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HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 West Jefferson Street, 2nd Floor

Springfield, Illinois 62761

217-782-3516

OPEN SESSION (DAY 2)

(March 27, 2013)

Open session (Day 2) of the meeting of the State of Illinois Health Facilities and Services Review Board was held on March 27, 2013, at the Marriott Bloomington-Normal Hotel & Conference Center, 201 Broadway Street, Normal, Illinois.

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1     PRESENT:

2             John Hayes - Vice-Chairman

              Richard Sewell

3             Philip Bradley

              Deanna Demuzio

4             David Penn

              James Burden

5

6             Courtney Avery - Administrator

              Catherine Clark - Board Staff

7             Frank Urso - General Counsel

              Alexis Kendrick - Board Staff

8             Michael Constantino - IDPH Staff

              George Roate - IDPH Staff

9             Bill Dart - IDPH

              David Carvalho - IDPH

10            Michael C. Jones - DHFS

              Matt Hammoudeh - DHS

11            Claire Burman - Board Staff

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              Reported by:

21            Karen K. Keim

              CRR, RPR, CSR-IL, CRR-MO

22            Midwest Litigation Services

              115 S. Lasalle Street, Suite 2600

23            Chicago, IL 60611

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1     START TIME: 10:03 a.m.

2

3                   VICE-CHAIRMAN HAYES: Yes. I'd like to call  
4 to order the second day of the Health Facilities and  
5 Services Review Board meeting. And the first thing on our  
6 agenda today is the public participation, and refer to  
7 Alexis Kendrick, which will be able to run that part of our  
8 meeting here.

9                   MS. KENDRICK: Good morning. I'll just give a  
10 brief introduction, and then I'll call everyone to the  
11 table in groups of four, and then everyone will begin.

12                   The Open Meetings Act requires that any person  
13 shall be permitted an opportunity to address public  
14 officials under the rules established and recorded by the  
15 public body. Each speaker will be allotted two minutes to  
16 provide their comments about agenda items listed on today's  
17 agenda. Please understand, when signalled you must  
18 conclude your comments. Inflammatory or derogatory  
19 comments are prohibited. Comments should not be personal  
20 and not be disruptive to the Board's proceedings. Again,  
21 please make sure that your comments are focused and  
22 relevant to the specific projection on the current day's  
23 agenda.

24                   We will begin with Tom McAfee, Frank A.

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1 Slazes, Jr., Kenji Oyasu, and Joe Ourth. Please be sure to  
2 spell your name for the Court Reporter. Thank you.

3 MS. KENDRICK: For the record, please state  
4 which project you're speaking on behalf of.

5 MR. HAYES: I'd like to -- excuse me a moment.  
6 We have some business to do here before we get into public  
7 participation.

8 Could I have a roll call, George?

9 MR. ROATE: Yes, sir.

10 John Hayes?

11 MR. HAYES: Here.

12 MR. ROATE: Phillip Bradley?

13 MR. BRADLEY: Here.

14 MR. ROATE: Dr. James Burden?

15 MR. BURDEN: Here.

16 MR. ROATE: Deanna Demuzio?

17 MS. DEMUZIO: Here.

18 MR. ROATE: Alan Greiman?

19 (Pause)

20 MR. ROATE: Absent.

21 Kathy Olson?

22 (Pause)

23 MR. ROATE: Absent.

24 David Penn?

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1 MR. PENN: Here.

2 MR. ROATE: Richard Sewell?

3 MR. SEWELL: Here.

4 MR. ROATE: And Dale Galassie?

5 (Pause)

6 MR. ROATE: Absent.

7 VICE-CHAIRMAN HAYES: Thank you. Now let's  
8 continue with public participation. Excuse us for that  
9 little delay there.

10 MR. MC AFEE: Good morning. I'm Tom McAfee,  
11 the President of Northeastern Lake Forest Forest. Thank  
12 you, Chairman Hayes and Board members, for the opportunity  
13 to speak today. I'm here here because I am concerned that  
14 Vista's application for an additional hospital in Lake  
15 County is not in line with current realities.

16 With trends in healthcare moving towards  
17 outpatient care, the economic implications of healthcare  
18 reform, the roadway improvements that have been implemented  
19 in the county to reduce travel time, not to mention the  
20 weak economy, there is clearly no need for a new hospital  
21 in the county at this time, and if an additional hospital  
22 is going to impact negatively the not-for-profit hospitals,  
23 the patients will be the ones that suffer most.

24 Nowhere is there a focus on outpatient care

1 more evident than in western Lake County. In fact, the  
2 patients of the region have benefited significantly with  
3 two major outpatient campuses, one in Lindenhurst and the  
4 other in Grayslake. Many of these facilities today are  
5 only half full, and they have the capacity to treat more  
6 patients. In 2013, we've also seen travel times are no  
7 longer a significant concern. In fact, in Lake County  
8 there has been a record investment in infrastructure with  
9 32 construction projects advanced this year alone. They  
10 can travel much more efficiently.

11           Moreover, improvements in the access to  
12 emergency medicine is also enhanced. Today, not one but  
13 two free-standing emergency centers are now operational in  
14 the county, one on the very site where the Lindenhurst CHS  
15 Hospital is being proposed. All emergency care is now  
16 within 15 minutes.

17           Unfortunately, we continue to work through a  
18 weakened economy. Now more than ever Lake County cannot  
19 afford to have their safety net pulled from under them.  
20 CHS Vista may say they are the safety net provider, but  
21 that's simply not the reality. According to the Attorney  
22 General, the local not-for-profit-hospitals provide  
23 significantly more charity care. In fact, Northwestern  
24 Lake Forest Hospital is the number one provider of charity

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1 care. In fact, together with Advocate, we provide 64  
2 percent of all charity care in the county, while CHS and  
3 Vista only provides 12 percent of the county's healthcare  
4 charity needs in both hospitals combined.

5 Our hospital has been in the community for 114  
6 years, serving the residents of Lake County. We recently  
7 secured the future of the local free clinic, HealthReach,  
8 to help them merge with Chicago's Erie Family Health  
9 clinics, to protect the undocumented and underserved  
10 residents in the county, and we have to make certain that  
11 if we are challenged economically, the impact to outreach  
12 screening and community programs our region needs will  
13 really be at risk.

14 This project was not based on the healthcare  
15 needs in 2009 and is even less necessary today. We urge  
16 the Board to consider current realities and deny this  
17 project.

18 Thank you.

19 MS. KENDRICK: Mr. McAfee, will you spell your  
20 name, and also state which project you're speaking for.

21 MR. MC AFEE: Sure. I'm sorry. My name  
22 Thomas McAfee, M-c-a-f-e-e, and I'm opposing the Vista CHS  
23 Lindenhurst project.

24 MR. SLAZES: Hi. Good morning. My name is

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1 Frank Slazes, and I am here today to support the  
2 Lindenhurst Hospital project.

3 I have served in the fire/EMS field for the  
4 past 33 and a half years. I am currently the Fire Chief  
5 for the Lake Villa Fire Protection District, which serves  
6 and protects all of Lake Villa Township, including the  
7 Village of Lake Villa and the Village of Lindenhurst, an  
8 area encompassing 27 square miles and approximately 41,000  
9 residents.

10 I strongly believe that a hospital in  
11 northwest Lake County is essential. The residents living  
12 in the north central and northwestern areas of Lake County  
13 should have even-handed access to emergency medical  
14 services and in-patient hospital care. Currently they do  
15 not. As participants in the EMS system, our objective is  
16 to provide excellent patient care on site and during  
17 transport to an appropriate hospital setting. One of the  
18 hallmarks of doing so is reducing the amount of time the  
19 patient is being transported from scene to a hospital  
20 emergency room. The Lake Villa Fire Protection District,  
21 as well as other surrounding communities, currently must  
22 deal with lengthy hospital transport times, most in excess  
23 of 25 minutes, even longer during inclement weather or rush  
24 hour traffic. In the EMS field, providers strive to meet

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1 the golden hour rule for patient care, the term given to  
2 the 60 minutes from the time the patient calls 911 to the  
3 time they are seen at the hospital room. When almost half  
4 of this time is taken up with patient transport, the  
5 remaining time only gives first responders a small window  
6 to diagnose, evaluate, and treat a medical problem. Thus,  
7 a hospital Lindenhurst area would provide both the patients  
8 and first responders the best opportunity for reduced  
9 transport times and quicker hospital emergency room  
10 treatment.

11 Just imagine if you or your family were to  
12 experience a stroke or heart attack like symptoms. Would  
13 you want to be transported 30 minutes to a hospital for  
14 care or 10 minutes? The answer is obvious.

15 I understand that as the Health Review Board,  
16 one of their criteria you must determine is if there is an  
17 excess of hospital beds in Lake County. But from my  
18 perspective as Fire Chief, accessibility to hospital  
19 setting emergency room care should take precedence. A full  
20 service hospital facility in Lindenhurst is a must.

21 Lastly, keep in mind, I have no stake in this  
22 whatsoever, except my my desire for the best healthcare  
23 possible for the citizens of Lake County.

24 Thank you.

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1                   MR. OYASU: Good morning. My name is Dr.  
2 Kenji Oyasu. I was the Medical Director for Emergency  
3 Department at Vista East and currently am the Regional  
4 President for Apollo M.D. and continue to work clinically  
5 at all of these facilities. I am proud and pleased to  
6 support the establishment of a hospital in Lindenhurst.

7                   Vista East has shown its commitment to high  
8 quality medical care over and over again, so it is no  
9 surprise to me that it is working in collaboration with the  
10 proposed Lindenhurst project. I think it makes sense for  
11 Vista East to relocate 108 of its medical/surgical beds to  
12 the Lindenhurst community. It will provide needed access  
13 to care while not impacting the bed need inventory, and  
14 will increase the utilization rate medical/surgical  
15 services at Vista East. The Lindenhurst hospital will  
16 provide access to emergency services to residents who now  
17 must travel approximately 40 minutes and longer to access a  
18 hospital Emergency Department. Obviously, this is  
19 important in life-threatening situations. However, it's  
20 also important when a woman goes into labor or someone who  
21 is a Medicaid recipient needs care but is unable to pay for  
22 travel for a 40-minute-plus trip just to get healthcare.

23                   Also, Lindenhurst hospital will provide needed  
24 access to primary care and outpatient diagnostic services,

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1 as well as surgery and inpatient care. Certain health  
2 conditions can become emergencies if people do not know  
3 they exist or do not get treatment for them. Heart attacks  
4 could be avoided with medication and lifestyle changes.  
5 Brain aneurysms may be detected and dealt with prior to  
6 rupture. Common sense tells us that studies -- and studies  
7 have confirmed that when people have access to testing and  
8 primary care services, they're more likely to detect  
9 chronic illness and obtain treatment they need to avoid  
10 emergency situations. This is better for our patients and  
11 also reduces healthcare costs.

12           Finally, we are all aging. Maybe I should  
13 speak for myself. The area of central and northern Lake  
14 County faces a unique population challenge in that they are  
15 growing communities and also they are aging communities.  
16 As the elderly population grows, both in-patient and  
17 outpatient hospital services for this group of people will  
18 be increasingly necessary. I have seen it is difficult for  
19 older patients to navigate the healthcare system, let alone  
20 travel long distances for care. It places a greater burden  
21 on them and their families. It is important we consider  
22 this demographic shift in deciding whether additional  
23 healthcare resources should be able to our community.

24           Thank you, and please approve the Lindenhurst

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1 hospital.

2 VICE-CHAIRMAN HAYES: Thank you.

3 MR. OURTH: Chairman Hayes, Members of the  
4 Board, I'm Joe Ourth, and I represent providers who have  
5 been opposed to building a new hospital in an area that's  
6 already over-bedded. Two minutes is insufficient to list  
7 all of the problems with this application, but let me try  
8 to do so briefly.

9 What this project basically does is, Community  
10 Health Systems proposes to move beds from one of its 138  
11 hospitals to a new hospital, something even the applicant  
12 acknowledges is not in compliance with the rules.  
13 Moreover, the beds they propose to move are really phantom  
14 beds that Vista East should have relinquished long ago and,  
15 it appears, pediatric beds which were discontinued and were  
16 discontinued without receiving a permit from you first.  
17 When compliance issues arose on this, the applicants  
18 requested a deferral -- even though a deferral wasn't  
19 allowed by the rules -- and were what you acknowledged were  
20 serious concerns. After six weeks, the response was,  
21 "Well, those compliance issues, they're not really  
22 relevant, because that's a different hospital." Well, CHS  
23 is the applicant here and the owner of Vista East, and we  
24 suggest that the compliance issue with your rules are very

1 relevant.

2                   On the physician referral letters: As you  
3 know, physician referral letters are required by your  
4 Board's rules. When the physician referral letters were  
5 submitted here, as the State Agency Report notes, they're  
6 non-compliant physician referral letters. But even if they  
7 were, they proved the point we're trying to make. The  
8 physician referral letters provide only enough referrals to  
9 fill a third of a hospital, and it does so in cannibalizing  
10 the existing hospitals. There is only one obstetrician  
11 that submitted a referral letter, and those referrals would  
12 fill one OB bed, not the 20 that are being requested, and  
13 despite what is being said about not moving anything out of  
14 Waukegan, the referral letters clearly show they're taking  
15 at least a thousand admissions out of Waukegan, which would  
16 drop Waukegan's occupancy by more than 13 percent.

17                   In conclusion, you the Board often approve  
18 projects that may not be entirely in compliance with your  
19 rules but are in that gray area where it's consistent with  
20 the planning purposes. This isn't one of those projects.  
21 This project proposes to build a hospital in the area  
22 that's already over-bedded. It's undertaken by one of the  
23 largest for-profit hospital chains in the nation that  
24 provide less charity care than almost any other hospital in

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1 the area. It's by a hospital with the lowest utilization  
2 of any hospital in the area, cannot provide referral  
3 letters that even fulfill a third of the occupancy needed  
4 for a new hospital, and it would reward someone for  
5 hoarding beds that are in compliance with your rules. And  
6 it's a project that openly acknowledges that this is going  
7 to hurt other projects and moves beds from a distressed  
8 area to an affluent area. I think that's inconsistent with  
9 what the Board's purposes are, and would ask that you again  
10 deny the project once again.

11 Thank you.

12 VICE-CHAIRMAN HAYES: Thank you.

13 MS. KENDRICK: The next four: Dominica  
14 Tallarico, Rishi Sikka, [SHAOE] discontinued Patel and  
15 Bruce Hyman. Again, please spell your names for the record  
16 and state which project you're speaking on behalf of.

17 MS. TALLARICO: Good morning. I'm Dominica  
18 Tallarico, and I'm here speaking in opposition to the CHS  
19 Vista Lindenhurst hospital. Good morning, Vice-Chairman  
20 Hayes and Fellow Board Members.

21 As I said I'm Dominica Tallarico, and I'm the  
22 President of Advocate Condell Medical Center. It's one of  
23 six hospitals that are existing in Lake County and has  
24 serviced the county for 85 years. You may recall that I

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1 previously had the honor to present projects to you which  
2 included kidney transplant program and large scale  
3 outpatient project at Advocate Christ Medical Center in Oak  
4 Lawn. I recently became the President of Advocate Condell  
5 eight months ago, and within a month of my arrival, I  
6 was -- much to my surprise and concern, an application was  
7 submitted now for the third time by CHS Vista to develop a  
8 new hospital in what is the primary Service Area of  
9 Advocate Condell Medical Center.

10 I want to call to your attention that  
11 approximately 40 percent of the volume projected for this  
12 hospital that's being proposed would come directly from  
13 Advocate Condell Medical Center and, clearly, this will  
14 cause harm to existing Lake County hospitals, contrary to  
15 what is being said. So I'm here today with patients in  
16 mind, and they are the ones that will be most impacted by  
17 the decision made today.

18 Since the Board last denied this project in  
19 2009, the reasons for saying no to a new for-profit  
20 hospital have only grown stronger, and I'll highlight a few  
21 key points.

22 Building more hospitals is counter to  
23 healthcare reform. In-patient admissions are steadily  
24 declining across the nation, within Chicago, and in Lake

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1 County proper. So, in Lake County admissions have declined  
2 in the past 24 months by two percent, and in the new  
3 proposed hospital Service Area for the CHS hospital, by  
4 three percent. Lake County is currently in excess of beds  
5 by over a hundred beds, and this trend will only continue,  
6 and it is the expectation in healthcare reform that this  
7 happen, and thus decreasing the length of stay through the  
8 efficiency of appropriate care in the appropriate setting.

9 Per the Staff report, the new hospital would  
10 not improve access to care. Lake County patients already  
11 are serviced by six hospitals. There are only three  
12 free-standing emergency centers in Illinois, and two are in  
13 Lake County, within six miles of one another. There is a  
14 great strength in outpatient presence and physician  
15 practices.

16 Also per the Staff report, a new hospital  
17 would have a major impact on other providers. As I  
18 identified earlier in my conversation, 3,500 patients per  
19 year are expected to come from Condell and, in fact, the  
20 CON application as submitted indicates that the vast  
21 majority of volume for this new hospital is coming directly  
22 from existing Lake County hospitals. Losses like that will  
23 impact the quality and sustainability of services,  
24 including Level 1 trauma. Offering this advanced emergency

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1 care is part of Advocate Condell's mission and Advocate  
2 Healthcare.

3 MS. KENDRICK: Thirty seconds.

4 MS. TALLARICO: With the losses of the volume,  
5 you have to wonder if we can continue to sustain that level  
6 of service on the book of business that we currently  
7 actually lose money on. It is a necessary need for the  
8 community.

9 The project would not boost the local economy.  
10 Rather than creating long-term new jobs, it would be  
11 shifting of jobs.

12 So for these reasons the conclusions outlined  
13 by the Staff report and the many facts in public record and  
14 stated here today, I ask the Board to deny this hospital  
15 once again. This is in the best interest of patients, and  
16 I thank you for your support and continued stewardship of  
17 area health resources.

18 Thank you.

19 VICE-CHAIRMAN HAYES: Thank you.

20 Good morning. My name is Rishi Sikka. Good  
21 morning, Vice-Chairman Hayes and members of the Board. My  
22 name is Rishi Sikka. I'm a practicing emergency medicine  
23 physician. I'm also the Vice-President of Clinical  
24 Transformation for Advocate Healthcare. In that role, I am

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1 responsible for changing the way that we deliver care at  
2 Advocate to meet the challenges and the future that we see  
3 with healthcare in this country. That future for  
4 healthcare in this country, as you may know, is not going  
5 to be about rewarding the amount of services that we  
6 provide. It's not going to be based on the volume that we  
7 do. It's going to be based on the value that we provide.  
8 And when I talk about value, I'm talking about providing  
9 the best quality and the best outcomes at the lowest  
10 possible costs. So how do you provide that value to our  
11 patients? Well, part of it is about delivering care in  
12 Centers of Excellence that sees large numbers of patients  
13 with conditions that are critical and ill-threatening. If  
14 you only see a handful of patients with a condition, you  
15 don't have the experience, you don't get good with it, you  
16 don't get the good outcomes. But if you see large numbers  
17 of patients at Centers of Excellence, like at a place like  
18 Condell that treats large numbers of patients with heart  
19 attacks, strokes, heart disease, you get very good. You  
20 get exceptionally good at it, and it's evidenced in  
21 Condell's results national report groups.

22                   But delivering value isn't just about the best  
23 quality and the best outcomes. In this new era, delivering  
24 value is also about population health. It's about keeping

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1 people healthy. It's about keeping them out of the  
2 hospital. And we're already seeing that. We're already  
3 seeing a decline in utilization of our in-patient  
4 medical/surgical beds. We're seeing that in the statewide  
5 numbers, and that is simply going to continue to grow.  
6 Building another hospital is counter to all trends that  
7 we're seeing in this country. It is counter to the future  
8 we're trying to build in population health, in keeping  
9 people healthy.

10                   Now, I know CHS Vista is also making the  
11 argument that they would like to take the beds from  
12 Waukegan, those excess beds, and move them to this new  
13 facility, and I think a lot of health systems would like to  
14 do that. We would like to do that at Advocate and move our  
15 beds to an area more affluent. But that's counter not only  
16 to the trends that we're seeing in healthcare, but counter  
17 to what the Board has expressed as its wishes in its  
18 internal rulings as well.

19                   I urge you to consider denying the application  
20 for CHS Vista's proposal. It is counter not just to the  
21 Board. It is also counter to the direction we're seeing in  
22 this country to deliver greater value to the greater  
23 population to keep people healthy and ultimately decrease  
24 our utilization on the in-patient side.

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1 Thank you so much for your time.

2 VICE-CHAIRMAN HAYES: Thank you, Doctor.

3 MR. PATEL: Good morning. My name is Chirag  
4 Patel. Thank you for your time this morning and the  
5 opportunity to give this testimony.

6 My firm, Kaufman, Hall & Associates, was  
7 founded in 1986 and operates a national practice with over  
8 130 Staff members across the country. We are devoted to  
9 healthcare 100 percent of the time. We provide a broad  
10 range of advisory services to support critical decision  
11 making for hospital providers, and of particular note, we  
12 have analyzed 30 new hospital, slash, replacement  
13 facilities over the last 10 years.

14 Kaufman Hall was retained by Advocate Condell  
15 Medical Center to develop an independent market assessment  
16 and impact study to submit to this Board. We assessed  
17 overall market conditions of the proposed Service Area and  
18 region and assessed the utilization impact and expected  
19 volume loss that a new hospital would have on the existing  
20 area hospitals.

21 Based upon the results of our analysis, the  
22 new hospital proposed by CHS is not warranted under the  
23 criteria put forth by the Board. We cite the following  
24 reasons,

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1                   First, there is significant under utilization  
2   in the medical/surgical and obstetrics Categories of  
3   Service in the Planning Area. These are relative to State  
4   standards and existing approved beds. To exacerbate this  
5   under utilization, the admissions, as described by referral  
6   letters submitted by CHS, are approximately 30 percent of  
7   the admissions needed to achieve target occupancy for the  
8   proposed Lindenhurst project.

9                   Second, CHS's current hospital, Vista Medical  
10   Center East, total 2011 occupancy was only 36 percent.  
11   Even more alarming is that CHS has proposed plans to reduce  
12   the average daily census by another 12 percent, per  
13   submitted referral letters.

14                   The Service Area for the proposed hospital is  
15   not experiencing rapid population growth, as defined by the  
16   Review Board; or the majority of the proposed service  
17   area's population has more convenient access to existing  
18   facilities than to the proposed Vista Lindenhurst hospital.

19                   Local and nationally the need for in-patient  
20   care is declining. Overall, the state of Illinois -- in  
21   the state of Illinois, admissions have dropped 7 percent  
22   between 2007 and 2012. In the proposed primary Service  
23   Area, admissions fell by five percent in that time period.

24                   Six, the proposed Vista Lindenhurst hospital

1 would likely fail to meet State utilization standards for  
2 the following services: Obstetrics, cardiac cath, and  
3 medical/surgical Categories of Services, as well as Section  
4 3030 clinical service areas. Existing hospitals would  
5 materially and adversely be affected by the proposed Vista  
6 Lindenhurst hospital.

7           Finally, as many of you know, the healthcare  
8 industry is in the midst of a fundamental transition.  
9 Advancements in clinical technology and changes in the care  
10 delivery of patients and the evolution of payment systems  
11 are driving more and more care to lower cost sites.  
12 Community hospitals are caught in the middle of this  
13 cascade. On one end, conditions and cases that were  
14 treated on an in-patient basis are being moved to the  
15 outpatient setting. But on the other end, more complex  
16 in-patient cases that were particularly done in large urban  
17 medical centers are being shifted to community settings,  
18 where critical volumes are needed to maintain physician and  
19 staff competency.

20           MS. KENDRICK: Thirty seconds.

21           MR. PATEL: In short, outside of significant  
22 population growth, demand for in-patient services is flat  
23 to decreasing, while the complexity of care, the complexity  
24 of the remaining in-patients is increasing.

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1                   Based upon this analysis and the report we  
2 submitted to the Board, it is our professional opinion that  
3 there is not sufficient need for the proposed Vista  
4 Lindenhurst hospital and that the proposed hospital would  
5 have a material adverse impact on the existing hospitals in  
6 the Planning Area.

7                   I thank you for your time and urge you to  
8 review the analysis submitted the this Board.

9                   VICE-CHAIRMAN HAYES: Thank you.

10                  MR. HYMAN: My name is Dr. Bruce Hyman. I'm  
11 in opposition to the Vista Medical Center, Lindenhurst  
12 hospital.

13                  Good morning I'm Dr. Bruce Hyman and have been  
14 a practicing internist and geriatrician in Lake County for  
15 16 years. I'm also a resident of the area. I made the  
16 three-hour drive to Bloomington today to oppose Community  
17 Health System's application for a brand new hospital in  
18 Lindenhurst, because, as a physician, I'm concerned that  
19 it's bad for area patients. Here's why.

20                  Number one, patients already have the access  
21 that they need. A few years ago, Lake County needed triage  
22 services. That need has been more than provided for,  
23 particularly through the new free-standing emergency  
24 centers in Lindenhurst and nearby Grayslake. There is no

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1 need for a new full-service hospital here.

2                   Number two, with more hospitals, fewer  
3 procedures will be performed in each hospital. For  
4 example, the State Staff report mentions the threat to  
5 cardiac catereterization volumes. I echo that concern. Do  
6 heart patients want to see a physician who performs a  
7 procedure multiple times per week or once a month? No  
8 question, a brand new hospital would be bad for patients.

9                   Number three, a new and unneeded hospital  
10 would put specialty services at risk. Providers would be  
11 forced to make cuts to make ends meet. In other words, not  
12 only would this proposal bring little to Lake County  
13 patients, but it could actually take a way from the care  
14 they already receive. Again, this would be bad for  
15 patients.

16                   Number four, Lake County's Level 1 trauma  
17 center would be at risk. The Chicago region recently saw  
18 the University of Chicago cut its Level I trauma care. The  
19 level of expense for trauma care was very high, and with a  
20 new and unneeded hospital, it could be on the chopping  
21 block here in Lake County. That would be bad for patients.

22                   In the end, this is about what is in the best  
23 interests of patients, not providers. I encourage you to  
24 keep patients in mind as you make this decision. This

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1 proposal would compromise the overall quality of care in  
2 Lake County, and that is bad for patients.

3 Thank you.

4 VICE-CHAIRMAN HAYES: Thank you very much.

5 MS. KENDRICK: That concludes the public  
6 participation.

7 VICE-CHAIRMAN HAYES: Thank you very much to  
8 everyone that participated in the public participation.

9 Now, I'd like to move to our next -- it's --  
10 okay. Now I'd like to move to our next item on the -- 13,  
11 Items for State Board Action, and this is continued from  
12 yesterday, and I'd like to call H-15 (sic), 12-081, Vista  
13 Lindenhurst hospital in Lindenhurst, and if I could have  
14 the applicant come up to the table here.

15 (Pause)

16 VICE-CHAIRMAN HAYES: Okay. Would the  
17 applicant spell their name and introduce themselves and  
18 spell their name for the Court Reporter, and then you'll be  
19 sworn in.

20 MS. MARTIN: Barbara Martin, President and CEO  
21 Vista Health System.

22 MR. AXEL: Jack Axel, Axel & Associates.

23 MR. RANALLI: Clare Ranalli with McDermott  
24 Will and Emery.

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1                   MR. MILLER: Tom Miller with Community Health  
2 Systems Professional Service Corporation, Division  
3 President.

4   (Oath given)

5                   VICE-CHAIRMAN HAYES: Mike, can I have a  
6 State report?

7                   MR. CONSTANTINO: Thank you, Mr. Chairman.

8                   The applicants are proposing the establishment  
9 of a 132-bed acute care hospital in Lindenhurst, Illinois.  
10 The cost of the project is approximately \$131 million, and  
11 the anticipated completion project date is August 31st,  
12 2016. There was a public hearing held on this project, and  
13 we received a number of support and opposition letters  
14 regarding this project. I placed in front of you this  
15 morning comments on the State Agency Report, which the  
16 Board is going to have to take action on whether or not to  
17 approve them for inclusion in the record.

18                   VICE-CHAIRMAN HAYES: Okay. Thank you. We'll  
19 get to that in a moment. I think our general counsel,  
20 Frank Urso, would like to address the members of the Board.

21                   MR. URSO: Thank you, Mr. Vice-Chair and Board  
22 members. I just wanted to give a brief chronological  
23 description of what has been occurring in this particular  
24 application.

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1                   Vista Medical Center was due to be heard in  
2 February of 2013 and, in a timely manner, we received two  
3 comment letters, one dealing with some commitment that  
4 Vista made in terms of monetary, capital expenditures for  
5 the Waukegan area for healthcare, and also some issues that  
6 were raised, and you heard about those from one of the  
7 public participants today. So, we received those two  
8 letters very close to when that project was due to be heard  
9 in February, and Staff, Board Staff, had a conversation  
10 with Vista representatives, and we briefly discussed that  
11 we had some, what we considered to be, important issues to  
12 deal with and so, therefore, we requested Vista to delay  
13 the consideration of their project until we had an  
14 opportunity, Board Staff had an opportunity to take a look  
15 at those particular issues and provide some analysis of  
16 those issues before this project came before the Board.  
17 So, therefore, Vista agreed to delaying the consideration  
18 of their project, based upon Board Staff's recommendation.

19                   In the interim, Board Staff sent the letter to  
20 Vista representatives and received responses in a timely  
21 manner in regards to the issues that were raised by both  
22 the letters that we received. We took a close look at  
23 those, and we determined that there are no reasons at this  
24 point in time to delay the consideration, if the Board

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1 wanted to do so, of this particular application. So we  
2 just wanted to bring that information to the Board's  
3 attention. If they have any questions, I'd be glad to  
4 answer those.

5 (Pause)

6 MR. URSO: So the second matter then,  
7 therefore, Mr. Vice-Chair is what Mr. Constantino brought  
8 to the Board Staff's attention, and that is comments of the  
9 State Agency Report, and the Board needs to determine one  
10 of two things, I think, at this point in time: To accept  
11 those comments and go forward with the consideration of  
12 this project, or accept those comments and essentially  
13 defer this project until further analysis is conducted on  
14 those comments. Those, I believe, are the options that are  
15 before this Board at this point in time, to make a motion.

16 VICE-CHAIRMAN HAYES: Okay. I'd like to open  
17 it up to Board questions or comments.

18 David Carvalho?

19 MR. CARVALHO: Just a clarification of what  
20 Frank just said, and excuse me. I apologize for my voice.  
21 In your first observation, you said that we reviewed it and  
22 determined there is no reason to not proceed. Did you mean  
23 that we've determined -- made a determination as to whether  
24 the merits of what was raised, or simply whether it was an

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1     impediment to the Board processing the application?

2                   MR. URSO:  I think we made a determination in  
3     both respects.  We took a look at the issues to determine  
4     if there were potential compliance issues, and we  
5     determined that there was not, and we saw no reason to  
6     delay the project based upon the issues that were raised  
7     and the correspondence that we reviewed.

8                   MR. CARVALHO:  Thank you.

9                   MR. BRADLEY:  Are you ready for a motion?

10                  MR. HAYES:  Yes, I would propose a motion.  Do  
11     you want to -- I'd like to propose a motion that -- to  
12     accept the letter from Arnstein & Lehr and basically go  
13     ahead with this project, and this letter was dated March  
14     18, 2013.  Could I have a motion for that?

15                  MR. BRADLEY:  I so move.

16                  MR. SEWELL:  Second.

17                  VICE-CHAIRMAN HAYES:  The motion has been  
18     moved and seconded.  Roll call?

19                  MR. ROATE:  Motion made by Mr. Bradley,  
20     seconded by Mr. Sewell.

21                  Mr. Bradley?

22                  MR. BRADLEY:  Yes.

23                  MR. ROATE:  Dr. Burden?

24                  MR. BURDEN:  Yes.

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1 MR. ROATE: Senator Demuzio?

2 MS. DEMUZIO: Yes.

3 MR. ROATE: Mr. Penn?

4 MR. PENN: Yes.

5 MR. ROATE: Mr. Sewell?

6 MR. SEWELL: Yes.

7 MR. ROATE: Mr. Hayes?

8 MR. HAYES: Yes.

9 MR. ROATE: That's six votes in the  
10 affirmative.

11 VICE-CHAIRMAN HAYES: The motion passes.

12 Now, the next item is, we'll be able to start  
13 with the participants of the applicants. We've already had  
14 the State Agency Report from Mike. So we'll have the  
15 testimony from the applicant. Thank you.

16 MS. MARTIN: Good morning. And thank you for  
17 the opportunity to present this project. As stated before,  
18 I'm Barb Martin, the President and CEO of Vista Health  
19 System, and I've been before this Planning Board many  
20 times, and I'm glad to be here today.

21 The proposal that we are bringing to you in  
22 the most general terms is to provide reasonable  
23 accessibility to basic hospital services within Lake County  
24 by voluntarily redistributing beds to ensure that

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1 accessibility. As you can see from the map to my right,  
2 every Lake County hospital is located below the diagonal  
3 line that crosses Lake County, from the southwest corner to  
4 the northeast corner of the County. As a result, if you  
5 live in a community like Round Lake, Antioch, Spring Grove,  
6 or Lake Villa, as identified by Chief Slazes, which is the  
7 northwestern part of the county, your drive time to the  
8 nearest hospital will typically be 40 to 45 minutes or  
9 longer. And, as you know, we had a private study performed  
10 that I believe you have in your packet, a private drive  
11 study. We don't believe that to be acceptable in 2013, and  
12 we don't believe there's any other area in metropolitan  
13 Chicago where residents are forced to drive so long to get  
14 basic hospital services, and, as you know from repeated  
15 testimony at the public hearing, first responders face the  
16 very same challenges and feel the same concern about long  
17 drive times. This endangers patients, because when EMS  
18 services are needed, as you know, 10 or 15 minutes  
19 additional are required for the EMS team to arrive and  
20 prepare the patients for transport before the excessive  
21 drive time of 45 minutes to the hospital even begins. I  
22 would be surprised if, other than the supporters of the  
23 Lindenhurst project, there is anyone else in this room who  
24 has to drive more than 20 minutes to the nearest hospital.

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1                   Included in our January 15th filing is an  
2 independent drive time study that confirms drive times of  
3 up to 46 minutes to the closest hospital for people living  
4 in north central or northwestern Lake County. Therefore,  
5 it's difficult to argue that there isn't a disparity in  
6 access to hospital services in Lake County. If you live in  
7 Lake Forest, Highland Park, Libertyville, Mundelein,  
8 Waukegan or Barrington, you're only a couple minutes from a  
9 hospital. However, if you live in Antioch, Lake Villa or  
10 Round Lake, you're facing a drive time of 30 to 40 minutes,  
11 critical time that you may not have.

12                   To address this healthcare disparity, we are  
13 proposing a 132-bed community hospital, which will include  
14 a Level 2 trauma center, designed to complement the  
15 outpatient services that we now are providing at  
16 Lindenhurst. The hospital will include a 132-bed  
17 medical/surgical -- 100 medical/surgical pediatric beds --  
18 again, the minimum number by your rules -- 12 ICU beds to  
19 address the area's calculated bed need of 47, and 20 basic  
20 obstetric beds, the minimum allowed by the rules.

21                   Different than any other new hospital proposal  
22 in the Chicago area in recent years, upon opening the new  
23 hospital in Lindenhurst, Vista will discontinue 108  
24 medical/surgical pediatric beds at Vista Medical Center

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1 East in Waukegan. The net benefit to the community is  
2 two-fold: First, a redistribution of beds, resulting in  
3 improved accessibility, and a net reduction of 8  
4 medical/surgical pediatric beds. Also worthy of note is  
5 the presence of Cancer Treatment Centers of America in the  
6 designated Planning Area. This facility has 73 beds which  
7 are included in the bed need calculation. But, as you  
8 know, those beds are not essentially accessible to the  
9 county's population in need of medical/surgical or  
10 pediatric services. This is because of the specialty  
11 nature of those beds and the facility's minimal  
12 participation in the Medicaid program. Cancer Treatment  
13 Centers of America also HAS reported to the Board recently  
14 that over 79 percent of the patients come from outside  
15 Illinois.

16                   So to sum up this bed-count calculation, with  
17 the discontinuation of 108 beds at Vista East and if one  
18 were to acknowledge that Cancer Treatment Center beds are  
19 not generally accessible, the Lindenhurst project brings  
20 the total medical/surgical pediatric bed complement in Lake  
21 County to within five beds of the State calculated need.

22                   A public hearing was held on this project on  
23 November 15, 2012, and Mr. Sewell and Ms. Avery were in  
24 attendance. The supporters for the Lindenhurst hospital



1 recently released by the Illinois Hospital Association  
2 documents that Emergency Department visits by residents of  
3 the Antioch and Lake Villa zip codes is increasing by 25  
4 percent over the prior year. We can't help but think that  
5 area residents are electing now to stay in Illinois because  
6 of the free-standing Emergency Department, rather than  
7 crossing the state line to go to Wisconsin hospitals for  
8 care. The increase in ED utilization by the residents of  
9 Antioch and Lake Villa zip codes increased at a rate of  
10 five times that of the county as a whole during the first  
11 year of the free-standing Emergency Department  
12 availability. Of note is the fact that EMS life support  
13 patients transported by EMS are required to bypass the  
14 free-standing emergency department and go directly to  
15 hospitals. Even with that limitation, 1 out of every 14  
16 patients treated at the free-standing emergency center were  
17 subsequently transported and admitted to hospitals last  
18 year.

19 Another important fact is that our  
20 free-standing emergency center did not simply draw patients  
21 from the hospital emergency departments, as opponents  
22 suggested that it would do. Our emergency department in  
23 Vista West and East Waukegan treated nearly 60,000 patients  
24 in 2012, and both of those departments set record numbers

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1 of patients treated in their Emergency Department in 2012.  
2 Clearly, there's a pent-up demand for healthcare services  
3 for the residents of north central and northwestern Lake  
4 County.

5 I'd like to make a historical note here. As  
6 you may recall, Community Health Systems acquired the two  
7 Waukegan hospitals in 2006 when, I state, no other hospital  
8 or health system were interested in the Waukegan market at  
9 the time. Over the years, we have become an integral part  
10 of the community and we have served as a primary safety net  
11 provider, as well as the leading supporter of  
12 community-based programs throughout the county. Last year  
13 alone, 26 percent of the patients admitted to Vista's two  
14 hospitals were Medicaid recipients, and 35 percent of  
15 Vista's outpatients were Medicaid recipients. In addition,  
16 Vista provided over 5.5 million in charity care services  
17 last year, and that is cost, not charges.

18 With the closure of the Acute Mental Illness  
19 Unit at Advocate Good Shepherd Hospital, Vista West now  
20 operates the only in-patient adult psychiatry program in  
21 all of Lake County and surrounding areas. While it has  
22 been insinuated by others that with the opening of a  
23 hospital in Lindenhurst, Vista will abandon the Waukegan  
24 Hospital. I will guarantee you that will not happen. It

1 will flourish all the more.

2                   In summary, I offer the following: This  
3 project is about accessibility to basic services, and  
4 reasonable accessibility simply does not exist for  
5 residents of many of the communities to the north of the  
6 diagonal line on this map of Lake County. This project  
7 represents the next logical step in providing the services  
8 to these communities. The hospital as proposed  
9 programmically complements the outpatient services  
10 currently provided by Vista at the Lindenhurst campus.

11                   It's important to focus on the striking  
12 contrast between supporters of this project and opponents.  
13 The supporters include first responders, physicians and  
14 elected officials from the communities we will be serving.  
15 The opponents primarily represent the County's other  
16 hospitals. I hope that the letters submitted by Healthcare  
17 Foundation in northern Lake County did not get lost in the  
18 multiple filings provided to you. The letter was  
19 accompanied by a 50-page Community Health Assessment  
20 prepared by the Foundation. Included in the letter was the  
21 following statements: Most hospitals and health centers are  
22 located in the eastern portion of the County. Distance,  
23 congested roads and limited public transportation options  
24 make it exceedingly difficult for residents of northwest

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1 Lake County to access care. These challenges may  
2 significantly reduce positive health outcomes for the area  
3 residents. We do not express a preference for a new  
4 hospital's specific location besides a general preference  
5 for a hospital in northwestern Lake County. We also do not  
6 express a preference for a specific hospital entity to  
7 build there. We believe these decisions are the  
8 responsibility of the Illinois Health Facility and Services  
9 Review Board.

10 I would add, this letter was not solicited by  
11 anyone associated with this project.

12 Six years ago, Advocate Healthcare, the most  
13 vehement opponent of this project, had its own plans and a  
14 CON to the State and acknowledged at a public hearing by an  
15 Advocate Vice-President to develop and build a new hospital  
16 in northwestern Lake County and Round Lake. They elected  
17 instead to buy Condell Medical Center, and all of a sudden  
18 in their minds, the need for a hospital went away. Well,  
19 the need did not go away. Area residents still do not have  
20 reasonable access then and they still don't have reasonable  
21 access today.

22 In closing, I'd like to note that Section  
23 1100.400 of your rules sums things up very nicely.  
24 Healthcare services should be appropriately located to best

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1 meet the needs of the population. Illinois residents  
2 needing services should not be forced to travel excessive  
3 distances for in-patient or outpatient care.

4 I appreciate your time this morning and am  
5 certainly happy to answer any questions that you may have.

6 Thank you.

7 VICE-CHAIRMAN HAYES: Thank you.

8 Should I open the -- is anyone else going to  
9 give a presentation, or should I open up to questions from  
10 the Board?

11 MS. MARTIN: Questions from the Board.

12 VICE-CHAIRMAN HAYES: All right. Questions  
13 from the Board members?

14 MR. PENN: I have one question. You made a  
15 comment that you guaranteed that Waukegan would stay open  
16 with services. What kind of guarantee are you going to  
17 give us, and would you make that part of a condition on  
18 this application, the Waukegan facility?

19 MS. MARTIN: What would you like? You know,  
20 we just -- as I think was identified to all, have put up  
21 well over \$66 million. We're completing as we speak a \$10  
22 million OB project. Again, we have the only mental health  
23 unit rehab at our west site. We're not going to close any  
24 services. But we're open to suggestions with that.



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1 application that comes in that seeks to shut down beds, and  
2 certainly it's the first in awhile. Actually, it used to  
3 be fairly routine, actually. Before you entered the market  
4 in the state, it was quite common for hospitals to come in  
5 and propose to give up beds in exchange for doing  
6 something, and part of that was because there was this  
7 whole issue of phantom beds; that, namely, they retained  
8 beds on their authorization that they weren't actually  
9 using, almost as a bargaining chip to be used. I remember  
10 back in the 90's when the County Hospital was approved and  
11 there were a bunch of beds in buildings that weren't being  
12 used that were given up, and that was a fairly common  
13 routine here, which is why the Board several years ago went  
14 through an exercise of trying to reduce the number of  
15 authorized beds down to the beds that were actually being  
16 used.

17           Could you address the question that was raised  
18 in this whole process about your authorized beds at Vista  
19 and the beds that you're actually using and whether those  
20 beds that you're seeking to trade are what, in days gone  
21 by, we might have referred to as phantom beds?

22           MS. MARTIN: As our opponents have tried to  
23 identify a variety of different things -- as you know, we  
24 committed \$66 million in Community Health System to acquire

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1 Vista. We have had major building projects. The most  
2 recent -- as I stated, we're completing what we started  
3 prior to 2006 -- prior to July of 2011, a new \$10 million  
4 OB project. We literally had a floor where we had to move  
5 OB in order to do the major construction that we put into  
6 Vista Medical Center East. And, again -- so, we utilize  
7 those beds, close a unit -- when you have to do internal  
8 construction, as many of you know, it's very difficult, and  
9 you can't leave the patients on the floor where you're  
10 constructing and literally gutting. Same we did when we  
11 did an ICU and a variety of different projects.

12                   So, again, it's also been known that with the  
13 Lindenhurst project, our intent was to transfer 108 of  
14 those beds out to Lindenhurst, and then that was the point  
15 where again, the, 66 million construction dollars were  
16 being completed.

17                   VICE-CHAIRMAN HAYES: Do you have a follow-up  
18 question?

19                   MR. CARVALHO: Actually, I think I still have  
20 my original question. How many beds were authorized? How  
21 many do you have set up? And how much is your actual  
22 census?

23                   MS. MARTIN: Actually, we're licensed for 336  
24 beds, and we usually run somewhere around 150 to 200 and,

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1 again, that complements exactly what our strategy is  
2 related to this.

3 MR. CARVALHO: So if the Lindenhurst project  
4 weren't approved, you would be using all 336 beds?

5 MS. MARTIN: We are not using 336 beds, no.

6 VICE-CHAIRMAN HAYES: Mr. Sewell?

7 MR. SEWELL: Yes. I have a question about the  
8 State's comment. Who's the Level 1 trauma provider for  
9 that region?

10 MS. MARTIN: There's many Level 1's around.  
11 Condell recently opened a Level 1 trauma center. Keep in  
12 mind, we transport Level 1 trauma from Vista to Condell.  
13 Lindenhurst campus currently travels. We're a Level 2  
14 trauma center at Vista East. The new hospital will be a  
15 Level 2 trauma center. Condell would not lose any Level 1  
16 trauma patients, because they're categorized either in the  
17 field or when they get to the facility, and if it's a Level  
18 1 trauma, they would continue to be transferred to Condell  
19 for Level 1 trauma.

20 MR. AXEL: Also of note, Mr. Sewell, is, as  
21 reported by Advocate Condell, in 2011 2.71 percent of their  
22 ED patients were categorized by the hospital as trauma  
23 patients.

24 MR. SEWELL: And this proposal is for a Level

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1 2 and there are other Level 2's obviously?

2 MS. MARTIN: Level 2's are pretty common  
3 anymore. There's very full Level 2 trauma centers.

4 MR. SEWELL: And then I heard in the public  
5 participation that there was a -- the development, I think,  
6 of a new free-standing urgent care center in the region.  
7 Is that in the -- sort of the far left of the line, or is  
8 that on the right side of the line?

9 MS. MARTIN: That is our facility. That's the  
10 one that the Board approved back in 2011. We opened it and  
11 we exceeded -- we said we would see 12,000 patients in  
12 2012. We actually saw 13,167 patients, and it's on the  
13 same campus. Actually, the new ED would just be added  
14 on to the free-standing ED. We would convert it to a Level  
15 2 trauma center with the opening of the new hospital. So  
16 all those services there are just complementary. I say we  
17 have a hospital without in-patient beds and, again, we're  
18 transporting over a thousand admissions I would estimate.

19 Mr. Carvalho, just to comment, if I could, all  
20 of those beds that you comment about, if they needed to  
21 be -- if all of a sudden we had a surging occupancy, those  
22 could be opened within 48 hours.

23 VICE-CHAIRMAN HAYES: Mr. Sewell?

24 MR. SEWELL: Yes, I have one more piece of

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1    this.  So, in the planning that you've been doing that led  
2    to the conclusion to propose this hospital, you didn't  
3    consider that those resources, the Level 2's, the Level 1  
4    at Condell, the free-standing one that you all have, and  
5    then what's been reported as some outpatient resources,  
6    those together don't constitute a viable alternative to  
7    this proposal.  And I guess I want to hear you explain why.

8                   MS. MARTIN:  The reason is a patient either  
9    needs in-patient care or outpatient care.  This new  
10   hospital is all about in-patient care, and well over a  
11   thousand or more admissions are coming out of that  
12   facility.  With that number of Emergency Department  
13   visits -- remember, those are basic life support, because  
14   free-standing emergency departments can only take basic.  
15   The ALS have to go to Level 2 trauma centers or above.  So  
16   this is all about in-patient care and in-patient bed  
17   accessibility.  That's where there is -- again, we're  
18   looking for -- it's 45 minutes to get to the closest  
19   in-patient facility.

20                   MR. AXEL:  Mr. Sewell, if I can piggyback on  
21   that, it was noted that we had an independent traffic study  
22   done, and it was done by a firm by the name of Gewalt  
23   Hamilton.  Other providers had used that firm over the  
24   years.  They're a large firm in Lake County, and when they

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1 looked at the difference in travel times from various  
2 sites -- and I believe they looked at about eight different  
3 sites around the northwest and north central part of the  
4 county -- they identified the difference in travel times  
5 from those sites to the Lindenhurst site as well as to the  
6 nearest hospital, and, as an example, the difference, the  
7 time that we save from Engleside is 29 minutes. That's  
8 drive minutes. That's not -- so it's really the difference  
9 between the two. Antioch, 29 minutes; Lake Villa, 24  
10 minutes; Fox Lake, 23 minutes. So, that's the amount of  
11 time that's saved in transporting patients for in-patient  
12 care or driving yourself to a hospital.

13 VICE-CHAIRMAN HAYES: Mr. Penn?

14 MR. PENN: You had made a comment about  
15 Illinois residents driving into Wisconsin. Does your study  
16 show how many Illinois residents are driving to Wisconsin  
17 for services, a percentage or a number, and the reason --  
18 I'll give you some help here. I have a concern about  
19 Illinois citizens -- Kankakee or Rockford -- when Illinois  
20 citizens have to go to other states for services, and  
21 comments made to me is a lot of times these patients are  
22 out of network and it drives up their costs substantially.  
23 So, to keep the Illinois patient in network and provide a  
24 service -- can you tell me how many patients are driving up

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1 to Wisconsin?

2 MR. AXEL: Yes, I can.

3 MS. MARTIN: Jack will comment and I'll  
4 comment on the out of network.

5 MR. AXEL: When you look at the IHA comp data,  
6 data for zip codes covering Antioch, Guerney, Lake Villa,  
7 Round Lake, Waukegan, Winthrop Harbor and Zion, in 2011,  
8 the most current data available, 14,128 residents were  
9 admitted to Wisconsin hospitals. That is up slightly from  
10 2010, and 2010 is up about 150 patients from the year  
11 before. What's interesting to note is, this increase is  
12 occurring at a time where overall admissions to hospitals  
13 is decreasing. So, it's actually greater than the number  
14 would reflect.

15 MS. MARTIN: And I'll comment on a good  
16 example of patients who go to Wisconsin, and the reason  
17 they leave Antioch or Lake Villa is because of drive times.  
18 It's cut in half, because they're open road, they're open  
19 farm road. They get there very quickly, although the miles  
20 may be more. But a good example is with Medicaid  
21 recipients. We had a transfer agreement with a hospital in  
22 Wisconsin, and they came to me about a year ago and said,  
23 "You know what? Thank you very much, but we don't want  
24 your Medicaid patients anymore." And we said, "If you

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1 don't -- if you can't take my Medicaid patients, I will get  
2 another transfer agreement with an Illinois hospital," and  
3 they wanted to cherry pick the patients that they want and  
4 many times patients will go up there for something and come  
5 back to us, because they are out of network and their  
6 co-pays are different. But I think the key thing is  
7 Wisconsin only wants the prime business and does not want  
8 the Medicaid patients. So it does cause a big problem for  
9 Illinois residents and, certainly, the State of Illinois  
10 needs to keep all of the revenues it can in the state.

11 VICE-CHAIRMAN HAYES: I have a question  
12 specifically on the Grayslake Emergency Center. That is  
13 owned by who?

14 MS. MARTIN: That's owned by Northwestern.

15 VICE-CHAIRMAN HAYES: Now, when you mentioned  
16 about your Emergency Department which you have in  
17 Lindenhurst right at the moment, and in your application,  
18 you're essentially going to what, build around that?

19 MS. MARTIN: That's correct.

20 VICE-CHAIRMAN HAYES: To be able to keep that  
21 still standing and build around it to put in this hospital?

22 MS. MARTIN: Um-hum.

23 VICE-CHAIRMAN HAYES: I'm still a little  
24 confused on exactly why the emergency -- I understand

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1    there's a Trauma 1, and how many hospitals in the area  
2    are -- have Trauma 1 emergency departments?  Condell and  
3    how many others?

4                   MS. MARTIN:  There's only one in Lake County.  
5    It's Condell Medical Center.  Historically patients have  
6    been transported outside of Lake County for Level 1 trauma.

7                   VICE-CHAIRMAN HAYES:  If somebody currently  
8    lives in Lindenhurst or in Grayslake, are they essentially  
9    in Level 2 trauma centers?

10                   MS. MARTIN:  They're not -- free-standing  
11    emergency departments can only -- they're considered  
12    free-standing emergency departments by code.  They can only  
13    take basic life support ambulances.  So if a patient is on  
14    a life support ambulance, they would have to be transported  
15    to a Level 2 trauma center or a Level 1 trauma center,  
16    based on how they're categorized in the field.

17                   VICE-CHAIRMAN HAYES:  Okay.  So a lot of these  
18    patients would -- they would have to be transported to a  
19    Level 2, which includes Vista and other facilities in Lake  
20    County?

21                   MS. MARTIN:  Right, that's correct.  And if  
22    you recall part of my testimony, what we said was, actually  
23    where it was insinuated that we would actually decrease in  
24    our Emergency Department and Vista Medical Center East and

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1 West. Along with the 13,167 patients at Lindenhurst, we  
2 had a record year in Emergency Department visits at both  
3 Vista East and West, even with the opening of our  
4 free-standing emergency department.

5 VICE-CHAIRMAN HAYES: Now, the emergency  
6 department -- I just want to clear this up. Your  
7 admissions from the Lindenhurst facility have been about --  
8 it's about 10 percent of your total patient load that comes  
9 through there, about a hundred--

10 MS. MARTIN: 1 in every 14. I believe we had  
11 1 in every 14 patients are admitted.

12 VICE-CHAIRMAN HAYES: So that would be about a  
13 thousand a year?

14 MS. MARTIN: That's pretty darn close, yes.  
15 And not all go to Vista. They may go to a variety of other  
16 places.

17 VICE-CHAIRMAN HAYES: Now, we've talked about  
18 this transfer of beds, and in our report -- and I think  
19 this has been made by the State Agency -- is that  
20 essentially that is not -- we have not factored in this  
21 transfer of beds and, thus, the bed count is -- includes  
22 these -- what has been described as phantom beds. I hope  
23 I'm describing that correctly. And our report is -- has  
24 been based on that. Also, that you also mentioned that you

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1 have a facility -- that you're looking at the Cancer  
2 Treatment Centers of America as not being part of that  
3 count in Lake County. That's how you look at it?

4 MS. MARTIN: Well, they are part of the bed  
5 count for medical/surgical and pediatric bed, and, clearly,  
6 they're a specialty hospital who takes essentially no  
7 Medicaid patients and also who -- it's not accessed for  
8 medical/surgical and pediatric type patients. It's for  
9 specialty patients. And keep in mind 78 percent of those  
10 patients they report come from out of the state of  
11 Illinois, all the way from California, to get to treatment  
12 at Centers of America.

13 VICE-CHAIRMAN HAYES: We understand that.  
14 They've been in front of us just recently. We certainly  
15 have talked about that.

16 Now, either way this application goes, will  
17 you be giving up these beds in Waukegan? Will you be  
18 giving up these phantom beds?

19 MS. MARTIN: Well, again, our opponents used  
20 the word "phantom" beds. What we will be doing is we will  
21 be -- on completion of the project, we will transfer 108 of  
22 those beds to the Lindenhurst new hospital, which is a  
23 132-bed project. So, we discontinue 108 at the Vista  
24 Medical Center East, licensed, and will be transferred to

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1 Lindenhurst.

2 VICE-CHAIRMAN HAYES: Okay. Now, if this --  
3 I'm just asking. Are there plans -- if this project is not  
4 approved, would you be taking those beds out of service?

5 MS. MARTIN: No plan.

6 VICE-CHAIRMAN HAYES: No plans?

7 MS. MARTIN: At this time.

8 VICE-CHAIRMAN HAYES: Okay. Is that something  
9 that the Board Staff would like them to be able to do?

10 MR. CONSTANTINO: We will have to have  
11 discussions about that, yes. They have to file their  
12 Annual Bed Report with us every year, and that would be a  
13 part of that discussion, yes.

14 VICE-CHAIRMAN HAYES: Now, also you have --  
15 there's been a claim or a discussion concerning your  
16 pediatrics department. Now, is that still operating in  
17 Vista?

18 MS. MARTIN: Absolutely. It's on the State  
19 application. We -- in 2012, we had 444 pediatric  
20 admissions at Vista. That is zero to 14 years of age. So  
21 clearly, we have never discontinued the services and, in  
22 fact, we're building a stronger -- bringing in pediatric  
23 hospice to this medical center. We're bringing in a very  
24 strong pediatric unit. We have a lot of pediatric Medicaid

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1 patients in our population who are very sick and need care,  
2 and we certainly provide all of those pediatric services.

3 MR. CONSTANTINO: Mr. Chairman, they filed a  
4 request to correct their data for prior years when "no  
5 utilization" was provided to the State Board. This is not  
6 unusual. We've had this happen before with other  
7 hospitals. And that request will be coming to the Board in  
8 May. So they will be changing the data for 2010 and 2011  
9 for pediatric services.

10 VICE-CHAIRMAN HAYES: Okay. Thank you.

11 Dr. Burden?

12 MR. BURDEN: Thank you, Mr. Chairman.

13 Do I understand then that the hospital profile  
14 I have in front of me, which states absolutely no activity  
15 in pediatrics, is incorrect?

16 MS. MARTIN: That's absolutely incorrect.

17 MR. BURDEN: How did that happen?

18 MS. MARTIN: If you -- on the application, one  
19 line states that we had the 444 admissions of zero to 14  
20 medical/surgical pediatrics. The person who filled the  
21 form out did not pull that same number down to another  
22 line. Although it's stated zero to 14, that number -- they  
23 missed one line and didn't restate it on another line of  
24 the application.

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1                   MR. BURDEN: It strikes me as bizarre. I'm  
2 thinking it's hard for me to appreciate that, but now we're  
3 hearing you're restating it. You're not moving  
4 pediatric -- admission to the hospital is one thing and  
5 transferring them to another institution shortly thereafter  
6 is not representative of an active pediatric service. I've  
7 been around town. In a month I'll be 80, and I ran the  
8 service at Children's Hospital for about 12 years in  
9 urology and, really, I've often been careful about seeing  
10 pediatric activity in many institutions. So I'm looking  
11 carefully at that data. If you are denying it's a  
12 mistake -- or you claim it's a mistake, that's acceptable.

13                   The other question I have -- for me, there's a  
14 lot of spin going on here. It's a very unusual  
15 application. I've been on this Board longer than anybody  
16 here. I have more gray hair than anybody here put  
17 together, and I've never heard of an attempt to transfer  
18 so-called utilized beds to another location. This is brand  
19 new to me, and it certainly hasn't been discussed at the  
20 Board level, to change our rules and regulations to  
21 accommodate such a request. So I have some troubles with  
22 that, and I'm being very open about it. Notwithstanding  
23 the fact that I am a very simple man, I have been in  
24 practice and I owned a business and I know that the bottom

1 lines. To me this is all about the bottom line. There's a  
2 lot of spin about transfer time, et cetera, et cetera, but  
3 the bottom line for me is to recognize you have authorized  
4 beds of 250 of which you have a 39 percent med/surg  
5 occupancy. Now is that data incorrect?

6 MS. MARTIN: No, that data is correct.

7 MR. BURDEN: So that's fair. Now, if I'm  
8 running an institution like yours -- and I have ran  
9 businesses that we had 400 employees -- I would wonder why  
10 I wouldn't want to get out of this situation and move the  
11 beds that I'm not using to another location, from a  
12 business sense. That's a business call to me. I'm  
13 listening to all of the other items, and I wonder how you  
14 expect me -- I don't know about the rest of the Board  
15 members -- to vote for this when I know that the rules and  
16 regs we have in place don't explain this as a possibility.  
17 We've never had it. Five years. There's been lots of  
18 institutions that have inactive beds and they wanted to  
19 allow -- either they come in front of us and say they're  
20 unutilized, they're making an application to drop them from  
21 our bed census that happens on an annual basis. Mike  
22 Constantino just explained that but to me. That's pretty  
23 hard for me to overcome. I'm listening to what you said, a  
24 spin, and I can't be convinced that everything here isn't



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1    increase, because that number is predicated upon their  
2    current authorized beds.  When 108 beds transfer, then the  
3    formula will result in utilization going up, which is, of  
4    course, what you all want to see, higher utilization in  
5    existing facility beds.  In addition, those 108 beds that  
6    currently can be put into place or, right now some of which  
7    are being used for construction purposes at Vista East,  
8    will no longer be allegedly phantom beds.  And there is no  
9    definition of "phantom beds" in your rules.  I think that  
10   was an opposition term that was used.  They will actually  
11   be utilized and they will improve accessibility for people  
12   who live in the area that now have to travel so far for  
13   in-patient care and outpatient services.  I think that  
14   certainly is a positive thing from the Board's rules  
15   perspective.

16                   And you mentioned the bottom line.  I, like  
17   you, happen to believe almost everything is about money.  
18   I -- this will allow -- in fact, there was a financial  
19   analysis, but it's not a bad thing.  It will allow Vista  
20   East and West to continue to do what they do in Waukegan,  
21   because having a facility in Lindenhurst will, from the  
22   three hospitals' perspective, help them help their bottom  
23   line and help them to have the presence at Vista East and  
24   Vista West that they currently have.  Waukegan has -- Vista

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1 east has served that community, I think, for well over a  
2 100 years. Its goal is to continue to do it, and this will  
3 help it to do it. That is the bottom line. It will help  
4 financially for them to maintain services in Waukegan,  
5 which is a point that Mr. Penn pointed out, and that they  
6 have committed, and you heard Barb guarantee you that that  
7 will continue.

8 MR. BURDEN: Thank you, very much,  
9 Ms. Ranalli. I appreciate your math. I can deduce the  
10 same things you just presented. I suppose other than being  
11 aware that our economy could certainly use some activity  
12 for purposes of building a new institution -- that's always  
13 on my mind too, allowing jobs to be -- to go forward.

14 Mr. Constantino, was that statement correct,  
15 that, indeed, in the years past, before this old man got on  
16 the Board, you allowed unused beds to be moved to utilize  
17 and build a new institution in the same Service Area but to  
18 save -- to enhance the bottom line? I see this as a move  
19 that will clearly enhance revenue in the bottom line, but  
20 I'm asking. Our rules need to change, if they don't allow  
21 it, because I consider this a rational approach from a  
22 business point of view, but to my way of thinking -- and  
23 I'm not, as you are, well versed on all of these items --  
24 that this is something we have -- I've never heard before,

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1 and help me out on this. I heard it's allowed, it's been  
2 done, and for some reason it hasn't been done in the five  
3 years I've been on here.

4 MR. CONSTANTINO: We review these projects  
5 against the authorized bed count of the facilities, and  
6 they have an authorized bed count of 336 beds, Vista East  
7 in Waukegan does, and this is how this project was  
8 reviewed, against those authorized beds, not against  
9 phantom beds, not about transfer of beds. That did not  
10 come into play at all. Now, whether or not some facility  
11 wants to discontinue their beds if, you approve it, they  
12 can do that. We have no problem with that. But we  
13 reviewed this application based upon authorized beds.  
14 There's no such thing in our rules regarding transfer of  
15 beds.

16 MR. BURDEN: Thank you. That's what I  
17 thought. And I would like very much to have Ms. Ranalli  
18 respond to that, because that's my claim, me, not the rest  
19 of the Board. You may convince them -- I'm not opposed to  
20 saying this makes sense from a business point of view, but  
21 our rules have to be addressed to allow such a maneuver, in  
22 my judgment. I'm not a lawyer. I got a couple children  
23 that are lawyers. I can ask them about these sort of  
24 things. But I'm not. I need help. I need some response,

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1 because I just heard something that contradicts what you  
2 just stated.

3 MS. RANALLI: Well, again, it was, I think,  
4 Mr. Carvalho who said that the projects existed. I recall  
5 them, and there's nothing in your rules that say a hospital  
6 can relocate beds. There's not a rule that addresses that.  
7 It has criteria for how that would happen. I believe there  
8 is a criteria for dialysis to actually relocate stations or  
9 facilities. I should know that, right, since I'm so  
10 frequently here on dialysis? But there's no similar rule  
11 with respect to hospital in-patient beds. But there's also  
12 nothing that prevents it or precludes it, and it has been  
13 done many times in the past with hospital projects. That's  
14 my recollection.

15 VICE-CHAIRMAN HAYES: Mr. Urso?

16 MR. URSO: Dr. Burden and other Board members,  
17 let me perhaps cut through some of this. I think what you  
18 have in front of you is essentially two transactions. You  
19 have the establishment of a hospital that's being proposed  
20 for Lindenhurst, and you have a discontinuation of beds at  
21 the Waukegan facility. So, essentially, you have two  
22 prongs. We have had other applicants in the past who have  
23 had back-to-back projects reviewed by this Board, one for  
24 the establishment and the other one for discontinuation or

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1 vice versa. But this particular application has both of  
2 these transactions within the same application.

3 Am I correct, Mike, that this is basically two  
4 transactions?

5 MR. CONSTANTINO: Yes. We didn't even  
6 consider a transfer of beds, Frank. They would have to  
7 come in and send us a letter to discontinue the 108 beds.  
8 Those 108 beds were never considered in this application  
9 you have before you, by the State Board Staff.

10 MR. AXEL: And we have indicated that that is  
11 precisely what we will do, in the application.

12 MR. BURDEN: This is my point. Thank you very  
13 much, Mike. I appreciate that. I am able to distinguish,  
14 even in my feeble, elderly state, that this is two separate  
15 items. That's my point. It should be done in sequence.  
16 We should have an opportunity to allow them to discontinue  
17 beds and then take another look at it. So, I'm making a  
18 point about this. That's me, and I'm a little old and  
19 weary and sometimes stubborn, but I think that this is how  
20 I look at this whole project. I've heard a spin to the nth  
21 degree regarding all of the aspects. That is not my  
22 concern. My concern is sticking to the rules and making  
23 sure we don't find ourselves in a situation like this in  
24 the future when a similar application comes before us.

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1                   MR. BRADLEY: Mr. Chairman, I'm not sure what  
2 was just said is correct.

3                   My understanding is that if this project is  
4 not approved, you have no plans to reduce the number of  
5 beds at the existing facility. Is that correct? That's  
6 what you said.

7                   MS. RANALLI: Right. The application itself  
8 proposes -- and you're correct, Mr. Bradley. It proposes  
9 that if the project is approved, 108 beds at Vista East  
10 will discontinue.

11                  MR. BRADLEY: I understand that.

12                  MS. RANALLI: If it is not approved, then it's  
13 the status quo to Mr. Constantino's point; the inventory is  
14 what it is, because the project was not approved and would  
15 not move forward. But if it is approved, there is a  
16 discontinuation and then the establishment of another  
17 facility.

18                  MR. CARVALHO: Mr. Chair, I may have  
19 introduced some confusion here. I don't think that's  
20 technically correct. If you are licensed at 336 -- your  
21 information shows you that you are always continually using  
22 150 or 200. We won't be waiting for you to come and tell  
23 us you want to decrease the number. We'll be coming to you  
24 and saying -- the reason you haven't seen this before,

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1 Dr. Burden, is because in the past, long past, the Board  
2 did not get in the business of going out and telling  
3 hospitals, "You seem to have a lot of unutilized beds. We  
4 want you to decrease the number." So, when they came in,  
5 they were, back in the past, able to say, "Oh, we have 200  
6 beds here we'll give up and we'll do something over here,"  
7 because they had them in their inventory and we hadn't done  
8 anything to decrease it. Because over the last four or  
9 five years we have now required hospitals to reduce the  
10 number of beds down to the number they're actually using,  
11 they don't have them there to offer up as something to give  
12 up when they ask for something else. This particular  
13 applicant happens to have those beds, and that's why Mike  
14 alluded to the fact that when the next annual report comes  
15 in, regardless of what happens here, there's going to be a  
16 conversation over, "You have 336 licensed, you don't seem  
17 to be using them," and that number will be negotiated down  
18 to what we think is the right number.

19 MS. AVERY: For clarification, it was  
20 voluntary when we did it before. We don't have it in rules  
21 at this point. But it was voluntary. But, yeah, you're  
22 correct. We will ask what are your plans for the  
23 unutilized beds, because it skews the inventory.

24 MS. MARTIN: And, again, I think I commented

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1     why. We have utilized those beds for a variety of the 66  
2     million that has been disputed that we spent on  
3     construction projects, and we just moved an OB unit off one  
4     of the floors that was one of those, and we're willing to  
5     work with the Board certainly with approving this project  
6     to discontinue the 108 beds.

7                   MR. BRADLEY: With or without approval of the  
8     project?

9                   MS. MARTIN: Well, as Mike Constantino said,  
10    we'll work with the Planning Board. We'll restrategize and  
11    work with the -- when we fill out this 2012 questionnaire  
12    in place now, related to that.

13                   MR. CONSTANTINO: The survey is being  
14    conducted right now, 2012 survey. So, it will be sometime  
15    in mid to early fall before it comes before you for  
16    approval.

17                   VICE-CHAIRMAN HAYES: Mike, in the past --  
18    and I think you're saying that this is not in the rules,  
19    exchange of beds, and in the best has that ever been the  
20    case, to your knowledge?

21                   MR. CONSTANTINO: We have always used --  
22    always voluntarily worked with a hospital to discontinue  
23    their beds as part of this annual survey. However, there  
24    is in your rules -- you do have the ability, if an

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1 applicant or a hospital has not been at target occupancy  
2 for two years, to take a look at their bed categories and  
3 say, "Hey, you're going to need to take some beds away."  
4 That is in your rules. However, it's not been something we  
5 have used, but it is there and it can be done, but it's not  
6 something that the Board has chosen to do. We have worked  
7 on a voluntary basis with all of the hospitals to  
8 discontinue the beds they weren't using.

9 VICE-CHAIRMAN HAYES: Okay. Thank you.

10 Any other questions from Board members.

11 Senator Demuzio.

12 MS. DEMUZIO: Quick question. Back to the  
13 beds here. With the loss of, say, those 108 beds, what  
14 about the employees that are at the Waukegan facility that  
15 work there? If you're taking away beds, apparently you  
16 must have some shifting of employment.

17 MS. MARTIN: There will be no shifting or loss  
18 of employment. In fact, this project will add to the new  
19 hospital 600 FTE's or employees to the new hospital. But  
20 there will be no discontinuation of any position at Vista  
21 Medical Center East.

22 MS. DEMUZIO: At the Waukegan facility?

23 MS. MARTIN: At the Waukegan facility.

24 MS. DEMUZIO: The Lindenhurst facility you

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1 talked about will have more employees.

2 MS. MARTIN: There will be about 600. We  
3 figure, upon opening, 600 new employees as well as much  
4 much construction that would occur related to the project.

5 MS. DEMUZIO: Another quick question. The  
6 length of stay in the hospital -- what is your average  
7 length of stay?

8 MS. MARTIN: Well, our Medicare length of stay  
9 is somewhere around 3.8 days. Medicaid can be something  
10 about -- from 5-point-whatever. I mean, again, we're all  
11 forced to decrease length of stay, without a doubt. But  
12 it's a huge initiative of every hospital throughout the  
13 country.

14 MS. DEMUZIO: Okay. Thank you.

15 VICE-CHAIRMAN HAYES: I'd like to go back to  
16 Member Penn's concern about the Vista Medical Center East  
17 and the west campus there and keeping them open. Do you  
18 have any suggestions on a condition that we could put on  
19 there, because right now, they have -- they're not planning  
20 on closing their facility, but, certainly, it has come up  
21 in some of our information here from the public hearings  
22 that -- and from other news reports that there is a concern  
23 that the economic development and issues in the Waukegan  
24 area will be affected by this facility. Do you have --

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1 will you be able to expand the hospital in Lindenhurst? Is  
2 there room for expansion there?

3 MS. MARTIN: The way the current construction  
4 plans are --

5 VICE-CHAIRMAN HAYES: For this proposed  
6 hospital in Lindenhurst, would there be -- is there area  
7 for expansion? Is there land there, and would it be easy  
8 to expand there?

9 MS. MARTIN: At this point, there is not a lot  
10 of land available. We're actually going to be building on  
11 the top of the ambulatory care center that we have  
12 currently. It will be a five-story building. There is  
13 some that would go out into the parking area for us to  
14 expand, because there is quite a bit of prairie land out in  
15 that area, so we would have to look at that whole process.

16 Again, in relation to -- we have no intentions  
17 of closing any services that we have in Waukegan. Again,  
18 our opponents to this recently closed mental health. We're  
19 the only mental health facility in Lake County, and we  
20 continue to be the provider for self-paid, Medicaid,  
21 private insurance, and we will certainly continue that, all  
22 those services. We have no intentions of closing any  
23 services, and, actually, we've actually expanded those  
24 services over the years.

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1                   VICE-CHAIRMAN HAYES:    Now, for a condition to  
2    this application, would you suggest a number of years that  
3    you would not change services?

4                   MS. MARTIN:    Yes.  We would be willing to work  
5    with the Board counsel and come up with a plan, absolutely.

6                   MR. MILLER:    I can answer that question.  We  
7    have had the opportunity to partner with hospitals over  
8    many years in many locations, and we try to resolve those  
9    community issues.  So, initially within the commitments  
10   that we made in partnering with Vista, we agreed for a  
11   period of five years to continue services and to invest in  
12   capital, and we will be glad to make that a condition of  
13   this.

14                  MR. URSO:    Mr. Chair, I put together some  
15   language if you would like to hear it.

16                  MR. PENN:    I'd like to hear it.

17                  MR. URSO:    The applicant agrees to maintain an  
18   acute care hospital and Vista Medical Center East and West,  
19   which includes maintaining the current Categories of  
20   Services for five years from the date of Board approval.  
21   They also provide yearly reports to the Board regarding  
22   compliance with this condition to the permit; and then  
23   lastly, allow Illinois Department of Public Health to  
24   proceed with their licensure review after the Board

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1 receives a compliant final realized cost report.

2                   Would you like me to repeat that?

3                   VICE-CHAIRMAN HAYES: Yes.

4                   MR. URSO: The applicant guarantees to  
5 maintain an acute care hospital at Vista Medical Center  
6 East and West, which includes maintaining the current  
7 Categories of Services for a period of five years from the  
8 date of Board approval. They need to also provide a yearly  
9 report to the Board regarding compliance with this  
10 condition to the permit; and, thirdly, they will allow  
11 IDPH -- the Board will allow IDPH to proceed with their  
12 licensure review after the Board receives a final realized  
13 cost report that is compliant, or compliant cost report.

14                   VICE-CHAIRMAN HAYES: I have no problem with  
15 that.

16                   MS. AVERY: So for clarification, it's saying  
17 that IDPH can't -- they can't begin services until the  
18 report, the final cost report is done and the IDPH licenses  
19 the facility, and at some point I think the annual -- the  
20 finalized cost report is going to take a little time. Is  
21 that correct?

22                   MR. AXEL: That's correct.

23                   MR. URSO: The final cost report has to be in  
24 within 90 days of completion date.

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1                   MS. AVERY: I was going to suggest a couple  
2 months for it. Because it's such a large project, it needs  
3 to be audited, correct?

4                   MR. CONSTANTINO: Correct.

5                   MR. URSO: Your completion date right now is  
6 August 31st, 2016. That's what it says on the State Agency  
7 Report.

8                   MS. MARTIN: We would accept your proposal for  
9 a guarantee.

10                  VICE-CHAIRMAN HAYES: Member Sewell?

11                  MR. SEWELL: I want to be clear, Frank, as  
12 whether or not this is a condition for approval, or is this  
13 something that happens regardless of the outcome of our  
14 vote on the project?

15                  MR. URSO: I think the way Member Penn was  
16 talking about it, this would be a condition of the permit.  
17 This will be part and parcel, essentially, of the permit.

18                  MR. PENN: That's correct.

19                  MR. AXEL: Frank, could you read it one more  
20 time, please?

21                  MR. BURDEN: Excuse me. Does that mean if  
22 this application is refused, they -- are you implying that  
23 they will move or change or sell or close up? I don't  
24 quite appreciate what you said there. It sounds to me like

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1 you're putting a condition on approval, correct?

2 MR. URSO: This is a condition that will be  
3 part of the approved permit, yes.

4 MR. BURDEN: Mr. Sewell raised the issue. I  
5 think a good one. What happens -- all the sudden we're  
6 discussing something I think is somewhat irrelevant. Why  
7 assume that that should be necessary for approval, when, if  
8 it's not approved, they have options that are up to them?  
9 I mean, I don't understand totally. That's me. I'm a  
10 little slow on this. Why are we putting that kind of  
11 stipulation on them?

12 MR. URSO: I think it's because Member Penn  
13 was interested in getting this guarantee as part of the  
14 permit if it's approved.

15 MR. PENN: We have past presidents where we  
16 put additional conditions on before we call it for  
17 approval. This isn't the first time we've done this.

18 MR. BURDEN: No, I know that.

19 MS. RANALLI: Our understanding is that the  
20 condition of a five-year committment is a condition of the  
21 permit and if a permit is an issue, then there would not  
22 be -- is that --

23 MR. URSO: The condition would be irrelevant.

24 MS. RANALLI: Right, exactly, which, of

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1 course, you do all the time.

2 MR. URSO: I can read it again. Now, keep in  
3 mind that my understanding is that the project will be  
4 completed August 31st, 2016. Normally, what the Board  
5 looks at is that this permit remains open until all of the  
6 conditions are completed. We didn't want to tie up this  
7 facility -- I don't think the Board wants to tie up this  
8 facility until 2018, keeping the conditions open for five  
9 years from 2013. So, therefore, that is why I think this  
10 additional step is allowing IDPH to go forward with  
11 licensure, and rather than waiting until all of the  
12 conditions are expired, we would much rather wait until all  
13 of the compliant parts of the post permit requirements are  
14 in and filed with the Board.

15 MS. RANALLI: Okay.

16 MR. URSO: I can read it again.

17 MR. AXEL: Please.

18 MR. URSO: The applicant guarantees to  
19 maintain an acute care hospital at Vista Medical Center  
20 East and West, which includes maintaining the current  
21 Categories of Service, for five years from the date of  
22 Board approval. They need to provide -- that is, Vista  
23 needs to provide yearly reports to the Board regarding  
24 compliance with this condition to the permit, and the Board

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1 will allow IDPH to proceed with licensure reviews after the  
2 Board receives a compliant final realized cost report.

3 MS. MARTIN: Good.

4 MS. RANALLI: We understand, and thank you for  
5 reading it again, just to make sure we were definitely on  
6 the same page, and we are.

7 MR. URSO: And you would agree to those  
8 conditions?

9 MS. MARTIN: Yes.

10 VICE-CHAIRMAN HAYES: Okay. I'd like to -- if  
11 there are no more questions, I'd like to move to a motion,  
12 and this motion will be for -- may I have a motion to  
13 approve Project 12-081, Vista Lindenhurst Hospital, to  
14 establish a 132-bed acute care hospital in Lindenhurst,  
15 Illinois? And as part of this motion, we have this  
16 condition, and I'd like to have Frank Urso read that  
17 condition into the record again, and that will be part of  
18 this motion.

19 MR. URSO: The applicant guarantees to  
20 maintain an acute care hospital at Vista Medical Center  
21 East and West, which includes maintaining the current  
22 Categories of Services, for a period of five years from the  
23 date of Board approval. The applicant also agrees to  
24 provide yearly reports to the Board regarding compliance

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1 with this condition to the permit and, in addition, the  
2 Board will allow IDPH, the Illinois Department of Public  
3 Health, to proceed with their licensure review after the  
4 Board receives a compliant and timely final realized cost  
5 report.

6 MR. SEWELL: Mr. Chairman?

7 VICE-CHAIRMAN HAYES: Mr. Sewell?

8 MR. SEWELL: Don't we have to vote on this  
9 condition or amendment first, before we vote on the  
10 project? We have to agree to put it in the motion, though,  
11 don't we?

12 MR. BRADLEY: Who made the motion?

13 MR. SEWELL: I'm trying to be clear, because  
14 if a member has one view on the project and another on this  
15 condition, they don't get to express it, if it  
16 automatically goes into the motion to approve the project.

17 (Pause)

18 VICE-CHAIRMAN HAYES: What I'd like to do is  
19 withdraw my motion, and what we will discuss here -- and  
20 perhaps have another motion, but specifically on the  
21 condition here that Mr. Urso has described. We'll start  
22 there. Do we have some more discussion?

23 (Pause)

24 MR. BURDEN: I think Mr. Sewell made it real

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1 clear that the amendment to the application or amendment to  
2 the proposal should be resubmitted and every member vote  
3 "yea" or "nay" on the amendment. Then go forward. That's  
4 my understanding of this stalemate. And go forward with  
5 the final approval, final motion with or without this  
6 amendment.

7 VICE-CHAIRMAN HAYES: Okay. May I have a  
8 motion to approve this condition to -- Mr. Urso will read  
9 it shortly, to the -- may I have a motion to approve this  
10 condition for the Project H-15, 1201, Vista Lindenhurst  
11 Hospital, and Mr. Urso will read this condition, and then  
12 we'll have a vote.

13 MR. BRADLEY: Mr. Chairman, I think you need a  
14 motion on the floor first. Somebody should make a motion  
15 to approve the project, and then you ask if anyone has  
16 amendments to it, and Mr. Urso's amendment should be  
17 proposed by someone and should be voted on, and then you  
18 vote on the original motion with or without the amendment.  
19 I think that's how a legislative body would do it.

20 MR. SEWELL: I don't think that's correct. If  
21 you approve this project, it's approved, period. It's  
22 over. It's approved. So you've got to approve the  
23 amendment, and then you've got to vote on the project.

24 MR. CARVALHO: That's what Mr. Bradley said.

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1                   MR. BRADLEY: That's what I'm suggesting.  
2     Have a motion. You move to amend it. If the amendment is  
3     approved, it becomes a part of the motion, and then you  
4     vote on the amended motion.

5                   MR. SEWELL: All right. I agree.

6                   VICE-CHAIRMAN HAYES: All right. I don't  
7     have any problem with doing that.

8                   May I have a motion to approve Project 12-081,  
9     Vista Lindenhurst Hospital, to establish a 132-bed acute  
10    care hospital in Lindenhurst, Illinois?

11                  MR. PENN: So moved.

12                  MR. BURDEN: Second.

13                  VICE-CHAIRMAN HAYES: May I have -- I'd like  
14    to propose a condition or amendment to my motion, and Mr.  
15    Urso will read that, and then we will vote on this  
16    amendment.

17                  MR. URSO: The applicant guarantees to  
18    maintain an acute care hospital at Vista Medical Center  
19    East and West, which includes maintaining the current  
20    Categories of Services, for a period of five years from the  
21    date of Board approval. The applicant will also provide  
22    yearly reports to the Board regarding compliance with this  
23    condition to the permit. The Board will allow the Illinois  
24    Department of Public Health to proceed with their licensure

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1 review after the Board receives compliant and timely final  
2 realized cost report.

3 VICE-CHAIRMAN HAYES: Thank you.

4 Now, on this -- I'd like to go to a vote, and  
5 also, I understand that a "yes" vote will be an approval of  
6 this amendment. It has nothing to do with the approval of  
7 the project, my motion for Project 12-081 Vista. A "no"  
8 vote will allow -- is against this amendment and thus --  
9 and does not have any effect on my motions for approval on  
10 Project 12-081. Could I have a roll call?

11 MR. ROATE: Yes, sir.

12 Mr. Bradley?

13 MR. BRADLEY: No.

14 MR. ROATE: Dr. Burden?

15 MR. BURDEN: No.

16 MR. ROATE: Senator Demuzio?

17 MS. DEMUZIO: No.

18 MR. ROATE: Mr. Hayes?

19 MR. HAYES: Yes.

20 MR. ROATE: Mr. Penn?

21 MR. PENN: Yes.

22 MR. ROATE: And Mr. Sewell?

23 MR. PENN: No.

24 MR. ROATE: That's four votes in the negative,

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1 two votes in the positive.

2 VICE-CHAIRMAN HAYES: Thank you.

3 Now we'll move on to my motion to approve  
4 Project 12-081, Vista Lindenhurst Hospital.

5 MR. BRADLEY: Mr. Chairman, I have a comment  
6 on the motion. I think we've kind of gotten waylaid here  
7 by a discussion of business practices and probability of  
8 how this one particular hospital system would fare in this  
9 matter. But I think the Board has a responsibility to look  
10 at the larger picture, which is, is it good for the state  
11 and for the region, rather than just the individual  
12 institution, and I think we'll find in our State Report and  
13 in the public hearings that we've had -- the public hearing  
14 that we had, that this has the potential for a negative  
15 impact on a significant number of other healthcare  
16 institutions, and I believe it's the job of this Board to  
17 look at the big picture and not to allow this one  
18 institution to take an action which threatens the  
19 well-being of several other institutions.

20 VICE-CHAIRMAN HAYES: Thank you.

21 Can I have a roll call?

22 MR. ROATE: Yes, sir.

23 Mr. Bradley?

24 MR. BRADLEY: We have a State Report that



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1                   MR. PENN: I vote no. Negative impact in the  
2 Service Area.

3                   MR. ROATE: Mr. Sewell?

4                   MR. SEWELL: I vote no for reasons stated.

5                   MR. ROATE: Vice-chairman Hayes?

6                   VICE-CHAIRMAN HAYES: I vote no, because of  
7 the Planning Area need and also for the reasons so stated.

8                   MR. ROATE: That's six votes in the negative.

9                   VICE-CHAIRMAN HAYES: Motion fails.

10                  MR. URSO: You'll be receiving an Intent to  
11 Deny. You'll have another opportunity to come before the  
12 Board, as well as supplying additional information if you'd  
13 like.

14                  Thank you.

15                  MS. MARTIN: Thank you for your time.

16                  VICE-CHAIRMAN HAYES: I also would like to be  
17 able to get onto the record that the State Board Staff will  
18 be discussing with Vista Medical Center East and West, as  
19 well as other hospitals, that they will be discussing in  
20 particular this issue of phantom beds or beds that aren't  
21 in service at the moment, and that the State Board Staff  
22 will be doing that expeditiously, specifically under the  
23 submission of the annual hospital survey report. Thank  
24 you.

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1                   I think we've run to the end of the agenda.  
2    We did the other part yesterday.  So, I'd like to have a  
3    motion to adjourn.

4                   MR. SEWELL:  The whole thing?

5                   VICE-CHAIRMAN HAYES:  Yes.

6                   MR. SEWELL:  So moved.

7                   MR. BURDEN:  Second.

8                   VICE-CHAIRMAN HAYES:  Okay.  "Ayes" for  
9    adjournment?

10   ("Ayes" heard.)

11                   VICE-CHAIRMAN HAYES:  Anyone for negative?

12   (No response)

13                   VICE-CHAIRMAN HAYES:  All right.  I adjourn  
14    this meeting of the Health Facilities and Services Review  
15    Board.

16

17    END TIME:  11:54 a.m.

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## CERTIFICATE OF REPORTER

I, KAREN K. KEIM, RPR, CRR, a Certified Court Reporter, do hereby certify that the proceedings in the above-entitled cause were taken by me to the best of my ability and thereafter reduced to typewriting under my direction; that I am neither counsel for, related to, nor employed by any of the parties to the action, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.



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