10-090

June 6, 2011

Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Ms. Avery:

While many have expressed financial and economic concerns against the Centegra-Huntley proposed new hospital and Mercy-Crystal Lake proposed new hospital, we have clinical concerns that lead our organizations to oppose these applications. The main point we want to make is that a proliferation of new hospitals in a geographic area already well-served by existing hospitals will lead to a dilution of volume among existing hospitals and will negatively impact **patient quality** and **patient safety**.

There are numerous studies by the Agency for Health Care Research and Quality, the Institute of Medicine and peer review journal articles demonstrating that hospitals with higher volumes of particular cases tend to have better outcomes than those hospitals with lower volumes. For example, an article in the *Annals of Internal Medicine* published January of this year found that patients suffering from congestive heart failure had better care and better outcomes in facilities that saw higher number of these patients. Similar findings have been noted in facilities treating breast cancer patients, stroke patients, those suffering from acute pancreatitis and hospitals performing radical prostatectomies (a procedure to remove the prostate gland and tissue around it due to prostate cancer) and open heart surgery. In addition to listing numerous peer-review articles, also provided is an abstract of one of the articles. Not only can these facilities offer better patient care but high volume facilities can also offer higher specialized support services such as oncology certified nurses. Attached to this letter is a listing of over 60 articles showing evidence linking high volume to high quality. There is much more research linking quantity of cases to quality but we've limited the number of articles to those published in recent years.

Either Centegra or Mercy's proposed hospital will add nearly 50% more inpatient beds to McHenry County, a big increase in the number of beds for one county. There's little doubt that adding another hospital with that many beds in the region will negatively impact the volumes of area hospitals and may impact quality of care as existing hospitals are located within 15 minutes of each zip code in the proposed hospitals' service areas (See Krentz Drive Time Analysis). Clinical staff need adequate patient care experience to maintain competencies. The Board has also recognized this and is why you require certain minimum volume thresholds be met for cardiac catherization and open heart procedures prior to approval. It's important for McHenry County residents to feel like they have adequate access to health care resources, but it's more important that residents feel like they have access to **high quality, affordable** health care resources.

To summarize, as we understand it, through the Certificate of Need process this Board not only helps to keep health care costs in check by controlling capital expenditures but also ensures that only high quality projects are approved. Approval of either of these projects will not add additional high quality health care services to the communities our facilities serve and will

jeopardize the quality of care being provided at existing hospitals, including the two McHenry County Centegra Hospitals and Mercy Harvard Hospital. On this basis we would request that the Board deny both the Centegra-Huntley application and the Mercy-Crystal Lake application.

Thank you.

Sincerely,

Leo Kelly, MD
Medical Director, Quality
Advocate Good Shepherd Hospital

Ian Jones, MD
Vice President, Clinical Performance
Sherman Hospital

Attachment

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The effect of surgeon volume on outcomes and resource use for vaginal hysterectomy.
Rogo-Gupta LJ. Lewin SN. Kim JH. Burke WM. Sun X. Herzog TJ. Wright JD.
Obstetrics & Gynecology. 116(6):1341-7, 2010 Dec.
UI: 21099600

OBJECTIVE: To estimate the effect of surgical volume on outcomes and resource use in women undergoing vaginal hysterectomy.

METHODS: Women who underwent total vaginal hysterectomy and were registered in the Perspective database were examined. Perspective is a nationwide database developed to measure quality and resource use. Procedure-associated intraoperative, perioperative, and postoperative medical complications as well as hospital readmission, length of stay, intensive care unit (ICU) use, operating time, and cost were analyzed. Based on the overall gynecologic surgical volume and vaginal surgical volume of their surgeons, patients were stratified into tertiles. Complications were compared using adjusted generalized estimating equations and reported as odds ratios (ORs).

RESULTS: A total of 77,109 patients operated on by 6,195 gynecologic surgeons were identified. After adjustment for the effects of other demographic variables and concomitant procedures, patients operated on by high-volume vaginal surgeons were 31% (OR 0.69; 95% confidence interval [CI] 0.59-0.80) less likely to experience an operative injury, whereas perioperative complications were reduced by 19% (OR 0.81; 95% CI 0.72-0.92), medical complications decreased by 24% (OR 0.76; 95% CI 0.67-0.86), ICU admission reduced by 46% (OR 0.56; 95% CI 0.43-0.73), and the transfusion rate decreased by 28% (OR 0.72; 95% CI 0.61-0.85) in patients treated by high-volume vaginal surgeons, whereas rates of readmission were higher (OR 1.24; 95% CI 1.04-1.47) in patients treated by high-volume surgeons. Operative times were lower in patients operated on by high-volume surgeons (P<.001). Although total gynecologic surgical volume had no effect on cost, patients treated by high-volume vaginal surgeons had lower costs (P<.001).

CONCLUSION: Perioperative morbidity and resource use are lower in women undergoing vaginal hysterectomy when the procedure is performed by high-volume vaginal surgeons.