

PROJECT HEARING REPORT

Project: 10-078
Oak Forest Hospital
April 18, 2011

On April 18, 2011, The State Agency conducted a public hearing for Project 10-078. The hearing was held at the Bremen Township Hall, located at 15350 oak Park Avenue, Oak Forest, Illinois.

The following summarizes the attendance figures:

Individuals who registered their attendance at the hearing:	44
Individuals who registered their opposition to the project:	19
Individuals who registered their support for the project:	21
Total individuals registered:	74

This report contains letters from the following individuals/groups:

Victoria Bigelow, President, Access to Care
Larry J. Goodman, MD President, Rush University CEO Rush University Medical Center
David A. Ansell, MD, MPH, V.P. /CMO Rush University Medical Center, Asst. Dean, Medical Affairs, Rush University
Laurence Msall, President, The Civic Federation
Judith Haasis, Executive Director, Community Health
Veronica Clarke, CEO, TCA Health, Inc.
Margie Johnson, MS, Executive Director, Beloved Community Family Wellness Center
Daniel Vicencio, MD, Medical Director, and Interim Executive Director, Mercy Family Health Center
Alan H. Channing, President/CEO, Sinai Health System
Wayne M. Lerner, D.P.H., F.A.C.H.E., President /CEO, Holy Cross Hospital
Jeff Schaider, Chairman, Dept. of Emergency Medicine, Cook "County Stroger Hospital
Shirley Dunklin, Resident, Country Club, IL
Quin R. Golden, Resident, Board member of the CCHHS, Associate VP of Strategic Affiliations /Urban Health Initiative
Dr. Stephen Martin, Chief Operating Officer of the Cook County Dept. of Public Health
Adrienn Alexander, Policy/Legislative Specialist for AFSCME Council 31
Rev. Jim Foley, Chaplain, Oak Forest Hospital
Anwer Hussain, Director of the Emergency Dept., President of the Medical Staff, Oak Forest Hospital
Carol O'Neil Resident, Chicago, IL
Tom Dohm, Associate Administrator, Oak Forest Hospital
Louise Wint, Resident, Chicago, IL
Sylvia Edwards, OFH COO Oak Forest Hospital
Dr. Anthony Tedeschi, the Sibery Group
Bruce A. Johnson, President/CEO, Illinois Primary Health Care Association
Betty Boles, Vice President, Local 73, Service Employees International Union
Bruce Siegel, MD, MPH, CEO National Association of Public Hospitals and Health Systems
Kimberly Hobson, Interim Director, South Side Healthcare Collaborative
Warren Batts, Chairman, CCHHS Board of Directors
Gregg Goslin, Commissioner 14th District, Cook County Board of Commissioners
Kristine Todd, Resident, Homewood, IL
Larry Suffredin, Commissioner-13th District, Cook County Board of Commissioners

Emilie Junge, Regional Director, Doctors Council, Service Employees International Union
Toni Preckwinkle, President, Cook County Board, Board of Commissioners of Cook County
Leslie Curtis, Midwest Director, National Nurses Organizing Committee
Terry Mason, M.D. Chief Medical Officer, Cook County Health and Hospitals System
William T. Foley, CEO, Cook County Health and Hospital System
Lilly Babuketty, CAN, Oak Forest Hospital

ILLINOIS HEALTH FACILITIES and SERVICES REVIEW BOARD

Public Hearing Register

Project: Oak Forest Hospital, Project #10-078

Location: Bremen Township Hall, 15350 Oak Park Avenue, Oak Forest, Illinois

Date: April 18, 2011
Time: 10AM

ATTENDANCE/NO TESTIMONY ON PROJECT

#	NAME (PLEASE PRINT)	AGENCY, ORGANIZATION OR INSTITUTION REPRESENTED OR RESIDENT (PLEASE PRINT)	CITY (PLEASE PRINT)	(S) SUPPORT (O) OPPOSE (N) NEUTRAL (PLEASE PRINT)
1	TERILYN SPACE	OAK FOREST		O
2	CELIA ARLORO	"		O
3	CASSANDRA VAUGHAN	OAK FOREST		O
4	JAYCE POULOS	OAK FOREST		O
5	NIGERITH SMITH	AT-SMG Council 31		O
6	SHILDESE WALLACE			O
7	CLEO BROWN			O
8	CLEO MANNING			O
9	ROSE WARD	OAK FOREST		O
10	VERNON WARD	OAK FOREST		O
11	SHARON DANIELS	Oak Forest		O
12	FRANCISCO ORNELAS	Oak Forest		O
13	GRACY JOHN	ORLAND PARK		O
14	RAMONA BROWN	City of Oak Forest		O

Attendance No Testimony in Project

#	NAME (Please Print)	AGENCY, ORGANIZATION OR INSTITUTION REPRESENTED OR RESIDENT (PLEASE PRINT)	CITY (PLEASE PRINT)	(S) SUPPORT (O) OPPOSE (N) NEUTRAL (Please Print)
15	Carla Johnson	Associated Press		N
16	Anna Erin Roepke	Resident	Homewood	O
17	Julie Renewais	FRG		S
18	Deborah Atkins		Matteson	O
19	Stacy Worth		Olympia	O
20	Paulette Corner	Commissioner D. Sims		O
21	Gloria Miles	Comm. SEIU Local 73		
22	JOHN GAUDETTE	CITIZEN ACTION	Chgo	O
23	ROBERT HICKEY	RESIDENT	BLUE ISLAND	O
24	ANNY STANBOLIC	RESIDENT	Irving Park	O
25	Beranda Woodson	AFSCME / OFA	RIGHTON PK	O
26	Shanita Gibbs	Friend	Matteson	(O)
27	CHARIE WATTS / DEBEYON WATTS	Employee	So. Holland	O
28	Michelle Johnson		Chgo. IL	
29	Jeny	FRIEND	HARVEY IL	O
30	Michael Johnson	Out Patient	Blue Island	O
31	Tina Eubanks	Out Patient	Riverdale	O
32	Patricia Eubanks	Out Patient	Riverdale	O
33	Liana Eubanks	Out Patient	Riverdale	O
34	Shamika Hood	Out Patient	Lansing	O
35	Lillie Foster	Out Patient	Harvey	O
36	Eric Chester	Out P.	Harvey	O
37	Nathan Chester	D: P	Harvey	O

ILLINOIS HEALTH FACILITIES and SERVICES REVIEW BOARD

Public Hearing Register

Project: Oak Forest Hospital, Project #10-078

Location: Bremen Township Hall, 15350 Oak Park Avenue, Oak Forest, Illinois

Date: April 18, 2011

Time: 10AM

TESTIMONY TO OPPOSE PROJECT

#	NAME (PLEASE PRINT)	AGENCY, ORGANIZATION OR INSTITUTION REPRESENTED OR RESIDENT (PLEASE PRINT)	CITY (PLEASE PRINT)	(A) ORAL (B) WRITTEN (B) BOTH (PLEASE PRINT)
✓	Leslie Carter	NWOL	Chicago	W
✓ 1	Emilie James	Doxas Counseling SEIU	CHICAGO	B
✓ 2	Kristine Todd	Resident HomeWood	HomeWood	B
✓ 3	Adrienne Alexander	AFSOME Council	Chicago	B
✓ 4	Sheraldine L. Budeak	Alderman Markham	Markham	B
✓ 5	Quina Brown	Commissioner Mark Plain	Markham	B
✓ 6	M. Chikisar (not present)	Hospital Worker	O.P.	B
✓ 7	Betty Boles (47)	SEIU Local 73	CHICAGO	B
- 8	John Wood (will fix testimony)	OMH Forest Hosp	Downers	W
✓ 9	Jylene Harris	15313 S. Ashland	Harvey	B / written
✓ 10	Louise Wint	10206 S. Lowe	Chicago	
✓ 11	Carmille Shavers	9810 S Oglesby	Chicago	
✓ 12	REU. JAMES R. FOLEY	17154 CHICAGO AVE	LANSING	B
- 13	FRANCISLO SISON - NOT PRESENT	15055 MORRIS IN	PAK FOREST	W
14	Jan [unclear]	NWOL	Chicago	B

(B)

Testimony To Oppose Project

#	NAME (PLEASE PRINT)	AGENCY, ORGANIZATION OR INSTITUTION REPRESENTED OR RESIDENT (PLEASE PRINT)	CITY (PLEASE PRINT)	(O) ORAL (W) WRITTEN (B) BOTH (PLEASE PRINT)
15	John Gradedette	Citizen Action	Chicago	
16	Amelle Shuman	9420 S. Aberdeen	Chicago	Signed Twice
✓ 17	Shirley A. Dunklin	17610 Winston Dr	CHICAGO	
✓ 18	Yvonne Averhuff - Not Present	8420 S. Aberdeen	CHICAGO	
✓ 19	STEVEN WOODS	PATIENT	CHICAGO	
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Testimony To Oppose Project

#	NAME (PLEASE PRINT)	AGENCY, ORGANIZATION OR INSTITUTION REPRESENTED OR RESIDENT (PLEASE PRINT)	CITY (PLEASE PRINT)	(O) ORAL (W) WRITTEN (B) BOTH (PLEASE PRINT)
✓ 38	MARY SANDERSON - Not Present	TAPPAN - CITIZEN	Tinley Park	O
✓ 39	Carl Wolf (4)	Respon Now	Chicago Heights	O + W
✓ 40	LEE MAYBERRY	Citizen Action	Kenosha Ill	
✓ 41	KANDY RUFF	COOK COUNTY RESIDENT	SOUTH HAVY ILL	O + B
- 42	Richard David - Not Present	Strogan Hosp Physician	Chicago	O
- 43	Carol O'Neary - Not Present	Citizen, Dietitian, Food Clinic	Chicago	B + W
- 44	SORCE EDMOND - Not Present	ACTION CITIZEN	DOLTON	
- 45	DIANNE GIBBS - Not Present	Friend	BLOTTESON	(O)
✓ 46	SYA ROBINSON	COOK COUNTY RESIDENT	HARVEY	O + B
✓ 47	Deborah Lewis Cook County Commissioner	5TH DIST		O
- 48	Florence Hayes - Not Present	FOR MIA employee	Park Forest	O
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ILLINOIS HEALTH FACILITIES and SERVICES REVIEW BOARD

Public Hearing Register

Project: Oak Forest Hospital, Project #10-0789

Location: Bremen Township Hall, 15350 Oak Park Avenue, Oak Forest, Illinois

Date: April 18, 2011

Time: 10 AM

TESTIMONY TO SUPPORT PROJECT

#	NAME (PLEASE PRINT)	AGENCY, ORGANIZATION OR INSTITUTION REPRESENTED OR RESIDENT (PLEASE PRINT)	CITY (PLEASE PRINT)	(O) ORAL (W) WRITTEN (B) BOTH (PLEASE PRINT)
✓ 1	Bill Foley	CCHHS		B
✓ 2	Dr. Terry Mason	CCHHS		B
✓ 3	Bill Foley (Toni Preckwinkle)	President, Cook Cty Board		B
✓ 4	Larry Suffredin	Cook Cty Board		B
✓ 5	Joy Wykowski (Greg Goslin)	Cook Cty Board		B
✓ 6	Warren Batts	Chair, CCHHS		B
✓ 7	Dr. David Ansell	Director, CCHHS		B
✓ 8	Victoria Bigelow	Access to Care		B
✓ 9	Sidney Thomas (NAPH) (Bruce & gel)	(NAPH)		B
✓ 10	Sidney Thomas (Southside Collaborative)	Southside Collaborative	(Kinbuddy)	B
✓ 11	Tony Tedeschi	CCHHS		B
12				
13				
14				

#	NAME (PLEASE PRINT)	AGENCY, ORGANIZATION OR INSTITUTION REPRESENTED OR RESIDENT (PLEASE PRINT)	CITY (PLEASE PRINT)	(O) ORAL (W) WRITTEN (B) BOTH (PLEASE PRINT)
✓ 15	Joy Wykowski (IRHA) ^{Bruce Johnson}	IRHA		
✓ 16	Sylvia Edwards	Oak Forest Hospital		
✓ 17	Tom Dohm	Oak Forest Hospital		
✓ 18	Dr. Hussain	Oak Forest Hospital		
✓ 19	Bill Foley (Quin Golden) ^{Sidney Thomas}	Director, CCHHS		
✓ 20	Stephen Martin	Cook Cty. Dept. of Health		
✓ 21	Jeff Schaefer	CCHHS		
✓ 22	Joy Wykowski (Holy Cross)	Holy Cross Hospital		
✓ 23	Bill Foley (Bean Greenspan)	Director, CCHHS		
✓ 24	Elizabeth Reidy (#1 Alan Channing)	Mt. Sinai Med. Center		
✓ 25	Lucio Guerrero (Mexy Hospital)			
✓ 26	Elizabeth Reidy (Rush/Larry Goodman)			
✓ 27	Bill Foley (Luis Munoz)	Director, CCHHS		
✓ 28	Bill Foley (Heather O'Donnell)	Director, CCHHS		
✓ 29	Bill Foley (Andrea Zapp/Urban League)			
✓ 30	Sidney Thomas (Northwestern Mem. Hosp.)			
✓ 31	Joy Wykowski (Beloved Cmty. Family Wellness)			
✓ 32	Elizabeth Reidy (Chicago Family)			
✓ 33	Sidney Thomas (Christian Community)			
✓ 34	Lucio Guerrero (Community Health)			
✓ 35	Sidney Thomas (Friend Family)			
✓ 36	Elizabeth Reidy (Near North)			
✓ 37	Lucio Guerrero (TCA Health)			

Amos
10/1/00



2225 Enterprise Drive ■ Suite 2507 ■ Westchester, Illinois 60154
(708) 531-0680 ■ FAX (708) 531-0686 ■ www.accesstocare.org

I'm Victoria Bigelow, the President of Access to Care and I am here today to offer support for the discontinuation of Oak Forest Hospital.

Access to Care links uninsured low income people with a primary care physician through what we call the Suburban Primary Health Care Council. The program separately covers the costs of routine laboratory tests, x-rays, and prescription medication. Patients pay affordable co-payments for each service and Access to Care pays the remainder. Our patients are the uninsured, ineligible for government programs, often the working poor.

We have partnered with Cook County Health and Hospitals System for many years and they are critical to providing specialty and diagnostic care for community members we serve.

The Council Board of Directors found that the low income person faces an additional access problem in suburban Cook County, lack of good public transportation and the need to travel great distances for care. While Access to Care alleviates this issue for primary care, for specialty care those who need it have to go to Stroger Hospital in downtown Chicago. As the Board members of the Illinois Health Facilities and Services Review Board are aware, specialty care access for the medically underserved in suburban Cook County is extremely difficult to access for the uninsured other than through the Cook County Health & Hospitals System.

Therefore, the Access to Care program supports the concept of the Regional Outpatient Center, as envisioned in the Cook County Health & Hospitals System Strategic Plan. Having Oak Forest Hospital as an outpatient specialty care facility will greatly increase access for south suburban patients and ensure that they actually get care, rather than deciding, as they often do, that Stroger Hospital is too inaccessible to the south suburban patient.

Access to Care urges you to approve the discontinuation of Oak Forest Hospital as an inpatient facility and instead, support it as an outpatient specialty care facility, a Regional Outpatient Center.

I thank you for this opportunity to testify. A formal letter from us to Chairman Galassie also is being submitted.

Suburban Primary Health Care Council*

* A not-for-profit organization founded by: the Community and Economic Development Association of Cook County, Inc.; the Cook County Department of Public Health; the Northwest Suburban Cook County Health Care Task force; and the Park Forest Health Department.

A United Way Agency



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one copy

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A United Way Agency



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(708) 531-0680 ■ FAX (708) 531-0686 ■ www.accesstocare.org

One copy

*Victoria Bigelow
10/2*

April 13, 2011

Dale Galassie
Chair
Illinois Health Facilities and Services
Review Board
525 W. Jefferson St., 2nd fl.
Springfield, IL 62761

Dear Mr. Galassie

Access to Care is a 22 years old non-profit organization committed to providing healthcare access for those who are uninsured and ineligible for government programs. We have provided care for over 103,000 persons through arrangements with voluntary participant physicians, providers of laboratory, radiology, and pharmacy services, and with the significant assistance of Cook County and the Cook County Health & Hospitals System. Almost all of our patients reside in suburban Cook County. In 2011, we will serve approximately 6,000 suburban Cook County residents with a budget of \$3,103,000. Our budget this year has been reduced by absence of a State of Illinois appropriation by \$3,000,000 a year for the past two years.

For many years the Cook County Health & Hospitals System has supported Access to Care financially and equally important, by providing specialty care and diagnostics for our patients. While ATC finds a primary care physician for our patients, when they are in need of specialty care and diagnostics, patients often are referred to Stroger Hospital.

The expansion of specialty care and diagnostics access at the Oak Forest campus would greatly benefit Access to Care patients who live in the southern suburbs, who no longer would have to travel to Stroger Hospital.

ATC was in attendance at many of the 14 public town hall meetings at which the CCHHS Strategic Plan was presented and discussed. The CCHHS Strategic Plan attempts to make best use the System's limited resources to assure maximum access for safety net patients. The plan responds to many of the concerns raised at the public meetings by members of the public who sought better geographical distribution of the System's specialty and diagnostic services. The Strategic Plan was modified in its development in order to respond to concerns raised by the public.

Suburban Primary Health Care Council*

* A not-for-profit organization founded by: the Community and Economic Development Association of Cook County, Inc.; the Cook County Department of Public Health; the Northwest Suburban Cook County Health Care Task force; and the Park Forest Health Department.

A United Way Agency

one copy

Access to Care, a longtime, committed provider of healthcare access for those in need, urges the Illinois Facilities and Services Review Board to approve the application for permit from CCHHS. By transitioning its limited resources from costly, inefficient inpatient care, to greatly expanded ambulatory care, this great municipal safety net provider is seeking to address one of the large gaps healthcare for the poor: specialty care access.

Sincerely,

2/4/2

Victoria Bigelow

Victoria Bigelow

1725 West Harrison Street
Suite 364
Chicago, IL 60612

Tel: 312.942.7073
Fax: 312.942.2055
Larry_J_Goodman@rush.edu
www.rush.edu



 RUSH

Larry J. Goodman, MD
Rush University
President
Rush University Medical Center
Chief Executive Officer

April 12, 2011

Dale Galassie
Acting Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson
Springfield, IL 62761

Dear Chairman Galassie:

Rush University Medical Center has closely and productively partnered with the Cook County Health & Hospitals System, and its predecessors, over nearly twenty years. The partnership spans education undertakings, research, joint operation of the Ruth M. Rothstein CORE Center, and shared medical staff.

At the request of Senator Richard Durbin, I led a "Blue Ribbon" task force in 2008 to study Cook County's health system. The report of that group of experts recommended independent governance for the system and increased professionalization of its management structure among other conclusions. I have been gratified to witness both of those recommendations being realized over the last three years.

I have been briefed in detail on the Strategic Plan developed by the Health System, and approved by its governing boards. The focus upon increased outpatient access for safety net patients, particularly for specialty services, mirrors current national policy efforts to increase access for those most in need and to shift medical delivery to lower cost settings, where possible.

To my mind, the plan's recommendation to materially expand outpatient care through a "Regional Outpatient Center" at Oak Forest meets important policy and access goals by strengthening the regional safety net. To those of us responsible for managing hospitals, the inevitable inefficiencies and high costs, particularly in a metropolitan area, from operating a low census, limited capability hospital such as Oak Forest, are plain.

In an environment of limited, and indeed, shrinking federal, state, and local government financial resources, the Cook County Health & Hospital's System's re-allocation of its healthcare resources toward outpatient care appears to me to be sound public policy that will benefit the largest number of patients.

I encourage you and the Health Facilities and Services Review Board to allow the Cook County Health & Hospital's System to implement its thoughtful strategic plan by approving its application for permit for Oak Forest.

Sincerely,

Larry J. Goodman, MD

Chief Medical Office
Armour Academic Center
600 S. Paulina St.
Suite 544
Chicago, IL 60612

Tel: 312.942.6706
Fax: 312.563.4418
david_ansell@rush.edu
www.rush.edu



David A. Ansell, MD, MPH
Rush University Medical Center
Chief Medical Officer
Vice President, Clinical Affairs
Rush University
Associate Dean, Medical Affairs



April 11, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson St., 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

I'm writing to urge the Board's approval of the CON application to discontinue inpatient services at Oak Forest Hospital (10-078). I sit on the Cook County Health and Hospitals System Board of Directors (where I serve as the Chair of the Quality and Patient Safety Committee), and also serve as the Chief Medical Officer for Rush University Medical Center.

I have been a practicing physician since 1978. My background includes extensive interest in access to health care, health disparity reduction, quality and patient safety. Ensuring access to quality care, especially for those most in need is a priority.

I am proud to say that my career has been dedicated to clinical research and quality improvement initiatives designed to enhance access to health care for medically underserved patients. Aside from my role as the Chief Medical Officer of Rush, I also have been a leader in groundbreaking efforts to reduce racial and ethnic disparities in breast cancer morbidity and mortality in Cook County. As you may be aware, the Metropolitan Chicago Breast Cancer Task Force, which I helped to create, has made significant strides in identifying and reducing the causes of those disparities.

As a group, the uninsured and Medicaid patient populations tend to have more chronic illnesses than the population at large. Medical complications requiring specialists' attention are also more common because these patients often forgo routine medical care. The result is that uninsured and Medicaid patients with conditions ranging from heart disease to diabetes to asthma to Parkinson's disease often don't get regular consultations with specialists who know best how to treat their conditions.

Similarly, uninsured and Medicaid patients tend to suffer from a lack of consistent and timely access to diagnostic testing, and to a lack of continuity in this testing. For example, our research into breast cancer disparities suggests that improved access to mammograms would improve breast health outcomes for these populations.

Our goal with the transformation of Oak Forest Hospital is to bring improved access to these specialty and diagnostic services to the communities with the greatest need. In that context, it is clear that the continued operation of Oak Forest Hospital is not in the best interest of the residents of the southland communities the facility is intended to serve.

I urge your approval of the hospital's discontinuation so that the uninsured and Medicaid patients in these communities can benefit from the health care and resources they need.

Sincerely,

A handwritten signature in black ink, appearing to read "David Ansell". The signature is written in a cursive, somewhat stylized font.

David Ansell, MD, MPH

Board of Directors

Steven H. Abbey
 David A. Abel
 Catherine M. Adduci
 Allan Ambrose*
 A.G. Anglum*
 Adrienne Archia*
 Murray E. Ascher*
 Alicia Berg
 Brian A. Bernardoni
 Roger Bicke1
 J.D. Bindenagel
 Aileen Blake
 Douglas H. Cameron
 Whitney Carlisle
 Timothy L. Christen
 Robert J. Christie
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 Jerry Cizek III*
 Nancy J. Clawson
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 Elizabeth G. Coolidge
 Mary Culler
 Omar Daghestani
 Kevork M. Derderian *
 Julian C. D'Esposito
 Jon B. DeVries
 Thomas H. Donohoe
 Martin L. Eiscnberg
 Brian D. Fabes
 Timothy J. Faerber
 Timothy Fair
 Stephen B. Friedman
 Charles R. Gardner*
 Carol W. Garnant *
 Sarah Garvey*
 Anthony Gedeller
 Ronald J. Gidwitz
 Peter G. Glick
 Judith A. Gold*
 Andrew F. Gottschalk*
 Patrick J. Hagan*
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 M. Hill Hammock*
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 David Hickerson
 Patricia M. Holden
 Bruce T. Hopp1e
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 Theodore M. Swain*
 Kent A. Swanson*
 Courtney A. Thompson
 Thomas C. Vanden Berk
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 John F. Ward*
 Jeffrey D. Warner
 Andrew L. Weil
 Jerrold Wolf
 William Young
 Philip Zinn*

The Civic Federation

177 North State Street, Suite 400, Chicago, IL 60601 • 312.201.9066 fax 312.201.9041 • civicfed.org



April 14, 2011

Mr. Dale Galassie
 Chairman
 Illinois Health Facilities and Services Review Board
 525 W. Jefferson Street, 2nd Floor
 Springfield, Illinois 62761

Re: Project #10-078 – Oak Forest Hospital

Dear Mr. Galassie:

The Civic Federation strongly supports the application by the Cook County Health and Hospitals System to discontinue acute-care hospital services at Oak Forest Hospital.

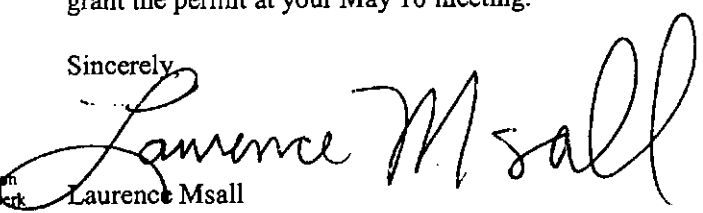
The decision to close Oak Forest Hospital and turn the existing campus into a comprehensive regional center for outpatient care was the result of a strategic planning process that began in May 2009 and took more than a year. The process included 14 community meetings across Cook County attended by hundreds of people. After considerable deliberation, the five-year strategic plan was approved by the Cook County Health and Hospitals System's Board of Directors in June 2010 and by the Cook County Board of Commissioners in July 2010.

The Civic Federation supported the Health System's strategic planning process and the subsequent decision to refocus the System's limited resources on expanding outpatient services. The Civic Federation agrees with the Health System's conclusion that serving an average of 50 to 60 inpatients a day on a campus with more than a million square feet of facility space is not financially prudent. Oak Forest has offered only limited intensive care service and has routinely transferred the truly critically ill to Stroger Hospital. According to the Health System, 85% of the visits to its emergency room could be treated in an urgent care setting, which would be available at Oak Forest under the strategic plan, along with a wide array of primary, specialty and diagnostic services.

As a 117-year old non-partisan organization dedicated to improving the quality and cost-effectiveness of government services, the Civic Federation has had a long history of examining budget issues relating to Cook County government. The Civic Federation has projected that both the County and its Health System face serious financial challenges going forward. Failure to allow the Health System to restructure itself so it can provide healthcare more efficiently would increase the financial stress on the System and on Cook County.

The Civic Federation appreciates the opportunity to support the application by the Cook County Health and Hospitals System. We urge you and the other members of the Board to grant the permit at your May 10 meeting.

Sincerely,


 Laurence Msall
 President

cc: Illinois Health Facilities and Review Board
Governor Pat Quinn

Officers

Thomas Livingston
Chairman

Mark Davis
Vice Chairman

Susan McKeever
Vice Chairman

Eileen Mitchell
Vice Chairman

Joseph B. Starshak
Treasurer

Laurence J. Msall
President

Lise Valentine
Vice President

*Executive Committee
* Past Chairmen's Council



BOARD OF DIRECTORS

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- Joseph M. Harrington
- Dale R. Johnson
- John J. Koenigsnecht, Esq.
- Mark Lancaster
- Karen Nichols, D.O.
- David J. Rice, Esq.
- Michael S. Roberts, Esq.
- H. Scott Sarran, M.D.
- Mark Shields, M.D.
- Mary Pat Studdert, R.N.
- Greg Tipsword
- Sally Benjamin Young

EMERITUS DIRECTORS

- John F. Benjamin
- Serafino Garella, M.D., Founder
- Robert K. Mendonca
- Judith Haasis
Executive Director

April 12, 2011

Mr. Dale Galassie
Acting Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield, IL 62761

Dear Chairman Galassie:

I am writing to ask for your support of the Cook County Health and Hospitals System (CCHHS) application to redirect the resources of Oak Forest Hospital to specialty care. In keeping with the CCHHS strategic plan, the establishment of "Regional Outpatient Centers" is an essential step forward toward improving access to these vital services for patients living in Cook County.

As the largest volunteer-based free clinic in Illinois and one of the leading free clinics nationwide, CommunityHealth's mission is to provide quality medical care to low-income uninsured patients in need of a medical home. (All services are provided at no cost to patients.) Over our 18 year history of working closely with the CCHHS, we have been committed to finding new ways to stretch limited resources to better serve our patients. Through a strong focus on prevention and health promotion – as well as support for patients diagnosed with chronic conditions -- we find that fewer and fewer of our patients require visits to the emergency room or inpatient hospitalization.

However, one of our greatest challenges is helping our patients access the specialty and diagnostic services not available on site. With the recent opening of our satellite site in Chicago's Englewood community, we are reminded of the importance of increasing access to this level of care for patients served by safety net providers on the south side. We are, therefore, supportive of the CCHHS plan to transform Oak Forest Hospital into a Regional Outpatient Center,

We believe in our partnership with Cook County and urge your approval of this application.

Sincerely,

Judith Haasis
Executive Director

Illinois' largest volunteer based health center providing free care to the uninsured.
www.communityhealth.org

West Town: 2611 W. Chicago Ave., Chicago, IL 60622 Admin: 773.395.9901 / Patient Care: 773.395.9900
Englewood: 641 West 63rd Street, Chicago, IL 60621 Patient Care: 773.994.1515

*Celebrating over 35 Years
of Quality Health Care*

TCA Health, Inc.
1029 East 130th Street
Chicago, Illinois 60628
Telephone 773.995.6300
Fax 773.995.7985

TCAHealth

April 11, 2011

Mr. Dale Galassie
Acting Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield, IL 62761

Dear Chairman Galassie:

I am submitting this letter in support of the Cook County Hospitals and Health System CON application to discontinue inpatient services at Oak Forest Hospital. By permitting Cook County to reallocate health care resources to a "Regional Outpatient Center" on the Oak Forest campus, the entire county safety net system will be strengthened through a substantial increase in access to essential specialty medical care and diagnostic testing for medically underserved residents.

We at TCA Health, Inc. have been partners with Cook County Health and Hospitals System for over 15 years.

As a Federally Qualified Health Center (FQHC), we are a community-based provider of primary and preventative health care services. As you know, our patients are largely Medicaid beneficiaries and uninsured individuals. We currently rely on our partnership with Cook County to increase access to specialty medical care and diagnostic testing--one of the most challenging access issues for those of us who serve medically underserved patient populations. In 2010, for example, Cook County accepted and served almost 35,000 specialty care and diagnostic testing referrals from more than 70 FQHCs and other safety net providers in Cook County.

As much as Cook County already has done to increase specialty care and diagnostic access for our patients, there is still a significant unmet need. With the expansion of those services at Oak Forest campus, our patients will experience significantly reduced wait times, and those who reside in the Southern Cook County suburbs will be able to receive these services without traveling to the John H. Stroger Hospital campus.

We urge your immediate approval of the CON application, so that the establishment of a comprehensive safety net regional outpatient center at Oak Forest can become a reality.


TCA Health, Inc., NFP
1029 East 130th Street
Chicago, Illinois 60628
773.995.6300

Carver Military Academy
13100 South Doty Road
Chicago, Illinois 60627
773.686.6357

Maternal & Child Health Center
1106 W. 79th Street
Chicago, Illinois 60619
773.488.3046

South Shore Nutrition Center
1802 East 71st Street
Chicago, Illinois 60649
773.363.2600

Sincerely,

A handwritten signature in cursive script, appearing to read "Veronica Clarke".

Veronica Clarke

CEO, TCA Health, Inc



BELOVED
COMMUNITY FAMILY WELLNESS CENTER

Healthcare for the entire family

April 12, 2011

Mr. Dale Galassie
Acting Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield, IL 62761

Dear Chairman Galassie,

As you consider the application to discontinue inpatient services at Oak Forest Hospital, I urge your support. By permitting Cook County to reallocate its resources to a "Regional Outpatient Center", we will actually be able to increase access to care for many underserved residents.

The Beloved Community Family Wellness Center (BCFWC) is an established and innovative health center that is playing a crucial role in improving the health status and social well-being of the residents of Greater Englewood and surrounding communities. The Beloved Community Family Wellness Center have been partners with Cook County Health and Hospitals—System for five years.

As a Federally Qualified Health Center (FQHC), we are a community-based provider of preventative care services. We rely on our partnership with Cook County to increase access to primary and specialty care. Currently, that care is geographically concentrated at John H. Stroger Jr. Hospital. With your approval, the County will be able to redirect and increase much-needed services to the Southland, a vastly underserved region for scarce, safety net specialty care.

Sixty-four percent (64%) of our community lives below 200% of the federal poverty level and 38% lives below poverty. We are a community that struggles on a day-to-day bases. Thirty-five percent (35%) of our young mothers enter prenatal care after the first trimester and 30% of our births are to teenage mothers. We have a cancer rate that is 50% higher than the City of Chicago and coronary heart disease rate that is 25% higher than the City of Chicago. We are a community in need of increase access to primary health care.

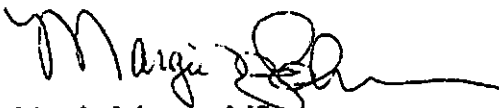
We believe our partnership with Cook County will increase and that community residents serviced by our program will see significant improvements in access to services under the proposal.

Phone: (773) 651-3629 + Fax: (773) 651-9268

Beloved Community Family Wellness Center + 6821 S. Halsted St. + Chicago, Illinois 60621

We urge your approval of the discontinuation so that the establishment of a comprehensive safety net ambulatory center at Oak Forest can become a reality.

Sincerely,

A handwritten signature in black ink, appearing to read "Margie Johnson", with a long horizontal flourish extending to the right.

Margie Johnson, MS
Executive Director
Beloved Community Family Wellness Center



MERCY

Mercy Family Health Center
2525 South Michigan Avenue
Chicago, Illinois 60616-2477
312.567.2360

April 13, 2011

Mr. Dale Galassie
Acting Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield, IL 62761

Dear Chairman Galassie:

As you consider the application to discontinue inpatient services at Oak Forest Hospital, I urge your support. By permitting Cook County to reallocate its resources to a "Regional Outpatient Center", we will actually be able to increase access to care for many underserved residents.

The Mercy Family Health Center has been an active provider of high quality, efficient, healthcare to the vulnerable populations of Chicago's South Side. For many years, we at the Mercy Family Health Center have realized that healthy communities cannot be fully achieved without access to outpatient primary and specialty healthcare providers and other associated outpatient care resources.

As a Federally Qualified Health Center (FQHC) Look Alike, we are a community-based provider of preventative care services. We rely on our partnership with the Cook County Health Services Board to increase access to primary and specialty care. Currently, that care is geographically concentrated at John H. Stroger Jr. Hospital. With your approval, the County will be able to redirect and increase much-needed services to the Southland, a vastly underserved region for scarce, safety net outpatient specialty care.

We believe our partnership with Cook County will increase and that community residents serviced by our programs will see significant improvements in access to services under the proposal.

We urge your approval of the application to discontinue inpatient services at Oak Forest Hospital and the creation of the Regional Outpatient Center at the Oak Forest Hospital site to bolster the fragile web of comprehensive safety net ambulatory healthcare centers in the Southland.

Sincerely,

Daniel Vicencio, MD
Medical Director and Interim Executive Director,
Mercy Family Health Center



Sinai Health System

California Avenue at 16th Street ■ Chicago, IL 60608-1797 ■ (773) 542-2000 ■ TTY (773) 257-6280

Alan H. Channing
President and CEO
Office: 773-257-8434
Fax: 773-257-6953
chaalan@sinai.org

April 14, 2011

Dale Galassie
Acting Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson
Springfield, IL 62761

Dear Chairman Galassie:

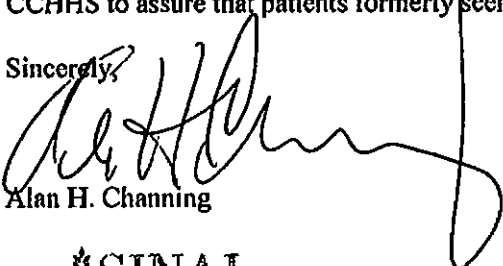
On behalf of Sinai Health System, I would like to offer our support for the Cook County Health and Hospitals System (CCHHS) proposal before the Illinois Health Facilities and Services Review Board related to the transformation of Oak Forest Hospital.

Sinai Health System is located on the west side of Chicago and is one of the largest private providers of health services for low income patients in Illinois. Approximately 60% of our patients are covered by the Illinois Medicaid program and an additional 15% are uninsured. Our payer mix mirrors that of many public hospitals in the country, and we are familiar with the challenges faced by CCHHS. We have, in fact, collaborated with CCHHS on several occasions to provide services to vulnerable communities. It is our belief that a strong public hospital system in Chicago is necessary not only for the patients, but for the not-for-profit safety net of health care in the city and county.

I am very familiar with the CCHHS Strategic Plan, having had the opportunity to be consulted during its development. As safety net providers, our challenge is to make the best use of limited resources to provide care for the large population that depends on our care. In addition, we are all making preparations to transition our care models to the integrated delivery system model that is envisioned by health care reform. We support the plan by CCHHS to begin to shift from costly, inefficiently inpatient services to providing the right care in the right environment with emphasis on outpatient care, particularly in the area of specialty care. At Sinai, we are also in the process of planning for a much greater emphasis on outpatient specialty care. This plan is consistent with the direction in which health care is moving and will make far better use of the CCHHS limited resources to serve the needs of low-income and uninsured patients.

I encourage the Illinois Health Facilities and Services Review Board to support the Oak Forest application. Sinai Health System would anticipate no material impact from the proposed discontinuation of inpatient services at Oak Forest and will work with CCHHS to assure that patients formerly seen as inpatients at Oak Forest have access to care.

Sincerely,


Alan H. Channing



A proud member of Sinai Health System

Mount Sinai Hospital ■ Schwab Rehabilitation Hospital ■ Sinai Community Institute ■ Sinai Medical Group
Access Community Health Network Affiliate ■ Jewish Federation of Metropolitan Chicago Affiliate



April 11, 2011

Mr. Dale Galassie
Acting Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield, IL 62761

Dear Chairman Galassie:

We strongly support the reallocation of resources from inpatient to outpatient services at Oak Forest Hospital. A "Regional Outpatient Center" would allow us to arrange for critical post-hospital care for our patients, something that is currently often hard to obtain.

Holy Cross Hospital is a safety net hospital, serving a region that has been federally designated as a health professional shortage area. We estimate that about 60% of our area is either uninsured or covered by Medicaid.

Our patients often have chronic disease which requires medication and follow-up care in the community to avoid additional, costly hospitalizations. Currently, because they cannot access these services, patients visit our Emergency Department again and again, with acute exacerbations of their disease. We have 45,000 visits to our Emergency Department annually, a significant portion of which are repeat visits.

In addition, public transportation is acutely lacking in our area; we have no trains or major arteries nearby. Regionalizing outpatient services makes them more accessible to those who must rely on a network of buses to move around the city.

Finally, as medical technology improves and our longevity increases, care is increasingly provided in the physician office or health center rather than the hospital. We believe Cook County has rightly assessed where the investment of limited resources should occur.

We urge your approval of the discontinuation of inpatient services so that Cook County can establish a comprehensive safety net ambulatory center at Oak Forest.

Sincerely,

Wayne M. Lerner, D.P.H., F.A.C.H.E.
President and CEO

April 18th, Public Hearing Comments

Greetings, my name is Jeff Schaidler and I am the Chairman of the Department of Emergency Medicine at Cook County Stroger Hospital. I have worked there for over 20 years and have cared for thousands of patients during this time. Our emergency department is among the busiest in the country and we care for over 120,000 patients each year.

Approximately 80% of the patients we see in the emergency department are discharged from the Emergency Department at Cook County Stroger. Over 90% of those seen in the Emergency Department at Oak Forest are discharged. All of these patients need a place to follow up for their acute and chronic illnesses. As many of you know, at present, we do not have the capacity to provide adequate follow up and outpatient care for these patients in a clinic setting.

I support the transformation of the Oak Forest Medical Complex to a Regional Health / Care Center because this transformation will provide a place for these patients to follow up and be cared for on a long term basis. We often see patients in our emergency department who would not need to come to an emergency department if they had care for their blood pressure that would have prevented a stroke, care for their diabetes that would have prevented them from going into ketoacidosis, care for their cancer that would have allowed their cancer to be cured rather than suffer a slow death over years of radiation and chemotherapy.

Good outpatient care will prevent increased and costly inpatient care. The country has limited resources to devote to health care. The county has limited resources to devote to health care. We need to focus our resources that will care for the patients to keep them healthy and productive. A Regional Health Care Center at the Oak Forest Medical Complex will be a big step in the right direction in this transformation.

Thank you.

Written Testimony to the Illinois Health Facilities and Services Review Board regarding the closure of
Oak Forest Hospital

4/18/2011

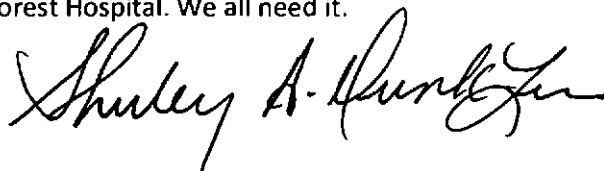
My name is Shirley Dunklin. I'm a resident of the Cook County South Suburbs and I'm here to testify that you must keep Oak Forest Hospital open. My story is this: I had health insurance for 42 years. I never expected not to have health insurance. I was on my second battle with breast cancer in the year 2/28/05 getting radiation treatment at St. James Hospital in Olympia Fields, IL. At this time, my husband died. I lost my health insurance, half of my income, and I had numerous health issues. If I did not have Oak Forest Hospital, I would not be giving this testimony. Oak Forest Hospital saved my life.

In March 2005, I went to St. James Olympia Fields Hospital to the Social worker and told her about my circumstances, that I no longer had health insurance. After my husband's death, I would have had to pay \$ 750.00/month to keep the health insurance policy. I could not afford to pay this. Within 30 days, the insurance was cancelled.

I asked the Social Worker the following questions: Was there a payment plan or a program that I could qualify for? She said no. She also said that I needed to go back to work. At that time I had been retired for seven years. I left St. James Hospital disillusioned, and very upset. I was told by a friend, to go to Oak Forest Hospital where I am still at this time. I received excellent care at Oak Forest, better than the care that I had received at three other hospitals. I had caring doctors, nurses, financial advisors, and pharmacy department. Every new program that I could qualify for, I was given all the proper information on my behalf. I thank God for Oak Forest Hospital. There is no reason that this hospital should be closed. I go to the Emergency Room on numerous occasions. I had 8 attacks of asthma in one year. Out of 8 attacks, 5 of them I went to the ER at Oak Forest Hospital and for 2 of them I was hospitalized for. If Oak Forest Hospital hadn't been there, I would not be here at this time telling my story. I have told my friends, relatives, acquaintances, about my experiences at Oak Forest Hospital. I would highly recommend this hospital to others.

It is a shame and a disgrace that this is happening now when this hospital is needed now more than ever. You are giving a systematic death sentence to the citizens of this community. How can you live with this on your conscience? I don't know. I have always been a fair minded person. I have always helped others to the best of my ability. I wish you never have to feel the way I do at this time. I lost the love of my life, my health insurance, my health. If I could have had my Social Security I could have had the money to buy a health insurance plan but I couldn't. When I was sent to Advocate South Suburban, I was there 15 days. I ended up with a \$37, 00.00 hospital bill plus numerous bills from doctors. I wrote hardship letters and most everyone agreed that I could pay what I could. I am now on the verge of bankruptcy. Please do not close Oak Forest Hospital. We all need it.

Shirley Dunklin
17610 Winston Drive.
Country Club Hills, IL 60478
(708) 799-8116



COOK COUNTY HEALTH & HOSPITALS SYSTEM

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Cook County Board of Commissioners

Warren L. Batts • Chairman
Cook County Health & Hospitals System

Jorge Ramirez • Vice-Chairman
Cook County Health & Hospitals System

William T. Foley • CEO
Cook County Health & Hospitals System



CCHHS

1900 West Polk Street, Suite 220
Chicago, Illinois 60612
Tel: (312) 864-6820
Fax: (312) 864-9994

Health & Hospitals System Board Members

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Commissioner Jerry Butler
David N. Carvalho
Quin R. Golden
Benn Greenspan
Sr. Sheila Lyne
Dr. Luis R. Muñoz
Heather E. O'Donnell
Andrea L. Zopp

April 11, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield, IL 62761

Dear Chairman Galassie:

I am writing to urge your support of the discontinuation application for Oak Forest Hospital. I approach this issue from numerous perspectives. I am a local resident, a Board member of the Cook County Health and Hospital System (CCHHS), former Chief of Staff at the Illinois Department of Public Health and am currently with University of Chicago Medical Center as the Associate Vice President of Strategic Affiliations and the Urban Health Initiative.

As a health care system, CCHHS recognizes its obligation to provide quality health care to every Cook County resident, regardless of age, income, affiliation or hometown. In fact, we are extremely proud of our role in caring for safety-net patients throughout the region. It is our job to ensure every resident has access to the care and services they need, particularly in underserved communities that have a greater concentration of Cook County's 800,000 uninsured patients. I am confident that the proposal to transform Oak Forest Hospital into an outpatient specialty care facility is in the community's best interest. But that can only be achieved by redirecting resources and staff from inpatient to outpatient and primary care.

Our goal is to increase care in the Southland. Our proposal includes offering far more primary and specialty care services including cardiology, ophthalmology, neurology, psychiatry, and urology. We will also open an urgent care center with full radiology, lab and pharmacy. To this extent, access to health care in southern Cook County will soon drastically increase.

Change is difficult, particularly when it comes to the way we receive health care. But that should not stop us from what is doing best for our residents, and what is good for the taxpayers of Cook County. I encourage you to approve this proposal so Cook County can move forward in expanding and improving access to health care for our community.

Sincerely,

A handwritten signature in cursive script that reads "Quin R. Golden".

Quin R. Golden

Good Morning. My name is Dr. Stephen Martin and I am the Chief Operating Officer of the Cook County Department of Public Health. The health department is one of the nation's largest metropolitan health authorities and is the state-certified local public health agency for suburban Cook County. Furthermore, the department is responsible for providing public health programs and services, ranging from emergency preparedness; disease prevention, control and epidemiology; health statistics; health promotion, prevention, and education; maternal, child, adolescent, and women's health; youth violence prevention; and environmental licensing, inspections and complaints.

I am here today to provide the Illinois Health Facilities and Services Review Board with additional testimony and reflections on the health issues of the southland, which is where I also live and work, and lend our agency's support to one of our medical centers that is repurposing its operation to meet current and future health needs of this region. The repurposing of the Oak Forest Medical Center is similar to efforts at other health systems across the country as they prepare to deliver more outpatient, holistic medical services utilizing a population health based delivery model. National trends in the provision of health care are moving toward expansion of outpatient preventive and specialty services and thereby reducing inpatient census across the country.[NGA] Consequently, this proposal is no different from that national trend. In addition, this operational repurposing is not unique and even parallels the meaningful reform principals highlighted in the Patient Protection and Affordable Care Act of 2010 [HAHNHR]:

- A shift in emphasis toward prevention and wellness
- Promotion of primary care and primary care workforce development
- Adequate pharmaceutical coverage and oral health care
- Evidence-based and effective practices
- Reimbursement strategies that cover the true cost of providing care and innovation

Moreover, the health department participated as a key partner in the development of the Cook County Health & Hospitals System's strategic plan by providing the public health technical assistance that was

needed to give strength and perspective to this initiative. The final plan and the application before this esteem body for the Oak Forest Medical Center is aligned with today's health challenges and the meaningful reform principals highlighted above. Additionally, the plan for the Oak Forest Medical Center is a bold, refresher, and daring approach for the nation's 3rd largest public healthcare system and a monumental attempt at providing more high quality outpatient care while implementing a population health based delivery model when reductions in resources continue at all levels of government.

With respect to examining the health picture of this jurisdiction, this agency has been simultaneously conducting its state mandated responsibility by facilitating for its residents the development of an independent 2015 strategic health plan to inform the entire public and private health systems of Cook County of the health priorities that are most concerning to them for us to address. Chairman Galassie, as you are quite aware in your previous life as an administrator of a state certified local health department, the strategic health plan takes the approach of including residents and key stakeholder to examine current and future health conditions and make reasonable recommendations for our health systems to consider in their delivery approach to effect positive change. Thus, I would like to provide the board with a first look of selected preliminary results that have not been publicly shared to this point of the pressing needs that all 125 municipalities, 30 townships, and approximately 2.3 million residents wish to see address over the next five years. In our final draft of the strategic health plan, WePLAN 2015, list these 4 priority area [CCDPH]:

- **Access To Care**
- **Chronic Disease**
- **Violence Prevention**
- **STI's (Sexual health)**

For the purposes of this presentation, I will only focus on **Access To Care**. Many residents do not have health insurance coverage as this board is aware of. Amidst rising unemployment rates and an unprecedented economic recession, the number of residents who are uninsured increased due in part to the

steady decline in employer-sponsored health coverage and weak job market. Health insurance makes a difference in whether and when people get necessary medical care, where they get their care, and ultimately, how healthy people are. According to the Behavioral Risk Factor Surveillance System [BRFSS], the uninsured rate among Suburban Cook County (SCC) residents in 2009 was 12.1% or 200,202 individuals. Comparatively, the U.S. uninsured rate was 16.7% and in Illinois, the uninsured rate was 14.8%. The percentage of people with health insurance in Illinois saw a decrease from 87.1% in 2008 to 85.2% in 2009. The percentage of people covered by private health insurance decreased to 66.5% in 2009 from 71.7% in 2008. Furthermore, people living near the poverty level lack health insurance coverage at rates higher than the overall population. The percentage of people covered by public health insurance programs in Illinois increased to 29.1% in 2009 from 26.1% in 2008. The percentage of people covered by Medicaid increased to 15.8% in 2009 from 13.3% in 2008. The percentage of people covered by Medicare increased from 12.6% in 2008 to 13.2% in 2009. In SCC in 2009, 6.4% of the population is living in poverty (<100% poverty) according to the US Census 2010.[Census] More alarming is the fact that the suburbs saw a nearly 50% increase in this population with income at or below the poverty level between 2000 and 2009. Given these statistics and that access to comprehensive healthcare is not equal in all areas of SCC, every resident of our jurisdiction does not have access to comprehensive health services (medical, specialty, dental, mental, vision health, medications, etc.). More specifically, suburban areas, especially poorer communities of color, may have health affected by a lack of high level healthcare services.[CCDPH]

To make this picture even clearer for this board and why the Oak Forest Medical Center proposal is needed, we present selected hospitalization rate data for the south district of SCC for health outcomes that are REALLY primary care preventable conditions: diabetes, childhood asthma, and hypertension. The overall hospitalization rates for a population of over 450,000 for uncontrolled hypertension, diabetes, asthma for children less than 5 years of age, and asthma for children less than 18 years of age are **235.7**, **1,614.1**, **139.7**, and **90.3**, respectively, per **100,000** south district residents. In addition, the federal Health

Resources and Services Administration indicates that there are more medically underserved areas and medically underserved populations in the south region of Cook County than any other region of the county as evident in the figure provided (Figure 1.).[CCDPH] Therefore, when you examine the true whole picture of the rates, medically underserved areas, and medically underserved populations, this region is screaming for more population health prevention and education and primary and specialty care services and NOT more in-patient services! Thus, the Oak Forest Medical Center proposal before you is needed and solidly based on real facts and data, deserves your unanimous support, and, more importantly, urgently needed NOW to address the health conditions of this region. We have no more time to waste!

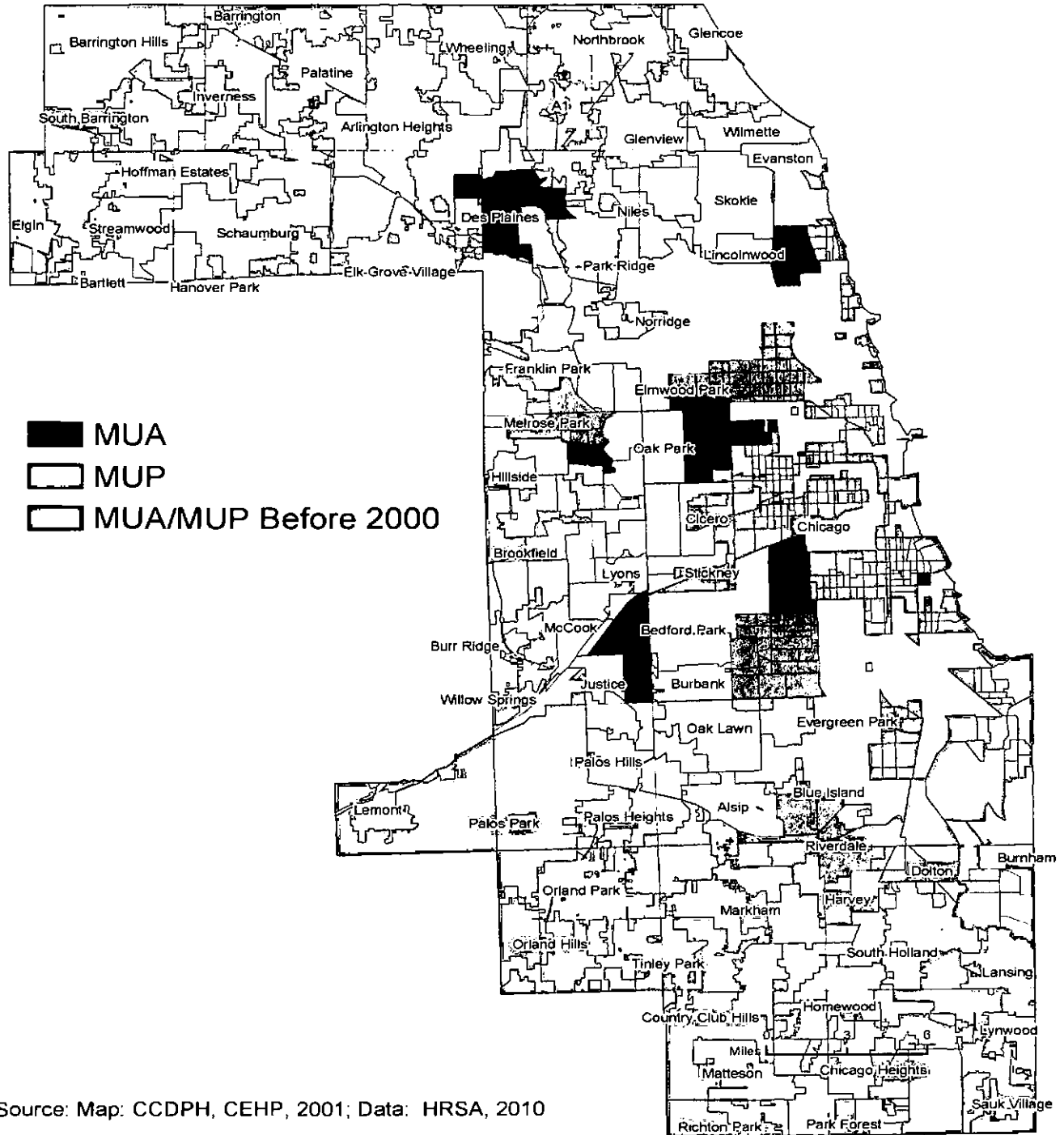
In fact, we are re-engineering our operation at the health department to meet the priorities of WePLAN 2015 and the technical health assistance our communities will need in the future. Furthermore, our Communities Putting Prevention to Work (CPPW) initiative is designed to promote changes in policy and to the environment in school, workplace and community settings that make it easier for individuals and families to make healthy choices and live active lives. We are utilizing now \$16 million in federal funding to advance this agenda to support individuals and families in leading healthy, active lifestyles.

Finally, we are committed to assisting the Oak Forest Medical Center in its repurposing efforts to deliver more high quality outpatient services and we are to committed to assisting this health system as well as other health systems as they begin to implement a more population health centered delivery model in their operations to meet current and future health needs of their respective communities. Again, thank you for this opportunity to speak on behalf of the residents of suburban Cook County and for those who particular live in the areas surrounding this medical center. If you have any additional questions, please do not hesitate to contact me. Thank you!

Dr. Stephen Martin, Jr.
Chief Operating Officer
Cook County Department of Public Health
15900 S. Cicero, Building E
Oak Forest, IL 60452
Tel: 708-836-8639

Figure 1.

MUA/MUP Designated Areas in Chicago and Suburban Cook County Illinois Since January 1, 2000



Source: Map: CCDPH, CEHP, 2001; Data: HRSA, 2010

REFERENCES

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one copy

**Testimony of Adrienne M. Alexander
Policy & Legislative Specialist
AFSCME Council 31
on Proposed Certificate of Need for Oak Forest Hospital
April 18, 2011**

Good morning, I am Adrienne Alexander, Policy and Legislative Specialist for AFSCME Council 31. Our union represents more than 1,000 employees in the Cook County Health and Hospitals System, including more than 150 who work at Oak Forest Hospital.

I am here today to urge you to reject the Health System's request for approval of what is essentially the closure of Oak Forest Hospital as an inpatient facility.. We believe that this closure will result in less access to care and diminished services for the South Suburban communities that depend on the hospital to meet critical health care needs.

It is important to note that according to the Health System's own data, these communities currently have the highest rates of unmet healthcare needs. Closure of Oak Forest can only serve to worsen that situation.

The Health System has presented this closure as a restructuring and shifting of resources, claiming that it will not result in any reduction in services. Why then, are staff being eliminated and patients transferred? Even after the Health Facilities and Services Review Board did not approve the County's application for the Certificate of Need to move forward with this so-called "restructuring", frontline employees are being told the hospital will be shut down. And to all appearances, that process is now underway—

even without this Board's approval.. The hospital has already stopped taking new patients. Existing patients were transferred to a different area of the hospital on Friday. The administrative building is being packed up. And employees have received layoff notices effective May 20th; they'll be joining the BA that were already laid off.

In the meantime, CCHHS still has not provided any definitive evidence that other hospitals in this area are prepared to handle the increased patient load that would result if the closure goes forward.

Since this board issued its decision last month, the CCHHS has simply proceeded with its intentions to close Oak Forest, without any apparent attempt to address the gaps in their plan that your report and questioning clearly indicated existed.

While the County claims it intends to have a new urgent care clinic in a few years, what are people that currently come to Oak Forest to do during the transition period? How is the County ensuring, given the uncertainties with the budget, that the promised clinic will not be sacrificed to close budget gaps that still need to be addressed?

The Health System cannot continue to claim it will provide the same level of services to the South Suburban communities while implementing a plan that in fact curtails services. We urge the Health Facilities and Services Review Board to hold County officials accountable and not approve the requested Certificate of Need.

Testimony Illinois Health Facilities and Services Review Board

April 18, 2011

I am Jim Foley, volunteer chaplain at Oak Forest Hospital for the past 14 years.

It has been my privilege to minister to God's people there and be a part of a wonderful, caring community of healing and life.

I believe that God is the Healer, but I know that God works through hospitals, physicians, nurses, technicians and healing apparatus to provide His gift of healing.

Oak Forest Hospital has been God's means to provide healing for the dispossessed, disenfranchised, the least of these, who are precious and beloved in the heart of God the Father.

I applaud the expansion and increased out patient plans for Oak Forest but in the name of God whose desire is to provide full and complete healing I implore you to keep the in patient facility open as you expand out patient services.

I've heard the argument that Oak Forest should be closed because it only houses 50-60 individuals. Well, it will house as many as you allow! And if it is only one person - how much is one person worth in the eyes of God? God sent His Son to give up His life for each individual. What is the value of one single person, dispossessed and disenfranchised, who has no place else to go? He/she is precious in the eyes of God worth the life of His only Son!

How dare we minimize that life and take away from them their healing place, to let them die, isolated and forgotten. No! Please! No!

Oak Forest throughout its history has reached out to them and offered them comfort and hope.

I could not rest with an easy conscience, seeking God's blessing on another plan, if I cut off His healing place for the least of these who are in need of Oak Forest Hospital.

I'll be praying for you that you make the right decision.

Thank you for listening. Thank you for this opportunity to share our concerns.

Rw. James R. Foley

**Testimony in Support
Project #10-078**

My name is Anwer Hussain, and I am Director of the Emergency Department and President of the Medical Staff at Oak Forest Hospital. I am here to support the discontinuation of services at the hospital.

There is a lot of misunderstanding about the transformation of Oak Forest Hospital. It is clear that not everyone understands the many benefits this overhaul will bring to our patients. Let me explain.

Right now, 90 percent of the patients we see in our Emergency Department are evaluated, treated and discharged. Oak Forest was never designed to serve emergency or acute care patients. We do not even accept ambulance runs here. Most patients we see have common medical ailments such as diabetes, hypertension, asthma, emphysema and pneumonia. We end up treating these patients for complications in the ED because they have no access to primary care physicians who can manage their care and prevent the complications from happening in the first place.

That is why Cook County Health and Hospitals System developed a new plan for the use of Oak Forest Hospital. It is widely recognized that Emergency Department care is inferior to comprehensive primary care physician relationships. Through the transformation of the Oak Forest campus, our patients will have access to the primary care physicians they need. Their illnesses will be treated before they reach the point where they need to visit an Emergency Department.

Even so, the Cook County Health and Hospitals System is not planning on shutting out those with immediate healthcare needs. Our plans for the future include a new immediate care center that will provide continuity in care and a broader range of outpatient and diagnostic services than are currently available. The center would serve our patients in a way that is in-line with new technologies and the future of healthcare. We will be open from 7am – 11pm, the same times the vast majority of patients currently present to our ED.

Our transformed campus would also include specialty clinics in areas such as cardiology, asthma, sleep, gastroenterology, kidney diseases, orthopedics, gynecology, anticoagulation and others, as well as specialty testing including stress tests, sleep studies and endoscopies. With increased access to primary care and these preventative services, unnecessary complications and visits to ED can be avoided.

It is incorrect to say that we are leaving our patients. Instead, we are looking to change for the better. I have no doubt that the planned medical campus would give our patients greater stability and improve their overall health. But before CCHHS can implement these exciting new

services, the Board must approve the discontinuation of the services we currently offer. I respectfully ask you to do so. Thank you.

Anwer Hussain, DO, FACOEP, FAAEM
Director, Emergency Department
Medical Staff President

Written testimony to the Illinois Health Facilities & Services Review Board 4/18/2011

Carol O'Neil
2973 S. Lyman St. Apt 2F
Chicago, IL 60608

Reasons why inpatient services and the ER at Oak Forest Hospital should not be closed 5/20/2011.

1. For 3 years, as a Dietitian in Patient Meal Services, I observed how well the Hospital Staff cared for Complex Long Term Care patients (on and off ventilators) who have complex medical needs. Many have thrived and lived for over 20 years with a decent quality of life. Today eleven of these patients remain. If comparable care can not be found (and thus far it hasn't), then they should remain well cared for at Oak Forest Hospital. They have entrusted their lives to the County and County must be held to uphold that trust.
2. If County patients don't have anywhere comparable to go for inpatient Rehab services, then don't close the inpatient Rehab unit.
3. There does not appear to be a detailed plan by CCBHS which assigns frequently hospitalized Oak Forest Hospital patients to receive comparable, continuity of care once Oak Forest Hospital closes. Until that it done, then the inpatient acute care unit should remain open.
4. The steps need to be ordered. First, get the Primary and Specialty Care clinics up and running at the Oak Forest ROC. Increase the number of Primary Care Providers at the ROC. Then start assigning current ER patients to primary care physicians with less time to wait for new appointments. Have local access to specialty clinics. Have a system set up for Medication refills. Once this is set up efficiently, there may or may not be less need for the ER. Note the statistics before taking drastic actions. Have something better in place to replace what we have now.

Until the primary care provider medical home system is set up, then don't shut down the safety net for the South Suburbs. I would ask the state to request the staffing plan for the ROC. Ask if there will be programs for preventive care such as group diabetes classes, physical and occupational therapy, bereavement support and chronic disease support groups, women's health clinics. Will there be ancillary staff such as dietitians, physical, occupational, speech therapists and assistants, social workers? If there are colonoscopies being done, will there be adequate staff to sterilize the equipment? Will there be enough primary care providers so that patients can have access to medical care for maintenance prescriptions without having to run out between appointments and have to go to area ER's because they are sick? Once that is set up smoothly, then I don't think there would be as much backlash. Seeing is believing.

Carol O'Neil 4/18/2011

**Testimony in Support
Project #10-078**

I'm Tom Dohm, the Associate Administrator of Oak Forest Hospital. I support this application.

I'd like to address 2 important issues. First the transition plan in place for existing Oak Forest patients. And second, why our plans for a Regional Outpatient Center are a positive step to addressing access issues for area residents.

Oak Forest Hospital is unique in that it currently cares for 5 long-term care residents. In fact, we have not admitted a new long-term care patient since 2007. Each of these patients and families have been actively counseled on transition options through a social worker. Two are actively considering nursing home placement options. One, through family, will return home with home health support, and the other two have thus far declined to participate in the process. It is critically important to us that discharge and transition processes ensure their continued care.

In fact, once new placements are finalized for these long-term care residents, the Health System will arrange for and pay for their care indefinitely into the future, and will monitor the quality of that care on an ongoing basis.

For all other patients, the transition to neighboring facilities for inpatient care and the expansion of ambulatory and specialty care on-site will actually enhance the care and treatment many of them will receive.

The vast majority of the patients we see at Oak Forest are there for treatment that could have been prevented with regular care by primary and specialty physicians. Given this situation, it makes sound public policy sense to transition our Oak Forest campus from under-utilized inpatient services to desperately-needed ambulatory and specialty care services. That would bring our Southland patients the care they need close to home.

Our recent sleep lab pilot project is a good case study. About a year ago, May 2010, we opened our new Sleep Lab on the Oak Forest campus. At that time, CCHHS statistics showed that 28 percent of patients presenting at Stroger for sleep lab services came from the south side of Chicago and the surrounding suburbs. When we brought a sleep lab to Oak Forest the result was fewer missed appointments, better patient outcomes and a reduced backlog at Stroger. We expect to see similar results for each service that we bring to the new regional health center.

Our immediate plans call to expand some of our services right away, immediately giving our patients improved access to care. We are able to increase services by re-deploying current resources from the facility. These expanded services would include primary care, oncology, podiatry, cardiology, ophthalmology, optometry, psychiatry, psychology and outpatient rehabilitation services.

We also plan to add new services to the Oak Forest campus, including infectious diseases, urology, pain management and a convenient Immediate Care center with a full radiology department and lab.

only wint

Louise Wint
10206 S. Lowe
Chicago, Illinois 60628

April 14, 2011

Mike Constantino
Illinois Health Facility and Services Review Board
525 W Jefferson Street 2nd Floor
Springfield, Il 62761

Dear Mr. Constantino

My name is Louise Wint and I am writing regarding the closure of Oak Forest Hospital. One can see racism raging in every form in the closing of Oak Forest Hospital. The proposal to close this important facility is a total injustice to humanity of our society. The poor verses the wealthy minority verses the Cook County Health and Hospital Board. We are the voice for the poor, black and underserved. We cannot and will not allow the CCHHS Board to take our tax dollars that should be used to provide hospital care. The CCHHS is proposing to close our community hospital while they divert those same dollars into high salaries for administrators.

I am asking that you do not allow the CCHHS to close my hospital that I rely on to get my basic hospital services. The lost of this hospital will be devastated to me personal and to my neighbors who rely on this hospital.

Sincerely,

Louise Wint
Louise Wint

Close down Administrated position

**Testimony in support of Project 10-078
Discontinuation of Oak Forest Hospital
Sylvia Edwards, OFH COO**

For over 100 years Oak Forest Hospital has served the needs of the residents of the South Suburbs of Cook County. Oak Forest Hospital has transformed itself from the poor farm, to the TB sanitarium, to a chronic disease hospital, to where we are today as an acute care hospital with ventilator, rehabilitation, and ER services. Change is nothing new for this facility. In spite of all of the transformations, it has always been the mission of Oak Forest Hospital to focus on the needs of the south suburban community.

With the transformation to a regional outpatient center it is our mission to expand outpatient services and work with our neighboring facilities to ensure the highest quality care. My senior leadership is committed to this charge and to appropriately transitioning patients to this new approach. In fact social workers have already begun to assist our patients, particularly the 5 in long-term care, with placement options. For others, we are collaborating with our neighboring facilities to provide care, we will track patient transfers to make sure the community receives the quality and service that it deserves. Our commitment to this region is not diminished because this transformation will cause us to look different. This commitment is as sincere today as it has been over our many years of service.

Commitment and patient advocacy remain our focus. As patient advocates we have consistently reviewed the national data and the research supports that providing primary care and preventive services are more efficient ways to provide care. Clearly, it is better to proactively keep communities healthy with better access to these outpatient services and we are working as change agents to this end. Additionally, this focus on primary care is essential as we prepare for the Health Care Reform Initiative. As we look back at the history of this institution and where we are poised at this juncture in time, it is our focus to remain committed to this region as we make yet another transformation to meet the needs of the community.

one copy →

Draft 2

Testimony: Dr Anthony Tedeschi

My name is Tony Tedeschi. I am a board certified family practice physician, and also hold masters degrees in Public Health, and in Business Administration from Northwestern University. I am a partner in The Sibery Group, a locally based consulting firm, that assists hospitals and physician groups over a wide range of operational, strategic planning, and facilities issues. In recent years, in my capacity with The Sibery Group, I have had the privilege of serving in a senior leadership role at Norwegian American Hospital, Roseland Hospital, and, over the last two years, as Interim Chief Operating Officer for the Cook County Health & Hospitals System. Prior to The Sibery Group, I served in similar roles at Central DuPage Hospital.

While my experience is broad, having managed a nationally recognized suburban hospital to struggling inner city hospitals, and while I was familiar with the Cook County Health System from fondly remembered days training at the old Cook County Hospital as a young medical student, I never fully comprehended the depth of the challenges to the Cook County Health System until I assumed my present role as COO.

Like other, often municipally operated, large public hospital systems around the nation, the Cook County Health System is

the frontline of the failures and inadequacies of the American health care ~~is~~ so-called "system". Everyday, thousands of persons, often with few or no choices for healthcare access, ~~is~~ present in our emergency rooms, clinics, and pharmacies seeking healthcare. Often, our patients are typified by substantial comorbidities and complications arising from their chronic lack of healthcare access.

Cook County Health and Hospitals System simply cannot, given its budget constraints, treat all those who require care. We should not be surprised: to date, neither the federal government nor the State government has resources to finance healthcare for all in need.

As a consequence, ~~the~~ CCHHS must make difficult choices about what services are available to whom and where on a daily basis. There simply are not sufficient resources -- financial, facilities, and skilled medical professionals -- to address all the medical needs of all the would-be patients that present at our doors everyday.

For example, as Chief Operating Officer at Stroger Hospital, I regularly learn that persons waiting weeks, or even months, for an elective orthopedic surgery crucial to their quality of life, ~~is~~ have their elective cases cancelled because of ~~a~~ Trauma emergencies. Re-scheduling that patient will bump another patient who similarly has waited for weeks or months.

I say this because these are the real life difficult choices that our Board, my management colleagues, and the System's stakeholders had to grapple with during the System's Strategic Planning process. At the end of the day, CCHHS must seek to create maximum access for the greatest number of patients, while utilizing its limited resources in the most cost effective manner.

I believe the decision reached with respect to Oak Forest is the correct one. As a hospital, Oak Forest has limited capability, low utilization, and, by national benchmarks, is extremely costly to operate. Re-deploying the resources supporting Oak Forest to create a Regional Outpatient Center will provide expanded safety net access for more patients, will bring enhanced ambulatory specialty care to the Southland where such care is much needed, and will help configure the Cook County Health System toward a future of health reform requiring "right care at the right place at the right cost".

Thank you for this opportunity. As a veteran hospital operator, healthcare executive, and family practice physician, I fully support the proposal to discontinue hospital services at Oak Forest. Moreover, I am excited by the opportunity to work with our team to implement the Regional Outpatient Center for the betterment of the health of the residents of the Southland.



Illinois Primary Health Care Association

www.iphca.org

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President & Chief Executive Officer

April 14, 2011

Mr. Dale Galassie
Acting Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield, IL 62761

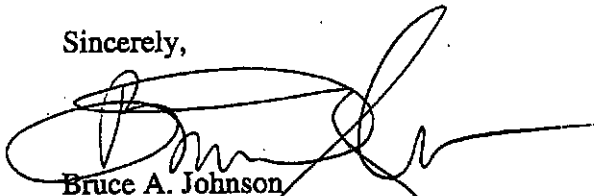
Dear Chairman Galassie:

On behalf of the Illinois Primary Health Care Association, I am writing in support of the application to discontinue inpatient services at Oak Forest Hospital. By approving the discontinuation, we will actually be able to increase access to care for many underserved residents.

As the sole non-for-profit trade association representing Illinois Community/Migrant Health Centers, IPHCA has been partners with Cook County Health and Hospitals System for many years. As the President and CEO of IPHCA, I am keenly aware of the health care access issues facing the underserved, our Federally Qualified Health Center (FQHC) members rely on their partnership with Cook County to increase access to primary and specialty care. Currently, that care is geographically concentrated at John H. Stroger Jr. Hospital. With your approval, the County will be able to redirect and increase much-needed services to the Southland, a vastly underserved region for free specialty care.

We believe our partnership with Cook County will increase and that community residents serviced by our programs will see significant improvements in access to services under the proposal. We urge your approval of the discontinuation so that the establishment of a comprehensive center in Oak Forest can become a reality.

Sincerely,



Bruce A. Johnson
President & Chief Executive Officer

Springfield - 500 S. Ninth St. ■ Springfield, IL 62701 ■ tel (217) 541-7300 ■ fax (217) 541-7301
Chicago - 542 S. Dearborn, Suite 300 ■ Chicago, IL 60605 ■ tel (312) 692-3000 ■ fax (312) 692-3001

Serving the Medically Underserved Across Illinois



**Testimony of Betty Boles - Vice President
Local 73, Service Employees International Union
Illinois Health Facilities and Services Review Board
Public Hearing: 10-078 Oak Forest Hospital
April 18, 2011**

Good morning.

My name is Betty Boles. I am Vice President of SEIU Local 73 - I and my staff represent Cook County health system employees. I am also a Southland resident and many of my family, friends, and church members are and have been Cook County patients.

I am here to speak in support of the decision by the Health Facilities and Services Review Board to deny the proposed closure of Oak Forest Hospital. On behalf of the patients and caregivers of Oak Forest Hospital I ask that the Board stick to its position and not allow Oak Forest to close.

Closing Oak Forest opens a wide tear in Cook County's safety net that endangers patients' lives across Chicago's Southland communities. In 2009 Oak Forest admitted almost 1,900 uninsured inpatients and saw almost 70,000 uninsured outpatients. When Oak Forest closes, where are these patients going to go?

Only *one* hospital within the HSA 4 hospital planning area – Ingalls Memorial – indicated it has available capacity to assume displaced Oak Forest patients. While Ingalls may have capacity it is a hospital that is financially on the brink.

In 2009 Ingalls only saw 2,411 uninsured inpatients and about 32,000 uninsured outpatients. Thus, Ingalls claim of available capacity gives us absolutely no confidence that it could financially survive the influx of uninsured patients displaced by Oak Forest's closure. In fact, Oak Forest front-line staff has heard horror stories of uninsured patients being turned away by Ingalls and receiving discriminatory treatment.

Only two other hospitals claim to have available capacity to assume displaced Oak Forest patients - Jackson Park and South Shore. But neither Jackson Park nor South Shore is within the HSA 4 hospital planning area. In fact, both hospitals are about 18 miles away from Oak Forest. For a sick patient trying to navigate Southland's sparse and unreliable public transit system these two hospitals might as well be on the moon.

Holy Cross Hospital is about the same distance from Oak Forest as Jackson Park and South Shore. Despite struggling financially for years, its 2009 operating finances were in far better shape than Jackson Park or South Shore. Yet in its response to Cook County Holy Cross stated, and I quote, *"due to our existing in- and outpatient demand for service and our continuing and large uncompensated care load, we are unable to assume any new capacity."*

Even Advocate Christ Medical Center and Hope Hospital – both part of the deep pocketed Advocate System – state that they *"are unable to assume any of the patient load now at Oak Forest."*

In their letter to the Board they state, and again I quote:

"Our ICUs are currently at 95 percent capacity, and critical patients often must board in the ED until a bed is available. This "capacity crunch" forces us to go on bypass often... An influx of patients from Oak Forest Hospital, however, would create significant access difficulties both for Oak Forest Hospital patients and for our present patient volume and demand."

So, I ask again, when Oak Forest closes, where will these patients go? On behalf of the patients and caregivers of Oak Forest Hospital I implore the Board to stick to its position and not allow Oak Forest to close.

Thank you.



National
Association
of Public
Hospitals
and Health
Systems

1301 Pennsylvania Avenue, NW
Suite 950
Washington, DC 20004
202 585 0100 tel / 202 585 0101 fax
www.naph.org

April 14, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson St., 2nd Floor
Springfield, Illinois 6276

Re: Support of Project 10-078, Oak Forest Hospital

Dear Mr. Galassie:

On behalf of the National Association of Public Hospitals and Health Systems (NAPH), I am writing to support Cook County Health and Hospitals System's (CCHHS) application to discontinue inpatient service at its Oak Forest Hospital facility and to expand ambulatory care. In the current environment of national health reform, diminishing governmental resources to finance safety net health care, and renewed emphasis on access and cost containment, we believe CCHHS' strategic direction to re-allocate costly, inpatient resources to expanded ambulatory care is consistent with best practice health policy.

NAPH has represented America's public hospitals and safety net health systems for thirty years. Our members provide quality care to low-income, uninsured, and vulnerable populations. They are distinguished by their commitment to provide access to care for people with limited or no access to health care, to delivering culturally competent quality care, and to addressing health disparities in their communities. For decades, our member hospitals have delivered disproportionately large volumes of ambulatory, emergency, and urgent care to the medically underserved in the communities in which they serve.

The Cook County system, like its sister public hospital systems around the country, must strategically position itself to maximize access, address disparities, and fill the gaps in the safety net by investing its limited resources in modes of service delivery that provide the greatest public health return to the community. CCHHS' strategic plan addresses expanded access as a core goal, in part, by transformation of its limited capability, low census south suburban hospital into a "Regional Outpatient Center". The provision of primary care, and specialty care and diagnostics on one site will further this core goal.

In particular, specialty care access for the medically underserved remains a national problem. NAPH has closely monitored this issue for many years. Our members, including CCHHS, are often the only providers of specialty care to the uninsured in their communities. Even Medicaid patients often have difficulty accessing specialty care because of low reimbursement rates, or the limited number of providers.

Much has changed about the way health care is currently delivered. More systems are finding success in establishing regional outpatient centers that provide preventative and specialty care in an outpatient setting. Cook County's vision of transforming the Oak Forest Hospital facility into a regional outpatient care facility aligns with the future direction for health care. NAPH supports their application to discontinue inpatient service at Oak Forest, and would encourage this board to do the same.

Sincerely,

Bruce Siegel, MD, MPH
CEO



April 14, 2011

Mr. Dale Galassie
Acting Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield, IL 62761

Dear Chairman Galassie:

On behalf of the South Side Healthcare Collaborative (SSHC), I am submitting this letter in support of the Cook County Health and Hospitals System (CCHHS) CON application to discontinue inpatient services at Oak Forest Hospital. By permitting Cook County to reallocate health care resources to a "Regional Outpatient Center" on the Oak Forest campus, the entire county safety net system will be strengthened through a substantial increase in access to essential specialty medical care and diagnostic testing for medically underserved residents.

The SSHC is a network of over 30 federally qualified community health centers, free clinics and 5 local hospitals. The mission of this network is to help residents make a long-term connection with a primary care physician and to improve access to specialty care and other social support services that help maintain optimal health and well-being. CCHHS, Provident Hospital and SSHC members have worked together for many years to implement programs to improve the overall health of Chicago's South Side.

Federally Qualified Health Centers (FQHCs), and free clinics with the SSHC, are community-based providers of primary and preventative health care services. As you know, patients seen at these facilities are largely Medicaid beneficiaries and uninsured individuals. Many SSHC members rely on services provided by Cook County to increase access to specialty medical care and diagnostic testing--one of the most challenging access issues for those of us who serve medically underserved patient populations. In 2010, for example, Cook County accepted and served almost 35,000 specialty care and diagnostic testing referrals from more than 70 FQHCs and other safety net providers in Cook County.

As much as Cook County has done to increase specialty care and diagnostic access for our patients, there is still a significant unmet need. With the expansion of those services at Oak Forest campus, our patients will experience significantly reduced wait times, and those who reside in the Southern Cook County suburbs will be able to receive these services without traveling to the John H. Stroger Hospital campus.

We urge your immediate approval of the CON application, so that the establishment of a comprehensive safety net regional outpatient center at Oak Forest can become a reality.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly Hobson". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Kimberly Hobson
Interim Director, South Side Healthcare Collaborative

Testimony in Support of Project # 10-078

Warren Batts

Chairman, CCHHS Board of Directors

Good Morning. On behalf of the Cook County Health & Hospitals System Board of Directors, I appreciate the opportunity to share with you our vision for the future of health care in Cook County, and especially for southern Cook County.

As you may know, CCHHS began developing its Strategic Plan in 2009 with the goal of improving access and quality of health care for all residents in Cook County, while being fiscally responsible with scarce taxpayer resources. The enabling ordinance creating the independent System

Board charged us with developing a five year Strategic Plan. Under our CEO Bill Foley's leadership, in close consultation with the Board, we took a very thoughtful and deliberate approach to developing the Plan: assessing community needs, researching best practices, and working with stakeholders.

As federal health reform was developed in Washington, we stepped back to assure that our planning was consistent with the principles of federal health reform.

After nearly 18 months of analysis, deliberation, and input from stakeholders, our Plan was approved unanimously by the System Board of Directors in June, 2010. The following month,

July, 2010, after their due deliberation, the Plan was approved by the elected officials comprising the Cook County Board of Commissioners.

Several key findings led to our decision to transform Oak Forest from inpatient to outpatient and specialty care services.

- 1. Allocation of the finite medical and financial resources within our system has been over-weighted toward inpatient care at a time when medical services are being delivered throughout the U.S. more and more in an out-patient environment.**
- 2. By refocusing our efforts at Oak Forest, we could deliver far more medical services for many more patients in an outpatient setting.**

3. Healthcare reform will greatly expand the demand for ambulatory, outpatient specialty and diagnostic services.

4. Safety-net patients in general, and in South Cook County in particular, already find access to such specialty and diagnostic outpatient services exceedingly difficult.

In other words, transforming Oak Forest Hospital into a regional outpatient specialty and diagnostic care center does not decrease access to health care in southern Cook County – to the contrary, it drastically expands it.

The Oak Forest Hospital facility has been a fixture in its community for years, and we are proud of the services the staff provides to residents here.

But it is clear that neither our staff nor our facility is not being utilized to their full potential, nor does it constitute a wise investment of scarce financial resources when examined in the context of contemporary and future health care delivery models.

We must be able to meet the ever-changing needs of our community, and the transformation of Oak Forest is a very important step in enabling Oak Forest to meet those needs.

We want this board to know – and the residents of Cook County to know – that we are 100% committed to providing the highest access to quality medical care. This application has the support of the Cook County Health and Hospitals

System Board, the Cook County Board of Commissioners and the Cook County Board President. Our charge is to enhance and reform our public health system to provide the greatest benefit to our patients and residents.

We believe this proposal does just that. Our board unanimously encourages you to approve our proposal. Thank you.

Testimony in Support of Project # 10-078
Warren Batts
Chairman, CCHHS Board of Directors

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- 3. Healthcare reform will greatly expand the demand for ambulatory, outpatient specialty and diagnostic services.**
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**We believe this proposal does just that. Our board
unanimously encourages you to approve our proposal. Thank
you.**

GREGG GOSLIN
COMMISSIONER
14TH DISTRICT



www.commissionergoslin.com
Email: commissioner.goslin@cookcounty.gov

COOK COUNTY BOARD OF COMMISSIONERS

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(312) 603-3686 Fax

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Glenview, Illinois 60026
(847) 729-9300
(847) 729-2279 Fax

April 15, 2011

The Honorable Members
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761
Via Facsimile: Attention Joy Wykowski, 312-864-9994

Dear Members:

Thank you for the opportunity to address the board at this important hearing on the fate of Oak Forest Hospital, and the future of the Cook County Health and Hospital System.

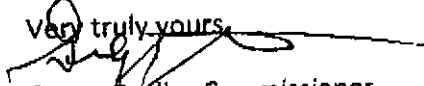
The closing of inpatient care at Oak Forest Hospital was not a decision made lightly, but after a great deal of expert analysis on the needs of the County and the South suburbs. The CCHHS began their strategic planning process in 2009 to assess the needs of the County's healthcare system through its mission to provide health services to its citizenry regardless of ability to pay. During this process it became clear that the System's resources are disproportionately centered around inpatient services and is unsustainable in today's changing healthcare environment. This led to the CCHHS, and the Cook County Board of Commissioners, embracing a shift to a population-centered delivery model vs. the current hospital-centered one.

This new health service delivery model emphasizes Comprehensive Community Health Centers that provide acute care and out-patient services. Converting Oak Forest into a regional Center and shifting to outpatient services will help the CCHHS serve four times the number of patients it currently sees while saving scarce dollars that can be reinvested in the healthcare environment in more responsive ways.

As you know, Oak Forest currently costs \$100 million a year to operate, but averages only 50 to 60 patients a day. By any reasonable standards, this is not efficient way to use precious funds that are scarcer every year.

It is my sincere hope that you will look carefully at the facts gathered by our health experts and allow the CCHHS to convert Oak Forest Hospital into a Regional Outpatient Center. Only in this way can the County leverage its current healthcare dollars to serve more people and ready itself for the future of healthcare.

Very truly yours,


Gregg Goslin, Commissioner

Commissioner Gregg Goslin's Mission Statement

To professionalize, modernize and privatize Cook County government. Provide efficient, effective, economical and compassionate management of County business. Partner with other units of government and the private sector to develop regional solutions for regional issues. Provide citizens with the necessary tools to access and be served by the resources of Cook County Government.



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Apr. 15 2011 02:07PM Pd

PHONE NO. : 847 296 5062

FROM : CABOT COMPANIES

one copy



**THE FIGHT TO SAVE OAK
FOREST HOSPITAL IS NOT OVER!**
YOUR COMMENTS ARE NEEDED!!!!

**Turn them in at the Public Meeting
Monday April 18, 2011, 10:00 am – 12:00 pm
Bremen Township Hall
15350 Oak Park Avenue, Oak Forest, IL**

Or Mail by April 20, 2011 to:

**TO: MIKE CONSTANTINO, SUPERVISOR PROJECT REVIEW SECTION
ILLINOIS HEALTH FACILITIES & SERVICES REVIEW BOARD
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761 (217) 782-3516**

MY NAME IS Kristine Todd

I AM/WAS A PATIENT AT OAK FOREST HOSPITAL IN THE _____ UNIT/ER

OR I AM A CONCERNED CITIZEN OF COOK COUNTY Yes

THE PROFESSIONAL SERVICES OF OAK FOREST HOSPITAL ARE CRITICAL FOR MINIMUM PUBLIC HEALTH CARE IN THE SOUTH SUBURBS OF COOK COUNTY. PLEASE KEEP THE EMERGENCY ROOM, THE INPATIENT UNITS, THE VENTILATOR & LONG TERM CARE UNIT, THE REHAB UNIT, OUTPATIENT SURGERY AND THE ONCOLOGY CLINIC OPEN AT OAK FOREST HOSPITAL.

NAME KRISTINE TODD

ADDRESS 18605 MORRIS AVE HOMEWOOD IL 60430

PHONE # 708.516.8418

EMAIL KATODD1@SBCGLOBAL.NET

(See other side for comments)

COMMENTS: Pt living on the southwest border travel 20 miles to reach Cook County OFH. If County closes OFH Hospital HOW MUCH FURTHER will these patients be FORCED to travel to seek medical attention. Due to the elimination of the Bus routes and Services ending at about 7 p.m. patients using public transportation will be unable to obtain medical attention. The ER is filled to capacity 4 out of 7 days a week for 16 -24 hr a day. By the start of a new day OFH ER waiting area pt capacity has been reduced by 2/3. By closing the OFH ER what alternative do patients seeking medical care have? If COOK COUNTY closes OFH INPATIENT services what alternative will these patient have? Currently the 3 Medical Facilities that surround OFH are having financial difficulty of their own. These 3 Facilities in the past have continuous sent numerous patients to OFH in the past these patient have had no medical insurance or means of payment. Information was providing through triage in the ER at OFH with the staff. _____

I choose to spend my taxes at OFH Not at other Hospital

Kristine Todd

Home Resident

708 516 8418

County Building

118 N. Clark Street
Room 567

Chicago, IL 60602

(312) 603-6383 (t)

(312) 603-3622 (f)

lsuffredin@cookcountygov.com

www.suffredin.org

District Office

820 Davis St., Ste. 104

Evanston, IL 60201

(847) 864-1209

(847) 864-1445 (f)



Larry Suffredin

Commissioner – 13th District

Cook County Board of Commissioners

Chair

Legislation and
Intergovernmental
Relations Committee

Member

Finance Committee
Rules Committee
Litigation Sub-Committee
Tax Revenue
Sub-Committee
Department of Corrections
Sub-Committee
Zoning and Building
Committee
Health and Hospitals
Road & Bridges

April 18, 2011

Mr. Chairman and Members of the Illinois Health Facilities and Services Review Board thank you for the opportunity to provide public comment on the application of the Cook County Health and Hospitals System (CCHHS) to discontinue the current 213 bed in-patient facility with an average daily census under 60 patients; and replace it with a state of the art outpatient facility that would treat many more patients.

I am the elected Cook County Commissioner from the 13th District representing 320,000 residents of Cook County. Since my election in 2002 I have been very involved in the operation and management of CCHHS. I was the principal sponsor of the ordinance which created the current Independent Board. As Chair of the County Board's Legislation and Intergovernmental Relations Committee I have worked closely with CCHHS to navigate the fast changing federal and state laws and rules for running and financing health care.

The Strategic Planning Process was one of the most complete ever attempted by a public body. The process included many small and large meetings of stakeholders and a significant number of public hearings throughout the County. In addition the Cook County Board conducted its own hearings independent of the CCHHS. The process led to the proposal before you which would allow us to better serve patient visits to the urgent/immediate care center at Oak Forest. Up to 29,000 patient visits are expected in the first year of the Strategic Plan with significant additional patients coming as new facilities and certificate of need are finished and obtained.

The current in-patient census is a very small portion of the Emergency Department visits and reflects the nature of the illnesses that are currently presented.


The Cook County Board approved the Strategic Plan including the request currently before your Board. The plan was approved because we saw that precious resources were not being used to the maximum to insure care to more people in the Southland. This plan

The 13th District includes the following communities

49th & 50th Wards of the City of Chicago, the City of Evanston and the Villages of Glencoe, Glenview, Kenilworth, Lincolnwood, Morton Grove, Niles, Northbrook, Skokie, Wilmette, and Winnetka



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was developed to expand the number of patients and services that could be made available at Oak Forest by changing the delivery system.

The request before you is an opportunity to expand the services available and to improve the quality of services. For too long this facility with its many building structures has had more buildings than actual in-patients on any given day.

The plan for redeployment of Oak Forest will bring in more patients who will see more efficient treatment. The Cook County Board has voted on a number of occasions to fully fund the CCHS Strategic Plan. The resources to create a new model of health care delivery are now available.

To deny this request is to continue to limit the number of in-patients to an under 60 patient census and to limit our ability to treat more patients by better use of public resources.



**Testimony of Emilie Junge - Regional Director
Doctors Council, Service Employees International Union
Illinois Health Facilities and Services Review Board
Public Hearing: 10-078 Oak Forest Hospital
April 18, 2011**

Good Morning,

My name is Emilie Junge.

I am here on behalf of the Doctors Council SEIU, representing the 500 front line physicians throughout the Cook County Health and Hospital System.

We are here to urge you to carefully consider your decision concerning the CON to close Oak Forest Hospital. We have always supported the goal of the Strategic Plan to expand outpatient services in the South suburbs, and the goal of creating a vibrant Urgent Care Center and Regional Outpatient Center at Oak Forest Hospital. Our doctors want to heal more patients, and help create medical homes for the patients in this community which will take advantage of future, additional Medicaid funding.

However, we have grave concerns about the manner and method that this portion of the Strategic Plan is being implemented. First, despite the desperate need for physicians to address the needs of this community, almost 20 doctors from Oak Forest Hospital have been placed on the layoff list with no plan to integrate them into the much-needed outpatient services. A few have been placed in the clinics, but most are awaiting the final layoff notice. Some have quit in frustration or disgust. Others are hoping to stay, and to serve this same community with their experience and skills in treating the health of the patients who will continue to come to this hospital. Without a transition plan and adequate funding, there will be a serious gap in the care available to this community.

We have looked carefully at the alternatives for patients coming to Oak Forest Hospital. It is clear that there has not been adequate planning to ensure that the alternative hospitals and facilities are truly going to care for our patients. We are attaching a chart that gives you some sense of the relative ability or inclination of surrounding hospitals to fill the gap. It is inadequate. Keep in mind that a key factor in the decision by poor people to seek care is whether or not they will be denied care for lack of insurance, or sued for the care they do receive. Many will simply delay care or go to the emergency room at Stroger hospital. This is not a good plan.

We understand that there is a serious gap in funding. However, this cannot and should not be an adequate reason to deny necessary care by a system whose mission is not to maximize revenue, but to provide care to all who need it, "regardless of ability to pay." Thus we believe that granting this CON would not only jeopardize the health of the South suburbs, but would violate the mission of the Ordinance creating the Health System. We urge you to reject this application and instruct the leadership of the system to work on reasonable alternatives to closure, including exploring the creation of a small, limited-bed inpatient care center with a functioning ICU and ER.



OFFICE OF THE PRESIDENT
BOARD OF COMMISSIONERS OF COOK COUNTY
118 NORTH CLARK STREET
CHICAGO, ILLINOIS 60602
(312) 603-6400
TDD (312) 603-5255

TONI PRECKWINKLE
PRESIDENT

April 12, 2011

Dale Galassie
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Project 10-078

Dear Mr. Galassie:

I am writing in my capacity as the President of the Cook County Board of Commissioners regarding the Cook County Health and Hospitals System's application to discontinue an acute care hospital on its Oak Forest Campus.

As an initial matter, I wish to assure the Illinois Health Facilities Services Review Board that I fully support and intend to fund the Health System's Strategic Plan: Vision 2015 as provided in the Cook County Budget for FY2011. Specifically, Cook County's FY2011 Budget provides funding for the staffing, equipment and construction needs of a Regional Health Center on the Oak Forest Campus to facilitate the transformation from the provision of inpatient services to the provision of expanded outpatient services. As County Board President, I am in a unique position to provide assurance that the Regional Health Center on the Oak Forest campus will be funded as provided in the County's FY2011 budget.

Briefly, by way of background, Cook County is a home rule unit of local government. The Cook County Board of Commissioners established the independent Health System by Ordinance in February of 2008. This action was in response to repeated calls from both healthcare and civic leaders urging that governance of the County's public health system be placed in the hands of stewards with the expertise required to guide the System in delivering quality, fiscally responsible public healthcare to County residents, especially the medically indigent.

In response to this charge, the Health System's newly appointed Directors spent a significant part of their first two years in office engaged in the thoughtful development of a strategic plan. A primary goal of that plan is to ensure maximum access to quality public healthcare given that available fiscal resources will

undoubtedly decrease in coming years. Ultimately, both the Health System Board of Directors and the County Board of Commissioners approved the Strategic Plan: Vision 2015, a critical component of which is the transformation on the Oak Forest campus.

This transformation from inpatient-centered care to outpatient-centered care is not only in keeping with the best practices in the delivery of public healthcare, but is essential to the County's ability to operate within the balanced budget adopted by the County Board for FY2011. This is due to the County Board's statutory duty to adopt a balanced budget based upon the President's Executive Budget Recommendation. Upon my taking office in December of 2010, Cook County faced a serious revenue shortfall as it contemplated its FY2011 budget. The County was faced with the challenge of continuing to provide public health and public safety services with fewer fiscal resources. The Health System's Strategic Plan adopted by both the County and Health System Boards called for discontinuing inpatient services on the Oak Forest campus as of June 1, 2011 while maximizing access to quality public healthcare through the expansion of outpatient services, especially specialty care services. It is significant to note that, as a result, the Cook County FY2011 budget simply does not allocate funds for the continuation of inpatient services on the Oak Forest campus beyond June 1, 2011.¹

Historically, Cook County has provided uncompensated care to a degree unparalleled in Illinois and operates the largest safety net health system in the State. Respectfully, it is my hope that this Board recognizes that the County and its Health System Board of Directors have clearly done their due diligence in this matter and are acting to ensure maximum access to care for their present and future patient populations.

I have been and continue to be an ardent supporter of the independent Health System and its Strategic Plan. I appreciate this opportunity to address this august body with regard to our mutual goal of continuing to provide access to quality, fiscally responsible healthcare for County and State residents.

Sincerely,



Toni Preckwinkle
Cook County Board President

cc: Warren L. Batts
Chair, Cook County Health and Hospitals System

William T. Foley
Chief Executive Officer, Cook County Health and Hospitals System

¹ It is also significant to note that while Illinois law does give Cook County the power to maintain a county hospital it does not impose a legal obligation on Cook County to operate a hospital. Still, the County remains committed to continue to provide quality public healthcare to its residents, but must do so in the face of ever decreasing revenues and increasing fiscal challenges. One concern with a denial of the Oak Forest application is that it may ultimately be deemed an attempt on the part of a State agency to require Cook County to maintain certain inpatient services which are not within its budget and, thus, would be tantamount to an unfunded state mandate.

THE IMPACT OF THE CLOSURE OF OAK FOREST A NURSING ANALYSIS

National Nurses Organization Committee

CCHHS is Moving Forward with Closing Oak Forest Hospital

The Cook County Health & Hospital System is moving forward with "Vision 2015" which includes discontinuing inpatient services at OFH despite the decision of the Illinois Health Facilities & Services Review Board.

Several hundreds layoff notices were issued this week. Physicians in the speciality clinics were also noticed of their pending termination.

Howe can the CCHHS say they are expanding clinic services when they are terminating or laying off those care givers in the Ambulatory Clinics at Oak Forest?

CCHHS is Moving Forward with Closing Oak Forest Hospital

This is evidenced by the consistent movement of patients and nurses:

- The Telemetry unit closed on April 15, 2011; never to be opened again
- All patients are being consolidated into the J-Building (Dept. of Corrections, Rehab, Long Term Care, Vent); There will only be 2 Medical units and 1 ICU unit left in the facility
- Long term & Vent Patients
 - Long term: Have funding but have to go elsewhere. Have not been placed yet
 - Vent: Working with social services. Have not been placed yet

CCHHS is Moving Forward with Closing Oak Forest Hospital

- RN Movement
 - 65 leaving OFH by May 20, 2011
 - 1/3 leaving by May 8
 - 2/3 leaving by May 20
 - 15 RNs laid off effective May 20, 2011
 - 23 RNs remaining
 - 13 Urgent Care RNs
 - 6 Operating Room RNs
 - 4 Regional Outpatient Clinic (ROC) RNs

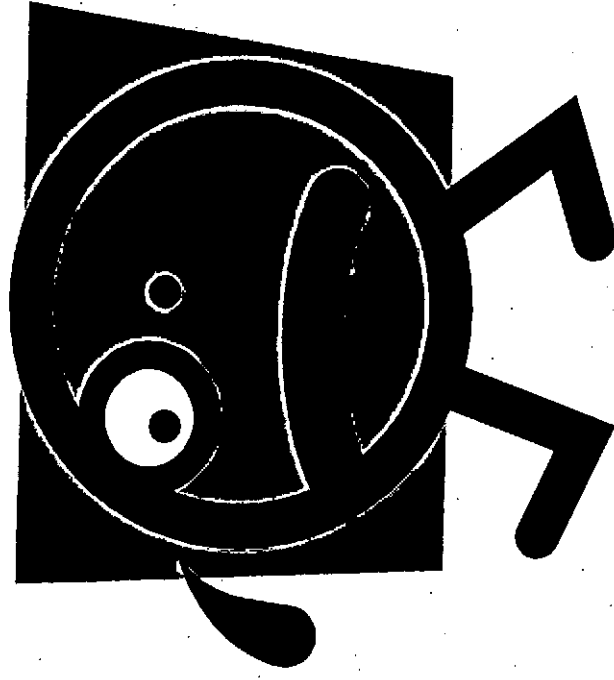
CCHHS plan that Stroger will care for their patient is already failing.

- No room in the Stroger to take Oak Forest Patient
- It has been reported that Stroger treated 11,698 patients in the month of March
- 11,000 treated in the Month of February
- 9,508 treated in the month of January
- There is a shortage of nurses currently at Stroger to handle the current case load. Many of the cases are Oak Forest Patients referred or transported to Stroger.
- Provident has experienced increases in patient loads as well.

The Regional Outpatient Center Will NOT Increase Access to Care

•The ROC will have limited hours:

- Urgent Care will only be open 7a-11p.
- Staff will decide when to stop taking patients.
- Patients who come after the cut off time, will be stopped at the gate
- Specialty Clinics will only be opened from 9a-5p; closed weekends and holidays
- Oncology is moving to Stroger effective 5/8/11.
- Patients will either have to go Stroger or surrounding hospitals for infusion treatments
- The Operating Room will only be able to do procedures that do not require anesthesia as there is no anesthesiologist on staff



“Vision 2015” Will NOT Increase Access to Care

CCHHS has repeatedly stated they are increasing access to care. However, CCHHS has recently implemented Shut Down Days. Shut Down days DECREASE access to care:

- ❑ Shut Down Days close all clinics that are part of the ambulatory network.
- ❑ All Oak Forest ROC clinics will be closed
- ❑ The Oak Forest OR will be closed
- ❑ Six specialty doctors assigned to Oak Forest have been terminated this week. Resulting in less care to patients.

Partnerships: Who's Going to Take Our Patients?

CCHHS CEO, Bill Foley, continuously talks about “partnering” with area hospitals to absorb the OFH patient population. However, to date there are no tangible partnerships between the County or any of the surrounding hospitals.

Transportation: How Will Our Patients Get There?

Transportation in the South land is a major hardship for many of our patients.

- A trip to Stroger hospital could easily take 2-3 hours on public transportation
- The County currently has a contract with A.T.I ambulance service to transfer critically ill patients to Stroger or neighboring facilities. However, if A.T.I. cannot get there in enough time, or if staff calls 911, the ambulance ride can cost the patient \$800-\$1,200
- The County has proposed using a bus to transport Oak Forest patients to Stroger. This is problematic for the following reasons:
 - Poses a huge liability
 - No clinical personnel to accompany the patients on these buses
 - The risk of cross-contamination/exposure to illness to our patients
 - Costs

CCHHS Plan to Close Oak Forest will dramatically affect the community

- The patients will be left without a access to care in the clinics due to lack of staff and shut down days
- Patients will be left without a hospital that will treat them without insurance
- Patients will be filling up the emergency rooms to get care and prescriptions filled.
- The Urgent care must be connected to a hospital and under the plan they will not be connect to a hospital if Oak Forest closes
 - Keep Oak Forest Open, for the patients!

**Testimony in Support of Project #10-078
Discontinuation of Inpatient Services at Oak Forest Hospital
of Cook County**

**Terry Mason, M.D.
Chief Medical Officer, Cook County Health and Hospitals
System**

**Good morning. My name is Terry Mason and as of May 6th
it will be my privilege to assume the role of Interim CEO of
the Cook County Health and Hospitals System.**

**I know I speak for all the executive leadership of the Health
system in thanking Mr. Foley for his dedicated and visionary
public service over the past few years. The transformation
of our County's public health system is incredibly vital
work, and Mr. Foley has been a true champion of both the
Health System and the patients it serves.**

**In accepting this new role, I am keenly aware of the critical
need to continue the immediate implementation of the
Health System's Strategic Plan: Vision 2015, so that we may**

maximize access to healthcare for the medically underserved patients of Cook County.

By way of background, I am a medical doctor, practicing as a urologist. Before coming to the Health System, I served for ^{over} almost three years as the Commissioner of the Chicago Department of Public Health. Currently, I am the Cook County Health and Hospitals System's Chief Medical Officer; and, in that role, I have been an integral part of the team that developed the Health System's Strategic Plan.

In my capacity as the Health System's Chief Medical Officer, I hope to give you a brief overview of the magnitude of the task at hand in maximizing access to quality care in what is, by far, the largest safety net hospital system in the State.

The Cook County Health and Hospitals System currently consists of seven affiliates, including three hospitals; an Ambulatory Care and Community Network comprised of 16 clinics; a state-of-the-art outpatient clinic dedicated to the

treatment of patients with communicable disease, primarily HIV and AIDS; a large correctional health care facility; and a Department of Public Health.

Our Health System provided more than 800,000 clinical visits for patients last year and approximately \$500 million in uncompensated care. The overwhelming majority of our patients are uninsured or Medicaid beneficiaries.

The Health System is justly well regarded for its many centers of excellence and quality care, including burn care, emergency services, HIV/AIDS care, neonatal intensive care, and the care of stroke patients. Our correctional health services facility at the Cook County Department of Corrections is the largest in the country, and treats more mental health patients than any clinic in the State.

The County's Health System has been awarded national prizes for our Palliative Care Program and for a System-wide addiction screening and referral program known as "SBIRT". Our Department of Public Health, the public

health authority in most of suburban Cook County, recently was awarded a 16 million dollar “Communities Putting Prevention to Work” grant to improve health in schools and communities.

Significantly, our Health System is the leading provider of outpatient specialty and diagnostic services for safety net patients in the region: including our own patients as well as those referred to us from community health centers and FQHC’s throughout Cook County. In that regard, we have relationships with more than 70 FQHC community providers; and we treated more than 35,000 referrals from FQHCs in 2010. We prize our relationships with FQHCs which are an important part of our Strategic Plan.

With regard to the issue at hand, as you have heard, the decision to discontinue inpatient services on our Oak Forest campus was not made lightly. It was the result of a public strategic planning process where all of our stakeholders were invited to participate. We carefully considered our

stakeholders' input and incorporated that input where feasible as we moved forward.

We listened. And, after considerable research and planning, what we found was a significant maldistribution of services for residents living in the County's Southland. It was clear that these patients were lacking in access to primary and outpatient specialty care. Our health care services in the Southland were too heavily weighted to inpatient care when we looked closely at the real needs of our patient population.

The current average daily census at Oak Forest is 40 inpatients. This is a facility that was built to house approximately 1100 inpatients at its peak, most of whom were long-term care patients. Today, the hospital is licensed for 231 beds. The facility is 1.2 million square feet, sits on 340 acres and is comprised of 41 buildings. Oak Forest's Emergency Department is designated "stand-by" and, accordingly, does not accept ambulance runs. Annual expenditures to maintain Oak Forest Hospital are 91 million tax payer dollars.

As an experienced public health practitioner, I believe that this is not the best use of public healthcare resources and that Oak Forest Hospital is not adequately addressing the critical outpatient primary and specialty care needs of the Southland's safety net patients. The continued operation of an underutilized hospital is a misplaced use of the County's health care resources.

Alternatively, through our Strategic Plan, we propose to redeploy current resources from excessive inpatient services to expanded, critically needed outpatient primary and specialty care. The reality is that these are the types of services that the System's patients actually need. Under our Strategic Plan, our Southland residents will not have to travel to Stroger Hospital for outpatient specialty care. And, putting patients first is and will always be the County Health System's top priority.

From a quality perspective, our Strategic Plan also includes resources dedicated to quality improvement, staff

recruitment and retention, staff training and development, and overall improved staff satisfaction. The redeployment of County resources provided for in the Strategic Plan also allows for critically needed improvements infrastructure.

I am here today as an experienced physician, public health practitioner and healthcare administrator to tell you that, in my judgment, the discontinuation of inpatient services on our Oak Forest Campus, and the resulting expansion of outpatient services, is in the best interests of continued access to quality healthcare for our medically underserved patients in the Southland.

Finally, I appreciate that the temptation here is to focus on “closure” but, respectfully, to do so is shortsighted. What is, in fact, occurring on our Oak Forest Campus as a result of our Strategic Plan is the reallocation of resources for the expansion of access to care for our patients in the Southland through the increase of much needed primary, specialty and diagnostic services.

Thank you.

**Testimony in Support of Project #10-078
Discontinuation of inpatient services at Oak Forest
Hospital of Cook County**

**William T. Foley
CEO, Cook County Health and Hospitals System**

Good morning. My name is Bill Foley, and I am the CEO of Cook County Health and Hospitals System. We are here today to discuss Cook County's CON application to discontinue inpatient services on our Oak Forest campus. Through this second public hearing on our application, we welcome the opportunity for transparency and to address any outstanding issues with regard to our proposal.

Over the past two years, I have been intimately involved in developing the Health System's plan for the future – resulting in our “Strategic Plan: Vision 2015.”

At the outset, I ask you to understand that the CON application under consideration today is a critical

component of the successful implementation of the Health System's Strategic Plan for the improved delivery of quality health care to the medically underserved residents of Cook County. This Strategic Plan addresses the System's need to place greater emphasis on outpatient care as opposed to inpatient care, and to provide better geographic access to care across Cook county.

Right now, the geographic locations of our services do not match well with the areas within the County that have the greatest need for our services. In fact, medically underserved residents of the County's Southland are in particular need of improved access to outpatient specialty, diagnostic and primary care.

As a result, our Strategic Plan calls for the transformation of our Oak Forest Campus from an underutilized inpatient facility to a Regional Outpatient Center focused on the delivery of much needed primary, specialty and diagnostic services. As you will

hear from other presenters this morning, our plans for this Regional Outpatient Center are very detailed, and have been funded in the County's 2011 budget.

Among the overall goals of the Health System's Strategic Plan is to increase patient volumes, to reduce long wait times, and, most importantly, to bring access to scarce vital resources closer to home for thousands of Cook County residents. In short, with our Strategic Plan, we will dramatically increase healthcare for the medically underserved and address the significant gap in currently available healthcare services in the County's Southland.

We did not create our Strategic Plan overnight. The process began in 2008 when the County Health System's newly established Independent Board met for the very first time. The Cook County Board of Commissioners had recognized that the face of healthcare was changing and it was clear that the County's Health System must be more efficient moving

forward, serving a greater number of patients with no additional governmental fiscal resources on the horizon. Toward this end, the County Board of Commissioners appointed the independent Health System Board comprised of experts in healthcare and related fields. The County Board charged this new Independent Health System Board with developing a strategic plan to meet the public health needs of the County's residents.

The Health System developed this Strategic Plan over the course of 18 months. We paid the utmost time, care and attention to this vital initiative. We sought out and incorporated input from our stakeholders, including: community leaders and organizations; other healthcare providers; and, our employees. In this regard we held 14 town hall meetings throughout the County during the 18-month period hearing from hundreds of stakeholders. Ultimately, both the Health System's Board of Directors and the Cook County Board of Commissioners approved our Strategic Plan: Vision

2015. There should be no doubt that we did our due diligence.

Moreover, we have a transition plan in place that addresses both the medical needs of our patients and the financial resources required to meet those needs. We have been working very closely with neighboring facilities to ensure our patients' continued inpatient and emergency care needs; and we have assurances from many area hospitals that they have the capacity to fulfill those needs.

Indeed, we have arrangements underway for the current long-term residents of the hospital to be cared for at area health care facilities upon closure of the hospital. These residents will be cared for at the County's expense, and with ongoing monitoring as to the quality of care they receive. We understand and appreciate that we are the stewards of care for these patients, and we will continue in that role for as long as these patients need us.

In addition to addressing our patients' needs, our Strategic Plan provides for the continued employment of as many employees as possible. Many employees will be redeployed to our Regional Outpatient Center or to other positions within the Health System as a whole. In fact, I am happy to report that every one of our Oak Forest Hospital nurses has been given the opportunity to take an open position elsewhere within the Health System and over 90 percent have done so.

It is no secret that the County, like many governmental entities, faces limited resources moving forward. That said, the Cook County Board of Commissioners has approved the Health System's Fiscal Year 2011 budget which provides for a redeployment of resources to fund the Regional Outpatient Center on our Oak Forest Campus. We are pleased to have received President Preckwinkle's unwavering support for the Strategic Plan as a whole, and for the CON application under consideration today.

The System Strategic Plan has improved access as its primary goal. As a result, the Strategic Plan does not assume a reduction in overall County resources used for health care, but instead assumes these resources will be used more efficiently and effectively to better meet patient needs and build Health System infrastructure.

The Cook County Health and Hospitals System has an opportunity to greatly improve access to healthcare for thousands of medically underserved residents. The discontinuation of inpatient services on our Oak Forest Campus is a critical step in achieving this important goal.

From my more than three decades of professional experience in healthcare administration, including experience in public safety net hospitals, I recognize that the Health System's Strategic Plan is good public policy. With continuing medical advances and healthcare reform on the horizon, increased access to

ambulatory care is currently a best practice and is clearly the way of the future. That has been a guiding principle of our Strategic Plan.

We are deeply grateful for the support our CON application has received from a wide variety of public policy and safety net provider organizations, including the National Association of Public Hospitals and Health Systems, the Illinois Primary Healthcare Association, the South Side Healthcare Collaborative, numerous Federally Qualified Health Centers, Rush University Medical Center, Northwestern Memorial Hospital, Holy Cross Hospital, and Sinai Health System.

For these reasons, as well as those provided in other submitted documents, we believe that the application before this Board fully meets the State's standards for CON approval and improves access to health care for Cook County's most vulnerable patients. Thus, I respectfully urge this Board to approve this application so that the Cook County Health and Hospitals System

that has been, and continues to be, a lifeline for so many people in need can provide even better access to health care in the years to come.

Thank you.

4/18/2011

Members of Illinois Health Facilities
Service Review Board:

I appear today with an appeal for the
resuscitation and not closing of Oak
Forest hospital.

Visible pre-proposed changes and
services many of which have already
been acted upon, have a will grossly,
financially and morbidly effect
those with the greater need,
communities, districts, and surroundings
vicinities have found themselves
dissipated, distressed and dis

refected by a conglomerate of hospitals
that simply ^{do not} have room in im^{er}, (e.g.),
and/or not accepting or resuscitating patients
& no insurance and emergency vehicles
that service the community. Discharged
patients & minimum assistance post coverage

A major life line, Oak Forest Hospital has
been a vital beacon of hope. Trans-
figuring lives with numerous essential
services rendered, liken to some in area ~~and~~
county.

Maintenance with success of in and out patients
services, quality of care, extended rehabilitation and work
departments & care givers, health care and lives has
never been compromised. We ask please review our hospital
Thank You Camille Shavers

4-14-11

one copy only

I request all the
Officials of the Cook-
County Hospitals:-
Please:-

Don't
Close the Oak Forest
Hospital, because
this hospital is for
Poor Peoples.

Yours Faithfully
LILLY BABUKUTTY
CNA - OAK FOREST J21 -



THE FIGHT TO SAVE
OAK FOREST HOSPITAL IS
NOT OVER!

YOUR COMMENTS ARE NEEDED!!!!

Turn them in at the Public Meeting
Monday April 18, 2011, 10:00 am – 12:00 pm
Bremen Township Hall
15350 Oak Park Avenue, Oak Forest, IL

Or Mail by April 20, 2011 to:

TO: MIKE CONSTANTINO, SUPERVISOR PROJECT REVIEW SECTION
ILLINOIS HEALTH FACILITIES & SERVICES REVIEW BOARD
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761 (217) 782-3516

MY NAME IS _____.

I AM/WAS A PATIENT AT OAK FOREST HOSPITAL IN THE
 _____ UNIT/ER

OR I AM A CONCERNED CITIZEN OF COOK COUNTY

Gail Jones

THE PROFESSIONAL SERVICES OF OAK FOREST HOSPITAL ARE CRITICAL FOR
 MINIMUM PUBLIC HEALTH CARE IN THE SOUTH SUBURBS OF COOK COUNTY.
 PLEASE KEEP THE EMERGENCY ROOM, THE INPATIENT UNITS, THE VENTILATOR &
 LONG TERM CARE UNIT, THE REHAB UNIT, OUTPATIENT SURGERY AND THE
 ONCOLOGY CLINIC OPEN AT OAK FOREST HOSPITAL.

* NAME *Gail Jones*



THE FIGHT TO SAVE
OAK FOREST HOSPITAL IS
NOT OVER!

YOUR COMMENTS ARE NEEDED!!!!

Turn them in at the Public Meeting
Monday April 18, 2011, 10:00 am – 12:00 pm
Bremen Township Hall
15350 Oak Park Avenue, Oak Forest, IL

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I AM/WAS A PATIENT AT OAK FOREST HOSPITAL IN THE
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Odessa Lutton

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NAME Odessa LUTTON



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MY NAME IS _____.

I AM/WAS A PATIENT AT OAK FOREST HOSPITAL IN THE
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Deborah Atkins

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LONG TERM CARE UNIT, THE REHAB UNIT, OUTPATIENT SURGERY AND THE
ONCOLOGY CLINIC OPEN AT OAK FOREST HOSPITAL.

NAME Deborah Atkins

ADDRESS 3213 Holden Cir Matteson, IL 60443
PHONE # 708 - 668-2511
EMAIL _____

(See other side for comments)

COMMENTS:

with the increase of crimes

Cook County Steel ~~has~~ ^{have} no

women care why!



**THE FIGHT TO SAVE
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Springfield, IL 62761 (217) 782-3516**

MY NAME IS Kristin McNeal

I AM/WAS A PATIENT AT OAK FOREST HOSPITAL IN THE
 UNIT/ER

OR I AM A CONCERNED CITIZEN OF COOK COUNTY

Vivian McNeal

**THE PROFESSIONAL SERVICES OF OAK FOREST HOSPITAL ARE CRITICAL FOR
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LONG TERM CARE UNIT, THE REHAB UNIT, OUTPATIENT SURGERY AND THE
ONCOLOGY CLINIC OPEN AT OAK FOREST HOSPITAL.**

NAME Vivian McNeal

ADDRESS 657 Memorial Dr. Cal. City, Fla. 60409
PHONE # (708) 543-9074 cell phone
EMAIL _____

(See other side for comments)

COMMENTS:

Keep OAK FOREST

HOSPITAL OPEN (In patient
care)

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MY NAME IS _____

**I AM/WAS A PATIENT AT OAK FOREST HOSPITAL IN THE
_____ UNIT/ER**

OR I AM A CONCERNED CITIZEN OF COOK COUNTY

x Gerannate Campbell

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ONCOLOGY CLINIC OPEN AT OAK FOREST HOSPITAL.**

NAME x *Gerannate Campbell*

ADDRESS *OFH*

PHONE # *633-2612*

EMAIL _____

(See other side for comments)

COMMENTS:
