STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. •SPRINGFIELD, ILLINOIS 62761 •(217) 782-3516 FAX: (217) 785-4111

VIA EMAIL
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

February 22, 2016

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

Re: Project #16-005 – St James Olympia Fields Application for Permit

Dear Mr. Axel:

We are in the process of reviewing the application for permit for St. James Hospital Olympia Fields and additional information is required.

1. Safety Net Impact Schedule for St. James Hospital Olympia Fields
2. The three (3) requirements of the safety net impact statement were not addressed in the safety net impact statement that was provided. Please provide a new safety net impact statement that addresses items.

   1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
   2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
   3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

3. Page Five (5) of the Application for Permit references $66 millions in losses for St. James Hospital Chicago Heights and Olympia Fields. A schedule by hospital by year needs to be provided. The schedule needs to be in this format. Please note if the information is audited or unaudited.

	St James Hospital Chicago Heights			
	Year	Year	Year	Year
Net Patient Revenue				
Operating Expenses				
Operating Income/Loss				
Transfers to Franciscan Alliance				
	St James Hospital Olympia Fields			
	Year	Year	Year	Year

Net Patient Revenue				
Operating Expenses				
Operating Income/Loss				
Transfers to Franciscan Alliance				

4. Page Five (5) of the application for permit identifies two (2) studies that were done. One by Tonn & Blank and the other by Kaufman Hall. Executive Summaries of these (2) two studies need to be provided.
5. Page Six (6) of the application for permit identifies an outpatient center located at 211 Dixie Highway in Chicago Heights that will be modernized and expanded. We need to know the services currently offered at this outpatient center, and the services to be provided. We also need to know the cost of the modernization and expansion.
6. Page 41 of the application identifies approximately 36,665 GSF of vacated space. We need to know what that space will be used for.
7. For each alternatives that were provided in the application for permit at pages 49-51 we need to the capital cost for each alternative identified in this format
    a. Alternative 1: The capital cost of this alternative is $
    b. Alternative 2: The capital cost of this alternative is $
    c. Alternative 3: The capital cost of this alternative is $
    d. Alternative 4: The capital cost of this alternative is $
8. We need the schematic drawings of the hospital building and the additions that are being requested for each floor of the hospital.
9. Page fifty-five (55) of the application you list open heart procedures as 1,198. What was reported to the State Board was 85 and 105 open heart surgeries for the years 2013 and 2014.
10. The application only contains assurances that medical surgical, intensive care and comprehensive physical rehabilitation services. We cannot find assurances for obstetrics or other clinical services that are not categories of service but have State Board Standards.
11. The applicants identified a service area of thirty (30) minutes yet we cannot find any of the zip codes that include Olympia Fields, see pages 65 of the application for permit.

Communities and Zip Codes within the 30 minute service area					
60401	Beecher	60430	Homewood	60466	Park Forest
60406	Blue Island	60432	Joliet	60468	Peotone
60409	Calumet City	60433	Joliet	60471	Richton Park
60411	Chicago Heights	60438	Lansing	60473	South Holland
60417	Crete	60441	Lockport	60475	Steger
60419	Dolton	60422	Manhattan	60476	Thornton
60422	Flossmoor	60443	Matteson	60477	Tinley Park
60423	Frankfort	60448	Mokena	60478	Country Club Hills
60426	Harvey	60449	Monee	60633	Chicago
60428	Markham	60451	New Lenox	60658	Chicago
60429	Hazel Crest	60452	Oak Forest	60827	Riverdale

12. Map Quest printouts of all hospitals within thirty (30) minutes of the proposed facility.
13. We cannot find the impact on other facilities for the obstetric category of service and comprehensive physical rehabilitation services. Please provide.

If you should have any questions please contact Mike Constantino or George Roate at 217.782.3516 or Mike.Constantino@illinois.gov or George.Roate@illinois.gov

Sincerely,

Mike Constantino, Project Reviewer
Illinois Health Facilities and Services Review Board