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HEALTH FACILITIES &
SERVICES REVIEW BOARD

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March 31, 2015

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

RE: Project Application #14-043

Dear Ms. Avery:

I was present for the January 27, 2015 hearing and was appalled at the testimony by St. Elizabeth's hospital. St. Elizabeth's continues to miscast issues to support its argument and ignore facts that undermine their claims. Whether you consider this a lack of intellectual integrity or intentionally misleading the Board is up to debate, but it was evident throughout the entire project.

In its supplemental materials, St. E's presents the question: "Why can't you just rebuild in Belleville?" and claims it would: (1) cost more; and (2) take more time to rehab the current hospital. This is not true. St. Elizabeth's intentionally avoids asking or answering the right question. No one has asked St. Elizabeth's to rebuild on its current site. No one has suggested they modernize their existing facility. No one proposes a staged rebuilding in the same footprint. We want them to build a brand new state of the art hospital in the downtown area on land they already own!

Their existing Downtown Belleville site can work for a new hospital. The city has offered to close streets. The city has offered to acquire additional land. The City has offered tax incentives and TIFF districting. The city has expressed a willingness to consider any legal incentive, but St. Elizabeth's has been unwilling to even sit down and have the discussion. Why? Because St. Elizabeth's claims their mission is not survivable in downtown Belleville.

How can their claim that their mission is not survivable in Belleville and their claim that the payor mix is unchanged both be true? They cannot. St. Elizabeth's only presented the alternative of a staged rebuilding on the existing footprint because it is the highest cost option and the easiest to dismiss.

Hopefully the Board will make St. Elizabeth's answer the REAL and RELEVANT questions:

WHY NOT REBUILD ON ADJACENT DOWNTOWN LAND YOU ALREADY OWN?

Attached is the analysis proving it is not only possible but makes complete sense. It is also in alignment with an earlier plan that was submitted to the City, when St. Elizabeth's still talked with the City. (see attached).

HOW COULD IT COST MORE TO BUILD ON LAND YOU ALREADY OWN?

It does not. That is why St. Elizabeth's is not discussing this option.

ST. ELIZABETH'S CLAIMS THERE IS AN ACCESS PROBLEM BECAUSE OF THE LOCATION?

What evidence do they have? What evidence have they presented? None. In the attached Traffic & Accessibility Comparison for St. Elizabeth's Hospital, traffic engineers have found that the O'Fallon site results in an additional adverse travel time for the majority of the hospital's primary and secondary service area of 20-25 minutes. Based on the operation of the highways and intersections of the roadways that provide access to the hospital, the Downtown Belleville location provides more direct access with relatively minimal delays. Site accessibility to the Downtown Belleville location during periods of lane or roadway closures is minimal and this results in the current hospital site having exceptional site access as compared to the proposed O'Fallon site.

ST. ELIZABETH'S CLAIMS MOVING TO O'FALLON WILL INCREASE THEIR UTILIZATION OVER 20%

Again, what evidence do you have? What evidence have you presented? Again, none.

WHAT CAN BE DONE IN O'FALLON THAT CANNOT IN A NEW BELLEVILLE HOSPITAL?

Nothing! The technology, the design, the emergency department... everything that comes with a new hospital.

ST. ELIZABETH'S TALKS ABOUT DRIVE TIMES - - WHAT ABOUT PUBLIC TRANSPORTATION?

Access is obstructed for those people dependent upon public transportation. The entire public transportation is designed to get people to Belleville – not to O'Fallon.

St. Elizabeth's is selectively presenting limited facts to make this project seem like it is the ONLY option when, in fact, it is not.

Downtown is where this hospital needs to be. The people with cars are not those who have obstacles and access issues regarding obtaining healthcare. If you evaluate this project from the needs of the indigent and underserved communities, it is a terrible idea. Mayor Alvin Parks, Jr. of East St. Louis made it clear in his testimony during the January Hearing that a significant portion of his community does not have access to reliable vehicles and is dependent upon public transportation. St. Elizabeth's claim that the new hospital is geographically closer to indigent communities does not address the relevant question.... Is access improved or obstructed for these communities? If you require public transportation, you access is notable obstructed and this project makes no sense.

The only basis by which this project makes sense is if you are evaluating it based upon the interests of HSHS. The vital function of the Board is to question and balance the provider's self-interest with the needs of the community, especially the indigent and underserved members of this community dependent upon St. Elizabeth's for access to healthcare.

I ask you to deny this project.

Respectfully,

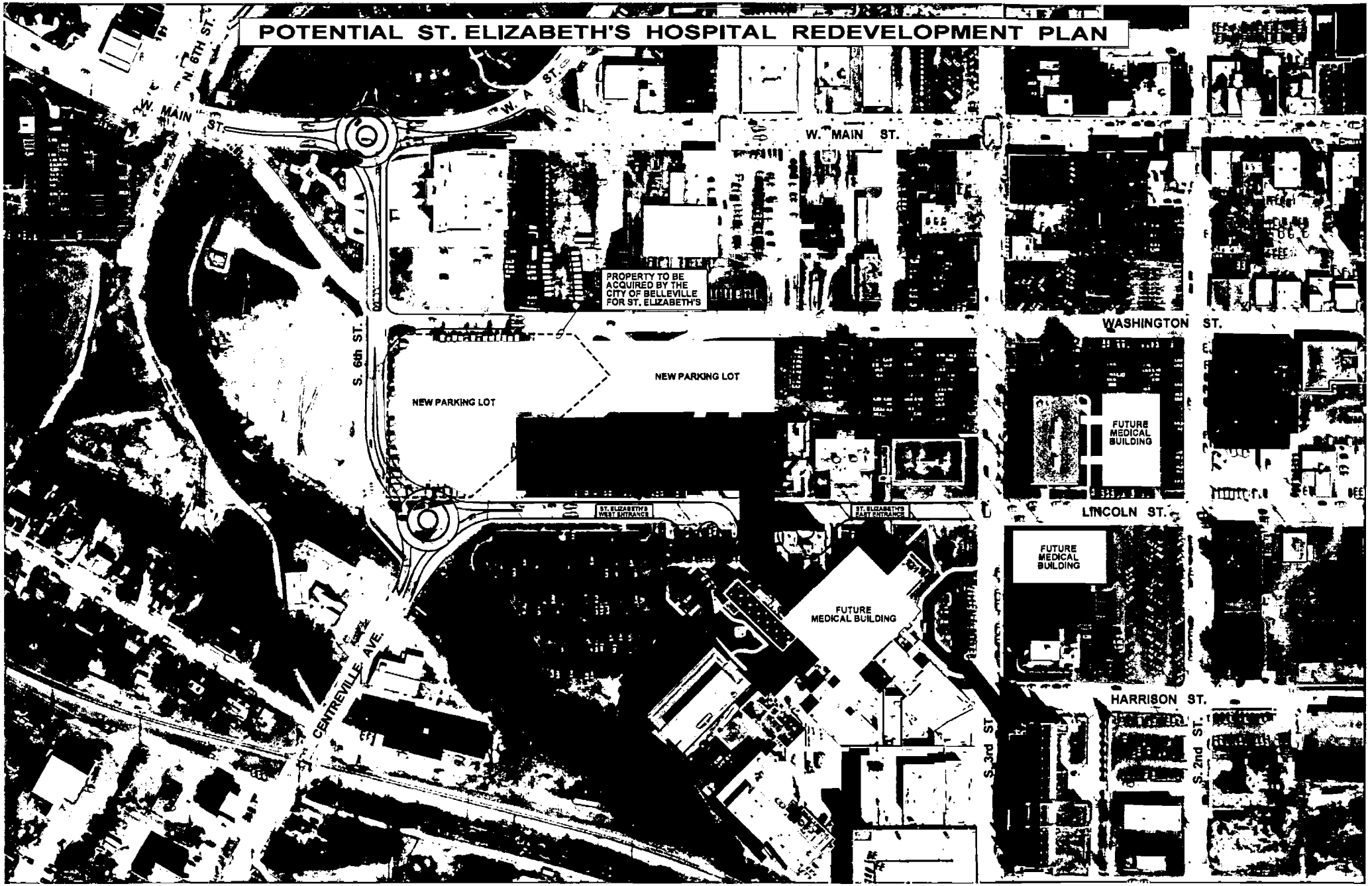
KASKASKIA ENGINEERING GROUP, LLC

Geri E. Boyer, P.E.
President

Enclosures

cc: Mike Constantino

POTENTIAL ST. ELIZABETH'S HOSPITAL REDEVELOPMENT PLAN



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Traffic & Accessibility Comparison for
St. Elizabeth's Hospital

Accessibility to a site is important to any development but accessibility to a hospital can be the difference between life or death in some situations. Factors that impact accessibility to a site include traffic volumes along roadways and intersections, lane closures (both planned and emergency), and alternate or detour routes. This report will discuss these three key characteristics of accessibility to the existing St. Elizabeth's Hospital location in Downtown Belleville and the proposed location in O'Fallon.

Executive Summary

Site accessibility for both the current Downtown Belleville location and the proposed O'Fallon location for St. Elizabeth's Hospital was evaluated to determine the impacts to the patients, employees, and visitors traveling to/from the hospital. St. Elizabeth's primary and secondary service area is located south and southeast of Belleville. The current Downtown Belleville site is located near the center of the hospital's service area while the proposed O'Fallon site is located approximately 9 miles northeast of the current site near the northeastern service area limits. This results in an additional adverse travel time for the majority of the hospital's primary and secondary service area of 20-25 minutes.

This report evaluated the current traffic conditions along the primary roadways and intersections to both locations. The current Downtown Belleville location provides more direct access to the St. Elizabeth's service area. The highways and streets that provide access from the hospital's service area to the Downtown Belleville location currently operate well during peak traffic times, such as morning or evening rush hour. Drivers experience minimal delays at intersections and traffic flows well. The highways and streets that provide access to the proposed O'Fallon site currently operate with traffic congestion during the morning and evening peak hours. Traffic backs up along the exit ramps of the interchange at Interstate 64 with Green Mount Road and this causes traffic to back up onto the interstate, decreases the deceleration and stopping distance for exiting traffic, and increases the likelihood of crashes between stopped traffic along the ramp and traffic exiting the interstate. Other intersections that provide access to the proposed O'Fallon site are also operating poorly and this results in traffic congestion, increased delays, increased traffic crashes, and long traffic queues at intersections. The Downtown Belleville site services the St. Elizabeth's Hospital primary and secondary service area directly and is accessed by highways, streets, and intersections that operate well during peak traffic times. Based on the operation of the highways and intersections of the roadways that provide access to the hospital, the Downtown Belleville location clearly provides more direct access with relatively minimal delays.

This report also evaluated site accessibility to the current Downtown Belleville location and the proposed O'Fallon location due to partial or complete road closures along the primary highways that provide access to the hospital. Partial road closures could be the result of planned

construction or maintenance activities and unplanned closures could be the result of a traffic crash. The Downtown Belleville site is accessed by highways that have sufficient capacity for lane closures. Since the Downtown Belleville location also can be accessed by multiple highways and streets, in the event of an emergency road closure along a primary highway, site accessibility can be maintained through the existing roadway network. Unlike the Downtown Belleville site, the proposed O'Fallon site primary access highways do not have adequate capacity to handle the current traffic volumes in the event of a lane closure along the roadway. The proposed O'Fallon site does not have multiple alternate or detour routes that can handle the traffic volumes is a primary highway is closed to traffic and gridlock soon occurs. Site accessibility to the current Downtown Belleville site has minimal impacts to travelers to/from St. Elizabeth's Hospital if a travel lane along a primary access highway is closed or even if the entire roadway is closed. However, a lane closure along Interstate 64 results in extreme traffic delays and backups that extend over 5 miles in length. Site accessibility to the Downtown Belleville location during periods of lane or roadway closures is minimal and this results in the current hospital site having exceptional site access as compared to the proposed O'Fallon site.

Level of Service Performance Measures

Traffic engineers utilize the *Highway Capacity Manual* (*HCM*) published by the Transportation Research Board, to evaluate the performance of roadways, intersections, and interchanges based upon several factors including the volume of traffic, number of lanes, type of intersection traffic control, etc. Traffic volumes vary throughout the day and night with volumes peaking around the morning and evening rush hours. These morning and evening peak hours are noted as the AM peak hour and the PM peak hour and are utilized for the evaluation and design of roadways, intersections, and interchanges.

Based upon the methodologies in the *HCM*, roadways, intersections, and interchanges can be modeled and analyzed to determine various performance measures including operating speed and average vehicular delays based upon the capacity of the element being analyzed. According to the *HCM*, vehicle capacity is "the maximum number of vehicles that can pass a given point during a specific period under prevailing roadway, traffic, and control conditions". "Prevailing roadway conditions" takes into account things such as the number of lanes (including turning lanes), the AM peak hour or PM peak hour traffic volumes, the width of the travel lanes, the travel speed along the roadway, and if the intersection is stop-controlled or signal-controlled.

The *HCM* reports the roadway, intersection, or interchange ramps performance during the AM peak hour or the PM peak hour with a performance measure known as level of service (LOS). According to the *HCM*, "LOS is a quantitative stratification of a performance measure or measures that represent a quality of service." The *HCM* LOS measures includes six (6) LOS that range that from LOS A to LOS F. LOS A is the best LOS that drivers can experience along a roadway, intersection, or interchange and LOS F is the poorest LOS that drivers can experience. These LOS performance measures represent drivers' perception of the quality of service provided by the roadway element. This LOS is a simplistic reporting mechanism that traffic engineers utilize but the information and data that was utilized to develop the roadway, intersection, or interchange operational analysis is rather complex. Figure 1 includes the definition of the LOS for roadways, intersections, and interchanges. In an urban area like Downtown Belleville or O'Fallon, a LOS D is considerable desirable for an AM or PM peak hour design for a roadway, intersection, or interchange.

Figure 1

The Definition of Quality and Levels of Service

Quality of service requires quantitative measures to characterize operational conditions within a traffic stream. Level of service (LOS) is a quality measure describing operational conditions within a traffic stream, generally in terms of such service measures as speed and travel time, freedom to maneuver, traffic interruptions, and comfort and convenience.

Level of Service (LOS)

LOS	Roadway Sections	Signalized Intersection	Unsignalized Intersection
A	Free-flow conditions. Vehicles unaffected by other vehicles. Movement within the traffic stream is good. Minor disruptions to flow are absorbed without change to speed.	Very low delay, less than 10.0 sec. per vehicle. Most vehicles arrive during the green phase. Most vehicles do not need to stop.	Delays less than 10.0 sec. per vehicle. Little or no delay to minor street traffic.
B	Free-flow conditions. Other vehicles become more noticeable. Less freedom to maneuver. Minor disruptions to flow are absorbed, although local deterioration in LOS is more obvious.	Delay in range of 10.1 to 20.0 sec. per vehicle. More vehicles stop than LOS A.	Delay in range of 10.1 to 15.0 sec. per vehicle. Short traffic delays to minor street traffic.
C	Traffic density on roadways become noticeable. Traffic becomes affected by other vehicles. Travel speeds may become reduced. Queuing occurs with serious traffic disruption.	Delay in range of 20.1 to 35.0 sec. per vehicle. Number of vehicles stopping is significant. Cycle failures may begin to appear.	Delay in range of 15.1 to 25.0 sec. per vehicle. Average traffic delays to minor street traffic.
D	Movement becomes restricted due to traffic congestion. Speed is reduced by increasing traffic. Minor disruptions can be absorbed without extensive queues forming and the service deteriorating.	Delay in range of 35.1 to 55.0 sec. per vehicle. Congestion more noticeable. Many vehicles stop. Cycle failures noticeable.	Delay in range of 25.1 to 35.0 sec. per vehicle. Long traffic delays to minor street traffic.
E	Operations at or near capacity. Minimum spacing for maintaining uniform flow. Speeds are highly variable and unpredictable.	Delay in range of 55.1 to 80.0 sec. per vehicle. Cycle failures frequent.	Delay in range of 35.1 to 50.0 sec. per vehicle. Very long delays to minor street traffic.
F	Forced or breakdown flow. Vehicle speeds are less than 30 mph. Complete congestion.	Delay in excess of 80.0 sec. per vehicle. Delay unacceptable to most drivers. Many cycle failures.	Delay in exceeds 50.0 sec. per vehicle. Extreme delays with queuing. Congestion affects other intersections. Warrants improvement to intersection.

Gannett Fleming

Traffic Volumes

As discussed in the previous section, traffic engineers design roadways, intersections, and interchanges for the AM peak hour and PM peak hour traffic volumes for a normal weekday. This typically accounts for 85% of the traffic conditions that drivers will experience along the roadway element. The existing 2015 AM and PM peak hour traffic volumes were evaluated to determine the intersection and ramp LOS for key interchange ramps and intersections along primary roadways that provide access to the current site of St. Elizabeth's Hospital in Downtown Belleville and the proposed site in O'Fallon. Exhibit 1 includes a summary of the LOS for key intersections and interchange ramps for the existing Downtown Belleville site.

As shown in Exhibit 1, the primary roadway corridors that provides access to the current St. Elizabeth's Hospital site in Downtown Belleville are Illinois Route 159 (IL 159), Illinois Route 15 (IL 15), and Illinois Route 158 (IL 158). St. Elizabeth's primary and secondary service area is focused mainly south and southeast of Belleville. IL 159 is a functionally classified as an "other principal arterial" roadway by the Illinois Department of Transportation (IDOT) and serves as the primary north-south corridor to access the current Downtown Belleville location. IL 15 is also classified as an "other principal arterial" roadway by IDOT and serves as the primary east-west corridor to access the hospital. IL 158 is classified as an "other principal arterial" roadway south of IL 15 and classified as a "minor arterial" north of IL 15 and provides access to the hospital from the southwest region. The interchange ramps at the intersection of IL 159 with IL 15 current are operating at acceptable LOS during both the AM and PM peak hours. The intersections along IL 159 are also operating at acceptable LOS levels during both the AM and PM peak hours. This signifies adequate roadway and intersection capacity along IL 159 which results in traffic flow along the IL 159 corridor that is acceptable to drivers and drivers experience minimal delays.

The same interchange and intersection capacity analysis was prepared for the proposed site of St. Elizabeth's Hospital in O'Fallon. The proposed relocation of the hospital will result in a traffic pattern shift along several of the major roadways in the area. Since the hospital's primary ansd secondary service area is primarily located south and southeast of Belleville, people traveling to the O'Fallon site must travel a greater distance north to the proposed site. This will result in a redistribution of traffic along the roadways to reach the destination of the hospital in O'Fallon. Traffic will utilize existing corridors such as Interstate 255 (I-255), IL 159, Frank Scott Parkway, and Green Mount Road to travel from south of Belleville northward to O'Fallon to reach the proposed hospital site.

Exhibit 2 includes the results of the LOS analysis for several of the key interchange ramps and intersections that will provide access to the proposed O'Fallon site. As shown on Exhibit 2, many of the study elements are currently operating at an undesirable LOS E or LOS F during the AM and PM peak hours for the current traffic volumes. With the addition of traffic from the relocation of St. Elizabeth's Hospital from Downtown Belleville to O'Fallon, the traffic volumes along corridors such as IL 159, Green Mount Road, and Frank Scott Parkway will increase and the LOS will decrease and the delays and traffic backups (queues) at intersections along the roadways will increase. In the study area, several of the intersections are currently operating at a LOS D but with the addition of the redistributed traffic from the relocation of the hospital, these intersections will operate at an unacceptable LOS E or LOS F during the AM and PM peak hours.

It is expected that the majority of the redistributed traffic due to the relocation of the hospital from Downtown Belleville to O'Fallon will travel through the intersections of Green Mount Road with the ramps to Interstate 64 (I-64). These intersections along Green Mount Road currently experience significant traffic queues during the AM and PM peak hours. Traffic along the I-64 westbound exit ramp backs up along the ramp during the AM peak hour. Similar to the AM peak hour traffic backup along the westbound exit ramp, the eastbound exit ramp also backs up during the PM peak hour. However, the traffic backup along the eastbound exit ramp during the PM peak hour typically is along the entire length of the ramp and vehicles waiting along the ramp typically wait through 3 or 4 traffic signal cycles before reaching the signalized intersection of Green Mount Road with the eastbound exit ramp.

Traffic backing up along an interstate exit ramp creates a safety risk that increases the likelihood of crashes. The stopped traffic along the exit ramp shortens the length of ramp available for traffic exiting the interstate to slow down from their interstate travel speed to a stop at the signalized intersection. Exit ramp design includes several factors but one of the main elements is the travel speed along the interstate and the distance required to safely slow the exiting traffic to a stop at the intersection between the ramp and the cross street. When traffic is backed up along the exit ramp, this stopping distance is significantly reduced. The reduction in available stopping distance can result in exiting drivers having to stop in a shorter distance or starting to slow down on the mainline interstate. Both of these situations increases the likelihood of crashes at the ramp/interstate diverge point.

The Downtown Belleville site provides more direct access to St. Elizabeth's service area, which is located south and southeast of Belleville. The intersections along the IL 159 corridor that provide access to the current site are operating at acceptable levels (LOS C or better) during the AM and PM peak hours. The proposed O'Fallon site will cause visitors, patients, and hospital employees to travel increased distances along corridors that have intersections that are already operating at or near unacceptable LOS levels. The increased traffic volumes will result in increased delays and unacceptable LOS levels at intersections along the corridors that provide access to the proposed O'Fallon site. Based on the roadway and intersection operational analysis information presented, the current Downtown Belleville location is superior to the proposed O'Fallon site.

Lane Closures & Alternate Routes

IL 15, IL 159, and IL 158 are the primary roadways that provide access to the Downtown Belleville St. Elizabeth's Hospital site. I-64 and Green Mount Road are the primary roadways that will provide access to the proposed O'Fallon site. Site accessibility can be greatly impacted if one lane of a multilane roadway, like IL 15 or I-64 is closed due to either a planned closure or an emergency closure.

The Downtown Belleville site is located in a downtown area, composed of a street layout that is a grid plan that is composed of streets being aligned parallel with each other in both the north-south and east-west directions. This creates flexibility for drivers to easily find detour or alternate routes if a street is closed. IL 15 is a four-lane roadway that runs east-west immediately south of Downtown Belleville. There are five (5) exits from IL 15 that provide access to Downtown Belleville. The multiple exits along IL 15 allows traffic to easily be detoured around a planned or unplanned event that would close one lane of traffic along IL 15. Currently, IL 15 is closed to one lane of traffic in each direction due to a bridge replacement project by IDOT. IL 15 has sufficient capacity to have one lane of traffic closed in each direction and not result in delays or traffic backups along the roadway or intersections.

The proposed site in O'Fallon is served primarily by I-64 and Green Mount Road. Green Mount Road is primarily a two-lane roadway. If one lane of Green Mount Road is closed, either planned or unplanned, traffic traveling to/from south of Belleville to the proposed O'Fallon site would be detoured to IL 159/I-64 or to IL 158/I-64. Depending on the time of day of a closure of Green Mount Road, a detour that would divert traffic to the intersection of I-64 with Green Mount Road would increase the backups along the I-64 exit ramps and result in exiting traffic backing up and stopping along I-64. This creates an extremely unsafe condition.

As witnessed at various times throughout the past year, if one lane on I-64 is closed, either due to planned construction or maintenance activities during "off-peak hours" or an unplanned emergency event, traffic along I-64 results in traffic backups that can exceed 5 miles in this area. Traffic begins to divert to alternate routes such as IL 158 or US 50. This diverted traffic overloads the existing intersections and they operate at a LOS F. Drivers at these intersections experience significant delays, stop-and-go conditions, and significant queues. If both lanes of traffic in one direction are completely closed to traffic, traffic is diverted to other major highways, such as IL 158 and US 50. For example, on January 30, 2015, an early morning crash near Mile Marker 33 (near O'Fallon) resulted in both westbound lanes of I-64 being closed from the early morning hours, through the morning rush hour, and reopened during the late morning. Traffic was detoured at Exit 64, north to Albers, west along IL 161, and back to I-64 at Exit 27 (New Baden). Traffic exiting I-64 backed up over 6 miles and traffic along the detour route, traffic was stop-and-go and far exceeded the capacity of the roadways and intersections along the detour route.

Site accessibility to the existing Downtown Belleville location is situated near the center of the hospital's service area and along roadways that have both sufficient capacity for planned or unplanned lane closures and multiple alternate routes for detours. IL 15 has shown that a lane closure in either direction does not result in delays or backups. The O'Fallon site is accessed primarily by I-64 and Green Mount Road from the hospital's service area. A lane closure, either planned or unplanned, results in significant backups and delays to alternate routes and in some cases, grid lock on the alternate routes. Site accessibility to the current Downtown Belleville location of St. Elizabeth's Hospital is superior to the proposed O'Fallon location.

LEGEND
X - AM LOS
(X) - PM LOS

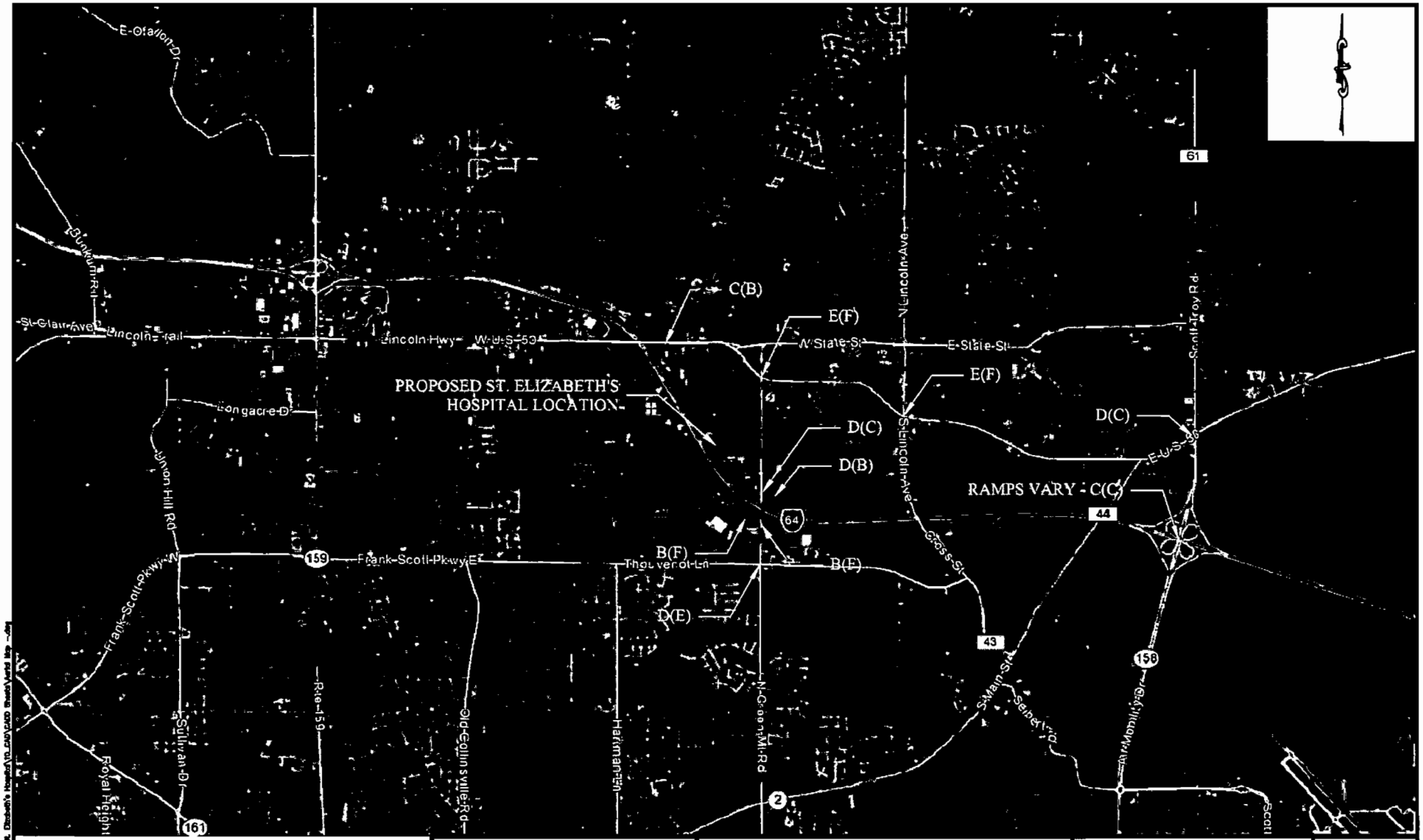
Kaskaskia Engineering Group, LLC

ST. ELIZABETH'S HOSPITAL
CITY OF BELLEVILLE, ILLINOIS
ST. CLAIR COUNTY

EXISTING BELLEVILLE SITE - 2015
CAPACITY ANALYSIS RESULTS

EXHIBIT NO.
1

KEG JOB #14-P064



LEGEND
X - AM LOS
(X) - PM LOS

Kaskaskia Engineering Group, LLC

ST. ELIZABETH'S HOSPITAL
CITY OF BELLEVILLE, ILLINOIS
ST. CLAIR COUNTY

PROPOSED O'FALLON SITE - 2015
CAPACITY ANALYSIS RESULTS

EXHIBIT NO.
2

KEG JOB #14-P064