



PLANET DEPOS[®]
We make it >> *happen.*[™]

Transcript of **Meeting Excerpt**

Date: May 10, 2016

Case: State of Illinois Health Facilities and Services Review Board

Planet Depos, LLC
Phone: 888-433-3767
Fax: 888-503-3767
Email: transcripts@planetdepos.com
Internet: www.planetdepos.com

Worldwide Court Reporting | Interpretation | Trial Services

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH FACILITIES AND SERVICES REVIEW BOARD
OPEN SESSION - MEETING EXCERPT

Normal, Illinois 61761
Tuesday, May 10, 2016
10:05 a.m.

BOARD MEMBERS PRESENT:

- KATHY OLSON, Chairwoman
- JOHN HAYES, Vice Chairman
- SENATOR BRAD BURZYNSKI
- JUSTICE ALAN GREIMAN
- DALE GALASSIE
- RICHARD SEWELL
- JOHN MC GLASSON, SR.
- SENATOR DEANNA DEMUZIO
- JOEL K. JOHNSON

Job No. 93891X
Pages: 1 - 33 FOR THE EXCERPT
Reported by: Lisa Hahn Peterman, CSR, RMR

1 EX OFFICIO MEMBERS PRESENT:

2 BILL DART, IDPH

3 ARVIND K. GOYAL, IHFS

4

5 ALSO PRESENT:

6 JUAN MORADO, JR., General Counsel

7 JEANNIE MITCHELL, Assistant General Counsel

8 COURTNEY AVERY, Administrator

9 MICHAEL CONSTANTINO, IDPH Staff

10 GEORGE ROATE, IDPH Staff

11

12

13

14

15

16

17

18

19

20

21

22

23

24

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

P R O C E E D I N G S

(This volume contains only an excerpt, per request.)

CHAIRWOMAN OLSON: University of Chicago Medical Center.

May I have a motion to approve Project 16-008, University of Chicago Medical Center, to modernize and expand clinical services?

MEMBER MCGLASSON: So move.

MEMBER BURZYNSKI: Second.

CHAIRWOMAN OLSON: The Applicant will please be sworn in.

(Six witnesses sworn.)

Mr. Constantino, your report?

MR. CONSTANTINO: Thank you, Madam Chairwoman.

The Applicants are proposing a major modernization that entails an increase of approximately 50 percent of their medical/surgical beds, from 338 beds to 506 beds, or 168 beds, and an increase in their intensive care beds from 126 to 146 beds, or 20 beds.

Additionally, the Applicants are proposing to relocate and expand the adult emergency department from 36 stations to 41 stations and seek Level I Trauma designation from the Illinois Department of Public

1 Health, should this project be approved.

2 The total cost of the project is approximately
3 270 million dollars, and the Applicants are anticipating
4 a completion date of June 20, 2022.

5 There is no opposition and no request for a
6 public hearing. A number of support letters were
7 received from the community, which we've listed in your
8 report.

9 There were -- we believe the Applicant's
10 proposal does not meet the following criteria: The
11 Applicants are currently approved for 338
12 medical/surgical beds and 126 intensive care beds.
13 Historic utilization will justify 343 medical/surgical
14 beds at the target occupancy of 90 percent and not the
15 506 medical/surgical beds they have requested, and 141
16 intensive care beds and not the 146 beds being requested
17 at target occupants of 60 percent. Historical
18 utilization would justify five additional med/surg beds
19 and 15 intensive beds at target occupancy.

20 Finally, we note there's a -- the
21 reasonableness of project costs exceed our standard by
22 approximately \$115.07.

23 Thank you, Madam Chairwoman.

24 CHAIRWOMAN OLSON: Thank you, Michael.

1 Mr. Ourth, would you please introduce everybody
2 at the table and then we'll ask for your comments.

3 MR. OURTH: Madam Chair, thank you.

4 MS. O'KEEFE: Members of the Board, my name is
5 Sharon O'Keefe, and I serve as President of the
6 University of Chicago Medical Center.

7 Joining me here today is, to my right, Joe
8 Ourth, our CON legal counsel, and down the table is John
9 Beberman, Director of the Capital Budget for University
10 of Chicago Medical Center; Dr. Vokes, our Chairman of
11 Medicine; Brenda Battle, who is Vice President for Care
12 Delivery Innovation and actually serves as Head of our
13 Urban Health initiative; and towards the end is Dr. Doug
14 Dirschl, our Chairman of Orthopedics and also a trauma
15 surgeon by trade.

16 CHAIRWOMAN OLSON: Thank you.

17 Comments for the Board?

18 MS. O'KEEFE: Yes. Thank you.

19 Before I begin, I'd like to thank
20 Mr. Constantino and other members of the Board and their
21 staff for the work on the SPR.

22 I really was concerned as to how I could ensure
23 I communicated the importance of this project, not only
24 to the medical center, but also to our community. So I

1 began actually thinking about how to prepare my remarks
2 over the last couple of weeks, and in earnest, last
3 Thursday, just five days ago.

4 As I came in to work last Thursday, I started
5 my day as I did most days that I do. I reviewed the
6 beds -- the daily bed report that comes out every single
7 day. As I looked down at that report, I noted that we
8 were actually 100 percent full last Thursday. Every
9 single bed in the medical center was full. We had no
10 beds, and at this time I knew I could guarantee that the
11 emergency department was going to be backlogged with
12 patients. So I actually just left my office and walked
13 over to the ED to fully appreciate what our staff and our
14 patients were experiencing on that day.

15 When I arrived in the emergency department, of
16 our 36 bays that we have, 24 were filled with patients
17 awaiting beds within our medical center. Of those 24,
18 six of these patients needed intensive care level of
19 care, including one elderly patient who arrived the night
20 before in septic shock and was still waiting that morning
21 for a bed.

22 I then actually looked at the list of patients
23 being transferred into our hospital. We had seven
24 community hospitals with pending transfers. Four of

1 those actually also required intensive care beds.

2 And lastly, I looked at our operating room
3 schedule on that day. We had 41 elective surgical
4 patients coming in that day that we had committed,
5 operated on, and committed a bed to.

6 When I totaled up the number of patients on
7 that morning, we needed 72 more beds and we had zero
8 available that morning. Even with 72 more beds, we would
9 continue to be at a hundred percent occupancy. The beds
10 needed last Thursday were approximately half of the beds
11 requested by this project, and last Thursday did not
12 account for the volume anticipated with the addition of
13 our Level I trauma center, the expansion of our emergency
14 department, and the continued growth of our specialty
15 care services.

16 As you heard from many of our clinicians
17 earlier this morning, these are not just numbers. These
18 are very real patients in need of serious care.
19 Unfortunately, the long wait times and the lack of beds
20 at the medical center are no longer isolated events.
21 They have become the norm at our medical center.

22 During calendar 2015, our average utilization
23 reached 94 percent, one of the highest in the state. For
24 2015, we exceeded the state's utilization standards on

1 310 days of the year and actually opened at 100 percent
2 occupancy on 172 days of the year. These utilization
3 statistics surpassed state standards and are
4 operationally unsustainable.

5 From our community's perspective, what does
6 this mean? This means ambulances are instructed to
7 bypass the medical center, transfers from community
8 hospitals cannot be accepted, and patients sit in our
9 emergency department, worried and frightened, for 12, 24,
10 and often many more hours. This is unacceptable and our
11 South Side community deserves much better.

12 (Applause.)

13 Our project represents a substantial -- our
14 project represents a substantial investment in the health
15 care needs of the South Side of Chicago and would
16 increase access to specialty, emergency, and trauma
17 service.

18 Input from community members actually helped
19 shape the plan. This was a true partnership and helped
20 bring us to a very good conclusion and what I believe to
21 be an excellent plan.

22 It's a complex project, so, first, let me
23 describe the facilities component, and then I'll make
24 some comments on the clinical services that will be

1 provided within these facilities.

2 The facilities component consists of two major
3 construction projects. First, we will relocate and
4 expand our adult emergency department to a space
5 immediately adjacent to the Center for Care and
6 Discovery. This will improve patient safety by ensuring
7 patients in need of rapid transfer to an operating room
8 will have a short travel time. Treatment bays will
9 increase from 36 to 41, including four specialized trauma
10 resuscitation bays.

11 The new facility will provide imaging equipment
12 that is dedicated to emergency and trauma patients. The
13 location, floor plan, and design of the adult ED will be
14 clinically superior and more efficient than our current
15 space, allowing for faster medical care and shorter wait
16 times for patients.

17 Second, we proposed to gut and redevelop the
18 Mitchell Hospital to house 168 medical/surgical beds and
19 20 intensive care beds. The redevelopment of Mitchell
20 Hospital would convert semi private rooms to private
21 rooms, upgrade the facility infrastructure to accommodate
22 the advanced technology needed to care for high acuity
23 patients and ensure that the patient environments offer
24 the same standards as our Center for Care and Discovery.

1 The Mitchell Hospital, in addition, will be
2 designed to deliver a broad spectrum of cancer care --
3 cancer services allowing the CCD to be devoted to
4 patients requiring procedure-based care, such as trauma,
5 cardiac surgery, orthopedics, and neurosurgery.

6 Additional bed capacity is the cornerstone of
7 our plan. Without a significant expansion in our bed
8 base, our commitments to improve the access to specialty
9 care, expand emergency services, and establish a Level I
10 adult trauma service simply cannot be fulfilled.

11 The demand for care is great on the South Side
12 and our response must be a bold one.

13 As we look to expand our clinical programs, we
14 see a growing demand for inpatient admissions. Growth in
15 specialty services, including cardiology, cardiac
16 surgery, orthopedics, and cancer care have ranged from 8
17 percent to 14.9 percent, and data indicates these growth
18 trends will continue, if not accelerate, going forward.

19 Our emergency department today is one of the
20 busiest in Chicago with more than 57,000 emergency room
21 visits. ED visits have increased 6.5 percent annually,
22 and we project the rate of increase to continue through
23 2021.

24 As Dr. Druelinger had mentioned earlier today,

1 approximately 24 percent of all emergency department
2 visits result in an inpatient admission.

3 Additionally, we have committed to establish an
4 Adult Level I Trauma Center. Our medical center campus
5 is near some of the highest incidents of gun violence in
6 the city. The number of shootings is up 66 percent from
7 2015, and police confirm that violence is concentrated on
8 the City's south and west side. This past weekend was a
9 particularly grim weekend with 46 shootings.

10 The importance of this trauma center cannot be
11 overstated. For years, South Side residents have been
12 greatly -- and to be frank -- understandably upset about
13 the lack of Level I trauma in their community. There is
14 a desperate need for trauma services on the South Side.

15 Beds are needed to accommodate the projected
16 growth in specialty care and ensure access for expansion
17 of emergency and trauma services. We also know that beds
18 are critical to reducing emergency department bypass
19 hours. Our need to go on bypass is almost wholly
20 attributable to bed constraints.

21 When I mentioned last Thursday, with that
22 capacity constraint, we were on bypass for a total of 42
23 hours. 42 hours we were closed to the community to
24 provide services. We do not want high rates of bypass

1 limiting access and prohibiting us from caring for
2 patients seeking emergency care or, in the future, Level
3 I trauma services. An emergency department on bypass
4 offers no trauma services.

5 As you heard earlier today, we have positive
6 findings on almost all criteria in the state agency
7 report. We believe the care we provide, our role on the
8 South Side health care delivery system, and our
9 commitment to expanding trauma services justifies an
10 exception to the technical standards regarding historic
11 utilization and construction costs.

12 We've documented that we will meet state
13 requirements for utilization by the second year of
14 operation. Our bed request is reasonable, and in view of
15 the growth projections, is actually quite conservative.
16 It is justified by our historical growth trends, our role
17 as a regional resource in the advent of trauma care
18 services.

19 We acknowledge that the costs of our project is
20 higher than the state standard, but the SPR does an
21 excellent job of laying out the unique circumstances of
22 our redevelopment project. We would be happy to address
23 any further questions you may have in this area.

24 We also recognize the Health Facility Planning

1 Board's interest in preventing duplication of services so
2 that there is not a negative impact on other providers in
3 the planning area. In fact, the opposite is true here.
4 We are grateful for the overwhelming support received
5 from our neighboring hospitals. You heard this morning
6 from the leaders of South Shore Hospital, St. Bernard
7 Hospital, and Roseland Hospital, who traveled here to
8 personally express their support of the plan and who
9 shared stories of their patients who are unable to get
10 care at the medical center when they needed it most.

11 We also received letters of support from
12 La Rabida Children's Hospital, Loretto Hospital, Jackson
13 Park Hospital, and the Roseland Medical District
14 Commission.

15 Our project will better integrate any assets of
16 the medical center with the assets of the local community
17 hospital to offer a more coordinated health care delivery
18 system with each institution playing an important and
19 distinct role.

20 This project has no opposition. In fact, I
21 would say the CON process here has unified our local
22 South Side community around the common aim. We've worked
23 hand-in-hand over the past years to develop this plan
24 with our community and for our community. We ask your

1 continued support of our South Side community and its
2 need for essential medical services through your approval
3 of this plan.

4 We'd be happy to respond to any questions or
5 comments you may have.

6 CHAIRWOMAN OLSON: Thank you. Questions from
7 Board members? Mr. Sewell?

8 MEMBER SEWELL: Yes. Thank you, President
9 O'Keefe. Okay. I've just never had this kind of problem
10 before.

11 I want you to educate us a little bit about the
12 trauma system. Now, when the University of Chicago
13 Hospital was in the system before, were you in Region 11,
14 or do you know?

15 MS. O'KEEFE: I was not here in 1988.

16 MEMBER SEWELL: Yeah. I guess I am going back.

17 Well, the reason I wanted to know, what I hear,
18 I live on the South Side, and what I hear from people is
19 that, you know, if a Level I trauma injury occurred on
20 the South Side, they'd be taken to Christ Hospital in Oak
21 Lawn, but it's not in Region 11.

22 MS. O'KEEFE: Correct.

23 MEMBER SEWELL: It's in a different region,
24 right?

1 MS. O'KEEFE: It is, yes.

2 MEMBER SEWELL: But is the street version of
3 that, is that correct?

4 MS. O'KEEFE: Well, in Region 11, Dr. Doug
5 Dirschl is here, so I could have him answer that. But at
6 the high level, you know, some would argue there are the
7 right number of trauma centers in the City of Chicago.
8 The challenge that we have when you look at the South
9 Side of Chicago, there simply is a big gap in the
10 delivery system and there's a maldistribution, but let me
11 ask Dr. Dirschl.

12 (Applause.)

13 DR. DIRSCHL: Thank you. I'm Doug Dirschl.

14 Yes, Region 11 -- Region 11 Trauma Medical
15 Directors Committee, which I've been to a number of their
16 meetings since we've been engaged in this, includes
17 Advocate Christ Medical Center, even though for planning
18 purposes in the state regions, that's not the City of
19 Chicago. It includes that because we've worked so
20 closely and intimately together.

21 When you look at transport patterns for
22 patients who live on the South Side and for trauma
23 activations, they actually don't go exclusively or even
24 routinely west to Advocate Christ if they occur in the

1 far south or even, you know, out in Naperville. They
2 often, because of road traffic patterns, will head north,
3 and many of those go to Northwestern and many go to
4 Stroger.

5 What I can tell you, also, we work closely with
6 Region 11 medical directors. They have been very
7 helpful, very supportive, in general, and we look forward
8 to working with them more and being part of their system.

9 Everyone generally agrees, and I think as Gary
10 Balady plainly has said publicly, having another trauma
11 center on the South Side is a big win for the community
12 of Chicago.

13 MEMBER SEWELL: Thank you.

14 There's another area where I need to be
15 educated and it has to do with pediatric trauma. What's
16 the situation right now for pediatric patients?

17 MS. O'KEEFE: Well, right now, in Region 11,
18 there are two pediatric Level I Trauma Centers, one at
19 Comer Children's Hospital, which is on our campus, and
20 the other is at Lurie, associated with Northwestern; and
21 Stroger.

22 DR. DIRSCHL: Stroger is not for children.

23 MS. O'KEEFE: It's not for children. Okay.

24 MEMBER SEWELL: Okay. Here's the distance

1 between your proposal and the State Agency Report. I
2 think it's with respect to medical/surgical beds, it's
3 163 beds difference, and with respect to the ICU beds,
4 there's five beds difference.

5 Now, I was looking at your application, and
6 first of all, I don't like demand-based formula because I
7 think the issue is need, but need formula looks to
8 subject to people arguing with each other about it, so we
9 continue to use these demand-based formulas based on
10 little other than use rates and population projections
11 and those kind of things. But here's some things you
12 said in your application that I think sort of explain the
13 gap between what you're proposing and what the state
14 agency rules are like.

15 First of all, your growth rate in terms of
16 what's forecasted, the rate -- you've sort of proven
17 correct with your growth rate because you have a 6.7
18 percent annual growth and that's actual. That's sort of
19 played itself out. I think what was forecasted back in
20 2008 was 1.2 percent growth rate, so that's just for
21 medical/surgical beds. The ICU was a little closer, but
22 it was a 1.4 percent annual growth rate.

23 The occupancy back in 2014 was about 89
24 percent. That's what's in your application, right? The

1 actual in 2015 was 94 percent.

2 You also appeared -- and you can correct me if
3 I'm wrong -- to have predicated your need for beds on the
4 possibility of some closures in your area. You talked
5 about the closure of hospital facilities. I mean, there
6 has been a historic trend, but it sounds like perhaps in
7 your planning, you may think that that's not over. Now,
8 you may not have named names, but there's always a
9 contingency that that could happen.

10 You've got your emergency department visit
11 growth at like 69 percent, and I think that's actual, and
12 then finally there's the cancer care.

13 I guess I'd like you to address all these
14 things you've said, which I'm not doubting, and how they
15 speak to this gap between our rules and what you propose.
16 You've got a 163 bed gap of medical/surgical and a five
17 bed gap for ICU, and if I've left out any of the factors
18 that you've considered, you can add those in your
19 response, too.

20 MS. O'KEEFE: Yeah. I think -- I mean, it is a
21 large request for beds, but I would go back to just what
22 I've talked about over the last week.

23 We start out the day with literally a request
24 or a need for 50 percent of those before we take a

1 forward look around our growth going forward, and we have
2 continued to grow at 6.7 percent per year. We continue
3 to anticipate our growth at about 6.5 percent and about
4 1.2 percent in intensive care days. So what's driving
5 that? Why do we believe that's going to continue?

6 A number of things that have occurred within
7 the medical center that are drivers of our volume of
8 growth are expansion of highly specialized services that
9 only an academic medical center could provide. We are
10 the only academic medical center on the South Side of
11 Chicago, and through recruitment of faculty members and
12 cardiovascular surgery, heart failure, cancer, offering
13 bone marrow transplants, electrophysiology interventions,
14 we have attracted a regional base of patients, and those
15 specialized services are something that we believe are
16 unique to an academic medical center.

17 We also have advanced diagnostic capabilities
18 and interventional capabilities, whether those are
19 neurointerventional services for the stroke patients or
20 advanced diagnostics, such as PET scanning.

21 A couple of the other things that have driven
22 our increases over the past couple of years is the growth
23 of the emergency department, and for a period of time
24 after the Board had granted us 38 additional beds, we

1 actually drove down our diversion rate, our bypass rate,
2 to six percent from what was around 20 percent. That
3 filled our beds when we were granted 38 more beds. That
4 bypass rate has now crept up again because we are at our
5 bed constraint, and when we look forward with an extended
6 emergency department and continuing to admit 25 percent
7 of all the patients we see, that's going to drive
8 incremental volume to our inpatient bed base, and we are
9 also looking to reduce the "left without being seen"
10 rate.

11 You heard earlier this morning from
12 Dr. Druelinger, this past year 5,000 patients left our
13 emergency department due to long waits and their
14 inability to be seen within a constrained emergency
15 department. That's going to add more volume going
16 forward.

17 All of those -- well, one other thing that you
18 did mention is our interhospital transfer rates. We
19 serve as a community resource to all community hospitals
20 for patients who need a higher level of care. From 2014
21 to 2015, the rate of transfers increased 13.5 percent.
22 These are very sick patients. When we look at the length
23 of stay of our -- what I would call our core business of
24 the patients we admit, it's about six days. When we look

1 at the transfer patients that come in, their average
2 length of stay is about ten days. So when you begin to
3 roll forward, all of those in a forward-looking planning
4 mode, it is not difficult to get to the 168 incremental
5 beds. The demand is there and we need to get ourselves
6 out of these small step functions of adding a few more
7 beds, filling them up, coming back, adding a few more.
8 It is constraining our ability to serve our South Side
9 community, and we need also to accommodate peak census
10 once we open the trauma center.

11 Trauma is a random event. It doesn't occur in
12 an elective manner. It's not a smooth flow of patients.
13 It will have peaks and valleys, and we need to ensure
14 that we have a sufficient bed base to allow us to respond
15 to the peaks of demand within our community and the
16 growth going forward.

17 (Applause.)

18 So I am very confident that this puts us in a
19 position to require the number of beds we have in
20 question.

21 MEMBER SEWELL: One final question. It appears
22 that in the State Agency Report that you accept the
23 Applicant's explanation as to why the construction costs
24 exceed the standard, and it's that the project is sort of

1 treated like new construction because many of these
2 elements we don't have standards for, but some of them
3 that we do, appear to be within -- but overall, that's
4 why the negative findings on that.

5 MR. CONSTANTINO: That's correct, yes. We
6 considered that. We considered the project a substantial
7 change in scope with the number of beds that had been
8 requested, and when it was a substantial change in scope,
9 we considered that new construction, not modernization.
10 That's how our rules are defined.

11 MS. O'KEEFE: I want to make one other comment,
12 because you had mentioned closure of other hospitals. I
13 failed to address that.

14 Our application does not consider any closures
15 of other hospitals on the South Side. When you look
16 retrospectively over the last 25 years, close to 54
17 percent of the beds on the South Side of Chicago have
18 closed. Over 3,000 beds have been taken out of
19 commission, and interestingly enough, adding these beds
20 back to the University of Chicago Medical Center takes us
21 back to about the same bed base we operated in the late
22 1970s. So we're essentially restoring capacity to the
23 medical center campus. It is not kind of replacing the
24 lost capacity, but it is restoring the size of the

1 medical center to what we were in our past history.

2 CHAIRWOMAN OLSON: Questions?

3 MEMBER MCGLASSON: Actually, I was about to ask
4 that question you just answered.

5 CHAIRWOMAN OLSON: Doctor?

6 Justice Greiman?

7 MEMBER GREIMAN: Yeah. I wondered -- you know,
8 we heard this wonderful movement that's occurring on the
9 South Side of Chicago. We've heard these wonderful
10 things that are going to occur on the South Side of
11 Chicago and the need for it and the glory of it and the
12 beauty of it, but the question is, why isn't it going to
13 be finished before 2022?

14 MS. O'KEEFE: Well, there's a couple of
15 different phases.

16 MEMBER GREIMAN: I mean, that's six years, you
17 know.

18 MS. O'KEEFE: It's kind of the operation of our
19 cancer center. There's a couple of different phases that
20 will come online here.

21 So our emergency department, we are estimating
22 the construction of our emergency department to be
23 completed in December of 2017. We would want to get into
24 the emergency department, operate for a month or two,

1 then we will stand up a Level I Adult Level Trauma Center
2 within that.

3 Simultaneously, we'll be constructing or doing
4 the construction in the Mitchell Hospital. It's a
5 complicated project. That project will take us four
6 years. It has to be phased because we will continue to
7 take care of patients within that facility, so we
8 anticipate the construction will be done in four years
9 and then achieving the state standards for occupancy by
10 the year 2022.

11 MEMBER GREIMAN: Okay. Thank you.

12 CHAIRWOMAN OLSON: Doctor?

13 MEMBER GOYAL: Thank you for -- I'm sure you
14 can hear me now. Thank you for that recitation,
15 Ms. O'Keefe.

16 I want to make a couple of comments. One,
17 thank you for taking care of Medicaid. I represent
18 Medicaid on this Board as an ex officio.

19 MS. O'KEEFE: We are the largest
20 nongovernmental provider of Medicaid services in the
21 State of Illinois.

22 MEMBER GOYAL: Yes. And I understand that
23 Comer numbers may be even higher.

24 MS. O'KEEFE: That is correct.

1 MEMBER GOYAL: Right.

2 So the second comment I wanted to make is that,
3 even though you're expanding your capacity in different
4 ways, I find it absolutely gratifying the community
5 support that you've developed, the hospital support
6 you've developed. It's almost not usual for us to see
7 that. This is great.

8 (Applause.)

9 The third comment I wanted to make is that in
10 today's time and age where payments are being received by
11 institutions like yourself more on value as opposed to
12 fee for service, the emergency room expenses may
13 sometimes not be covered at all, and trauma care is
14 really, really expensive, so if I had a vote on this
15 Board, I would say to you that it is okay -- my personal
16 understanding of the situation -- that you want to cover
17 the bases to make sure that (a) your services are good
18 for the community that you want to serve; (b) that your
19 expenses will not put you under water. So I understand
20 that, okay?

21 So having said that, I wanted to come back to
22 the question that Judge Greiman asked you, which is, is
23 it possible -- your community needed a Level I Trauma
24 Center yesterday.

1 (Applause.)

2 But is it possible for you to incrementally
3 make it happen a lot quicker than two years, or four
4 years, or six years?

5 (Applause.)

6 MS. O'KEEFE: I want to actually be real clear
7 as to when trauma will come online versus when we will
8 complete the cancer hospital.

9 We anticipate having adult Level I trauma
10 services available in the first quarter, January or
11 February, of 2018. So that is a much shorter period of
12 time than two years, four years, or six years out.

13 The difficulty in providing those services any
14 sooner are of the facilities and then a staffing issue.
15 Our current emergency department simply cannot
16 accommodate Level I adult trauma. It's undersized as it
17 is right now and the absence of trauma resuscitation base
18 is not there, so we must construct and build our new
19 emergency department.

20 The second is, trauma services require highly
21 specialized personnel, and the length of time to recruit
22 those individuals, and I'll actually ask Dr. Dirschl to
23 comment on the extensive team of specialized individuals
24 that are needed for trauma services and how long that's

1 going to take to recruit.

2 DR. DIRSCHL: Thank you.

3 First of all, let's kind of understand how
4 important this is to the City of Chicago in that we
5 estimate that when we open this new trauma center, in
6 that first year, we may see 2,700 trauma patients in that
7 year, which would make us in that first year the busiest
8 trauma center in Chicago by far, and this is not
9 something that once we say the doors are open, we can
10 sail very readily, right? Injuries occur. We'll want to
11 take care of them. EMS, Chicago Fire will want to bring
12 them in. It could be both a very difficult thing for the
13 community, as I say, but particularly I would have
14 concerns that until and unless we are ready to accept the
15 volume that we want to and we'll need to accept, quality
16 of care, quality of individual patient care, could be
17 compromised in some situations. So we need to be
18 cautious about how we approach that.

19 And to Sharon's point about recruitment of
20 specialists, there aren't very many trauma trained people
21 like me currently on faculty at the University of Chicago
22 because that hasn't been our core business for quite some
23 time. We need to recruit these individuals. We have
24 already begun the recruitment process for the chief of a

1 new section of trauma and critical care surgery in our
2 department of surgery, and I can tell you, the applicant
3 pool -- I'm on that committee -- the applicant pool has
4 been outstanding, and the national buzz about this
5 opportunity is amazing. People are seeing this as maybe
6 one of the best trauma -- academic trauma leadership
7 opportunities in the nation.

8 We'll get that recruitment in place and that
9 individual will then recruit his or her faculty into that
10 section. That individual will also begin immediately to
11 engage with the community, as many of us have already.
12 We'll be adding a couple -- probably a couple of
13 orthopedic surgeons. We'll be adding others in
14 neurosurgery and then a whole bunch of staff.

15 Remember, our staff needs training in trauma,
16 too. Our nurses, our technicians, they all need that
17 training, too.

18 So as much as I personally would love to open
19 the doors right away, when we think about what's truly
20 best for each patient and the quality of overall care, we
21 need to take this a little more slowly.

22 So I apologize for that, but I mean it. I mean
23 it in a way that this is so that every patient, every
24 injured patient can get the best quality of care and the

1 kind of care that I personally would be proud to deliver.

2 CHAIRWOMAN OLSON: Other questions?

3 Seeing none, I would ask for a roll call vote.

4 MR. ROATE: Thank you, Madam Chair.

5 Motion made by Mr. Sewell, seconded by Senator
6 Burzynski.

7 Senator Burzynski?

8 MEMBER BURZYNSKI: Thank you. Based on the
9 lack of opposition -- in fact, based upon the numerous
10 people who have supported this project, including
11 competitors in the area, I vote a resounding aye.

12 MR. ROATE: Senator Demuzio?

13 MEMBER DEMUZIO: Well, I believe the criteria
14 questions have been answered today and from our Board,
15 and I really appreciate the response coming from all of
16 those that have been here today. It shows the need in
17 your community, and I think it best sums it up by a
18 gentleman who spoke earlier. It's kind of sad when
19 someone says, "Your medical care should not feel like a
20 lottery," and I think that sums it up, so I'm voting aye.

21 MR. ROATE: Thank you.

22 Mr. Galassie.

23 MEMBER GALASSIE: It's a bold plan and I
24 congratulate you for it. The needs that exist are just

1 deplorable and our overall system from a 30-year public
2 health career, this is one of the most wonderful things
3 I've heard for the South Side of the City of Chicago. So
4 yes, I vote yes.

5 MR. ROATE: Thank you.

6 Justice Greiman.

7 MEMBER GREIMAN: I had planned to make a
8 dramatic, gracious speech in casting my vote, but when I
9 noted that of the eight hospitals in Area A-03, five of
10 them have come forward asking that this be approved,
11 minus the otherwise, I vote aye.

12 (Applause.)

13 MR. ROATE: Thank you.

14 Mr. Hayes.

15 VICE CHAIRMAN HAYES: I'm going to vote yes
16 based on many of the comments that have been previously
17 expressed.

18 (Applause.)

19 MR. ROATE: Thank you.

20 Mr. Johnson.

21 MR. JOHNSON: As a lifelong resident of Hyde
22 Park and South Shore, I was going to ask, What took so
23 long?

24 (Applause.)

1 But I didn't, so I'm going to vote yes.

2 (Applause.)

3 MR. ROATE: Mr. McGlasson.

4 MEMBER MCGLASSON: Yes, for previous comments.

5 (Applause.)

6 MR. ROATE: Mr. Sewell.

7 MEMBER SEWELL: When Salim Al Nurradin
8 testified, he talked about a new beginning in terms of
9 the relationship between the University of Chicago and
10 the community, and it's very rare to see competing
11 hospitals support such an extraordinary program like
12 this.

13 I think for those things that are stated in the
14 report that we talked about, I think a good case was made
15 with the gap between what the Applicant is proposing and
16 what our rules allow for, and I also think that the State
17 Agency Report accepts the cost issue that caused you to
18 not get a yes on the reasonableness of the project costs,
19 so I vote yes.

20 (Applause.)

21 MR. ROATE: Madam Chair?

22 CHAIRWOMAN OLSON: I'm not sure that we've ever
23 seen a project, as long as I've been on this Board, where
24 the need has been demonstrated quite so well. I'm going

1 to make it a unanimous one hundred percent yes.

2 (Applause.)

3 MS. O'KEEFE: Madam Chair and the Board
4 Members, on behalf of the entire community and the
5 patients that we'll be honored to serve, thank you very
6 much.

7 (Applause.)

8 (Off the record at 3:48 p.m.)

9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

CERTIFICATE OF SHORTHAND REPORTER

I, LISA HAHN PETERMAN, Certified Shorthand Reporter No. 084.002149 CSR, RMR, and a Notary Public, in and for the County of Macon, State of Illinois, the officer before whom the foregoing proceedings were taken, do hereby certify that the foregoing transcript is a true and correct excerpt of the proceedings, that said proceedings were taken by me stenographically and thereafter reduced to typewriting under my supervision, and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 17th day of May, 2016.

My commission expires October 7, 2017.

Lisa K Hahn



Notary Public in and for the
State of Illinois

A			
ability 21:8	addition 7:12 10:1	1:13	22:3
about 6:1 11:12 14:11 17:8 17:23 18:5,22 19:3,3 20:24 21:2 22:21 23:3 27:18,19 28:4,19 31:8,14	additional 4:18 10:6 19:24	all 11:1 12:6 17:6,15 18:13 20:7,17,19 21:3 25:13 27:3 28:16 29:15	appeared 18:2
absence 26:17	address 12:22 18:13 22:13	allow 21:14 31:16	appears 21:21
absolutely 25:4	adjacent 9:5	allowing 9:15 10:3	Applause 8:12 15:12 21:17 25:8 26:1,5 30:12,18,24 31:2,5,20 32:2,7
academic 19:9,10,16 28:6	Administrator 2:8	almost 11:19 12:6 25:6	applicant 3:11 28:2,3 31:15
accelerate 10:18	admission 11:2	already 27:24 28:11	Applicants 3:16,21 4:3,11
accept 21:22 27:14,15	admissions 10:14	also 2:5 5:14,24 7:1 11:17 12:24 13:11 16:5 18:2 19:17 20:9 21:9 28:10 31:16	Applicant's 4:9 21:23
accepted 8:8	admit 20:6,24	always 18:8	application 17:5,12,24 22:14
accepts 31:17	adult 3:22 9:4,13 10:10 11:4 24:1 26:9,16	amazing 28:5	appreciate 6:13 29:15
access 8:16 10:8 11:16 12:1	advanced 9:22 19:17,20	ambulances 8:6	approach 27:18
accommodate 9:21 11:15 21:9 26:16	advent 12:17	annual 17:18,22	approval 14:2
account 7:12	Advocate 15:17,24	annually 10:21	approve 3:6
achieving 24:9	affixed 33:15	another 16:10,14	approved 4:1,11 30:10
acknowledge 12:19	after 19:24	answer 15:5	approximately 3:17 4:2,22 7:10 11:1
activations 15:23	again 20:4	answered 23:4 29:14	area 12:23 13:3 16:14 18:4 29:11 30:9
actual 17:18 18:1,11	age 25:10	anticipated 19:3 24:8 26:9	argue 15:6
actually 5:12 6:1,8,12,22 7:1 8:1,18 12:15 15:23 20:1 23:3 26:6,22	agency 12:6 17:1,14 21:22 31:17	anticipating 7:12	arguing 17:8
acuity 9:22	ago 6:3	any 12:23 13:15 14:4 18:17 22:14 26:13 33:12	around 13:22 19:1 20:2
add 18:18 20:15	agrees 16:9	apologize 28:22	arrived 6:15,19
adding 21:6,7 22:19 28:12,13	aim 13:22	appear	ARVIND 2:3
	Al 31:7		asked 25:22
	ALAN		asking 30:10
			assets

<p>13:15,16 Assistant 2:7 associated 16:20 attracted 19:14 attributable 11:20 available 7:8 26:10 average 7:22 21:1 AVERY 2:8 awaiting 6:17 away 28:19 aye 29:11,20 30:11 A-03 30:9 a.m 1:7</p> <hr/> <p style="text-align: center;">B</p> <hr/> <p>b 25:18 back 14:16 17:19,23 18:21 21:7 22:20,21 25:21 backlogged 6:11 Balady 16:10 base 10:8 19:14 20:8 21:14 22:21 26:17 based 17:9 29:8,9 30:16 bases 25:17 Battle 5:11 bays 6:16 9:8,10 beauty</p>	<p>23:12 Beberman 5:9 because 15:19 16:2 17:6,17 20:4 22:1,12 24:6 27:22 become 7:21 bed 6:6,9,21 7:5 10:6,7 11:20 12:14 18:16,17 20:5,8 21:14 22:21 beds 3:18,18,19,19,20,20,20 4:12,12,14,15,16,16 4:18,19 6:6,10,17 7:1 7:7,8,9,10,19 9:18,19 11:15,17 17:2,3,3,4 17:21 18:3,21 19:24 20:3,3 21:5,7,19 22:7 22:17,18,19 been 11:11 15:15,16 16:6 18:6 22:7,18 27:22 28:4 29:14,16 30:16 31:23,24 before 5:19 6:20 14:10,13 18:24 23:13 33:6 began 6:1 begin 5:19 21:2 28:10 beginning 31:8 begun 27:24 behalf 32:4 being 4:16 6:23 16:8 20:9 25:10 believe 4:9 8:20 12:7 19:5,15 29:13 Bernard</p>	<p>13:6 best 28:6,20,24 29:17 better 8:11 13:15 between 17:1,13 18:15 31:9,15 big 15:9 16:11 BILL 2:2 bit 14:11 Board 1:2,9 5:4,17,20 14:7 19:24 24:18 25:15 29:14 31:23 32:3 Board's 13:1 bold 10:12 29:23 bone 19:13 both 27:12 BRAD 1:12 Brenda 5:11 bring 8:20 27:11 broad 10:2 Budget 5:9 build 26:18 bunch 28:14 Burzynski 1:12 3:10 29:6,7,8 busiest 10:20 27:7 business 20:23 27:22 buzz 28:4</p>	<p>bypass 8:7 11:18,19,22,24 12:3 20:1,4</p> <hr/> <p style="text-align: center;">C</p> <hr/> <p>C 3:1 calendar 7:22 call 20:23 29:3 came 6:4 campus 11:4 16:19 22:23 cancer 10:2,3,16 18:12 19:12 23:19 26:8 capabilities 19:17,18 capacity 10:6 11:22 22:22,24 25:3 Capital 5:9 cardiac 10:5,15 cardiology 10:15 cardiovascular 19:12 care 3:20 4:12,16 5:11 6:18 6:19 7:1,15,18 8:15 9:5,15,19,22,24 10:2 10:4,9,11,16 11:16 12:2,7,8,17 13:10,17 18:12 19:4 20:20 24:7,17 25:13 27:11 27:16,16 28:1,20,24 29:1,19 career 30:2 caring 12:1 case 31:14 33:12 casting</p>
--	--	---	---

<p>30:8 caused 31:17 cautious 27:18 CCD 10:3 census 21:9 center 3:5,7 5:6,10,24 6:9,17 7:13,20,21 8:7 9:5,24 11:4,4,10 13:10,16 15:17 16:11 19:7,9,10 19:16 21:10 22:20,23 23:1,19 24:1 25:24 27:5,8 centers 15:7 16:18 CERTIFICATE 33:1 Certified 33:3 certify 33:7 Chair 5:3 29:4 31:21 32:3 Chairman 1:11 5:10,14 30:15 Chairwoman 1:10 3:4,11,15 4:23,24 5:16 14:6 23:2,5 24:12 29:2 31:22 challenge 15:8 change 22:7,8 Chicago 3:4,7 5:6,10 8:15 10:20 14:12 15:7,9,19 16:12 19:11 22:17,20 23:9 23:11 27:4,8,11,21 30:3 31:9 chief 27:24 children 16:22,23</p>	<p>Children's 13:12 16:19 Christ 14:20 15:17,24 circumstances 12:21 city 11:6 15:7,18 27:4 30:3 City's 11:8 clear 26:6 clinical 3:8 8:24 10:13 clinically 9:14 clinicians 7:16 close 22:16 closed 11:23 22:18 closely 15:20 16:5 closer 17:21 closure 18:5 22:12 closures 18:4 22:14 come 21:1 23:20 25:21 26:7 30:10 Comer 16:19 24:23 comes 6:6 coming 7:4 21:7 29:15 comment 22:11 25:2,9 26:23 comments 5:2,17 8:24 14:5 24:16 30:16 31:4 commission 13:14 22:19 33:16 commitment</p>	<p>12:9 commitments 10:8 committed 7:4,5 11:3 committee 15:15 28:3 common 13:22 communicated 5:23 community 4:7 5:24 6:24 8:7,11,18 11:13,23 13:16,22,24 13:24 14:1 16:11 20:19,19 21:9,15 25:4 25:18,23 27:13 28:11 29:17 31:10 32:4 community's 8:5 competing 31:10 competitors 29:11 complete 26:8 completed 23:23 completion 4:4 complex 8:22 complicated 24:5 component 8:23 9:2 compromised 27:17 CON 5:8 13:21 concentrated 11:7 concerned 5:22 concerns 27:14 conclusion</p>	<p>8:20 confident 21:18 confirm 11:7 congratulate 29:24 conservative 12:15 consider 22:14 considered 18:18 22:6,6,9 consists 9:2 Constantino 2:9 3:14,15 5:20 22:5 constrained 20:14 constraining 21:8 constraint 11:22 20:5 constraints 11:20 construct 26:18 constructing 24:3 construction 9:3 12:11 21:23 22:1,9 23:22 24:4,8 contains 3:2 contingency 18:9 continue 7:9 10:18,22 17:9 19:2 19:5 24:6 continued 7:14 14:1 19:2 continuing 20:6 convert 9:20 coordinated 13:17</p>
---	--	---	---

<p>core 20:23 27:22 cornerstone 10:6 correct 14:22 15:3 17:17 18:2 22:5 24:24 33:8 cost 4:2 31:17 costs 4:21 12:11,19 21:23 31:18 could 5:22 6:10 15:5 18:9 19:9 27:12,16 counsel 2:6,7 5:8 33:11 County 33:5 couple 6:2 19:21,22 23:14,19 24:16 28:12,12 COURTNEY 2:8 cover 25:16 covered 25:13 crept 20:4 criteria 4:10 12:6 29:13 critical 11:18 28:1 CSR 1:24 33:4 current 9:14 26:15 currently 4:11 27:21</p> <hr/> <p style="text-align: center;">D</p> <hr/> <p>D 3:1 daily 6:6 DALE 1:14</p>	<p>DART 2:2 data 10:17 date 4:4 day 6:5,7,14 7:3,4 18:23 33:15 days 6:3,5 8:1,2 19:4 20:24 21:2 DEANNA 1:17 December 23:23 dedicated 9:12 defined 22:10 deliver 10:2 29:1 delivery 5:12 12:8 13:17 15:10 demand 10:11,14 21:5,15 demand-based 17:6,9 demonstrated 31:24 Demuzio 1:17 29:12,13 department 1:1 3:22,24 6:11,15 7:14 8:9 9:4 10:19 11:1,18 12:3 18:10 19:23 20:6,13,15 23:21,22,24 26:15,19 28:2 deplorable 30:1 describe 8:23 deserves 8:11 design 9:13</p>	<p>designation 3:24 designed 10:2 desperate 11:14 develop 13:23 developed 25:5,6 devoted 10:3 diagnostic 19:17 diagnostics 19:20 difference 17:3,4 different 14:23 23:15,19 25:3 difficult 21:4 27:12 difficulty 26:13 Director 5:9 directors 15:15 16:6 Dirschl 5:14 15:5,11,13,13 16:22 26:22 27:2 Discovery 9:6,24 distance 16:24 distinct 13:19 District 13:13 diversion 20:1 Doctor 23:5 24:12 documented 12:12 doing 24:3</p>	<p>dollars 4:3 done 24:8 doors 27:9 28:19 doubting 18:14 Doug 5:13 15:4,13 down 5:8 6:7 20:1 Dr 5:10,13 10:24 15:4,11 15:13 16:22 20:12 26:22 27:2 dramatic 30:8 drive 20:7 driven 19:21 drivers 19:7 driving 19:4 drove 20:1 Druelinger 10:24 20:12 due 20:13 duplication 13:1 During 7:22</p> <hr/> <p style="text-align: center;">E</p> <hr/> <p>E 3:1,1 earlier 7:17 10:24 12:5 20:11 29:18 earnest 6:2 ED 6:13 9:13 10:21 educate</p>
--	---	--	---

<p>14:11 educated 16:15 efficient 9:14 eight 30:9 elderly 6:19 elective 7:3 21:12 electrophysiology 19:13 elements 22:2 emergency 3:22 6:11,15 7:13 8:9 8:16 9:4,12 10:9,19 10:20 11:1,17,18 12:2 12:3 18:10 19:23 20:6,13,14 23:21,22 23:24 25:12 26:15,19 employed 33:12 EMS 27:11 engage 28:11 engaged 15:16 enough 22:19 ensure 5:22 9:23 11:16 21:13 ensuring 9:6 entails 3:17 entire 32:4 environments 9:23 equipment 9:11 essential 14:2 essentially</p>	<p>22:22 establish 10:9 11:3 estimate 27:5 estimating 23:21 even 7:8 15:17,23 16:1 24:23 25:3 event 21:11 events 7:20 ever 31:22 every 6:6,8 28:23,23 everybody 5:1 Everyone 16:9 ex 2:1 24:18 exceed 4:21 21:24 exceeded 7:24 excellent 8:21 12:21 exception 12:10 excerpt 1:3,23 3:2 33:8 exclusively 15:23 exist 29:24 expand 3:8,22 9:4 10:9,13 expanding 12:9 25:3 expansion 7:13 10:7 11:16 19:8 expenses 25:12,19 expensive</p>	<p>25:14 experiencing 6:14 expires 33:16 explain 17:12 explanation 21:23 express 13:8 expressed 30:17 extended 20:5 extensive 26:23 extraordinary 31:11</p> <hr/> <p style="text-align: center;">F</p> <hr/> <p>facilities 1:2 8:23 9:1,2 18:5 26:14 facility 9:11,21 12:24 24:7 fact 13:3,20 29:9 factors 18:17 faculty 19:11 27:21 28:9 failed 22:13 failure 19:12 far 16:1 27:8 faster 9:15 February 26:11 fee 25:12 feel 29:19 few 21:6,7</p>	<p>filled 6:16 20:3 filling 21:7 final 21:21 finally 4:20 18:12 financial 33:13 find 25:4 findings 12:6 22:4 finished 23:13 Fire 27:11 first 8:22 9:3 17:6,15 26:10 27:3,6,7 five 4:18 6:3 17:4 18:16 30:9 floor 9:13 flow 21:12 following 4:10 forecasted 17:16,19 foregoing 33:6,7 formula 17:6,7 formulas 17:9 forward 10:18 16:7 19:1,1 20:5 20:16 21:3,16 30:10 forward-looking 21:3 four 6:24 9:9 24:5,8 26:3,12 frank 11:12</p>
--	---	--	--

frightened 8:9	2:3 24:13,22 25:1	12:22 14:4	6:23 9:18,20 10:1 13:6 13:7,7,12,12,13,17 14:13,20 16:19 18:5 24:4 25:5 26:8
fulfilled 10:10	gracious 30:8	Hayes 1:11 30:14,15	hospitals 6:24 8:8 13:5 20:19 22:12,15 30:9 31:11
full 6:8,9	granted 19:24 20:3	head 5:12 16:2	hours 8:10 11:19,23,23
fully 6:13	grateful 13:4	health 1:1,2 4:1 5:13 8:14 12:8,24 13:17 30:2	house 9:18
functions 21:6	gratifying 25:4	hear 14:17,18 24:14	hundred 7:9 32:1
further 12:23	great 10:11 25:7	heard 7:16 12:5 13:5 20:11 23:8,9 30:3	Hyde 30:21
future 12:2	greatly 11:12	hearing 4:6	
	Greiman 1:13 23:6,7,16 24:11 25:22 30:6,7	heart 19:12	<hr/> I <hr/>
<hr/> G <hr/>	grim 11:9	helped 8:18,19	ICU 17:3,21 18:17
G 3:1	grow 19:2	helpful 16:7	IDPH 2:2,9,10
Galassie 1:14 29:22,23	growing 10:14	here 5:7 13:3,7,21 14:15 15:5 23:20 29:16	IHFS 2:3
gap 15:9 17:13 18:15,16,17 31:15	growth 7:14 10:14,17 11:16 12:15,16 17:15,17,18 17:20,22 18:11 19:1,3 19:8,22 21:16	hereby 33:7	Illinois 1:1,5 3:24 24:21 33:5 33:21
Gary 16:9	guarantee 6:10	hereunto 33:14	imaging 9:11
general 2:6,7 16:7	guess 14:16 18:13	here's 16:24 17:11	immediately 9:5 28:10
generally 16:9	gun 11:5	high 9:22 11:24 15:6	impact 13:2
gentleman 29:18	gut 9:17	higher 12:20 20:20 24:23	importance 5:23 11:10
GEORGE 2:10		highest 7:23 11:5	important 13:18 27:4
GLASSON 1:16	<hr/> H <hr/>	highly 19:8 26:20	improve 9:6 10:8
glory 23:11	Hahn 1:24 33:3	historic 4:13 12:10 18:6	inability 20:14
go 11:19 15:23 16:3,3 18:21	half 7:10	historical 4:17 12:16	incidents 11:5
going 6:11 10:18 14:16 19:1 19:5 20:7,15,15 21:16 23:10,12 27:1 30:15 30:22 31:1,24	hand 33:14	history 23:1	includes 15:16,19
good 8:20 25:17 31:14	hand-in-hand 13:23	honored 32:5	including 6:19 9:9 10:15 29:10
GOYAL	happen 18:9 26:3	hospital	increase 3:17,19 8:16 9:9 10:22
	happy		

<p>increased 10:21 20:21 increases 19:22 incremental 20:8 21:4 incrementally 26:2 indicates 10:17 individual 27:16 28:9,10 individuals 26:22,23 27:23 infrastructure 9:21 initiative 5:13 injured 28:24 Injuries 27:10 injury 14:19 Innovation 5:12 inpatient 10:14 11:2 20:8 Input 8:18 institution 13:18 institutions 25:11 instructed 8:6 integrate 13:15 intensive 3:20 4:12,16,19 6:18 7:1 9:19 19:4 interest 13:1 33:13 interestingly 22:19 interhospital 20:18</p>	<p>interventional 19:18 interventions 19:13 intimately 15:20 introduce 5:1 investment 8:14 isolated 7:20 issue 17:7 26:14 31:17 itself 17:19</p> <hr/> <p style="text-align: center;">J</p> <hr/> <p>Jackson 13:12 January 26:10 JEANNIE 2:7 job 1:22 12:21 Joe 5:7 JOEL 1:18 John 1:11,16 5:8 Johnson 1:18 30:20,21 Joining 5:7 JR 2:6 JUAN 2:6 Judge 25:22 June 4:4 Justice 1:13 23:6 30:6 justified 12:16</p>	<p>justifies 12:9 justify 4:13,18</p> <hr/> <p style="text-align: center;">K</p> <hr/> <p>K 1:18 2:3 KATHY 1:10 kind 14:9 17:11 22:23 23:18 27:3 29:1,18 knew 6:10 know 11:17 14:14,17,19 15:6 16:1 23:7,17</p> <hr/> <p style="text-align: center;">L</p> <hr/> <p>La 13:12 lack 7:19 11:13 29:9 large 18:21 largest 24:19 last 6:2,2,4,8 7:10,11 11:21 18:22 22:16 lastly 7:2 late 22:21 Lawn 14:21 laying 12:21 leaders 13:6 leadership 28:6 left 6:12 18:17 20:9,12 legal 5:8 length</p>	<p>20:22 21:2 26:21 letters 4:6 13:11 let's 27:3 level 3:23 6:18 7:13 10:9 11:4,13 12:2 14:19 15:6 16:18 20:20 24:1,1 25:23 26:9,16 lifelong 30:21 limiting 12:1 Lisa 1:24 33:3 list 6:22 listed 4:7 literally 18:23 little 14:11 17:10,21 28:21 live 14:18 15:22 local 13:16,21 location 9:13 long 7:19 20:13 26:24 30:23 31:23 longer 7:20 look 10:13 15:8,21 16:7 19:1 20:5,22,24 22:15 looked 6:7,22 7:2 looking 17:5 20:9 looks 17:7 Loretto 13:12 lost</p>
--	--	--	---

22:24	4:18		
lot	meet	<hr/> N <hr/>	nongovernmental
26:3	4:10 12:12	N	24:20
lottery	MEETING	3:1	norm
29:20	1:3	name	7:21
love	meetings	5:4	Normal
28:18	15:16	named	1:5
Lurie	MEMBER	18:8	north
16:20	3:9,10 14:8,16,23 15:2	names	16:2
	16:13,24 21:21 23:3,7	18:8	Northwestern
	23:16 24:11,13,22	Naperville	16:3,20
	25:1 29:8,13,23 30:7	16:1	notarial
	31:4,7	nation	33:15
<hr/> M <hr/>	members	28:7	Notary
Macon	1:9 2:1 5:4,20 8:18	national	33:4,20
33:5	14:7 19:11 32:4	28:4	note
Madam	mention	near	4:20
3:15 4:23 5:3 29:4	20:18	11:5	noted
31:21 32:3	mentioned	need	6:7 30:9
major	10:24 11:21 22:12	7:18 9:7 11:14,19 14:2	number
maldistribution	Michael	16:14 17:7,7 18:3,24	4:6 7:6 11:6 15:7,15
15:10	2:9 4:24	20:20 21:5,9,13 23:11	19:6 21:19 22:7
manner	million	27:15,17,23 28:16,21	numbers
21:12	4:3	29:16 31:24	7:17 24:23
marrow	minus	needed	numerous
19:13	30:11	6:18 7:7,10 9:22 11:15	29:9
MC	Mitchell	13:10 25:23 26:24	Nurradin
1:16	2:7 9:18,19 10:1 24:4	needs	31:7
McGlasson	mode	8:15 28:15 29:24	nurses
3:9 23:3 31:3,4	21:4	negative	28:16
mean	modernization	13:2 22:4	
8:6 18:5,20 23:16	3:17 22:9	neighboring	<hr/> O <hr/>
28:22,22	modernize	13:5	O
means	3:7	neither	3:1
8:6	month	33:11	Oak
Medicaid	23:24	neurointerventional	14:20
24:17,18,20	MORADO	19:19	occupancy
medical	2:6	neurosurgery	4:14,19 7:9 8:2 17:23
3:5,7 5:6,10,24 6:9,17	morning	10:5 28:14	24:9
7:20,21 8:7 9:15 11:4	6:20 7:7,8,17 13:5	never	occupants
13:10,13,16 14:2	20:11	14:9	4:17
15:14,17 16:6 19:7,9	motion	new	occur
19:10,16 22:20,23	3:6 29:5	9:11 22:1,9 26:18 27:5	15:24 21:11 23:10
23:1 29:19	move	28:1 31:8	27:10
medical/surgical	3:9	night	occurred
3:18 4:12,13,15 9:18	movement	6:19	14:19 19:6
17:2,21 18:16	23:8	none	occurring
Medicine		29:3	23:8
5:11			October
med/surg			

<p>33:16 offer 9:23 13:17 offering 19:12 offers 12:4 office 6:12 officer 33:6 officio 2:1 24:18 often 8:10 16:2 okay 14:9 16:23,24 24:11 25:15,20 OLSON 1:10 3:4,11 4:24 5:16 14:6 23:2,5 24:12 29:2 31:22 once 21:10 27:9 one 6:19 7:23 10:12,19 16:18 20:17 21:21 22:11 24:16 28:6 30:2 32:1 online 23:20 26:7 open 1:3 21:10 27:5,9 28:18 opened 8:1 operate 23:24 operated 7:5 22:21 operating 7:2 9:7 operation 12:14 23:18 operationally 8:4 opportunities 28:7</p>	<p>opportunity 28:5 opposed 25:11 opposite 13:3 opposition 4:5 13:20 29:9 orthopedic 28:13 orthopedics 5:14 10:5,16 other 5:20 13:2 16:20 17:8 17:10 19:21 20:17 22:11,12,15 29:2 others 28:13 otherwise 30:11 33:13 Ourth 5:1,3,8 outcome 33:13 outstanding 28:4 overall 22:3 28:20 30:1 overstated 11:11 overwhelming 13:4 O'Keefe 5:4,5,18 14:9,15,22 15:1,4 16:17,23 18:20 22:11 23:14,18 24:15 24:19,24 26:6 32:3</p> <hr/> <p style="text-align: center;">P</p> <hr/> <p>P 3:1 Pages 1:23 Park 13:13 30:22 part 16:8 particularly</p>	<p>11:9 27:13 parties 33:12 partnership 8:19 past 11:8 13:23 19:22 20:12 23:1 patient 6:19 9:6,23 27:16 28:20,23,24 patients 6:12,14,16,18,22 7:4,6 7:18 8:8 9:7,12,16,23 10:4 12:2 13:9 15:22 16:16 19:14,19 20:7 20:12,20,22,24 21:1 21:12 24:7 27:6 32:5 patterns 15:21 16:2 payments 25:10 peak 21:9 peaks 21:13,15 pediatric 16:15,16,18 pending 6:24 people 14:18 17:8 27:20 28:5 29:10 percent 3:18 4:14,17 6:8 7:9,23 8:1 10:17,17,21 11:1 11:6 17:18,20,22,24 18:1,11,24 19:2,3,4 20:2,2,6,21 22:17 32:1 period 19:23 26:11 personal 25:15 personally 13:8 28:18 29:1 personnel</p>	<p>26:21 perspective 8:5 PET 19:20 Peterman 1:24 33:3 phased 24:6 phases 23:15,19 place 28:8 plainly 16:10 plan 8:19,21 9:13 10:7 13:8 13:23 14:3 29:23 planned 30:7 planning 12:24 13:3 15:17 18:7 21:3 played 17:19 playing 13:18 please 3:11 5:1 point 27:19 police 11:7 pool 28:3,3 population 17:10 position 21:19 positive 12:5 possibility 18:4 possible 25:23 26:2 predicated 18:3</p>
---	---	---	--

prepare 6:1 PRESENT 1:9 2:1,5 President 5:5,11 14:8 preventing 13:1 previous 31:4 previously 30:16 private 9:20,20 probably 28:12 problem 14:9 procedure-based 10:4 proceedings 33:6,8,9 process 13:21 27:24 program 31:11 programs 10:13 prohibiting 12:1 project 3:6 4:1,2,21 5:23 7:11 8:13,14,22 10:22 12:19,22 13:15,20 21:24 22:6 24:5,5 29:10 31:18,23 projected 11:15 projections 12:15 17:10 projects 9:3 proposal 4:10 17:1 propose 18:15 proposed	9:17 proposing 3:16,21 17:13 31:15 proud 29:1 proven 17:16 provide 9:11 11:24 12:7 19:9 provided 9:1 provider 24:20 providers 13:2 providing 26:13 public 1:1 3:24 4:6 30:1 33:4 33:20 publicly 16:10 purposes 15:18 put 25:19 puts 21:18 p.m 32:8 <hr/> <p style="text-align:center">Q</p> <hr/> quality 27:15,16 28:20,24 quarter 26:10 question 21:20,21 23:4,12 25:22 questions 12:23 14:4,6 23:2 29:2 29:14 quicker 26:3 quite 12:15 27:22 31:24 <hr/> <p style="text-align:center">R</p> <hr/> R	3:1 Rabida 13:12 random 21:11 ranged 10:16 rapid 9:7 rare 31:10 rate 10:22 17:15,16,17,20 17:22 20:1,1,4,10,21 rates 11:24 17:10 20:18 reached 7:23 readily 27:10 ready 27:14 real 7:18 26:6 really 5:22 25:14,14 29:15 reason 14:17 reasonable 12:14 reasonableness 4:21 31:18 received 4:7 13:4,11 25:10 recitation 24:14 recognize 12:24 record 32:8 recruit 26:21 27:1,23 28:9 recruitment 19:11 27:19,24 28:8 redevelop 9:17 redevelopment	9:19 12:22 reduce 20:9 reduced 33:10 reducing 11:18 regarding 12:10 region 14:13,21,23 15:4,14,14 16:6,17 regional 12:17 19:14 regions 15:18 related 33:11 relationship 31:9 relocate 3:22 9:3 remarks 6:1 Remember 28:15 replacing 22:23 report 3:14 4:8 6:6,7 12:7 17:1 21:22 31:14,17 Reported 1:24 Reporter 33:1,4 represent 24:17 represents 8:13,14 request 3:3 4:5 12:14 18:21,23 requested 4:15,16 7:11 22:8 require 21:19 26:20 required 7:1
--	--	--	---

<p>requirements 12:13 requiring 10:4 resident 30:21 residents 11:11 resounding 29:11 resource 12:17 20:19 respect 17:2,3 respond 14:4 21:14 response 10:12 18:19 29:15 restoring 22:22,24 result 11:2 resuscitation 9:10 26:17 retrospectively 22:16 REVIEW 1:2 reviewed 6:5 RICHARD 1:15 right 5:7 14:24 15:7 16:16 16:17 17:24 25:1 26:17 27:10 28:19 RMR 1:24 33:4 road 16:2 ROATE 2:10 29:4,12,21 30:5 30:13,19 31:3,6,21 role 12:7,16 13:19 roll 21:3 29:3</p>	<p>room 7:2 9:7 10:20 25:12 rooms 9:20,21 Roseland 13:7,13 routinely 15:24 rules 17:14 18:15 22:10 31:16</p> <hr/> <p style="text-align: center;">S</p> <hr/> <p>S 3:1 sad 29:18 safety 9:6 sail 27:10 Salim 31:7 same 9:24 22:21 say 13:21 25:15 27:9,13 says 29:19 scanning 19:20 schedule 7:3 scope 22:7,8 seal 33:15 second 3:10 9:17 12:13 25:2 26:20 seconded 29:5 section 28:1,10 see 10:14 20:7 25:6 27:6 31:10 seeing</p>	<p>28:5 29:3 seek 3:23 seeking 12:2 seen 20:9,14 31:23 semi 9:20 Senator 1:12,17 29:5,7,12 septic 6:20 serious 7:18 serve 5:5 20:19 21:8 25:18 32:5 serves 5:12 service 8:17 10:10 25:12 services 1:2 3:8 7:15 8:24 10:3 10:9,15 11:14,17,24 12:3,4,9,18 13:1 14:2 19:8,15,19 24:20 25:17 26:10,13,20,24 SESSION 1:3 set 33:14 seven 6:23 Sewell 1:15 14:7,8,16,23 15:2 16:13,24 21:21 29:5 31:6,7 shape 8:19 shared 13:9 Sharon 5:5 Sharon's 27:19 shock</p>	<p>6:20 shootings 11:6,9 Shore 13:6 30:22 short 9:8 shorter 9:15 26:11 Shorthand 33:1,3 should 4:1 29:19 shows 29:16 sick 20:22 side 8:11,15 10:11 11:8,11 11:14 12:8 13:22 14:1,18,20 15:9,22 16:11 19:10 21:8 22:15,17 23:9,10 30:3 significant 10:7 simply 10:10 15:9 26:15 Simultaneously 24:3 since 15:16 single 6:6,9 sit 8:8 situation 16:16 25:16 situations 27:17 six 3:13 6:18 20:2,24 23:16 26:4,12 size 22:24 slowly 28:21 small</p>
---	---	---	---

<p>21:6 smooth 21:12 some 8:24 11:5 15:6 17:11 18:4 22:2 27:17,22 someone 29:19 something 19:15 27:9 sometimes 25:13 sooner 26:14 sort 17:12,16,18 21:24 sounds 18:6 south 8:11,15 10:11 11:8,11 11:14 12:8 13:6,22 14:1,18,20 15:8,22 16:1,11 19:10 21:8 22:15,17 23:9,10 30:3 30:22 space 9:4,15 speak 18:15 specialists 27:20 specialized 9:9 19:8,15 26:21,23 specialty 7:14 8:16 10:8,15 11:16 spectrum 10:2 speech 30:8 spoke 29:18 SPR 5:21 12:20 SR 1:16 St</p>	<p>13:6 staff 2:9,10 5:21 6:13 28:14 28:15 staffing 26:14 stand 24:1 standard 4:21 12:20 21:24 standards 7:24 8:3 9:24 12:10 22:2 24:9 start 18:23 started 6:4 state 7:23 8:3 12:6,12,20 15:18 17:1,13 21:22 24:9,21 31:16 33:5,21 stated 31:13 state's 7:24 stations 3:23,23 statistics 8:3 stay 20:23 21:2 stenographically 33:9 step 21:6 still 6:20 stories 13:9 street 15:2 Stroger 16:4,21,22 stroke 19:19 subject 17:8</p>	<p>substantial 8:13,14 22:6,8 sufficient 21:14 sums 29:17,20 superior 9:14 supervision 33:10 support 4:6 13:4,8,11 14:1 25:5 25:5 31:11 supported 29:10 supportive 16:7 sure 24:13 25:17 31:22 surgeon 5:15 surgeons 28:13 surgery 10:5,16 19:12 28:1,2 surgical 7:3 surpassed 8:3 sworn 3:12,13 system 12:8 13:18 14:12,13 15:10 16:8 30:1</p> <hr/> <p style="text-align: center;">T</p> <hr/> <p>table 5:2,8 take 18:24 24:5,7 27:1,11 28:21 taken 14:20 22:18 33:6,9 takes 22:20 taking 24:17 talked</p>	<p>18:4,22 31:8,14 target 4:14,17,19 team 26:23 technical 12:10 technicians 28:16 technology 9:22 tell 16:5 28:2 ten 21:2 terms 17:15 31:8 testified 31:8 thank 3:15 4:23,24 5:3,16,18 5:19 14:6,8 15:13 16:13 24:11,13,14,17 27:2 29:4,8,21 30:5 30:13,19 32:5 they'd 14:20 thing 20:17 27:12 things 17:11,11 18:14 19:6,21 23:10 30:2 31:13 think 16:9 17:2,7,12,19 18:7 18:11,20 28:19 29:17 29:20 31:13,14,16 thinking 6:1 third 25:9 Thursday 6:3,4,8 7:10,11 11:21 time 6:10 9:8 19:23 25:10 26:12,21 27:23 times 7:19 9:16</p>
---	--	---	--

today 5:7 10:19,24 12:5 29:14,16	traveled 13:7	unsustainable 8:4	7:19 9:15
today's 25:10	treated 22:1	upgrade 9:21	waiting 6:20
together 15:20	Treatment 9:8	upset 11:12	waits 20:13
took 30:22	trend 18:6	Urban 5:13	walked 6:12
total 4:2 11:22	trends 10:18 12:16	use 17:9,10	want 11:24 14:11 22:11 23:23 24:16 25:16,18 26:6 27:10,11,15
totaled 7:6	true 8:19 13:3 33:7	usual 25:6	wanted 14:17 25:2,9,21
towards 5:13	truly 28:19	utilization 4:13,18 7:22,24 8:2 12:11,13	water 25:19
trade 5:15	Tuesday 1:6	<hr/> V <hr/>	way 28:23
traffic 16:2	two 9:2 16:18 23:24 26:3 26:12	valleys 21:13	ways 25:4
trained 27:20	typewriting 33:10	value 25:11	week 18:22
training 28:15,17	<hr/> U <hr/>	version 15:2	weekend 11:8,9
transcript 33:7	unable 13:9	versus 26:7	weeks 6:2
transfer 9:7 20:18 21:1	unacceptable 8:10	Vice 1:11 5:11 30:15	west 11:8 15:24
transferred 6:23	unanimous 32:1	view 12:14	we'll 5:2 24:3 27:10,15 28:8 28:12,13 32:5
transfers 6:24 8:7 20:21	under 25:19 33:10	violence 11:5,7	we're 22:22
transplants 19:13	undersized 26:16	visit 18:10	we've 4:7 12:12 13:22 15:16 15:19 23:9 31:22
transport 15:21	understand 24:22 25:19 27:3	visits 10:21,21 11:2	WHEREOF 33:14
trauma 3:23 5:14 7:13 8:16 9:9 9:12 10:4,10 11:4,10 11:13,14,17 12:3,4,9 12:17 14:12,19 15:7 15:14,22 16:10,15,18 21:10,11 24:1 25:13 25:23 26:7,9,16,17,20 26:24 27:5,6,8,20 28:1,6,6,15	understandably 11:12	Vokes 5:10	whole 28:14
travel 9:8	understanding 25:16	volume 3:2 7:12 19:7 20:8,15 27:15	wholly 11:19
	Unfortunately 7:19	vote 25:14 29:3,11 30:4,8 30:11,15 31:1,19	win 16:11
	unified 13:21	voting 29:20	WITNESS 33:14
	unique 12:21 19:16	<hr/> W <hr/>	witnesses 3:13
	University 3:4,7 5:6,9 14:12 22:20 27:21 31:9	wait	

wondered 23:7	17:22	2015 7:22,24 11:7 18:1	5
wonderful 23:8,9 30:2	10 1:6	20:21	5,000 20:12
work 5:21 6:4 16:5	10:05 1:7	2016 1:6 33:15	50 3:18 18:24
worked 13:22 15:19	100 6:8 8:1	2017 23:23 33:16	506 3:19 4:15
working 16:8	11 14:13,21 15:4,14,14	2018 26:11	54 22:16
worried 8:9	12 8:9	2021 10:23	57,000 10:20
wrong 18:3	126 3:20 4:12	2022 4:4 23:13 24:10	6
<hr/> Y <hr/>	13.5 20:21	24 6:16,17 8:9 11:1	6.5 10:21 19:3
Yeah 14:16 18:20 23:7	14.9 10:17	25 20:6 22:16	6.7 17:17 19:2
year 8:1,2 12:13 19:2 20:12 24:10 27:6,7,7	141 4:15	270 4:3	60 4:17
years 11:11 13:23 19:22 22:16 23:16 24:6,8 26:3,4,4,12,12,12	146 3:20 4:16	<hr/> 3 <hr/>	61761 1:5
yesterday 25:24	15 4:19	3,000 22:18	66 11:6
yourself 25:11	16-008 3:6	3:48 32:8	69 18:11
<hr/> Z <hr/>	163 17:3 18:16	30-year 30:1	<hr/> 7 <hr/>
zero 7:7	168 3:19 9:18 21:4	310 8:1	7 33:16
<hr/> \$ <hr/>	17th 33:15	33 1:23	72 7:7,8
\$115.07 4:22	172 8:2	338 3:18 4:11	<hr/> 8 <hr/>
<hr/> 0 <hr/>	1970s 22:22	343 4:13	8 10:16
084.002149 33:4	1988 14:15	36 3:23 6:16 9:9	89 17:23
<hr/> 1 <hr/>	<hr/> 2 <hr/>	38 19:24 20:3	<hr/> 9 <hr/>
1 1:23	2,700 27:6	<hr/> 4 <hr/>	90 4:14
1.2 17:20 19:4	20 3:20 4:4 9:19 20:2	41 3:23 7:3 9:9	93891X 1:22
1.4	2008 17:20	42 11:22,23	94 7:23 18:1
	2014 17:23 20:20	46 11:9	