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10-078

To: Mr. M. Constantino From: L. Curtis
 Fax: 217.785.4111 Pages: 13
 Phone: _____ Date: 4/19/11
 Re: OFF letters CC: _____

Urgent For Review Please comment Please Reply Please Recycle

Louise Wint
10206 S. Lowe
Chicago, Illinois 60628

April 14, 2011

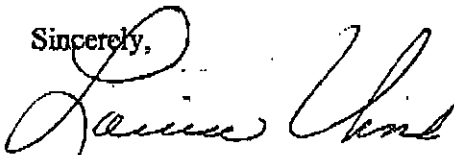
Mike Constantino
Illinois Health Facility and Services Review Board
525 W Jefferson Street 2nd Floor
Springfield, Il 62761

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

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10206 S. Lowe
Chicago, Illinois 60628

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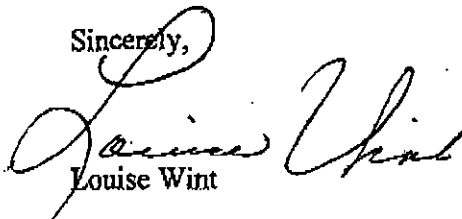
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Sincerely,



Louise Wint

Camille Shavers
9610 S. Oglesby
Chicago, IL 60617

April 14, 2011

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

Dear Mr. Constantino

I am concerned about the closing of Oak Forest. I am concerned about the patients that require extended stays and have had excellent recovery during their time in the facility. My experience at other hospitals has been patients without insurance are denied quality health care and dumped. People that do not have access to health care or that do not have primary care physicians are blocked from receiving follow up care. Therefore when we leave other facilities we have no follow up care. This is not the case with Oak Forest. We are assigned a primary care physician despite the fact that we do not have insurance. This hospital provides care for those who have no other place to go. I am concerned that I will lose this resource. Many of the surrounding hospitals have not and will not, in my experience, take care of patients like my self and those like me without insurance.

Every day there are stories about people who have reached their maximum care allowed under their insurance and are left without a health care safety net. I believe this is called underinsured. They pay their premiums and still find them selves turning to Oak Forest to continue their recovery.

There is a need for inpatient beds in this community staffed with qualified competent nurses at the bedside to care for me and those in my community like me. I am also concerned about how I or someone like me will get transportation to the other CCHHS facilities. There is no transportation in the community surrounding Oak Forest pass nine pm at night. There is no way we can get to other facilities. My mother was a patient at Oak Forest for years. While she has been turned away from other facilities, she has never been turned away from Oak Forest. She also used the long term care when she needed rehabilitation. There is no hospital in the Southland that will provide the time and quality care that is currently available at Oak Forest.

Please consider the community when making this decision of closing our beloved community hospital. It is the only option many of the members of the Southside community have to receive good quality extended health care.

Sincerely,



Camille Shavers

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9610 S. Oglesby
Chicago, IL 60617

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Sincerely,



Camille Shavers

Sandy Kelm
14450 South Union
Harvey, IL 60426

April 14, 2011

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

Dear Mr. Constantino

I am speaking in opposition of the closure of Oak Forest Hospital. I am a patient at the hospital and I have been hospitalized a total of thirty times since 2007; many of which were in ICU. I am what the staff affectionately calls "a frequent flyer". I suffer from several medical conditions: Congestive heart failure: A-Fib, COPD, Chronic Asthma, Sick Sinus Syndrome, Sleep Apnea, and numerous allergies. I am on a pacemaker as well as oxygen and I utilize a walker to get around.

In December 2010, I was transferred to Stroger after coming into Oak Forest Emergency Room suffering from shortness of breath. I was sent to Stroger because of lack of Telemetry beds at Oak Forest. To my knowledge, there are 8 beds in ICU and 8 in J-21. At one time there were many more Telemetry beds in J-11 which have been closed. If these beds were still available, I, along with the other four patients who were transferred that night, would have been admitted into the hospital. I was sent to Stoger in an ambulance with advanced life support and a nurse. I later received a bill for \$1,200 for the trip to Stroger. My concern is the number of patients that are being transferred to Stroger that otherwise could be admitted to Oak Forest into the Telemetry Unit if it were open. I have been a patient at Ingalls Hospital also. My experience at that facility is they stabilize you and then refer you back to Oak Forest. Ingalls is one of the local hospitals that the County is trying to partner with to take care of Oak Forest patients. However, it is painfully obvious that Ingalls doesn't want patients like myself-patients without insurance and/or chronic health conditions. Currently, the wait to see a primary care physician at Oak Forest is 6-8 weeks. If the County cuts services at Oak Forest, this wait is bound to increase greatly.

I implore to vote against the closure of Oak Forest Hospital.

Sincerely,


Sandy Kelm

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14450 South Union
Harvey, IL 60426

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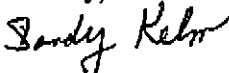
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Sandy Kelm

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

Ruby Moran

Retired Nurse from Cook County Hospital Operating Room
2345 W. 156th Place
Markham, IL 60428

I see and understand the value of Oak Forest Hospital staying open because I've been a resident of Markham, IL for over 30 years and my family and neighbors go to Oak Forest. My son, daughter and grandson use Oak Forest Hospital and Emergency Room for their health care. At this time they cannot afford health insurance and/or their jobs don't offer it.

My family has started to notice the decrease in services already.

My son was treated in the hospital for a broken ankle and then went to the Oak Forest Orthopedics Clinic and he was rehabbed through having physical therapy at Oak Forest. Currently he would have to go to Stroger for Orthopedics (since it was closed down) and the Rehab Inpatient is scheduled to be closed.

My daughter has diabetes. She started going to Oak Forest outpatient for treatment. She has now been referred to Provident because they don't have a Diabetic Specialty Care clinic for her at Oak Forest

My Grandson had a problem with his eye. He doesn't have any insurance. He was treated at the OFH Emergency Room and received medication at the Pharmacy. He took the medication, and then returned to the ER for a follow-up appointment. His problem was resolved.

My neighbor has hypertension. He goes to his doctor and gets his medicine at Oak Forest. If he gets very sick, he goes to the ER where they have his records in their computer system. He is able to take care of his needs at Oak Forest and it is affordable.

People who don't have insurance in the South Suburbs go to Oak Forest because there is no other hospital in the South Suburbs that can offer them full service continuity of care from X-Ray to Lab to Primary Care to hospitalization.

The other Hospitals don't refuse to see you when you are uninsured, but you don't get any continual care. It's service on the spot and then they tell you to follow up with your doctor in 3 days or to go to Oak Forest. A lot of times you can't get the medication prescribed at the other ER's because of the cost.

Closing the Oak Forest ER and acute care hospital at this time will lead to an overcrowding at the Provident and Stroger ER's and hospitals. An organized plan for continuity of care for Cook County patients' needs to be in place before the Oak Forest ER and hospitals should be closed down. The increased Primary and Specialty Care services should be phased in and patients referred to them before the safety net services of Oak Forest Hospital gets taken away. And I believe that you will see with the increase in population in the South Suburbs and many without insurance, the need for a safety net will remain.

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

My name is Ruthie Burnett. I was employed at Oak Forest Hospital as a Certified Nursing Assistant for forty years and am a lifelong resident of Chicago Heights, Illinois. I was a founding member of the SEIU union at Oak Forest Hospital and remain an active Union Steward today until my recent retirement in December 2010.

We in the South Suburbs need the services of Oak Forest Hospital now more than ever. My brother came here as a patient because his limited insurance was not accepted at St. James Hospital. His doctor referred him to Oak Forest Hospital and I put a stamp of approval on it. He had surgery and cancer was found. After surgery, Dr. Chu gave him Chemotherapy where he was admitted to Oak Forest Hospital for three days every two weeks for several months. After being done with his Chemo, he still sees Dr. Chu once/month at the Oncology Clinic for a needed injection. My family sincerely thanks the dedicated staff of Oak Forest for their service to my brother and he is doing well. Without Oak Forest Hospital, what would he have done?

My sister in law's mother was a long term care patient at Oak Forest Hospital for fourteen years. After the budget cuts of 2007, they moved her to a Nursing Home where she only lived five weeks. My family was heartbroken because we did not expect this to happen. Oak Forest Hospital's long term care unit had a special team which gave people with severe disabilities the ability to live and have a quality of life that is not seen elsewhere.

I chose to work in my home community giving health care to family, friends, and neighbors who otherwise could not afford it. We need your leadership to help us serve more patients more effectively. The Oak Forest Hospital staff is well trained. We have not recovered from the devastation of service cuts and layoffs from 2007 and 2010. Please consider keeping these excellent services because my brother life depends on it.

Thank you.

Ruthie Burnett

PO Box 2546

Chicago Heights, IL 60411

(708) 769-5390

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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 is 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.

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