

10-078

Williams, Don A.

From: Carol O'Neil [oneilcarol1@gmail.com]
Sent: Wednesday, March 02, 2011 4:57 PM
To: Williams, Don A.
Subject: Testimony to the Illinois Health Facilities Board regarding the CON application to close beds and services at Oak Forest Hospital

Dear Members of the Illinois Health Care Facilities Review Board,

My name is Carol O'Neil of 2973 S. Lyman St. apt 2F, Chicago, IL 60608, (773) 512-4823.

Mr. William Foley's application's for permit to close beds to the Illinois Health Facilities and Services Review Board is not fully accurate and omits information that goes contrary to his case:

The application states that Surgical (Operating Room) services will be discontinued. Currently there are outpatient surgical services at Oak Forest Hospital which result from time to time for a patient needing to be admitted for 24 to 48 hour observation. If the CON gets approved, in addition to inpatient Surgical Services, all outpatient surgical services will be discontinued which affects the South Suburban Market area.

Page 27 of the application (Impact of the closure on access) states that in the South Suburban market area there will be a 29 bed shortage of Intensive Care beds. However on page 9 of the application to discontinue, Mr. Foley states **in error** that from 11/1/09 to 10/31/10 (past 12 months) there were only 20 ICU admissions.

This error must be pointed out. In Attachment 10, (starting on page 109) there are copies of the letters Mr. Foley sent out to other hospitals asking them to comment on the closure. In these letters he gives statistics from the past two years (24 months) that there were 788 admissions to the ICU.

So you can see that 20 admissions is extreme under reporting and an error.

In Mr. Foley's reasons for closing Inpatient Rehab, he says there is not the need because patients are only transferred in there from other County facilities. That is not true if the Board requests the records from the past 3 years of admissions. Many patients were transferred there from Christ, South Suburban, St. James, Metro South, especially if they were uninsured.

The Health and Hospital Systems Board repeatedly maintains that it is not economically feasible to keep any inpatient beds open there. We never saw any economic impact statements the cost to keep 20 short stay beds in J building, or a few ICU beds. They keep saying that 750 employees is too much to take care of 50 inpatients. That is not true because the 750 employees do not only work in inpatient.

We do not have an accurate count of the employees subtracting the 50 people who were just laid off, who are on MLOA. The rest of the employees have dual and triple roles for inpatient, ER, and outpatient. There are only certain employees who only work in the inpatient area.

You have ER, Pharmacy, outpatient, departments such as Radiology, Lab, OT/PT, Speech, Cardiology, Rehab, Communications, Finance, that care for inpatients, ER, and outpatients. All of these employees do more than just take care of inpatients.

There are employees that take care of the facility in the following departments who will be needed whatever happens to inpatient (Grounds, Janitorial, Powerhouse, Storeroom, Trades).

Also, Mr. Foley appeared to downplay the number of inpatient surgeries in order to rationalize the shutting down of Surgery. Ask for the numbers of same day surgeries which ended up having patients admitted to J 21 for 36 hour observation. Many Podiatry cases and many other cases.

The CON application does not specify that they will also close the outpatient Oncology Clinic. Part of the reason they say is because they will have no inpatient beds to transfer the patient to in event of a patient having a reaction to the treatment. However, the outpatient Oncology Clinic gives mainly chemo-therapy treatments which are safe in an outpatient setting.

Once they discontinue the hospital and make an urgent care center and an outpatient clinic, they will not have the capacity to respond to very sick patients who now can be transported to the OFH ER for breathing treatments

As a matter of fact, the ROC (Regional Outpatient Center) they are planning, will have only one Respiratory Therapist now.

At the ROC, if a patient sees the doctor and they need to be admitted, the patient will have to wait to be transported over to Stroger to be admitted. If they are in an emergency condition, then the ROC center will call 911. The town of Oak Forest First Responders will come and take the patient to the nearest local hospital ER. If the patient does not actually live in Oak Forest, they will be personally charged approx \$800.00 to \$1200.00 for the ambulance ride.

The urgent care center will close approx 11 am. Any county patient who gets sick, will either have to drive to Stroger ER or go to a local ER. Of course if it an emergency at home, then the family will call 911 like they do now.

Thank you for your consideration of my testimony.

Sincerely,

Carol O'Neil