This difference is 49 pts., which referring to the points above, account for 50 pts. difference. While scorecards like this often seem like a good strategy to use, unless the points are awarded based on truth and not swayed toward the desired outcome, the scorecard is worthless.

Conclusion

I appreciate the work that must go into the Certificate of Need process. The application itself was almost overwhelming with all of the corresponding data. I can only hope that all of the information and analysis that I have provided in this letter can better help you either in getting further clarification or assist in the decision making process. While I apologize for the length of the content, I can only say that it saddens me that I could easily find this many errors, omissions and deceptions in the numbers St. E's provided to you. I suspect with more time, money and resources I could have found many more additional points.

Respectfully submitted,



Stephanie C. Dorris
Organizer
Oppose the Move

St. Elizabeth's project addresses needs of patients

In my role with HSHS St. Elizabeth's Hospital, I analyze health care data, which we use to objectively and thoughtfully plan for how to deliver the highest quality and most effective health care services. All of our planning has one goal in mind: to ensure we meet the needs of our patients, both today and in the future. With that context, I want to address some of the misinformation that was put forth

by Patty Gregory in her guest column last Sunday.

First, our replacement hospital along Interstate 64 will not create an uneven distribution of hospital beds in the area. Rather, it will equalize hospital-based services for the region. Belleville has about 45,000 residents, as do the combined cities of O'Fallon and Shiloh. Yet Belleville has 554 licensed hospital beds while O'Fallon/Shiloh has 94 approved beds for Memorial East, which is still under construction. If St. Elizabeth's plans are approved, the O'Fallon/Shiloh area, which is the fastest growing area in the county, will have a total of 238 licensed beds and Belleville will have 210. This is a very reasonable and even approach to the distribution of licensed hospital beds.

It's also important to remember that more than 75 percent of St. Elizabeth's patients who are admitted for around the clock care live outside of Belleville. Our current hospital does not serve residents of one community over another. We care for patients who are admitted from across the region, whether they live in East St. Louis, Belleville or Breese. The health care needs of all of our patients were taken into account when planning our replacement hospital.

We serve a large geographical area, and where our patients come from is not expected to change, other than attracting an increased number of patients from currently underserved areas such as Caseyville and Venice. Because drive times decrease due to better access via I-64, we know that residents in 63 percent of the communities we currently serve will have shorter commutes to our replacement hospital. We recognize there are residents who live south of St. Elizabeth's who may be farther away from the replacement hospital. These residents account for less than 8 percent of our patients. We point this out not to say these patients are unimportant, but as we

planned for a replacement hospital, we looked at how best to serve the health care needs of the vast majority of our patients.

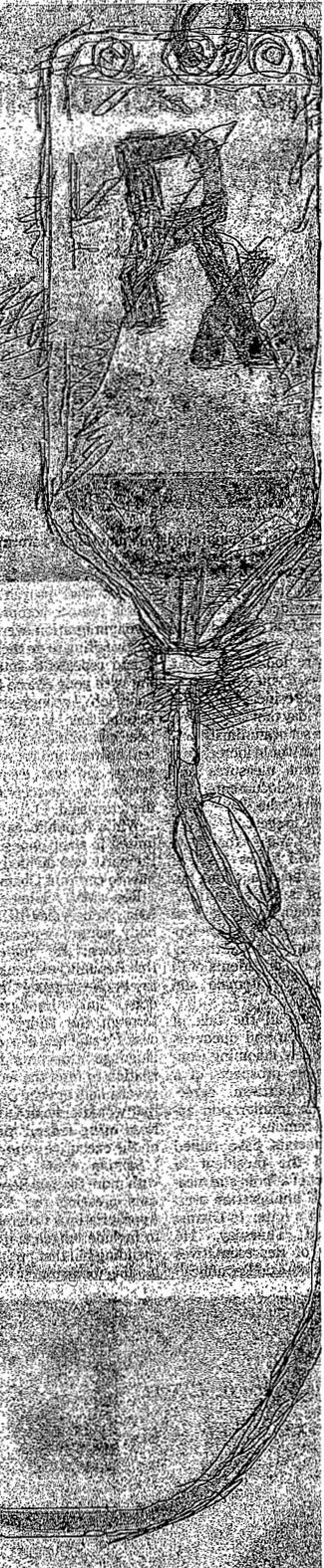
As part of our planning, St. Elizabeth's also recognized that hospitals are seeing strong growth in ambulatory services while inpatient hospital visits are decreasing. Annually, about 6,000 patients visit St. Elizabeth's Emergency Department who could have been treated just as effectively at an urgent care facility. These patients will still have access to an urgent care facility in downtown Belleville. Despite what Ms. Gregory stated in her editorial, we have consistently stated since we announced our project on June 25 that we are committed to maintaining outpatient services on our current campus. This commitment is the result of looking at patient utilization data and doing what's best to meet the needs of all of our patients. While we enhance our outpatient services in Belleville, we are reducing the number of inpatient beds at our replacement hospital.

The residents of Belleville and the surrounding communities should know they will still have ample access to emergency services. Belleville Memorial currently has 10 more ER treatment bays than it needs, with capacity to treat an additional 20,000 ER patients annually. However, there is no reason to believe that the patients who need to visit the ER will not choose to go to the St. Elizabeth's ER along I-64 since the majority of our patients will live closer to that location than to our current campus. If a patient is traveling by ambulance, they are transferred to the closest ER.

Finally, St. Elizabeth's payer mix will not change. Mark Turner, CEO of Belleville Memorial, testified during their certificate of need hearing to redistribute their Emergency Department, inpatient beds, and outpatient services to Shiloh that their overall payer mix would not change. We agree with that statement and anticipate the payer mix of the population we serve to remain the same as well.

HSHS St. Elizabeth's plans for its replacement hospital were not based on our "wants." They were based on the needs of our patients in keeping with our mission to reveal and embody Christ's healing love for all people through our high quality Franciscan health care ministry.

Amy Ballance is division vice president, Business Development & Strategy for the Hospital Sisters' Health System, Southern Division.



11/16/14

Ownership, Management and General Information		Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Maryann Resse	White	78.5%	Hispanic or Latino:	0.3%
ADMINSTRATOR PHONE	618-641-5462	Black	19.3%	Not Hispanic or Latino:	99.2%
OWNERSHIP:	St. Elizabeth's Hospital	American Indian	0.0%	Unknown:	0.5%
OPERATOR:	St. Elizabeth's Hospital	Asian	0.5%		
MANAGEMENT:	Church-Related	Hawaiian/ Pacific	0.1%	IDPH Number:	2345
CERTIFICATION:		Unknown	1.5%	HPA	F-01
FACILITY DESIGNATION:	(Not Answered)			HSA	11
ADDRESS	211 South 3rd Street	CITY:	Belleville	COUNTY:	St. Clair County

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2013	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	202	142	104	6,066	24,181	2,976	4.5	74.4	36.8	52.4
0-14 Years				1	1					
15-44 Years				996	2,882					
45-64 Years				1,983	7,578					
65-74 Years				1,124	4,629					
75 Years +				1,962	9,091					
Pediatric	14	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	24	24	22	1,591	5,074	47	3.2	14.0	58.5	58.5
Direct Admission				1,318	3,962					
Transfers				273	1,112					
Obstetric/Gynecology	30	28	18	1,038	2,342	94	2.3	6.7	22.2	23.8
Maternity				925	2,177					
Clean Gynecology				113	165					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Acute Mental Illness	0	36	27	1,458	5,888	0	4.0	16.1	0.0	44.8
Rehabilitation	33	30	27	463	5,416	0	11.7	14.8	45.0	49.5
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	303			10,343	42,901	3,117	4.4	126.1	41.6	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	38.5%	13.7%	7.6%	29.0%	5.2%	6.1%	10,343
	3981	1415	788	2998	535	626	
Outpatients	20.7%	17.6%	11.4%	41.3%	5.4%	3.6%	134,597
	27866	23648	15314	55639	7292	4838	

Financial Year Reported:	7/1/2012 to	6/30/2013	Inpatient and Outpatient Net Revenue by Payor Source					Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals		4,398,861	
Inpatient Revenue (\$)	47.9%	6.7%	5.3%	31.6%	8.5%	100.0%	2,224,944	Total Charity Care as % of Net Revenue	
	40,398,704	5,683,598	4,451,680	26,616,892	7,143,164	84,294,037	2,173,917	2.8%	
Outpatient Revenue (\$)	15.0%	15.5%	8.6%	49.1%	11.8%	100.0%			
	11,138,149	11,516,150	6,357,980	36,484,796	8,755,935	74,253,010			

Birthing Data

Newborn Nursery Utilization

Organ Transplantation

Number of Total Births:	887	Level I	Level II	Level II+	Kidney:	0	
Number of Live Births:	879	Beds	22	8	0	Heart:	0
Birthing Rooms:	0	Patient Days	1,475	125	236	Lung:	0
Labor Rooms:	0	Total Newborn Patient Days			1,836	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	8					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0					Total:	0
C-Section Rooms:	2						
CSections Performed:	190						

Laboratory Studies

Inpatient Studies	276,639
Outpatient Studies	283,764
Studies Performed Under Contract	20,819

Received permit (13-034) on 9/24/2013 to discontinue 35 bed Acute Mental Illness service.

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	2	2	438	265	1975	664	2639	4.5	2.5
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	13	13	367	882	987	1920	2907	2.7	2.2
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	372	141	1426	385	1811	3.8	2.7
OB/Gynecology	0	0	0	0	81	340	275	875	1150	3.4	2.6
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	337	527	1097	1338	2435	3.3	2.5
Otolaryngology	0	0	0	0	25	127	53	247	300	2.1	1.9
Plastic Surgery	0	0	0	0	12	141	45	328	373	3.8	2.3
Podiatry	0	0	0	0	1	38	3	89	92	3.0	2.3
Thoracic	0	0	0	0	45	5	158	12	170	3.5	2.4
Urology	0	0	1	1	108	267	219	554	773	2.0	2.1
Totals	0	0	16	16	1786	2733	6238	6412	12650	3.5	2.3
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations	17	Stage 2 Recovery Stations	28				

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	1	0	5	6	505	1249	864	1988	2852	1.7	1.6
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	13	2477	6	758	764	0.5	0.3
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	No
Level of Trauma Service	Level 1
	(Not Answered)
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	3,273
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	30
Persons Treated by Emergency Services:	56,259
Patients Admitted from Emergency:	6,277
Total ED Visits (Emergency+Trauma):	59,532
Free-Standing Emergency Center	
Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0
Outpatient Service Data	
Total Outpatient Visits	161,982
Outpatient Visits at the Hospital/ Campus:	89,940
Outpatient Visits Offsite/off campus	72,042

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	4
Cath Labs used for Angiography procedures	1
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,873
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	971
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	334
EP Catheterizations (15+)	568

Cardiac Surgery Data

Total Cardiac Surgery Cases:	147
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	147
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	147

Diagnostic/Interventional Equipment	Examinations				Therapeutic Equipment				Therapies/ Treatments
	Owned	Contract	Inpatient	Outpt	Owned	Contract	Owned	Contract	
General Radiography/Fluoroscopy	9	0	14,771	44,699	0	Lithotripsy	0	1	93
Nuclear Medicine	6	0	611	1,945	0	Linear Accelerator	0	0	0
Mammography	5	0	12	18,211	0	Image Guided Rad Therapy			0
Ultrasound	7	0	1,688	6,094	0	Intensity Modulated Rad Thrp			0
Angiography	1	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			132	601	0	Proton Beam Therapy	0	0	0
Interventional Angiography			87	571	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	3	0	4,324	11,047	0				
Magnetic Resonance Imaging	1	0	889	1,979	0				

Source: 2013 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

St. Elizabeth's Hospital Facility Utilization Data - 2013 Summary by Clinical Services	OB/GYN		Inpatient		Rehabilitation		Total	%	Inpatient	%	Total	%
	Observ.	%	Observ.	%	Observ.	%						
Belleville	59	36%	320	31%	156	34%	379	32%	91	20%	463	100%
O'Fallon	12	7%	98	9%	41	9%	110	9%	91	20%	463	100%
Scott AFB	6	4%	127	12%	2	0%	133	11%	7	1%	17	1%
Mascoutah	11	7%	54	5%	19	4%	65	5%	7	2%	7	1%
Fairview Heights	9	6%	51	5%	19	4%	60	5%	6	1%	6	1%
East St. Louis	12	7%	73	7%	63	14%	85	7%	8	2%	9	2%
Freeburg	-	0%	10	1%	5	1%	10	1%	6	1%	6	1%
Lebanon	6	4%	11	1%	7	2%	17	1%	5	1%	5	1%
Highland	1	0%	1	0%	6	1%	2	0%	6	1%	6	1%
Waterloo	6	4%	4	0%	8	2%	10	1%	1	0%	1	0%
Millstadt	1	1%	6	1%	6	1%	7	1%	6	1%	6	1%
Smithton	3	2%	10	1%	5	1%	13	1%	5	1%	5	1%
New Athens	1	1%	13	1%	8	2%	14	1%	8	2%	8	2%
Marissa	-	0%	7	1%	7	2%	7	1%	7	2%	7	1%
Redbud	3	2%	19	2%	7	2%	22	2%	7	2%	7	1%
Sparta	3	2%	19	2%	7	2%	22	2%	7	2%	7	1%
Collinsville	6	4%	27	3%	6	1%	33	3%	6	1%	6	1%
All Other	23	14%	188	18%	91	20%	211	18%	91	20%	91	19%
Total	162	100%	1,038	100%	463	100%	1,200	100%	463	100%	470	100%

St. Elizabeth's Hospital									
Facility Utilization Data - 2013									
Summary by Clinical Services									
		Inpatient	%	Observ.	%	Total	%	Total	%
Belleville		2,929	33.0%	981	35.0%	3,910			33.5%
O'Fallon		660	7.4%	208	7.4%	868			7.4%
Scott AFB		172	1.9%	45	1.6%	217			1.9%
Mascoutah		430	4.8%	108	3.9%	538			4.6%
Fairview Heights		339	3.8%	116	4.1%	455			3.9%
East St. Louis		827	9.3%	315	11.2%	1,142			9.8%
Freeburg		197	2.2%	59	2.1%	256			2.2%
Lebanon		205	2.3%	62	2.2%	267			2.3%
Highland		209	2.4%	47	1.7%	256			2.2%
Waterloo		133	1.5%	48	1.7%	181			1.5%
Millstadt		111	1.2%	28	1.0%	139			1.2%
Smithton		110	1.2%	30	1.1%	140			1.2%
New Athens		117	1.3%	44	1.6%	161			1.4%
Marissa		108	1.2%	26	0.9%	134			1.1%
Redbud		128	1.4%	39	1.4%	167			1.4%
Sparta		116	1.3%	26	0.9%	142			1.2%
Collinsville		149	1.7%	53	1.9%	202			1.7%
All Other		1,945	21.9%	569	20.3%	2,514			21.5%
Total		8,885	100.0%	2,804	100.0%	11,689			100.0%

St. Elizabeth's Hospital

	2013 Population	% of Population at or below poverty	Total
Cities closer to Belleville Location			
Belleville	42,985	14.7%	6,319
Swansea	13,712	9.6%	1,316
Cahokia	14,737	35.9%	5,291
	<u>71,434</u>		<u>12,926</u>
Cities further from Belleville Location			
East St. Louis	26,598	43.5%	11,570
Centreville	5,141	31.4%	1,614
	<u>31,739</u>		<u>13,184</u>

Congress of the United States
House of Representatives
Washington, DC 20515-1312

COMMITTEES AND SUBCOMMITTEES:
COMMITTEE ON
HOUSE ARMED SERVICES
TACTICAL AIR AND LAND FORCES
READINESS
COMMITTEE ON AGRICULTURE
GENERAL FARM COMMODITIES
AND RISK MANAGEMENT
LIVESTOCK, RURAL DEVELOPMENT, AND CREDIT

November 21, 2014

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

RECEIVED

NOV 25 2014

Re: Opposition to Project Application #14-043

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Dear Ms. Avery:

I am writing to express my concern about St. Elizabeth's Hospital's proposal to leave Belleville for a new location in O'Fallon. Their role is critically important to residents within our ethnically and economically diverse community. They are the closest provider for many within our region - especially those to the south in communities such as Smithton, Freeburg and Millstadt.

For as long as I can remember, our Belleville hospitals have dutifully served those in need - all patients regardless of age, status or ability to pay. That is something that has made me particularly proud. Now, I am concerned about access to care for those medically underserved patients who reside in communities south as well as East St. Louis, Cahokia, Centreville and areas of Belleville. St. Elizabeth's proposed relocation does not include a transportation infrastructure plan - leaving these populations without access to critical, timely health care needs.

I'm honored to serve the residents of the 12th Congressional District of Illinois, and as such, I have met with officials from St. Elizabeth's, citizens, labor officials, and various health care officials. Through these discussions, it is apparent to me that St. Elizabeth's does not have a plan for continued medical care to underserved populations in the region. Nor does it have a plan to repurpose the current facility.

Additionally, a new facility has been built for Memorial Hospital. The facility is currently located on I-64, providing adequate medical facilities to those in the O'Fallon area. St. Elizabeth's current location provides emergency services and health care to the growing populations along the Illinois 15 corridor and communities south of Belleville.

1722 Longworth H.O.B.
Washington, DC 20515
(202) 225-5661

SIUE East St. Louis Center
Building A, Room 1051
601 James R. Thompson Blvd.
East St. Louis, IL 62201
Tel: (618) 233-8026

23 Public Sq, Ste 404
Belleville, IL 62220
(618) 233-8026

1330 Swanwick St
Chester, IL 62233
(618) 826-3043

2060 Delmar Ave, Ste B
Granite City, IL 62040
(618) 451-7065

201 E Nolen St
West Frankfort, IL 62896
(618) 937-6402

250 W Cherry St
Carbondale, IL 62901
(618) 529-3791

1100 Main St
Mt. Vernon, IL 62864
(618) 316-9035

WILLIAM L. ENYART
12TH DISTRICT, ILLINOIS

COMMITTEES AND SUBCOMMITTEES:
COMMITTEE ON
HOUSE ARMED SERVICES
TACTICAL AIR AND LAND FORCES
READINESS

enyart.house.gov

Congress of the United States
House of Representatives
Washington, DC 20515-1312

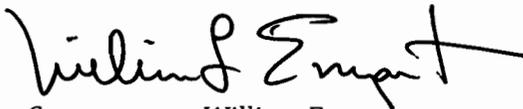
COMMITTEE ON AGRICULTURE
GENERAL FARM COMMODITIES
AND RISK MANAGEMENT
LIVESTOCK, RURAL DEVELOPMENT, AND CREDIT

PLEASE RESPOND TO THE
OFFICE CHECKED BELOW:

St. Elizabeth's current location is perfect to continue to provide services to that area. Building a new St. Elizabeth's facility adjacent to the new Memorial Hospital facility will simply duplicate service in that area while depriving the areas south and west of Belleville of needed medical services.

My wife and I raised our family in Belleville. My sons Jay and Alex went to school downstate and then went on to build a life in Belleville as well. It is truly our home - and for those reasons and more - Belleville and Southern Illinois are very dear to my heart. I see the opportunity to advance medical care and facilities within Belleville and I urge the Health Sisters Hospital System to recommit to its mission and commitment to Belleville and the southern region of Illinois.

Sincerely,


Congressman William Enyart

1722 Longworth H.O.B.
Washington, DC 20515
(202) 225-5661

SIUE East St. Louis Center
Building A, Room 1051
601 James R. Thompson Blvd.
East St. Louis, IL 62201
Tel: (618) 233-8026

23 Public Sq, Ste 404
Belleville, IL 62220
(618) 233-8026

1330 Swanwick St
Chester, IL 62233
(618) 826-3043

2060 Delmar Ave, Ste B
Granite City, IL 62040
(618) 451-7065

201 E Nolen St
West Frankfort, IL 62896
(618) 937-6402

250 W Cherry St
Carbondale, IL 62901
(618) 529-3791

1100 Main St
Mt. Vernon, IL 62864
(618) 316-9035

Mr. Mike Constantino
Supervisor, Project Review Section
Illinois Health Facilities & Services Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

11/22/2014

CC: Courtney Avery

We are opposed to St. Elizabeth's move from Belleville for many reasons which include the following:

① HSHS says this is all about "regional" health care, but they will be leaving the largest city in the region seriously under served in terms of the number of available beds and ER capability.

② HSHS says it has no room for new construction or expansion and yet the hospital sits in the middle of 12 city blocks that could be available for a new/renovated facility.

③ HSHS says that the hospital is not up to today's medical standards or needs. Whose fault is this? HSHS has deliberately allowed this facility's current state to happen by not reinvesting in upgraded facilities or ordinary maintenance so that the hospital appears inadequate.

④ HSHS says the hospital runs at a loss. However, a look at the books may show that costs not related to St. Elizabeth's have been charged against this hospital to dilute their profitability.

⑤ If HSHS is so committed to the region, how does it explain its expansion to a subsequent abandonment of their facility in Columbia/Waterloo? Now Belleville - after 140 years - is being

Mr. Mike Constantino
Supervisor, Project Review Section
Illinois Health Facilities & Services Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

CC: Courtney Avery

a bandoned because The corporation seeks greener pastures. If This is Their corporate history, it's possible That, if Things don't work out for The corporate bottom line, They will abruptly leave O'Fallon as well. Regional healthcare is not what drive This corporation. Profit is what they're after.

⑥ HSHS's strong suit is not veracity. Transparency and truth telling are not a part of This discussion by This corporation. It's clear They cannot be trusted to do what they say they're going to do — This especially applies to Their vague intentions for The Belleville site.

Ted and Julie Harvey
26 Powder Valley Dr.
Belleville, IL 62223

November 24, 2014

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

Re: Opposition to Project Application #14-043

Dear Ms. Avery:

As a retired Circuit Judge in southern Illinois, many people have walked in and out of my courtroom. The areas I served were comprised of Southern Illinoisans from many different social, economic, and racial backgrounds.

Due to the diverse social fabric that comprises Belleville, it is imperative that we have a hospital in physical proximity to the heart of the city – St. Elizabeth's satisfies that need. Its current location allows those without easy access to transportation a health care facility within reasonable distance. To move the St. Elizabeth facility to O'Fallon, would mean these vulnerable populations no longer have timely access to critical medical care.

One concern outlined by St. Elizabeth's administration is the need to expand and further develop state-of-the-art facilities. The current location not only provides for that opportunity, but St. Elizabeth's continually takes advantage of it. In recent years, the hospital has torn down several buildings in downtown Belleville to build a new cardiac facility. Additional buildings were torn down to create ample parking for the facility – all at the promise of St. Elizabeth's commitment to the city of Belleville and surrounding areas.

A portion of the Hospital Sisters Health System (HSHS) mission is as follows, "with special attention to our brothers and sisters who are poor, underserved and most vulnerable." I fear that HSHS is abandoning their mission of serving the underserved in southwestern Illinois in order to find a more lucrative location in O'Fallon.

Lastly, it is important to note that O'Fallon is already being served by Memorial Hospital. I do not believe that it makes fiscal, medical, or social sense to abandon a working facility in an underserved area in order to relocate to an area already being served.

Sincerely,



Judge Annette Eckert (Ret.)

MR. LARRY KENT MOORE
214 N. VIRGINIA AVE.
BELLEVILLE, ILL. 62220
(618) 233-5146
EMAIL ADDR.: NONE
RE: PROJECT #14-043

DEAR ILLINOIS HEALTH FACILITIES & SERVICES REVIEW BOARD:

I STRONGLY OPPOSE THE MOVE OF ST. ELIZABETH'S HOSPITAL. I WAS AT THE FIRST HEARING OCT. 2ND, AND ALL THAT I HAVE SEEN BOTH THERE AND SINCE LEADS ME TO THE CONCLUSION THAT THIS IS WRONG, WRONG, WRONG! MOST OF THE PEOPLE SPEAKING FOR THE MOVE AT THE HEARING, AND IN THE MEDIA SINCE, HAVE BEEN THE ST. ELIZABETH'S HIERARCHY (WHO ARE ORCHESTRATING THIS MISTAKE), PEOPLE WHO WORK FOR THEM (BE HONEST, MANY PEOPLE WON'T SPEAK PUBLICLY AGAINST THE PEOPLE SIGNING THEIR PAYCHECK), AND PUBLIC OFFICIALS OF THE JURISDICTION ST. ELIZABETH'S WOULD BE MOVING TO (WHO WELCOME MORE BUSINESS, TAXES, ETC.). THE PEOPLE SPEAKING AGAINST THE MOVE HAVE BEEN THE MEDICAL AGENCIES, HEALTH INSTITUTIONS, DOCTORS, AND JUST PLAIN FOLKS WHO SEE THE NEGATIVE IMPACT OF THIS MOVE.

THE PRO-MOVE PEOPLE TOSS ABOUT TERMS LIKE "REGIONALISM", "PROGRESS", AND "SERVICE", YET THESE LOFTY WORDS COULD BETTER BE FULFILLED BY STAYING IN BELLEVILLE IN A NEW OR REBUILT FACILITY. THE COST FIGURES THEY USE TO JUSTIFY A MOVE ARE QUESTIONABLE, AND EVEN IF YOU TAKE THEM AT FACE VALUE ARE ONLY APPROXIMATELY 20% MORE TO STAY IN BELLEVILLE. SERVICE TO THE POOR AND NEEDY, OF WHOM WE HAVE MANY IN THE WESTERN PART OF THIS AREA, WILL BE HURT IF THEY MOVE EAST TO O'FALLON, AS WILL SERVICE TO PEOPLE SOUTH OF ROUTE 15. SOME OF THE "FACTS" THEY USE TO JUSTIFY A MOVE ARE THE SAME "FACTS" THEY USED IN OPPOSITION TO MEMORIAL HOSPITAL'S EARLIER BID TO BUILD A SATELLITE HOSPITAL IN ~~SHILOH~~ SHILOH, NOT FAR FROM THE PROPOSED NEW ST. ELIZABETH'S SITE.

IN SUM, THE ST. ELIZABETH MOVE IS WRONG FOR REGIONALISM, WRONG FOR PROGRESS, AND WRONG FOR SERVICE.

RESPECTFULLY,

Larry Kent Moore



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Roger Mueller

Address 1830 Raab Ave

City Belleverille State IL Zip 62226

Signature Roger Mueller

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NA

III. Testimony (please circle)

Oral

Written

11/24/14

P.1

Members of the Health Facilities & Services Board,

1. Regarding "lack of access":

a. St. Elizabeths ^(St. Es) is within 4-5 minutes of IL Rte 15 & 2-3 blocks from IL Rte 159 (No. / So Illinois St.) as well as 2-3 blocks from West / East Main St. People have had no trouble finding it for close to 150 years and that was before GPS.

2. ^{St. Es} The has "semi-private rooms while contemporary standards call for private rooms":

a. The current facility has around 300 beds, while the new facility will be 144 beds. Answer - Remodel existing for 144 beds.

3. Regarding "some patient rooms have no doors which compromises HIPPA compliance."

a. I work at the VA in St. Louis and had a project to replace curtains ^{with doors} on rooms in the Emergency Department - no problem.

4. Regarding "lack of bathing facilities in each patient room" ???

a. I have been a patient as well as visited friends at St. Es over the years and have NEVER been to a patient's room that did not have bathing facilities connected to its room.

11/24/14 P.2

5. Regarding "Main hospital facility is over 60 years old and functionally obsolete".

a. As stated earlier, I am employed by the Veterans Administration in St. Louis. The main portion of John Cochran was built in the early 1950's while buildings at Jefferson Barracks have been constructed in 1930's, 40's and early 50's. These buildings have been and being remodeled/retrofitted with the latest technology/equipment.

b. If St. Es is 'functionally obsolete' why did they add a huge addition with state of the art equipment - Southern Illinois Heart Institute - approximately 15 years ago.

6. Regarding the statement that "a new boiler is needed or going to be going to be needed."

a. This is referred to as a cost of doing business. We don't build new facilities/homes if a roof or furnace needs replacing.

7. Regarding "lack of adequate hand washing stations." I would be curious how St. Es has received accreditation for all these years if this were the case.

8. I would like to point to a number of statements/information from St. Es that are cause to question the management's credibility:

a. When the former Cathedral High School Facility (cont)

11/24/14

P.3

B. a. ^(cont.) ~~the~~ was torn down (there was nothing physically wrong with it, it had been updated and was being used by St. E.) a few years back, St. E's official statement was that a new building was going to be built in its place. It is still a vacant lot???

b. When information about a possible move first came out, St. E's said the new facility would be a satellite type of operation, but main hospital would remain???

c. At some time, they said they moving completely - now they are stating they are going to have a clinic/diagnostic center in Belleville???

I ^(BND)
d. An article in the Belleville News Democrat (August 27, 2014), Maryann Reese stated it would cost twice as much and take twice as long to retrofit the existing to correspond to modern day medicine. However, in an article in the BND (November 11, 2014) per the Certificate of Need (CoN), the cost to replace the hospital at the current site: \$365 million; the cost to upgrade current building: \$353 million. Projected cost of new facility has been announced as \$300 (do not know if cost of land is included). Last time I checked $2 \times \$300$ million = \$600 million vs \$353 million in CoFN

11/24/14

P 4

8. e. Only recently has Mr. Reese stated St. Es plans are to demolish existing buildings. The CoP N states property to be put up for sale for possible reuse ???

f. If demo to occur shouldn't the cost be also added in - I doubt there will be too many buyers in a hospital building (St. Josephs in High land tore down the old building; however, the new building was an expansion).

9. Speaking of expansion, another argument for moving is they are currently "landlocked".

a. How can you advocate for needing more land when the facility is downsizing its bed capacity from approximately 300 to 144 ???

b. Again, referring to the addition of the Southern Illinois Heart Institute, why would one go to all this expense if they felt the facility lacked in land ???

10. As far as age of buildings and access, Memorial's original buildings are almost as old and the accessibility is not as good - yet they are doing VERY well.

Thank you.

Sincerely,

Roger Mueller

Re: Project Application #14-043

Nov. 20, 2014

Dear Ms. Avery and Mr. Constantino,

I am writing in opposition to the application St. Elizabeth's Hospital has submitted to the Certificate of Need board requesting permission to relocate their hospital.

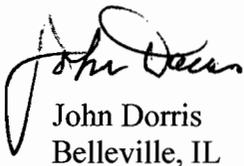
I am extremely unhappy with the atmosphere the HSHS has created in Belleville. Their actions are pitting loyal Belleville citizens against each other as well as spreading numerous untruths. I am certainly at the point that I believe no statements issued from St. Elizabeth's Hospital administration or their HSHS parent organization.

Every day St. E's proclaims new information, new plans, new revisions, and a new slant to their original release of documentation supporting their actions. They have constantly been challenged with proof of their erroneous comments. A huge amount of their time is being spent on "spinning" the honest factual information presented to the public by the "Oppose the Move" group. It is appalling to me the despicable actions, verbiage, and pressure a supposedly Christian entity is exhibiting. They have certainly lost my trust and respect for them.

A friend who sits on the St. E's board begged the hospital administration to just be honest with the public, but Mary Ann Reese chose instead to become deceptive. She has evidently felt the public should not know the true reasons the hospital is leaving Belleville. Now, she as well as her Springfield bosses, are destroying the camaraderie of the city. Citizens are blaming the Catholics when indeed it is not the general Catholic population, but the leaders leading the hospital and HSHS parent organization. At the beginning of the St. E's announcement, many, many priests in the area were strongly against the new hospital, but I'm not for sure now how many can publicly oppose the project. They were gathered together and told what their position must be. It is very sad that they are not allowed to be their own person.

I beg you to consider the implication on the city of Belleville if the certificate of need is granted to St. Elizabeth's Hospital to vacate her 140 year old home place. Thank you for your time in listening to me. I applaud the board for all the time and energy put forth in rendering the decisions.

Sincerely,



John Dorris
Belleville, IL

Re: Project Application #14-043

November 19, 2014

Dear Ms. Avery and Board Members,

I am opposed to St. Elizabeth's Hospital application to build a new hospital.

We have all heard the quotation "a picture is worth a thousand words". This is exactly what the map published on Nov. 9, 2014 by the Belleville News Democrat concerning the St. E's project demonstrated to the public. It very graphically illustrated the impact the relocation of St. E's will have on the entire area of three counties. It was an eye opener to the public. I urge the board to look at the map and consider carefully the message it is conveying.

Many people were not so concerned about the issue because they stated Belleville still had Memorial Hospital. What they failed to realize is that when the new Memorial East opens, Belleville will have 94 beds less plus the area where St. Elizabeth's is proposing to build will become oversaturated. The absence of St. E's in Belleville will put an extreme strain on the Memorial Hospital emergency room. Memorial has just recently reconfigured their outpatient area in order to add more space to the emergency department. Just think what the wait time and frustration will be added if St. E's is gone.

Privately the HSHS confirms that they are leaving Belleville to flee the poor, but of course that can never be talked publically. If the HSHS organization was any kind of business success, they would take a lesson from hospitals across the river who are very successful in remodeling, renovating, and adding additions. They certainly did not abandon St. Louis. St. E's should follow their lead.

I am asking the Illinois Health Facilities and Services Review Board to deny the application for St. Elizabeth's Hospital certificate of need. Other than fleeing the poor (and that is not really a good reason), St. E's has no good reason to leave Belleville. Their presence is not needed nor will be missed in O'Fallon, but certainly will be missed and is needed in Belleville.

Thank you for considering my request.

Sincerely,



Janice K. Dorris

Belleville, IL

Dear Review Board Members,

I understand that St. Elizabeth's Hospital has filed an application with your Board to move from Belleville to O'Fallon, Illinois. I oppose this move.

The following information can be verified in two separate articles in the St. Louis Post-Dispatch, dated 12/22/2010 and 12/8/2010, respectively...

- In 2006, St. Elizabeth's Hospital constructed a building at 9538 Caring Way in Monroe County, Illinois. The \$6 million, 3-story, 30,000-square-foot medical building was an Urgent Care Center with an emergency physician, lab services, x-rays, mammograms, CT scans, a sleep center and physical therapy. Four years later, in 2010, St. E's shuttered the building "because patient numbers didn't meet their expectations."
- Bill Rebholz, director of the Southern Illinois Center for Health in Monroe County, said the closure did not come as surprise. "To be honest, we were scratching our heads when they built that building because that facility was offering things that were already being offered 7 miles away."

Fast forward to 2014...

- Four years after it shuttered its doors, St. E's is still looking to sublease its space in Monroe County. They have a long-term lease with the building owner, Holland Construction Services. Annual rent totals are reported to be in the high six figures. Is St. E's using these figures from the Monroe County debacle to inflate the loses at St. E's Hospital in Belleville?
- Memorial Hospital is currently building a brand new hospital 1.5 miles from the proposed location for St. E's new hospital. Both history and common sense would seem to indicate that the competition for customers between these two facilities will be fiercer than in Monroe County.

Why should local communities be the ones that have to suffer because of poor business policies and decisions of hospital CEO's and CFO's? Why are these people not held accountable for making bad business decisions?

Yours truly,



Barbara Ducey
7 Ridge Lane
Belleville, IL 62223
(618)398-6435

To the Members of the Hospital Review Board:

I oppose St. Elizabeth's request to move to O'Fallon, Illinois.

In a recent opinion piece written by Maryann Reese in the Belleville News-Democrat, Ms. Reese made the following comment:

“To residents who worry about the effect on Belleville businesses, it is important to remember that our nurses and clinicians currently use the hospital cafeteria almost exclusively for their meal breaks. Many of our colleagues who remain on our Belleville campus will be more likely to visit a restaurant on Main Street during their lunch break since the cafeteria will be relocated.”

Obviously, Ms. Reese clearly misunderstands our concern. Why does she refuse to address the REAL issue?

What about the loss of 1,200 jobs?

Yours truly,

A handwritten signature in cursive script that reads "Donna Dougherty".

Donna Dougherty
23 Signal Hill Boulevard
Belleville, IL 62223
(618)398-6836

Re: Project Application #14-043

Nov. 21, 2014

Dear Ms. Avery:

I am requesting the Review Board deny St. Elizabeth's Hospital application to build a new hospital in O'Fallon, IL.

Since August, I have been following, with interest, the issue of St. Elizabeth's Hospital filing a request to move their facility out of Belleville. I find it very interesting that the opposition to the move has come from civic minded community members genuinely concerned about the future of their city. They do not have an ulterior motive. The supporters, on the other hand, have come mainly from either the Catholic organization itself or people coerced and blackmailed into support. I know personally of one support letter in which the author simply stated a lie that his family had been well served by St. Elizabeth's. Indeed his family has never been a patient or treated by St. Elizabeth's. In fact both his parents had served on other area hospital boards. This person privately stated that he had been harassed so much by St. E's that he finally wrote a letter of support. There is also another instance where six support letters are exactly word for word the same, but signed by six different people. Indeed one of the signees lives in Springfield. I wonder what interest that person has. I also wonder how many other support letters are from the same circumstances.

As a resident of O'Fallon I feel my health care needs will be more than satisfied by Memorial East when they open their doors in early 2016. An additional hospital is not needed in our area.

There have been many thought provoking rebuttal facts brought to light when the opposition examined statements made by St. Elizabeth's administration. The opposition group's statements are backed completely by facts whereas the support group just makes statements with no support proof documentation. They have been very deceptive in answers to the public and organizations.

After reading and sorting through all the information both written and verbal, I am very concerned that St. E's is moving to O'Fallon for all the wrong reasons. Please look at facts closely in rendering your decision and leave St. Elizabeth Hospital in Belleville. Thank you for your time.

Sincerely,



Lucille Pressnell, PhD.

Cc: Mike Constantino, Supervisor

To Whom It May Concern:

I am writing this letter because I oppose St. Elizabeth's request to move from Belleville to O'Fallon.

Over the past several months, the Belleville New-Democrat has published several opinion pieces written by the powers that be at St. Elizabeth's Hospital. On numerous occasions they have said that closing their hospital will have little impact on my hometown. But anyone, with even a smidgen of common sense, knows otherwise.

I have 2 major concerns.

First... St. E's owns 12 blocks in the core of downtown Belleville. On those 12 blocks sits a multi-story hospital and parking garage, and rows of medical buildings that house everything from doctors' offices to outpatient services. The enormity of their campus is impressive when you're walking at street level. It is staggering when you look at an aerial view of all the properties they own. St. E's wants you to believe that their leaving will have little impact on my hometown. The sheer magnitude of their city campus says otherwise. Please tell me what a city is supposed to do when 12-square city blocks are abandoned? And they will be – eventually – because all the doctors and support services will follow the hospital. Maybe not today. Maybe not tomorrow. But eventually. They always do.

Second... Has St. E's given the Review Board written plans – with architectural drawings and specific costs – of exactly what they plan on leaving behind if they are allowed to move to O'Fallon? If the Urgent Care facility St. E's has talked about opening does not attract the number of patients they say they must have in order to be profitable, can they close up shop without making a request to the Review Board? Are there any consequences to St. E's – financial or otherwise – if they say one thing now and change their minds in a year or two down the road? Can you give my hometown any assurances that promises made now must be kept – no matter how far down the road we go?

In closing, I want to thank you for allowing me the opportunity to voice my concerns.

Sincerely,



Jane Freeland
3 Ridge Lane, Belleville, IL 62223
(618) 397-5538

November 25, 2014

Mr. Mike Constantino
Supervisor, Project Review Section
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Cc: Courtney Avery

Re: Opposition to Project #14-043 – St. Elizabeth's Hospital Moving to O'Fallon

Dear Mr. Constantino,

I am writing today to express my deep concern and opposition regarding St. Elizabeth's Hospital's request to close their hospital in Belleville, IL and relocate to O'Fallon, IL. Belleville is the largest city south of Springfield, IL with over 44,000 residents. If St. Elizabeth's moves to O'Fallon, the residents of Belleville and neighboring cities will undoubtedly feel the strain and loss of the close proximity of medical services which our community has relied on for over 140 years.

The cities south of Belleville will also be affected by this proposed move. The cities south of Belleville currently have fewer hospital beds than the cities north of Belleville. I personally have several family members that live south of Belleville that all depend heavily upon the services of St. Elizabeth's Hospital in Belleville. My family members in Smithton, Red Bud and Chester along with countless residents in those areas will have to drive greater distances if St. Elizabeth's Hospital moves to O'Fallon. Memorial Hospital is already building a satellite hospital in Shiloh, IL, just one mile away from St. Elizabeth's proposed site.

Numerous residents of Belleville are very concerned about the significant impact and the negative ripple effect this could have on our community. St. Elizabeth's Hospital currently serves those who depend on our mass transit system to get to and from the hospital and their neighboring doctor's offices. Belleville is home to the St. Clair County Courthouse. Countless people travel to Belleville throughout the week to conduct business at the courthouse which is extremely close to St. Elizabeth's Hospital. Belleville is also home to 3 high schools and numerous grade schools. The medical need of countless children will be affected if St. Elizabeth's Hospital were to leave Belleville and move further away. St. Elizabeth's Hospital is already conveniently located near Highway 15 which gets far more local traffic than Interstate 64 which is close to St. Elizabeth's proposed site.

The current St. Elizabeth's Hospital in Belleville is already in the perfect proximity to service the needs of the entire region. The greatest need for medical care lies here in Belleville, in the heart of the largest population of the metro-east region.

Sincerely,

Corin Clifford
Belleville, Illinois

Project #14-043

Mr. Mike Constantino
Supervisor, Project Review Section
Illinois Health Facilities & Services Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

CC: Courtney Avery

In your mind does it make sense that if St. Elizabeth's relocates to O'Fallon, that the other medical services that border the hospitals will remain? Will there actually be an urgent care center?

According to St. Elizabeth's certificate of need application, in the narrative it states, "St. Elizabeth's proposes to modernize certain buildings at its current location. These buildings will continue to provide ambulatory services including same day access clinic, laboratory, general radiology, mammography, and outpatient therapy". Sounds great, doesn't it? On October 21, 2014, the CON board requested clarification of 16 points. One question requested "What is the average age of the buildings on the Belleville campus?"

St. Elizabeth's responded to the questions on November 13 to the CON board. To quote Sue Beeler, St. E's project manager, "The current hospital campus has many buildings on it. The attached map of the campus reflects building designation and age. The only buildings with hospital services are the inpatient building, Lincoln Tower and the Cardiac Services building and the average age of these buildings is 55 years. The warehouse and Garfield building will be vacated along the Lincoln Tower and Hospital building. The Hospital was asked to work with the City or any interested party to re-purpose them. The Cardiac building is 15 years old, but relies on the Hospital's central utility plant. The remaining buildings will be used to provide outpatient services, physician office space, as described in the application."

The problem? The SIHI building is connected to the boiler, as are all the other buildings. They have spoken about the boiler being too costly to fix and that is one reason they are moving. Also there has been talk of the SIHI building coming down because it is connected to central utility plant. Then, what's to stop them

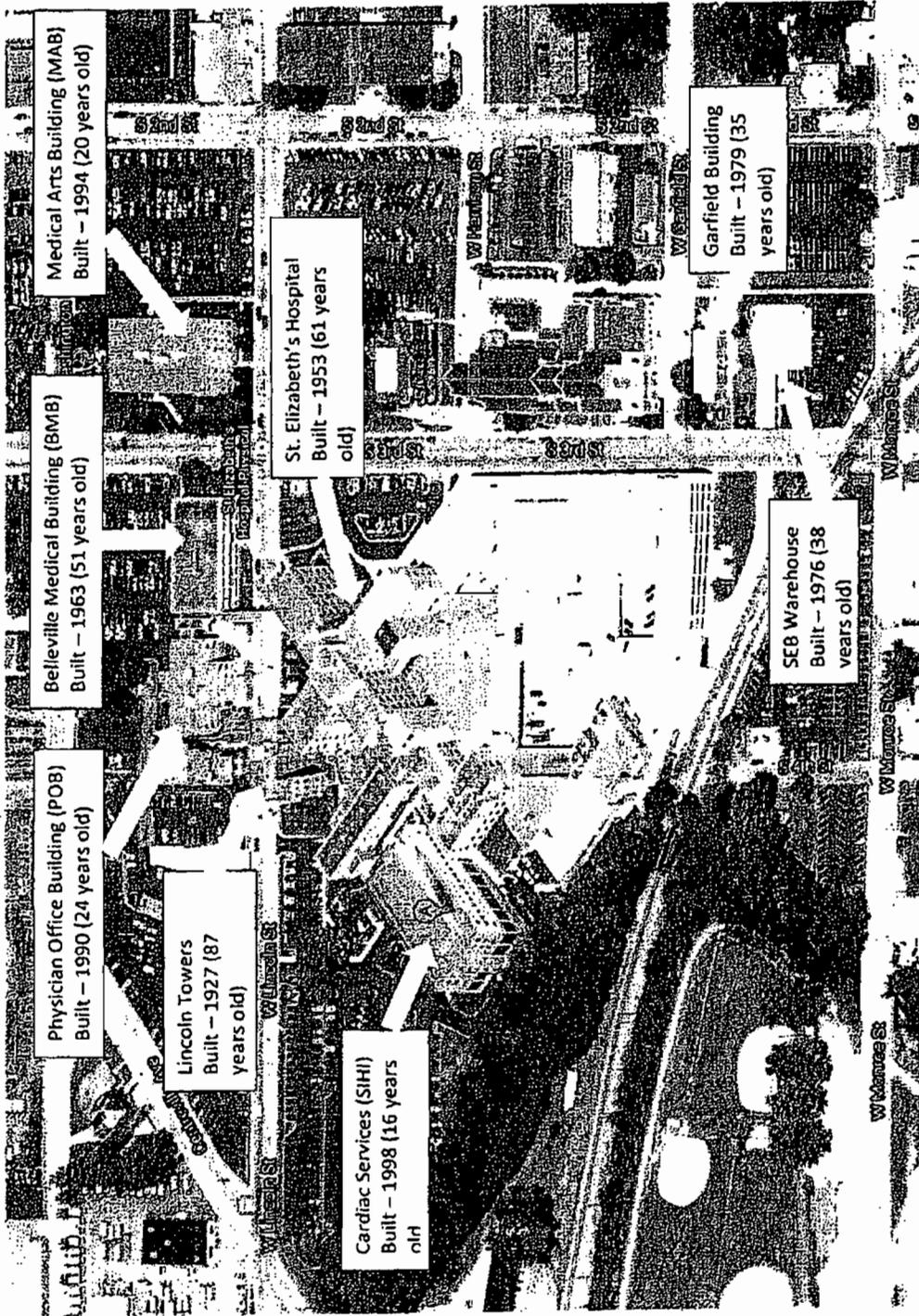
from tearing down all the buildings? Where will the urgent care be? Or will there be an urgent care?

On page 76 in the CON application, they state" The entire hospital will be discontinued and replaced .Anticipated Physical Plant and Equipment use, Existing Hospital will be vacated. The hospital will continue to maintain it until an appropriate re-use (if any) can be decided upon." HMMM, what happen to urgent care?

I fear for the trickle down affect this will have on the city of Belleville. First, why will the doctors stay in the offices across from the current location? Especially with NO urgent care! They are building new facilities for them in O'Fallon, and St. E's is paying over \$34 million in rent to the contractor who builds them. (Sounds like the tale of Waterloo). St. E's states they have to build new to attract doctors. So what is the incentive to stay at offices in Belleville? Especially with NO urgent care! There will be over 12 blocks gone in the heart of Belleville. A community that has been revitalizing for the past thirteen years and doing it successfully. To vote for this move will be the beginning of the end for a 200 year old city that has supported the sisters for 140 years.

This is a tale of not only Waterloo (urgent care) but also Christian Welfare and St. Mary's. That move destroyed the once All-American City of East St. Louis. Will it do the same for Belleville, an All American City in 2011?

Robert Gregory



Medical Arts Building (MAB)
Built - 1994 (20 years old)

Belleville Medical Building (BMB)
Built - 1963 (51 years old)

Physician Office Building (POB)
Built - 1990 (24 years old)

Lincoln Towers
Built - 1927 (87 years old)

Cardiac Services (SIH)
Built - 1998 (16 years old)

St. Elizabeth's Hospital
Built - 1953 (61 years old)

Garfield Building
Built - 1979 (35 years old)

SEB Warehouse
Built - 1976 (38 years old)

W Main St

W Market St

W Main St

W Market St

Sharon S. Strausbaugh
301 Sherman St.
Belleville, IL 62221
(618) 235-3060

Friday, November 21, 2014

Mr. Mike Constantino
Supervisor, Project Review Section
Illinois Health Facilities and Services Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Re: Opposition to Project #14-043 - St. Elizabeth's Hospital Moving to O'Fallon

Dear Mr. Constantino,

As a life-long resident of the City of Belleville, IL, I am shocked and deeply concerned by St. Elizabeth's Hospital's desire to abandon the city that has supported it for 140 years. Eliminating the services that are provided by St. Elizabeth's Hospital (St. E's) in our community and relocating it to O'Fallon, IL, only a few miles from Memorial Hospital's new 94 bed facility in Shiloh, IL, makes no sense to me at all. Up to now, I have never questioned that St. E's shares the same mission as the Catholic Church, which is to cater to those in need.

As the county seat of St. Clair County, Belleville has the reputation of being a community with a strong healthcare network offering two excellent hospitals; St. Elizabeth's and Memorial. These hospitals, coupled with award winning schools offering Pre-K through College classes, and the excellent variety of places to worship, including The Cathedral of St. Peter, the largest cathedral in Illinois (located across the street from St. Elizabeth's Hospital), have helped to make Belleville a vibrant and economically strong and progressive community; a community where families choose to live, work and play.

In terms of the impact on our city, the elimination of 1200 jobs will have a strong negative economic impact that will be felt by the businesses these 1200 people have supported, particularly in our downtown business district; restaurants, dry cleaners, pharmacies, gas stations, etc. Many of these businesses have invested heavily to establish and maintain our popular downtown Shopping & Dining district that was completely renovated in 2007. In addition, these same businesses stand to suffer the loss of revenue from the hundreds of people that would patronized our local businesses while visiting patients or receiving outpatient medical care each day at St. E's.

Sharon S. Strausbaugh

301 Sherman St.
Belleville, IL 62221
(618) 235-3060

From a personal perspective, as an individual having received emergency care from both hospitals in Belleville for myself, my family members, and friends, it is clear that this community must have two emergency rooms. The wait time at both facilities is already way too long. Eliminating St. E's emergency services will severely and negatively impact the quality of emergency service care we have come to know in our community. The outcome that this additional demand will place on Memorial Hospital can only result in an overcrowded, inefficient, ineffective ER at what will be the only remaining hospital facility in Belleville.

I am also extremely concerned for my family and friends that live in communities south of Belleville, particularly Freeburg, Millstadt, Smithton and Columbia, IL, and the life-threatening impact that longer travel times will cause if St. Elizabeth's relocates 6 – 7 miles northeast to O'Fallon. This is especially concerning in the case of emergency situations such as EMS traumas and cardiac arrests. Since the majority of inpatients at Belleville hospitals begin their care in the ER's, Belleville must continue to be supported by a minimum of two emergency rooms.

In this day of modern medicine with advanced medical technology and more outpatient services than there were 140 years ago, it is understandable that St. Elizabeth's Hospital current facility in downtown Belleville with multiple underutilized floors of hospital rooms with 300+ beds may be too large. While our community can afford reasonable downsizing of the current facility, it cannot recover from a total abandonment of an entire emergency room, intensive care services, and 200 functioning hospital beds.

Since Illinois' Certificate of Need process is in place to make sure that everyone has access to healthcare and that all communities are served well, I ask that you please consider the issues I have addressed in this letter, and deny St. Elizabeth's request to discontinue the acute care hospital at 211 S. Third Street in Belleville in order to establish an acute care hospital in O'Fallon, IL.

Thank you.

Sincerely,



Sharon S. Strausbaugh

November 24, 2014

Dear Illinois Health Facilities & Services Review Board:

There is no greater contribution to a fellowship than the community hospital. The relationship between those in need and those in the medical field who serve them, is the literal lifeblood of the health and well-being of a community and their citizens.

St. Elizabeth's Hospital has dutifully served the citizens of St. Clair County and surrounding area for over a century and we implore the Hospital Sisters of St. Francis to continue their ministry and mission in Belleville.

Tens of thousands of people in Belleville and the surrounding areas will lose close community access to healthcare if St. Elizabeth's departs Belleville to move to O'Fallon.

We implore you to please consider the health and well-being of the tens of thousands of human beings who rely on St. Elizabeth's in Belleville for their healthcare and stay in Belleville.

We know that the Hospital Sisters of St. Francis truly want to minister to those with the greatest needs and those who may be underserved. That mission is only truly attained by St. Elizabeth's continuing their mission in Belleville.

Thank you for your consideration.

Respectfully,

Kathy Simmons
Belleville, Illinois

Project #14-043

Mr. Mike Constantino
Supervisor, Project Review Section
Illinois Health Facilities & Services Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

CC: Courtney Avery

November 14, 2014

It is with great sadness that I write this letter of opposition against St. Elizabeth's move to O'Fallon. As a lifelong Catholic, I have been supportive of the Catholic Hospitals and School Systems. It is very distressing to see that the Hospital Sisters are leaving our community after 140 years. They are leaving behind their original mission to help the underserved. They may say they aren't moving for a better pay mix, but they are. It would be interesting to see if Saint Elizabeth's has ever done a study on patient pay mix.

It seems that the sisters have been hijacked by corporate America.

Sincerely,

A handwritten signature in cursive script that reads "Mary Jo Forster". The signature is written in black ink and is positioned below the word "Sincerely,".

Mr. Mike Constantino
Supervisor, Project Review Section
Illinois Health Facilities & Services Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

CC: Courtney Avery

Does St. Elizabeth truly understand the largest community they have been serving for the last 140 years? Just the fact that they seemed to be shocked at the 600 people in attendance at the public hearing on Oct. 2, 2014 speaks volumes of the disconnect they have with the people of Belleville. Another example of "head in the sand" is the placement of the billboard on Route 15 at the entrance to -Belleville-the city they are leaving-suggesting writing letters of support to move to O'Fallon.

They also have no idea about economic issues which may be the reason they are in trouble with economic management. According to Maryanne Reese, CEO of St. Elizabeth's as stated in her guest view point "Moving St. E's is best for the region's health" on Sept 7 in the BND, the Belleville community will not be economically affected by this move. I quote from the viewpoint," To residents who worry about the effects on Belleville businesses, it's important to remember that our nurses and clinicians currently use the hospital cafeteria almost exclusively for their meal breaks. Many of our colleagues who will remain on our Belleville campus will be more likely to visit a restaurant on Main Street during their lunch break since the cafeteria will be relocated." So this is the ECONOMIC IMPACT on a city that will lose over 1200 jobs in their community, lose 12 city blocks, vacated doctor's offices etc, over crowd the ER at the one hospital remaining?" Total disconnect or just not caring at all about their 140 year relationship with our community?

Please consider the adverse effect this will have on the city of Belleville.

*Sincerely,
Michelle Reese
City of Belleville Park Dept*

Project #14-043

Mr. Mike Constantino
Supervisor, Project Review Section
Illinois Health Facilities & Services Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

CC: Courtney Avery

Dear Mr. Constantino,

I am very hopeful that project #14-043 will be denied. It is very disturbing to think that the Sisters of St. Francis are abandoning their mission. They say they aren't but the facts seem to speak a different story. Using their own words and figures from their community benefit report, the CON application and news articles, you can see a different tale emerging. Is this a repeat of the tale of 2 hospitals, Christian Welfare and St. Mary's in East St. Louis. The closure of Christian Welfare had an enormous impact on St. Mary's and the city of East St. Louis in a negative way. Is this history repeating itself?

The CON board requested 16 questions to be answered by St. Elizabeth on Oct.21 in reference to their CON application. Question 12, "Are you expecting the same payer mix at the new hospital as the old hospital? Please provide the expected payer mix at the new hospital?" In the score card that they submitted on Nov.13, 2014 in response to financial analysis comparing an O'Fallon location and a location at SWIC campus in Belleville, they address this issue. The scoring was based on demographics, payer mix, usage and physician use, O'Fallon received a high mark of 30, compare to the score of 17 for the hospital location by the SWIC Campus.

In the response they state "Also, Belleville, while it as a City has a lower overall average income than O'Fallon, is not an economically challenged community." Really? This statement has not been researched thoroughly enough. They stated in their 2012 Community Benefit Report, that the Community Needs Index for zip code 62220, which is where they are currently located, has a score of 4, on a scale of 1-5 with 5 being the

highest need. According to the 2014 Illinois Interactive Report Card, overall the largest elementary district in Belleville with student population 3,901, serves free and reduced lunch to 64.8% low income students. O'Fallon CCSD Elementary Unit 90, student population of 3,882, has 21% free and reduced lunch students. In the high school comparison, Belleville District 201, with 5004 students, the free and reduced lunch percentage is 40.5%. Conversely, O'Fallon High School District 203, student enrollment of 2,484, serves free and reduced lunch to 20.9%. If you look at the number, Belleville District 201 has twice as many students as O'Fallon District 203. Therefore twice as many students are low income in Belleville.

When you look at these figures are they leaving their mission? In the score card submitted to the CON board on Nov.13, St. Elizabeth's also measured the support for their Franciscan mission, "The mission of HSHS St. Elizabeth's flow from our sponsors the hospital sisters of HSHS who are particularly interested in helping the sick, the aged, the poor and terminally ill. For the sisters and those of us who wish to join with them through our affiliation with the Hospital Sisters Health System, "Our mission is to reveal and embody Christ's healing love for all people through our high quality Franciscan health care system. Belleville was ranked with 25 points, O'Fallon received a score of 18.

Score card, MISSION Belleville 25 points! PAYER MIX O'Fallon 30 points!

This speaks volumes and indicates to me that this is about money, therefore in my opinion they are leaving their mission by abandoning Belleville and the residents south of route 15.

Sincerely

*Arthur Belleville, Director
City of Belleville - Parks Dept.*

Project #14-043

Mr. Mike Constantino
Supervisor, Project Review Section
Illinois Health Facilities & Services Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

CC: Courtney Avery

To whom it may concern,

I am writing in opposition of project 14-043. There has been much discussion on the age of St. Elizabeth's Hospital building. According to page 95 in their CON application, "The current hospital facility opened on the existing site in the 1950's. It cannot support contemporary medical technology."

This is difficult to understand, since the building is only 4 years older than the other hospital in our community, Memorial Hospital. Memorial Hospital over the years has reinvested in their hospital, remodeled and added on. It is a beautiful facility, well maintained with excellent medical technology. Unfortunately in the recent years, as St. Elizabeth's has been planning to move, they have been negligent in upkeep of their facility. It would be interesting to see if they have ever been sighted by Illinois Hospital oversight boards. I do know they have been named one of the 10 worst hospitals in Illinois, according to Consumer Report (June, 2014 Reboot Illinois website). These were ranked on infections, amount of c sections, and readmissions. St. Elizabeth's was #6 and St. Mary's in Streator, Illinois was #5. Both are HSHS hospitals.

I was also taken aback by the statements made by Susan Beeler, project manager of Project 14-043. Stated in yesterday's Belleville News Democrat (Nov.23, 2014), Ms. Beeler says "However, a replacement hospital on site or modernizing the existing hospital would take between five and eight years." Are they talking about 350,000 square feet which is proposed for O'Fallon or duplicating the existing hospital which is 1,000,000 square feet? Whose to know since it is never

stated anywhere in the 493 page CON application. The other facts not stated, but may leave you wondering, where did the figures come from, who is the source, in the application for replacement or modernizing in Belleville? Still looking.

"In addition, containing the dust and other possible issues that could cause infection increases the time and cost of the projects." "When you have dust, you have germs", she said. "A lot of patients would not go to a hospital that is under construction." Tell that to Barnes Jewish, SLU, Cardinal Glennon Children's Hospital, and all the other hospitals who had real vision. They chose to stay in their urban communities, remodel, rebuild and add on. The outcome? Not dust and germs, but a positive increase in their reputation and success.

Thank you for taking the time to consider my message.

Nancy Schutte
NANCY SCHUTTE
6 SPRINGWOOD CT
BELLEVILLE, IL
62220

Mr. Mike Constantino
Supervisor, Project Review Section
Illinois Health Facilities & Services Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

CC: Courtney Avery

To Whom It May Concern,

I am writing today to point out something very interesting in the 2012 Community Benefit Report produced by St. Elizabeth's Hospital in Belleville, Illinois. On page 15 of this report, they show their primary and secondary service areas. I found it strange that East Saint Louis is not located in the primary service area since it is strategically located near St. Elizabeth's and only 2.5 miles from the other community care facility, Memorial Hospital. With that being said, the communities of Belleville, Columbia, Lebanon, O'Fallon, Millstadt, Freeburg and many other small towns are in their current primary area. If you look closely at the map, you will see that the city of Belleville is right in the middle of St. E's primary service area. Wouldn't that make Belleville the prime location? You can see where a move further north to O'Fallon is moving away from their primary service area, leaving little behind to service Belleville and the communities south. Memorial Hospital in Belleville is not equipped to service this whole area with one ER. Especially since they will be removing 94 beds to the satellite facility in Shiloh. By the way, their new satellite facility is only 1.5 miles away from the proposed St. Elizabeth site. This move is not about regionalism. As you can see, St. Elizabeth's has been a regional hospital serving many communities for 140 years. This move is about payer mix and money.

In the benefit report, they also discuss the community need index (page 23). Another interesting point, East St. Louis, Cahokia and Washington Park, located in their secondary market, all have a community index of 5, on a scale of 1-5 with 5 being the highest needs. In their primary market, Belleville has the highest rate of community needs with scores of 4 (downtown where the hospital is currently located), 3.6 on the East side of Belleville, and 3.2

on the West side of the city. O'Fallon scores at 2.6. As you can see, they are moving from their highest need area, leaving their mission behind. Once again, not about regionalism, but certainly about payer mix and money.

I therefore am in opposition of this move.

Respectfully,
Jennifer Starnes
1003 Hampton Ct
Bellenille, IL 62223

Mr. Mike Constantino
Supervisor, Project Review Section
Illinois Health Facilities & Services Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

CC: Courtney Avery

On St. Elizabeth's website, supportsteliz.org, they have a section called "FAQ", frequently asked questions. Question #10 ask "How are you funding your project?" Will you be using property taxpayer money or public fund? Their answer" No we will not be using property taxpayer money or public fund. We have the benefit of being part of a larger system- Hospital Sisters Health System- that is financially strong. The HSHS AA bond rating by Standards and Poor shows our strong financial health."

Well, that is not what is stated in their response on Nov.13 to the CON board's question #9. *Please provide an explanation of the tax increment financing and any other incentives the City of O'Fallon. RESPONSE--"The process of acquiring this property included negotiating an incentive package from the City of O'Fallon worth approximately \$15,000,000 to HSHS. This incentive package includes \$10,000,000 earmarked for mine remediation, and \$5,000,000 for infrastructure improvements on and around the property. The infrastructure improvements will include the widening of local roads, the installations of traffic signals on the property, financial assistance with site preparation, and water and sewer rates guaranteed at the then lowest rates offered by the City for the next 23 years. In addition, the City agreed to modify their Comprehensive Plan for zoning to allocate a large subarea of their plan as the Green Mount Medical Campus. This subarea would surround, include, and buffer the acreage purchased by HSHS in order to ensure that all future development of the area would be made up of conforming use. This incentive package and the commitments from the City were memorialized in an annexation agreement, an amendment to the city'2006 Comprehensive Plan, and a Tax Increment Financing (TIF) development agreement."*

This is another example of a pattern of behavior. Distortions of facts, untruths that have been continuous since the beginning of this process. Because of this behavior I am in

opposition of this project. I am very concerned that if this CON is granted, what will actually be left in Belleville.

Dellie Walden
916 Brentmoor Dr
Belleville, FL 32223
(618) 277-1864

Mr. Mike Constantino
Supervisor, Project Review Section
Illinois Health Facilities & Services Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

CC: Courtney Avery

To the CON Board Members,

Request: Deny CON St. Elizabeth Hospital

I am not nor is anyone in Belleville opposed to O'Fallon having the benefit of a hospital. Access to health care is an essential tool for communities to prosper and retain residents.

Granting of the CON for the O'Fallon location is premature because Memorial Hospital Annex has not opened and the full impact determining if two hospitals are needed in Shiloh/O'Fallon has not been realized.

St. Elizabeth Hospital is needed in Belleville. That is not up for debate. St. Elizabeth Administrators have never denied Belleville does not need the hospital, their stance has been the hospital can better serve the region and get a better payer mix in O'Fallon. We all know the efficiencies of operating two campuses will not be economically sustainable long term and Belleville will be downgraded to one healthcare facility.

I respectfully request that the CON be denied until the Memorial Hospital is in full operation and the impact is known.

Thank you.

Alona K. Rippe
1100 Maceroutak Blvd.
Belleville, IL 62220

Mr. Mike Constantino
Supervisor, Project Review Section
Illinois Health Facilities & Services Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

CC: Courtney Avery

Hello,

When I first heard St. Elizabeth Hospital is moving I thought how sad. Then there was hope, another city does not have to die when I heard the news they would need a Certificate of Need. Normally I prefer non-government intervention, but health care is similar to utilities: Vital. The goal of government is to do what an individual cannot. The greatest need for Health Care is Belleville. The hospital building is old and should have been upgraded over the years. Better planning on the part of St. E would of not brought us to this decision. Fortunate for St. Louis City that Barnes Hospital and St. Louis University Hospital stayed where the greatest need was: rebuilt, continues to improve and expand and is the heart beat for the revitalization of the Central West End. The landscape would be vastly different if during the 60's, 70's and 80's when the surrounding neighborhoods were failing and homes were abandoned due to white flight to the west suburbs if Barnes had picked up and moved.

Belleville offers many amenities to the St. E's customers: Good transportation, the County Seat, easy access to government agencies such as Driver's License Bureau and Post Office all located within walking distance.

Please carefully consider your decision because your action could likely make or break a community. The loss/cost to the region could be much greater than O'Fallon's gain relocating St. E's in O'Fallon.

Sincerely,

A handwritten signature in cursive script that reads "Chuck Schaffer". The signature is written in black ink and is positioned below the word "Sincerely,".

November 6, 2014

Kathryn J. Olson, Chair
Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board, 2nd Floor
525 West Jefferson Street
Springfield, Illinois 62761

Re: Relocation of Second Public Hearing for Project 14-043 St. Elizabeth's Hospital

Chair Olson and Administrator Avery,

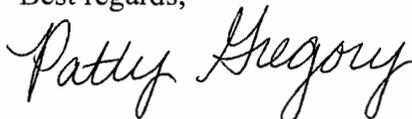
We are aware that there has been a change in the venue for the November 18, 2014 public hearing and are concerned at the selection of the new location. Signing in at 4:30 p.m. to be heard from 5:00 p.m. to 7:00 p.m. was already going to present a logistical challenge to any Belleville residents who work, but also wanted to have their voice heard. Moving the hearing to East St. Louis will add to those logistical challenges.

However, the root of our concern is in understanding the basis for the move. While no reason is presented in the amended notice for the public hearing, we are hearing that objections were raised because the school district had voiced an opposition to the proposed project. The applicant felt Belleville West High School could not be considered a "neutral site." While we still considered the public high school to be a neutral site, we do understand and certainly have no objection to the Board's determination that this public hearing be conducted at a neutral site.

However, if neutrality indeed was the cause for the move then the selection of Mt. Zion Missionary Baptist Church as the replacement site is confusing. We have been monitoring the review board's website and included in the letters of support received October 27th (page 4 of 6) is a letter from Reverend Curtis Levingston, Pastor of Mount Zion Missionary Baptist Church. Certainly, if the school board opposing the project somehow tainted the high school, certainly the leader of a church filing a letter of support referencing his congregation would have the same effect on that church.

Anything that can be done to assist in addressing or resolving this issue would be appreciated and we respectfully request your attention to this matter.

Best regards,



Patty Gregory
Organizer

Oppose the Move – Save St. E's Belleville

ing a lot of time and resources to keep the public from learning any details of important public business. What are they hiding?

The attorney general's office no doubt eventually will order these school districts to release the information. But there will be no repercussions for the districts' failure to hand over the information when it was requested in September. That's why districts deny requests even in clear-cut situations like these. They can always hope that the people requesting information will get tired, give up and they'll still be able to conduct public business in secret.

OTHER VIEW

Economic anxiety must be addressed

To recover from their debacle in the midterm elections, Democrats have

ALBERT HUNT

seized on two questionable propositions:

They lost mainly because of President Barack Obama's unpopularity, and the 2016 presidential election will be more favorable.

Across the United States, Democrats ran away from the president, and the electorate this year wasn't the same as during the 2012 presidential campaign: It included three

percentage points more

white voters, with a corresponding drop in people of

color, the number of

younger voters fell by a

third, while the number of

older voters increased by

that much. This helped

Republicans.

Turnout, exit polls and

other data suggest another

Achilles' heel for Democrats: the lack of any real

focus on the economy.

From the American

piece of the American

inequality is getting

worse in the U.S.: The gap

between rich and poor is

growing, while the middle

class is stalled. And up-

ward mobility, a center-

piece of the American

dream, is more limited

LETTERS

Questions on St. Eliza's move

There have been plenty of letters, comments, etc., about St. Elizabeth's Hospital's possible move to O'Fallon.

Some of it has left me with questions.

In one article a spokesperson said that emergency room patients would be taken to the appropriate emergency room.

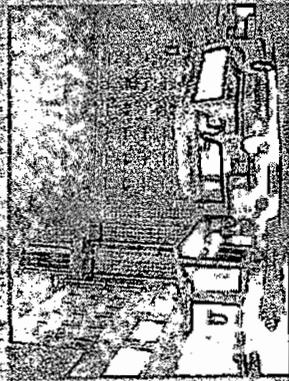
Then a subsequent article said that patients traveling by ambulance "are transferred to the closest ER."

I wonder why so many ambulances go down 37th Street on the way to St. Elizabeth's?

It would seem that Memorial Hospital would have been closer.

In articles and in the St. Elizabeth's submission, reference is made to "ambulatory care" facilities.

Now I read about an "urgent care facility" and that "patients will still have access to an urgent care facility in downtown Belleville."



Is this another name for ambulatory care facility, a new addition not mentioned before, or something I missed?

If the hospital moves I assume that many of the doctors will move their offices to the area by the new hospital.

Since I see many "medicans" in Belleville, I assume the costs for the users will increase, also.

Charles Price
Belleville 11/25/14

Wrong time, place

The new Collinsville city clerk sent a notice that the annual TIF Joint Review Board meeting will be held at 10 a.m. Dec. 8 in the City Hall Training Room. I do not believe the time or the place is convenient to the public.

The meeting is subject to the Open Meetings Act, which states all meeting shall be held at specified times and places that are convenient to the public. I believe said meeting violates both. Clearly 10 on a Monday morning is not convenient to the

been made to look stupid for years while the corruption in our county has flourished unchecked. We accept blindly that time after time victory is snatched outright from Republican candidates by the tardy tallying of the East St. Louis vote by their very own election board — a board that East St. Louis refuses to relinquish and is funded by county tax dollars.

Are we also to believe that the voters of East St. Louis always, always vote together as one entity. Where else could you find an entire community that votes the same way consistently and there not be something amiss?

And this brings me to my final point about voting in St. Clair County. Absentee ballots used to be for those voters who were away or unable to come to the polls on Election Day. Now anyone can drop by the courthouse and vote at their leisure from October on. Bus loads of high school student are brought to vote. What a joke. How can anyone know with any certainty that those votes were counted as they were cast?

Come on, folks, we are a laughing stock along with Cook County. Why are we allowing ourselves to be held hostage to the dictates of a handful of people? If nothing else, maybe the federal government should open an investigation into the election practices of St. Clair County.

Mary Ann Maserang
Belleville

Who'd have thought?

Wow! What a month. Two events occurred which I did not expect to see during my lifetime. My U.S. Representatives have been Melvin Price for 44 years, Jerry Costello for 25 years and Bill Enyart for two years — all Democrats. Now I will

Frankie Seaberry, I have to wonder: Who exactly is harassing our wonderful, young president? It certainly isn't the Republicans. They learned from the very beginning that if you so much as comment that President Obama's tie was crooked or if his shoe was untied, you were called a racist. The Republicans are terrified to the point that they stand silent even when they should speak out. No, you can't blame the Republicans.

And to even suggest that "leaders of this nation admitted they'd be against everything Obama was for" is absurd. People in Congress bent

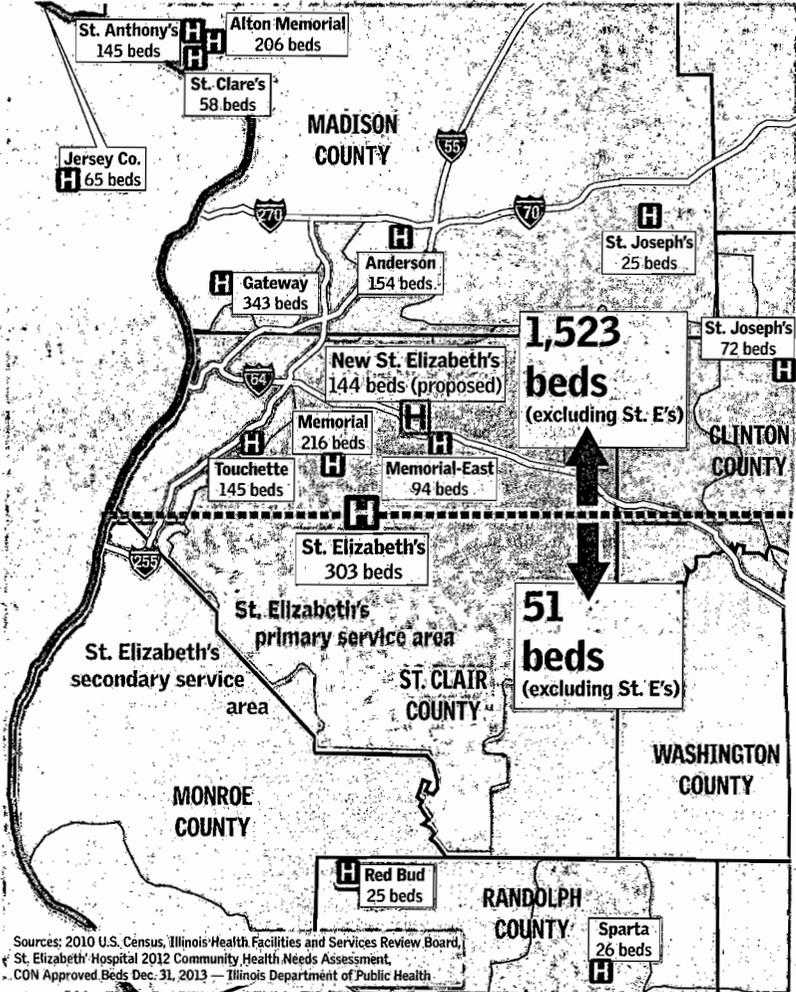
St. E's plan is about wants, not needs

When St. Elizabeth's declared its plans to shutter their Belleville hospital and build a new facility in O'Fallon, immediately a group of concerned citizens formed: Oppose the Move, Save St. E's Belleville. To be clear, it is not because we think St. E's is fine just the way they are; we don't. We are in total agreement that St. E's needs to modernize their facilities and provide state-of-the-art health care. We are in total opposition to having St. E's move away from this region to achieve these things. We want Belleville, the city that has supported St. E's for 140 years, to continue to be the location for their new state-of-the-art hospital.



PATTY GREGORY
The state regulatory process currently underway is called "Certificate of Need." We believe St. E's is focusing on a "Certificate of Want." In reviewing St. E's state application, we found some items that cause concern. The application requires St. E's to specify what would happen to the discontinued facility. Their answer was (on page 76) "the existing hospital will be vacated. The hospital will continue to maintain it until an appropriate re-use (if any) can be decided upon." We keep hearing them talk about keeping certain things in Belleville, but there is no consistency to what they say and more importantly nothing holding them to leaving anything behind.

The reasons why they cannot stay in Belleville are shallow. They claim issues with one-way streets and parking (p. 80). The reality is they own 12 city blocks of downtown Belleville and the city would have been willing to work with them on any of these issues, but St. E's never tried. They purchased the land in O'Fallon in 2011. St. E's also says a modernization of their current facility would cost upwards of \$365 million (p. 101). Where is the support for these numbers? Review the application yourself on the Illinois Health Facilities and Services Review Board website www.hfsrb.illinois.gov. If St. E's relocates, the



Sources: 2010 U.S. Census, Illinois Health Facilities and Services Review Board, St. Elizabeth's Hospital 2012 Community Health Needs Assessment, CON Approved Beds Dec. 31, 2013 - Illinois Department of Public Health

BRAD WEISENSTEIN/News-Democrat

impact on residents of Belleville and communities south will be devastating. Charity care for the poor is currently shared between Memorial and St. E's with Memorial supporting 52 percent to St. E's 48 percent. Those most impacted and unable to travel to a hospital farther away will be the poor and underserved. The reality is: St. E's is moving to a wealthier community and away from those who need them the most.

What's more, the impact on Memorial will be huge in terms of things like emergency services and bed space. When Memorial East opens, they will need to reduce the Belleville

hospital by 100 beds as per the terms of their approval. That leaves Belleville residents in a more crowded hospital with fewer beds.

Right now, St. E's management is orchestrating a media campaign to fool citizens into believing that there is nothing anyone can do because it's a done deal. If they don't get approval, St. E's claims they will still leave Belleville because it's unprofitable. That's too bad. And by law, they just can't do that. Memorial has found a way to be successful here.

Our group put together a map that puts it quite simply. The map shows a line west to east through Belleville. If St. E's is al-

lowed to move north, there are only 51 hospital beds to the south and west. If you look above the line, there are already 1,523 beds approved and operating in a 50-mile radius. St. E's approval would increase that count to 1,767 beds. 51 vs. 1,767 - we can all see the problem with that.

The O'Fallon site would put St. E's at the top of their own defined primary and secondary service areas, leaving people to the south and west of Belleville out of luck. It's clear from our map that this is not just a Belleville problem. In fact, the communities to the south and west have voiced their opposition, resulting in

numerous city resolutions.

The time to act is now. This is not a done deal. We can save our hospital and keep Belleville strong.

Join us and have your voice heard at a second public hearing. The hearing will be from 5 p.m. to 7 p.m. Nov. 18 at Mount Zion Missionary Baptist Church, 2235 Bond Ave., East St. Louis. Signup begins at 4:30pm. We urge you to visit www.opposethemove.com for more information and to find out how you can help by writing letters.

Patty Gregory, of Belleville, is an organizer of the group Oppose the Move.

11/9/14

St. Elizabeth's proposed move puts care farther out of reach for some Metro East residents

8

Print Email

October 10, 2014 5:15 am • By Samantha Liss sliss@post-dispatch.com 314-340-8017

6



An exterior view of St. Elizabeth's Hospital in Belleville as seen on Wednesday, June 25, 2014. St. Elizabeth's plans to move from downtown Belleville and build a new \$300 million hospital in O'Fallon. Hospital officials say the new building will allow the hospital upgrade their technology.

Photo By David Carson, dcarson@post-dispatch.com

[Enlarge Photo](#)

Second public hearing on St. Elizabeth's move will be held Dec. 2



State regulators are expected to make a decision in mid-December. [Read](#)

[more](#)

St. Elizabeth's Hospital administrators want to relocate the hospital to an area that's more affluent, arguably more populated and situated next to a major highway, Interstate 64.

It's a move that some applaud — and hospitals officials say is necessary because of the 60-year-old, 303-bed hospital's outdated infrastructure in downtown Belleville.

But public officials in communities in southern St. Clair County, as well as residents south of Belleville, are concerned because of likely longer commute times to receive care.

"You can't get there from here — and it's the truth," said Smithton Mayor Ray Klein. "You cannot get to the new location from the southern area in any amount of time. This is a hazard for people in our area."

St. Clair County has no hospitals south of Belleville.

St. Elizabeth's Hospital's move goes before Illinois state regulators Dec. 16. It's strongly opposed by competitor Memorial Hospital. At a recent hearing in Belleville, Memorial's chief operating officer, Michael McManus, spoke out against the move.

He later told the Post-Dispatch: "We do expect an increase in patients if St. Elizabeth's closes their Belleville hospital, and we are especially concerned about residents who need emergency or intensive care services. All EMS trauma and cardiac arrest patients, for example, will now be transferred here as the closest hospital."

Memorial is currently building a 94-bed satellite hospital in Shiloh, near St. Elizabeth's proposed 144-bed O'Fallon location, but Memorial will continue to provide 216 inpatient beds in Belleville.

If St. Elizabeth's move is approved, it would be the first time a hospital in the metropolitan area has moved since 2008, when then-SSM Health Care relocated a hospital from Kirkwood to Fenton.

CHASING DOLLARS?

St. Elizabeth's Hospital administrators have been sharply criticized for their plan to move the hospital, in what opponents see as a move to improve the hospital's "payer mix."

The median household income in the area surrounding St. Elizabeth's Hospital in downtown Belleville is about \$42,000. And \$60,000 is about the median household income for the area immediately surrounding the new location proposed in O'Fallon, about seven miles from the current campus.

But the move would also put the hospital closer to areas of even greater wealth along Interstate 64, where median incomes creep up closer to \$100,000.

Moving to more affluent areas is nothing new for health care providers, local health care experts said.

"Hospitals do tend to gravitate, if not move completely, certainly open branches out in the more affluent suburbs. They clearly do follow the money to some extent," said Tim Greaney, co-director of the Center for Health Law Studies at St. Louis University School of Law.

St. Elizabeth's has been criticized because of its plans to move to a wealthier area because it's a nonprofit hospital affiliated with the Catholic church, which has a mission to cater to those in need. But the bottom line is, Greaney said, hospitals need to make money to cater to patients who struggle to pay.

"The oldest saying in this area about nonprofits is: no margin, no mission. If you don't make money, you can't serve your mission and that's the dilemma."

And in St. Elizabeth's case, it has had operating losses since at least the fiscal year ending June 30, 2009, according to Form 990 filings with the Internal Revenue Service. For the year ended June 30, 2012, St. Elizabeth's reported about \$167 million in revenue and about \$182 million in expenses, an operating loss of about \$15 million.

But administrators are adamant that the move is not about catering to more affluent patients; it's about being able to serve more patients throughout the region thanks to the highway access.

"It actually puts us closer to areas of abject poverty, and they can get to us quicker now," said Melissa Sterling, chief marketing and communications officer for St. Elizabeth's.

"There are lots of communities that win here," Sterling said.

But Klein, the mayor of Smithton, does not feel like a winner.

Smithton is about eight miles directly south of Belleville, 15 minutes away by car on Route 159. The move would put 17 miles between Smithton and the new hospital, about a 30-minute drive without traffic.

While Smithton is a fraction of O'Fallon in terms of population, Smithton's population grew 64 percent to about 3,700 residents in 2010, the last count by U.S. Census Bureau since 2000. And the areas around Smithton are growing, too. Add together the populations of Klein's neighboring towns Waterloo, Freeburg and Millstadt, and that accounts for more than 20,000 residents.

"They are not considering what the move is going to do to them, and I oppose this wholeheartedly," Klein said.

Herb Simmons, former ambulance operator of 30 years turned director of emergency services for St. Clair County, said he is fearful of longer commute times for residents in southern St. Clair County, especially during emergencies.

"Every day of the week I was in a hospital, so I know the difference of what it means when you have to drive the extra six or seven miles," Simmons said.

But St. Elizabeth's Hospital officials say residents would still have options after a move, including Memorial Hospital in Belleville and outpatient services at its current downtown campus.

St. Elizabeth's administrators insist they needed to think more broadly and that the move allows them to better cater to the entire region.

"We can't narrow our focus to one specific area of geography," Sterling said. "We're moving toward what is now the center of population."

Walker Moskop of the Post-Dispatch contributed to this report.

This map shows the locations of Metro East area hospitals as well as the median household incomes of surrounding census tracts. A larger marker indicates a greater number of patient beds available at that hospital.

St. Elizabeth's proposed move draws large crowd to speak out

Print Email

October 02, 2014 7:26 pm • By Samantha Liss sliss@post-dispatch.com 314-340-8017

0



An exterior view of St. Elizabeth's Hospital in Belleville as seen on Wednesday, June 25, 2014. Today St. Elizabeth's announced it would be moving from Belleville and building a new \$300 million hospital in O'Fallon. Hospital officials say the new building will allow the hospital upgrade their technology. Photo By David Carson, dcarson@post-dispatch.com

[Enlarge Photo](#)

Second public hearing on St. Elizabeth's move will be held Dec. 2



State regulators are expected to make a decision in mid-December. [Read](#)

[more](#)

One by one proponents and opponents voiced their opinions Thursday evening about St. Elizabeth's plan to replace its downtown Belleville hospital with a new one about seven miles away in O'Fallon, Ill.

It will likely be the only local public hearing for both sides to express their opinions with state health regulators present. The plan to move the hospital to O'Fallon needs to be approved by the Illinois Health Facilities and Services Review Board.

Doctors, residents, police and elected officials from Belleville and neighboring towns spoke out against the move at the meeting at Lindenwood University's Belleville campus that drew about 200 people.

By not investing in the hospital over the years, Belleville Alderman Ken Kinsella said, "St. Elizabeth's created the problem themselves, and now they want to use it as an excuse to abandon Belleville for a more affluent community. It's just not right."

Michael McManus, chief operating officer of Memorial Hospital in Belleville, one of St. Elizabeth's competitors, also voiced his opposition to St. Elizabeth's move. Memorial is building a new hospital that is about two miles from St. Elizabeth's new proposed location. McManus said the move will create an unnecessary duplication of services in the O'Fallon-Shiloh area and hurt the neediest in the Belleville community.

The closure of St. Elizabeth's downtown hospital, he said, will "be felt by patients who are medically underserved or who rely on Medicaid. The assumption that these patients will travel to the proposed new location is unrealistic and is not supported by any credible studies."

McManus said he also worries about being able to accommodate the "surge" of patients that will turn to his Belleville hospital once St. Elizabeth's leaves.

On the other hand, supporters of the move, many of whom were either

St. Elizabeth's employees or executives, made the pitch that a move would better serve the entire region rather than just Belleville.

Mary Starmann-Harrison, CEO of Hospital Sisters Health System, parent company of St. Elizabeth's, said about "70 percent of patients are from ZIP codes from outside Belleville." Starmann-Harrison said the drive times for a majority of patients will decrease with the move, and the hospital will be able to help even more of the underserved in other communities.

Some critics have insinuated that the move is to attract a better mix of payers, but Sister Marybeth Culnan, a member of the HSHS executive team, disputes that claim.

"It's our mission to care for all, regardless of payer source," she said. "We are moving because we want to continue to serve the entire Metro East region."

Many residents were upset that they did not get a chance to address the crowd due to time constraints. Patty Gregory, an organizer for the opposition, said she was disappointed in the decision to limit comments about the move.

St. Elizabeth's applied to state regulators in August for approval to build the 144-bed, \$253 million replacement hospital. Hospital administrators are also seeking approval to build a \$34 million medical office building adjacent to the new O'Fallon hospital.

Samantha Liss is a business reporter at the Post-Dispatch. Follow her on Twitter @samanthann and the business section @postdispatchbiz.

Copyright 2014 stltoday.com. All rights reserved. This material may not be published, broadcast, rewritten or redistributed.