

MEMO

11-037

RE: Public Hearing

Date: July 14, 2011

Place: Oak Forest City Hall, Council Chambers, 15440 S Central Ave

Time: 10:00 am

Hearing Officers: Courtney Avery, Dale Galassie, Frank Urso, Juan Morado, Catherine Clarke

- 41 Individuals were in attendance but provide no testimony
- 3 Individuals provide support not present when call
- 3 Individuals provide opposition not present when call
- 18 Individuals provide support testimony
- 20 Individuals provide opposition testimony

Created by: Catherine Clarke

ILLINOIS HEALTH FACILITIES and SERVICES REVIEW BOARD

Public Hearing Register

Project: Oak Forest Hospital #11-037
 Location: Oak Forest City Hall, Council Chambers, 15440 S Central Ave

Date: July 14, 2011
 Time: 10:00 AM

ATTENDANCE/NO TESTIMONY ON PROJECT

#	NAME (PLEASE PRINT)	AGENCY, ORGANIZATION OR INSTITUTION REPRESENTED OR RESIDENT (PLEASE PRINT)	CITY (PLEASE PRINT)	(S) SUPPORT (O) OPPOSED (N) NEUTRAL (PLEASE PRINT)
1	Berardine Ann Wieringa	Respond Now	Chicago Heights	Opposed
2	Jessica Lowers	Citizen Action	Chicago	Opposed
3	Kim Sarabrey	Citizen Action	Oak Park	Opposed
4	Sibney A. Thomas	cefhf	Chicago	Support
5	Edward Washington	Citizen Action	Chicago	Opposed
6	ROBERT GRANER	IDHS / Div. of Mental Health	Trinity Park	N
7	Brethyn Foster			
8	Il. foria Dingleland	Access to Care	Westchester	
9	MARY FAHYOR E.	RESTORANT	Oakland Park	opposed
10	AMET SMITH	Oak Forest Hosp		
11	ANT GEERKE		Oak Forest	
12	Kelley Jung		Riversburg	
13	Daniel Choate	Marion Healthcare	Matteson	Opposed
14	Clifford Doyle		Chicago	Support

#	NAME (Please Print)	AGENCY, ORGANIZATION OR INSTITUTION REPRESENTED OR RESIDENT (PLEASE PRINT)	CITY (PLEASE PRINT)	(S) SUPPORT (O) OPPOSED (N) NEUTRAL (Please Print)
15	Kohanna Languido	Health care Consortium of Illinois	Dolton	Support oppose
16	Michelle Varn	Healthcare Consortium of IL	DOLTON	Support oppose
17	Selim			
18	Mayme Buckley	MTJ	Dalton	
19	Sandra Wilkes	Merid South Medical Center	Bellefonte	Support
20	McGarnby	CHHS	OF	
21	Mon Beth Nugent	Colt Forest Hospital	DF	Support
22	Erica Fohn Perry	Colt HHS		
23	FRANCISCO SISON	DAK FOREST HOSPITAL	DAK FOREST	SUPPORT
24	Joethy Alvares	VILLAGE CLEIR-MATTESON	DAK FOREST	SUPPORT
25	Beverly + Edwin Sokol	Education/Immigration	Alpharetta/Fields	N
26	John Foster	The Foster Group	Olympia Fields Ravh Forest	N
27	Deog Price			
28	Dr. B. Paulinas	Waters Edge	Markham	oppose
29	John Johnson	The Foster Group		
30	M. Williams (Bill) FENNINGTON	Metek Bologna	Olympia Hls	Support
31	DM1 STARVINI	310 Probleme Ry.	City	
32	MATTIE THOMPSON	15312 Paulina ST	HWY	OPP
33	Marcia Marcote	1350 Ring Rd	Cal City	Support
34	Henry Leonard	154 Sprueller Lane	Cal City	Support
35	Kim Jones	118 N Alder	Cal City	
36	Guille Jimmy	Selva	Cal City	
37	Yvona Brooks	4455 Saur Trail	Redford	Support

for

#	NAME (PLEASE PRINT)	AGENCY, ORGANIZATION OR INSTITUTION REPRESENTED OR RESIDENT (PLEASE PRINT)	CITY (PLEASE PRINT)	(S) SUPPORT (O) OPPOSED (N) NEUTRAL (PLEASE PRINT)
38	Ruthie Shurtliff			
39	Chapman Mackery			
40	Paula De Cagnoe			
41	Cel Knecht		Moschen, IL	
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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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CWA

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

Date: July 14, 2011 Time: 10:00AM

Not Present
CWA

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION
 Name (Please Print) Camille Hamilton-Doyle
 Address 932 East 50th Street
 City Chgo State Ill Zip 60615
 Signature Camille Hamilton-Doyle

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Not Present
CMA

Project Number: 11-037

Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) Marcel Bright

Address 1317 E. 88th St

City Chicago State IL Zip 60619

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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CMW



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

Date: July 14, 2011 Time: 10:00AM

not present
(400)

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION
 Name (Please Print) ELTON McCLENDON
 Address 5807 CRESTWOOD Rd
 City MATTERTON State IL. Zip 60443
 Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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CML



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

Date: July 14, 2011 Time: 10:00AM

~~CMAA~~ Not Present

TESTIMONY TO OPPOSE PROJECT

I. IDENTIFICATION

Name (Please Print) Sarah S James

Address 11355 S. Calumet

City Chicago State IL Zip 60628

Signature Sarah S James

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

19
CML

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

Date: July 14, 2011 **Time:** 10:00AM

not present
add to
sign in
sheet
had to leave
(initials)

TESTIMONY TO OPPOSE PROJECT

I. IDENTIFICATION

Name (Please Print) MARY SMITH

Address 15514 WAVERLY AVE

City OAK FOREST State IL Zip 60452

Signature Mary A Smith

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Oak Forest Hosp.



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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AM

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

Date: July 14, 2011 Time: 10:00AM

write testimony
need to leave
add to sign-in sheet

TESTIMONY TO OPPOSE PROJECT

I.

IDENTIFICATION

Name (Please Print) RUBY MORAN

Address 2345 W 156th PLACE

City MARKHAM State IL Zip 60428

Signature Ruby Moran

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) ~~K. JOHNSON~~ TONI PRECKWINKLE

Address 118 N. CLARK

City CHICAGO State ILLINOIS Zip 60602

Signature Toni Preckwinkle

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

COOK COUNTY

CPA



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

2
am

Public Hearing Form

CA

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

Date: July 14, 2011 **Time:** 10:00AM

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) Pastor Heidi Wilkin

Address 4101 Flossmoor Rd (Corner Stone Christian

City C. Clark Hills State IL Zip 60478

Signature Heidi Wilkin

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Corner Stone Christian Fellowship Church

4101 Flossmoor Rd



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Form

Facility or Project Name: Oak Forest Hospital

CAF

Project Number: 11-037

Date: July 14, 2011 **Time:** 10:00AM

TESTIMONY TO SUPPORT PROJECT

ChukwuEmeka Ezike

I. IDENTIFICATION

Name (Please Print) Dr. ~~Emeka Ezike~~

Address 15900 Cicero Ave

City Oak Forest State IL Zip 60525

Signature *ChukwuEmeka Ezike*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

CHAS

Project Number: 11-037

Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) Sylvia Edwards

Address 15900 So. CICERO OAK FOREST HOSPITAL

City OAK FOREST State ILL. Zip 60452

Signature Sylvia Edwards

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CHAS - Oak Forest Hospital of Cook County



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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 CMA

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

CMA

Date: July 14, 2011 **Time:** 10:00AM

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) Kimberly Hobson

Address 5841 S. Maryland Ave

City Chicago State IL Zip 60637

Signature Kimberly Hobson

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

South Side Healthcare Collaborative



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

10
[Handwritten initials]

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

OAK

Date: July 14, 2011 **Time:** 10:00AM

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) Pastor Jenkins

Address 718 E. 193rd Place

City Glenwood State IL Zip 60425

Signature *William Jenkins*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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[Handwritten initials]

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

OKA

Project Number: 11-037

Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) Bishop Davis

Address 14200 CHICAGO RD.

City DELTON State IL Zip 60419

Signature *[Handwritten Signature]*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

→
NEW ZION CHRISTIAN FELLOWSHIP
14200 CHICAGO RD
DELTON, IL 60419



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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CME

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

CRP

Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) Dr Martin

Address 7536 W. Jackson

City Forest Park State IL Zip 60130

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

Date: July 14, 2011 Time: 10:00AM



TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) Dr. Schneider

Address 1115 ADAMS AVE

City PRUDENCE State IL Zip 60302

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CCCHH

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

CRP

Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) Jay Wykowski

Address 1709 N. North Park, Unit 2

City Chicago State IL Zip 60614

Signature *[Handwritten Signature]*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CCHS



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

19
CMW

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

CMW

Project Number: 11-037

Date: July 14, 2011 **Time:** 10:00AM

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION
 Name (Please Print) Salim Al Nurridin
 Address 1350 E. Sibley Blvd
 City Dolton State IL Zip 60419
 Signature *Salim Al Nurridin*

II. REPRESENTATION *(This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)*
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
Healthcare Consortium of Illinois



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

CRB

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Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) Terry Marx

Address 1900 W Polk

City Chgo State IL Zip 60612

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Cook County Health & Hospital System



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

18
am

Public Hearing Form

WA

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

Date: July 14, 2011 **Time:** 10:00AM

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) Tyrone Crider

Address 4951 Mary Court

City CC Hills State IL Zip 60478

Signature Tyrone Crider

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Southland Ministers Health Network



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

Date: July 14, 2011 **Time:** 10:00AM

CAH

TESTIMONY TO SUPPORT PROJECT

I.

IDENTIFICATION

Name (Please Print)

Waldo Greckero

Address

6457 N Bosworth

City

Chicago

State

IL

Zip

60626

Signature

[Handwritten Signature]

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Surrogate for Advocate

CHRIST

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

11-037

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Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) Victoria Bigelow

Address 2225 Enterprise Dr # 2507

City Westchester State IL Zip 60154

Signature Victoria Bigelow

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Access to Care



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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CWA

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

CWA

Project Number: 11-037

Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) Dr. Lisa Green

Address Family Christian Health Center
31 West 155th St.

City Harvey State Illinois Zip 60

Signature Dr. Lisa Green

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

Date: July 14, 2011 Time: 10:00AM

(Handwritten: CRA)

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) SIDNEY THOMAS

Address 627 S Wood Street

City CHICAGO State IL Zip 60612

Signature *Sidney A Thomas*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Advocate South Suburban Hospital



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

19
 (9)

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

GAA

Date: July 14, 2011 **Time:** 10:00AM

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) Elizabeth Kelly

Address 1900 W. Polk

City Chicago State IL Zip 60618

Signature Elizabeth Kelly

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Reading letter from Kurt Johnson,
President & Chief Executive Officer
Infalls Health System

Enrique Bukmann, MD PhD

CEO North Medical Center (GAA)

7/11



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

CM

Public Hearing Form

CRH

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

Date: July 14, 2011 **Time:** 10:00AM

TESTIMONY TO OPPOSE PROJECT

I. IDENTIFICATION

Name (Please Print) Sandra Kelm

Address 14456 S. Union

City Harvey State Illinois Zip 60426

Signature Sandra L. Kelm

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CRH



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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CRA

Public Hearing Form

CRA

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO OPPOSE PROJECT

I.

IDENTIFICATION

Name (Please Print)

Ray Arebalo

Address

1425 E Saub Trial

City

Chicago HTs

State

IL

Zip

60417

Signature

[Handwritten Signature]

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Respond Now

1439 Emerald Ave

Chicago HT, IL

CMAA
3



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

CMAA

Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO OPPOSE PROJECT

I. IDENTIFICATION

Name (Please Print) REV. JAMES R. FOLEY

Address 17154 CHICAGO AVE

City LANSING State IL Zip 60438

Signature James R. Foley

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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CMA

Public Hearing Form

CMA

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO OPPOSE PROJECT

I. IDENTIFICATION

Name (Please Print) TyA Robinson - MAY

Address 15018 S. Loomis Ave

City HARVEY State IL Zip 60426

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

OAK Hospital clients | COOK County



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

CWA

Project Number: 11-037

Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO OPPOSE PROJECT

I. IDENTIFICATION

Name (Please Print) Miguel Arebalo

Address 22024 Burnham Ave

City Sauk Village State IL Zip 60411

Signature Miguel Arebalo

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Respond Know



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Form

(Handwritten initials)

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO OPPOSE PROJECT

I. IDENTIFICATION

Name (Please Print) George Blakemore

Address: 47 W Division

City Chicago State Ill Zip 60618

Signature George Blakemore

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

(CRA)

Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO OPPOSE PROJECT

I. IDENTIFICATION
 Name (Please Print) Cheryl Y. McGruder
 Address 4555 Saratoga Road
 City Richton Park State IL Zip 60471
 Signature Cheryl Y. McGruder

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

CR

Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO OPPOSE PROJECT

I. IDENTIFICATION

Name (Please Print) RANDY RUFF

Address P.O. BOX - 847

City MATTESON State IL Zip 60443

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

SELF

9
CWA



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

Date: July 14, 2011 **Time:** 10:00AM

CWA

TESTIMONY TO OPPOSE PROJECT

I. IDENTIFICATION
 Name (Please Print) Cynthia Phillips
 Address 15900 S. Cicero
 City Oak Forest State IL Zip 60452
 Signature [Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Oak Forest long term care patients



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

10
 CMO

Public Hearing Form

(CAA)

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

Date: July 14, 2011 **Time:** 10:00AM

TESTIMONY TO OPPOSE PROJECT

I. IDENTIFICATION

Name (Please Print) William McNarry

Address 27 E Monroe

City chicago State IL Zip 60603

Signature [Handwritten Signature]

II. REPRESENTATION *(This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)*

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Citizen Action



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

CRA

Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO OPPOSE PROJECT

I. IDENTIFICATION

Name (Please Print) Joyce Edmond

Address 14746 ~~W~~ Atlantic Ave

City Dolton State IL Zip 60419

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Form

Facility or Project Name: Oak Forest Hospital

CPA

Project Number: 11-037

Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO OPPOSE PROJECT

I. IDENTIFICATION

Name (Please Print) Leshie Curtt

Address 850 W JACKSON

City Chicago State IL Zip 60608

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NNOC - NNU -
NATIONAL NURSING ORGANIZATION COMMITTEE
NATIONAL NURSES UNITED



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

13
CM

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

CM

Date: July 14, 2011 **Time:** 10:00AM

TESTIMONY TO OPPOSE PROJECT

I. IDENTIFICATION

Name (Please Print) Lee Mayberry

Address 3664 Washington

City Lansing ~~Harvey~~ State IL Zip 60438

Signature Lee Mayberry

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

15
CMA

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

CRA

Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO OPPOSE PROJECT

I. IDENTIFICATION
Name (Please Print) GERALDINE L. DUDECK
Address 15600 LAWNDALE
City MARKHAM State IL. Zip 60428
Signature Geraldine L. Dudeck

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

City of Markham



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

16
[Handwritten mark]

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

CHA

Project Number: 11-037

Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO OPPOSE PROJECT

I. IDENTIFICATION

Name (Please Print) DANA BARRON

Address 16119 SPRINGFIELD

City MARKHAM State ILL Zip 60428

Signature *Dana B. Barron*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Alderman - City of Markham



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

17
[Handwritten signature]

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

(17)

Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO OPPOSE PROJECT

I. IDENTIFICATION

Name (Please Print) JIM RHODES

Address 2417 W MERRILL

City CHGO State IL Zip 60647

Signature *Jim Rhodes*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

JANE ADAMS SA CAUCAS

IL SINGLE PAYER COAL



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

18
[Handwritten initials]

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

Date: July 14, 2011 **Time:** 10:00AM

[Handwritten initials in a circle]

TESTIMONY TO OPPOSE PROJECT

I. IDENTIFICATION

Name (Please Print) Adrienne Alexander

Address 205 N. Michigan Ave, Ste. 2100

City Chicago State IL Zip 60601

Signature *[Handwritten signature]*

II. REPRESENTATION *(This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)*

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

AFSCME council 31



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

20
AM

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

Date: July 14, 2011 Time: 10:00AM



TESTIMONY TO OPPOSE PROJECT

I.

IDENTIFICATION

Name (Please Print) Alison Holt

Address 306 Farragut

City Park Forest State IL Zip 60466

Signature Alison Holt

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

21
CME

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

(CME)

Date: July 14, 2011 Time: 10:00AM

TESTIMONY TO OPPOSE PROJECT

I. IDENTIFICATION

Name (Please Print) Patricia Wade

Address 14521 South Hoyne

City Dixmoor State IL Zip 60426

Signature Patricia Wade

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Oak Forest Hospital

23
CME



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Form

Facility or Project Name: Oak Forest Hospital

Project Number: 11-037

Date: July 14, 2011 **Time:** 10:00AM

(JA)

TESTIMONY TO OPPOSE PROJECT

I. IDENTIFICATION

Name (Please Print) Judene Harris

Address 15313 So Ashland

City Harvey State IL Zip 60426

Signature Judene Harris

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concern Citizens
Response

LETTERS FOR THE RECORD SUPPORTING THE OAK FOREST HOSPITAL CON APPLICATION
JULY 14, 2011 PUBLIC HEARING

projeck 11-037

- Beloved Community Family Wellness Center - Margie Johnson, Executive Director
- Chicago Family Health Center - Warren J. Brodine, CEO
- Christian Family Health Center - Virgil L. Tolbert, CEO
- The Civic Federation - Laurence Msall, President
- Community Health - Judith Haasis, Executive Director
- Friend Family - Wayne Moyer, CEO
- Gregg Goslin - Cook County Commissioner, 14th District
- Holy Cross Hospital - Wayne M. Lerner, President and CEO
- Illinois Primary Health Care Association - Bruce Johnson, President and CEO
- Jackson Park Hospital and Medical Center - Merritt Hasbrouck, President
- Mercy Family Health Center - Dr. Daniel Vicencio, Medical Director and Interim Executive Director
- Mercy Hospital and Medical Center - Sister Sheila Lyne, RSM, CEO
- National Association of Public Hospitals and Health Systems - Bruce Siegel, CEO
- Near North Health Service Corporation - Donald McDaniels, Director of Operations
- Northwest Memorial HealthCare - Dean M. Harrison, President and CEO
- Rush University Medical Center - Larry Goodman, CEO and President Rush University
- Silver Cross Hospital - Ruth Colby, Senior Vice President Business Development/Chief Strategy Officer
- Sinai Health System - Alan Channing, President and CEO
- South Shore Hospital - Jesus M. Ong, President
- TCA Health - Veronica Clark, CEO
- Advocate Trinity Hospital - Michele Gaskill, RN, Vice President of Nursing and Clinical Operations
- University of Chicago Medical Center - Sharon O'Keefe, President
- Vanguard Health Systems - William Foley, President, Chicago Market
- Dr. Quentin Young - Illinois Health Advocate

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July 7, 2011

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

Dear Chairman Galassie:

As you know, Franciscan St. James Health in Chicago Heights is a major anchor of safety net healthcare delivery in the south suburban metropolitan region. On behalf of Franciscan Alliance, our Chicago Heights facility, as well as our Olympia Fields facility, provide critically needed services to the residents of the south suburbs.

Over the last year or more, I and my management colleagues have been briefed on the Strategic Plan adopted for the Cook County Health & Hospitals System by that System's leadership. It seems that the proposed transformation of the Oak Forest Hospital into a Regional Outpatient Center makes sense from both a public health and an economic viewpoint.

Assuming that the proposed model is implemented, additional outpatient specialty care capacity for the underserved being brought by the Regional Outpatient Center at Oak Forest will make a contribution to safety net care in this region.

Franciscan St. James Health supports the Cook County Health & Hospitals System certificate of need application to permit this transformation. St. James is willing to and has been accepting former patients from Oak Forest without discrimination, conditions, or limitation.

Sincerely,

A handwritten signature in black ink, appearing to read "Seth C.R. Warren".

Seth C.R. Warren
CEO - Franciscan Alliance South-Suburban Chicago Region
President - Franciscan St. James Health

17800 South Kedzie Avenue
Hazel Crest, Illinois 60429-0989
Telephone 708.799.8000



June 3, 2011

Dr. Terry Mason MD
Interim Chief Executive Officer
Cook County Health and Hospitals System
1900 West Polk Street
Chicago, Illinois 60612

Re: Oak Forest Hospital – CON for Discontinuation

Dear Dr. Mason:

I am writing in response to your recent request for a letter assessing the impact of discontinuing inpatient services at Oak Forest Hospital. We appreciate your ongoing efforts to keep us informed of your transition plans.

As you know, Advocate is the largest provider of health care services in the Southland. At the same time, we actively partner with other providers to enhance the Southland's health care delivery system whenever possible. We are pleased to be working with you in this regard. We acknowledge your need to discontinue inpatient services at the Oak Forest location. We also agree with you that a robust immediate care facility on the Oak Forest campus is essential to the Southland's delivery system and meets an important need in our community. As an immediate care facility with extended evening and weekend hours is a central element to your transition plan for Oak Forest Hospital, we do not oppose your plans or your CON application. Additionally, we also recognize the need for enhanced outpatient services in the Southland and are supportive of your efforts to meet this important need.

With regard to our ability to provide care to Oak Forest Hospital patients, we do have capacity to care for Oak Forest patients and would do so without restrictions, conditions, limitation or discrimination. We are committed to working with you throughout this transition, and into the future, to ensure that all patients in our community are cared for in the most appropriate setting.

Thank you again for your time and attention. Should you have any follow up questions or concerns, please have your office contact Elyse Forkosh Cutler, Advocate's Vice President of Strategic Planning and Network Development at 630-990-5388.

A handwritten signature in black ink that reads "M. Englehart".

Michael Englehart
President

cc: Dale Galassie, Chair, Illinois Health Facilities and Services Review Board
Toni Preckwinkle, Chair, Cook County Board



Ingalls. Ingalls Health System

One Ingalls Drive
Harvey, IL 60426
708.333.2300

July 12, 2011

Via First Class Mail and

Email: temason@cookcountyhhs.org and jwykowski@cookcountyhhs.org

Dr. Terry Mason, Interim Chief Executive Officer and
Joy Wykowski, Chief of Staff
Cook County Health & Hospitals System
1900 W. Polk Street – Suite 220
Chicago, IL 60612

Dear Dr. Mason:

We appreciated discussing with you and your team the closure of inpatient services at Oak Forest Hospital. We understand the needs and strategy of the Cook County Health & Hospitals System, and as a result, Ingalls Memorial Hospital will not oppose the closing of Oak Forest Hospital for inpatient services.

However, we support continued operation of the immediate care center and expansion of outpatient services. In addition, Ingalls, working in cooperation with other area hospitals, has the ability to assume patients who traditionally sought services at Oak Forest.

If you need any further information, please feel free to call me.

Sincerely,

Kurt E. Johnson
President and Chief Executive Officer

klm



MetroSouth
MEDICAL CENTER

EXECUTIVE OFFICES

RECEIVED

APR 21 2011

HEALTH FACILITIES &
SERVICES REVIEW BOARD

10-078

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 Chief Executive Officer of MetroSouth Medical Center, I support the application by Cook County Health and Hospitals System (CCHHS) to discontinue services at Oak Forest Hospital. Plain and simple, this proposal is good public policy.

MetroSouth Medical Center is located in Blue Island, not far from Oak Forest. We understand the vital role that safety net services play in the communities of southern Cook County. Like CCHHS, we fundamentally impact the lives of tens of thousands of people every year that might otherwise not be able to receive care.

We also understand that all health systems must re-evaluate how they provide care in light of healthcare reform and medical advances. One thing is clear: No matter what your patient base, ambulatory and specialty care must be a focus moving forward. This is even more imperative given that CCHHS serves a low-income population. Some of its patient base currently relies solely on emergency departments for medical care. Emergency department services are costly and can provide too little care too late for those who do not see doctors regularly.

As we work together to improve the area's safety net services, we must give low-income residents more access to primary care physicians and specialists. MetroSouth is doing that through the health centers we recently opened throughout the Southland. CCHHS plans to do that by overhauling its Oak Forest campus. Discontinuing Oak Forest Hospital as it currently operates is the first step toward bringing CCHHS patients the preventative, diagnostic and specialty care they need.

Southern Cook County has no shortage of nearby emergency and inpatient facilities. Those who currently use Oak Forest Hospital for these purposes will still have access, including through our own hospital in Blue Island. CCHHS and MetroSouth are partners in the region, and we will continue to collaborate on improving safety net services in the years to come.


Cook County Health and Hospitals System's plan would replace an underutilized hospital with a new model that would give patients the services they truly need to maintain their health. I urge the Health Facilities and Services Review Board to approve this request to discontinue Oak Forest Hospital.

Respectfully,

Enrique Beckmann MD, PhD
Enrique Beckmann, MD, PhD
Chief Executive Officer

12935 South Gregory Street, Blue Island, IL 60406-2428 • Tel 708-597-2000 • www.MetroSouthMedicalCenter.com

Attachment 10

 **Advocate**
Christ Medical Center
Hope Children's Hospital

4440 West 95th Street || Oak Lawn, IL 60463 || T 708.684.8000 || advocatehealth.com

June 2, 2011

Dr. Terry Mason, MD
Interim Chief Executive Officer
Cook County Health and Hospitals System (CCHHS)
1900 West Polk Street, Suite 220
Chicago, Illinois 60612

Re: Oak Forest Hospital – CON for Discontinuation

Dear Dr. Mason:

I am writing in response to your recent request for a letter assessing the impact of Cook County Health and Hospital Systems discontinuing inpatient services at Oak Forest Hospital. We appreciate your ongoing efforts to keep us informed of your transition plans.

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With regard to our ability to provide care to Oak Forest Hospital patients, as the tertiary/quaternary hub for the Southland, Advocate Christ Medical Center ("ACMC") would accept Oak Forest patients requiring tertiary or quaternary inpatient services to the extent our capacity allows. ACMC has historically operated at or above our functional capacity. We are pleased, however, that we have recently begun plans for a major expansion of our Ambulatory Services. We anticipate that our Ambulatory Pavilion, if approved by the Review Board, will significantly enhance our ability to serve the Southland area. We would care for Oak Forest's patients without restrictions, conditions, limitation or discrimination. Please

A faith-based health system serving individuals, families and communities

Recipient of the Magnet Award for excellence in nursing services by the American Nurses Credentialing Center



note that Oak Forest patient requiring primary or secondary inpatient care may be served by a facility closer to your campus, such as our sister hospitals, Advocate South Suburban Hospital or Advocate Trinity Hospital. Most importantly, we are committed to working with you throughout this transition, and into the future, to ensure that all patients in our community are cared for in the most appropriate setting.

We look forward to working with you further as Oak Forest Hospital's transition progresses. Should you have any follow up questions or concerns, please have your office contact Elyse Forkosh Cutler, Advocate's Vice President of Strategic Planning and Network Development at 630-990-5388.

Sincerely yours,



Dominica Tallarico, Chief Operating Officer
Advocate Christ Medical Center and
Hope Children's Hospital

cc: Dale Galassie, Chair, Illinois Health Facilities and Services Review Board
Toni Preckwinkle, Chair, Cook County Board



July 7, 2011

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

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Sincerely,

A handwritten signature in black ink, appearing to read "Seth C.R. Warren", with a long horizontal flourish extending to the right.

Seth C.R. Warren
CEO - Franciscan Alliance South Suburban Chicago Region
President - Franciscan St. James Health

17800 South Kedzie Avenue
Hazel Crest, Illinois 60429-0989
Telephone 708.799.8000



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Cook County Health and Hospitals System
1900 West Polk Street
Chicago, Illinois 60612

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Michael Englehart
President

cc: Dale Galassie, Chair, Illinois Health Facilities and Services Review Board
Toni Preckwinkle, Chair, Cook County Board



Ingalls.

Ingalls Health System

One Ingalls Drive
Harvey, IL 60426
708.333.2300

July 12, 2011

Via First Class Mail and

Email: temason@cookcountyhhs.org and jwykowski@cookcountyhhs.org

Dr. Terry Mason, Interim Chief Executive Officer and
Joy Wykowski, Chief of Staff
Cook County Health & Hospitals System
1900 W. Polk Street – Suite 220
Chicago, IL 60612

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Kurt E. Johnson
President and Chief Executive Officer

klm



MetroSouth
MEDICAL CENTER

EXECUTIVE OFFICES

RECEIVED

APR 21 2011

HEALTH FACILITIES &
SERVICES REVIEW BOARD

10-078

April 12, 2011

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

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Respectfully,

Henrique Beckmann, MD, PhD
Henrique Beckmann, MD, PhD
Chief Executive Officer

 **Advocate
Christ Medical Center
Hope Children's Hospital**

4440 West 95th Street || Oak Lawn, IL 60463 || T 708.684.8000 || advocatehealth.com

June 2, 2011

Dr. Terry Mason, MD
Interim Chief Executive Officer
Cook County Health and Hospitals System (CCHHS)
1900 West Polk Street, Suite 220
Chicago, Illinois 60612

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Recipient of the Magnet award for excellence in nursing services by the American Nurses Credentialing Center



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Sincerely yours,



Dominica Tallarico, Chief Operating Officer
Advocate Christ Medical Center and
Hope Children's Hospital

cc: Dale Galassie, Chair, Illinois Health Facilities and Services Review Board
Toni Preckwinkle, Chair, Cook County Board

one copy

I am speaking on behalf of my family members who are under insured & no insurance and myself.

My eldest daughter who is under insured insulin type II diabetic. She was treated at Oak Forest now transferred to Provident. In ^{6 months} many visits without seeing doctor only having her medications updated she is not able to get everything done in one visit. I ask and am other to see the doctor.

My younger son who was treated with a broken leg. I take him to all his visits the ER, ortho clinic & rehab / therapy. Going to Stroger would have been very difficult getting from the car to the clinic on crutches on the Bus would have been a nightmare and many hours.

My grandson was treated at Oak Forest for an eye infection ^{my neighbor} HTN gets his Meds through ^{the} ER. Myself I have Medicare. I attend pulmonary clinic at Stroger every 4 months. I get my medications through the mail order pharmacy the best system the county has a good thing.

I have Arthritis, asthma, COPD, diabetes ^{type 2}, HTN
Hypercholesterolemia.

RUBY MORAN
708 596 1725

Cheryl McGrud

From: Kimberly Sarabia <kimberly.sarabia@gmail.com>
To: mcherylmcgrud <mcherylmcgrud@aol.com>
Subject: Your Testimony
Date: Mon, Jul 11, 2011 11:59 am

*is not clear
Crisis of care
John to Stroger hospital*

Hi Cheryl!

Hope you are doing well. Below is what I wrote down from our conversation. Please make sure that this is okay, and I was wondering if you can finish it with your final thoughts.

one copy

Thanks,

Kim

Name, and your position at Stroger Hospital

Since services have been stopped at Oak Forest Hospital, I have seen more patients coming to Stroger. I have admitted some of the patients have been sent here. There have been longer waits and it has become more crowded, because of the patients who have to travel here all the way from the South Suburbs. Patients now have to wait 12 hours at the emergency room. Patients also now have to wait 2 to 3 days for a bed, but they sometimes get discharged before they get a bed.

The staff at Stroger is also under a great deal of stress and is tired because of the surge in patients. They are under a lot of pressure to accommodate more demanding workloads. They are also under a lot of stress due to the threat of layoffs, and some are worried about losing their pensions.

The changes in the system are causing problems in access and quality of care. Hospitals nearby are not capable of handling new patients. The cuts in Oak Forest and Provident is limiting our ability to treat patients effectively. Loss of beds, ERS, ICU, Acute Care, and rehab is making it a lot harder for patients to receive care. Overall, the cuts in services is making it hard for everyone.

Good Morning. My name is Toni Preckwinkle, and I'm the President of the Cook County Board of Commissioners, and I'm here with Dr. Terry Mason, Interim CEO of the Cook County Health and Hospitals System.

I stand before you this morning to testify in support of the transformation of Oak Forest Hospital into a Regional Outpatient Center, as a vital part of the Cook County Health and Hospitals System's Vision 2015 Strategic Plan. The Strategic Plan was vetted over a long period of time - by the system itself, by outside experts, and by ordinary citizens, through a series of public hearings all across the County.

Let me be clear - the Strategic Plan, and this transformation of Oak Forest Hospital, is about two things: ensuring the survival of our public health care system in the 21st century, and providing the best quality of care for the greatest number of people - especially those who need it the most - and doing so in a way that is cost effective and competitive.

Oak Forest Hospital is a 213 bed hospital that has, over the past few years, consistently seen a consistently declining Census of 30-60 patients. It's a massive facility that has been severely underutilized and has great potential to be transformed into a facility that is more able to meet the needs of the southland - and experts believe that a regional outpatient center will fill a significant service need.

Studies show that in the South Suburbs, and other low income communities, residents have the least access to outpatient care and specialty care, such as cardiology, neurology, urology, and other specialists who can help manage common chronic health issues like diabetes. Access to these types of specialists improves health care outcomes for those who need it the most, and improves the ability of the system to deliver cost effective service. Oak Forest already sees roughly 52,000 outpatients a year - in its first year, the new Outpatient Center will see an additional 30,000 southland residents - part of a regional increase in outpatient visits of 300,000 by 2015.

The regional approach to health is vital to ensure the survival of our public health care system with the reality of growing need and diminishing resources during tough economic times. President Obama's health care reform is shifting cost incentives for hospitals toward outpatient specialty care, regional provision, and centralized inpatient services.

This enhanced use of Oak Forest Campus is part of our broader regional plan for health care that fully utilizes the resources already here - including local hospitals and federally qualified health clinics. Surrounding hospitals, including Ingalls, MetroSouth, South Shore, and Advocate South Suburban have indicated their full support for and participation in this plan, agreeing to do their part in upholding the southland safety net without restrictions, conditions, limitation or discrimination.

Let me close by saying again - this is about providing more care for more people. We are increasing, rather than decreasing service - 30,000 more outpatient visits in the first year, and a 24/7 immediate care center. The Hospital System has detailed plans for transitioning all long term care patients to alternative living facilities, which they will outline later in this hearing. I am fully supportive of the transformation of Oak Forest into a regional outpatient center, to improve health care in the southland and Cook County as a whole. Thank you for listening, and thank you for your participation here today.

copy

Good Morning. My name is Toni Preckwinkle, and I'm the President of the Cook County Board of Commissioners, and I'm here with Dr. Terry Mason, Interim CEO of the Cook County Health and Hospitals System.

I stand before you this morning to testify in support of the transformation of Oak Forest Hospital into a Regional Outpatient Center, as a vital part of the Cook County Health and Hospitals System's Vision 2015 Strategic Plan. The Strategic Plan was vetted over a long period of time - by the system itself, by outside experts, and by ordinary citizens, through a series of public hearings all across the County.

Let me be clear - the Strategic Plan, and this transformation of Oak Forest Hospital, is about two things: ensuring the survival of our public health care system in the 21st century, and providing the best quality of care for the greatest number of people - especially those who need it the most - and doing so in a way that is cost effective and competitive.

Oak Forest Hospital is a 213 bed hospital that has, over the past few years, consistently seen a consistently declining Census of 30-60 patients. It's a massive facility that has been severely underutilized and has great potential to be transformed into a facility that is more able to meet the needs of the southland - and experts believe that a regional outpatient center will fill a significant service need.

Studies show that in the South Suburbs, and other low income communities, residents have the least access to outpatient care and specialty care, such as cardiology, neurology, urology, and other specialists who can help manage common chronic health issues like diabetes. Access to these types of specialists improves health care outcomes for those who need it the most, and improves the ability of the system to deliver cost effective service. Oak Forest already sees roughly 52,000 outpatients a year - in its first year, the new Outpatient Center will see an additional 30,000 southland residents – part of a regional increase in outpatient visits of 300,000 by 2015.

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**TESTIMONY
TERRY E. MASON, M.D.
OAK FOREST CON PUBLIC HEARING
14 JULY 2011**

Ms. Avery, Chairman Galassie, thank you for this opportunity to offer testimony on the Oak Forest CON application.

My name is Dr. Terry Mason. On May 6th of this year, I assumed the role of Interim Chief Executive Officer of the Cook County Health and Hospitals System, after serving as the System's Chief Medical Officer. Prior to becoming the System's Chief Medical Officer, I had been the Commissioner of the City of Chicago Public Health Department. I also am a practicing urologist.

As you know, this is the second application for permit for the transformation of our Oak Forest medical facilities from a costly, underutilized, out-of-date inpatient hospital into a Regional Outpatient Center that will offer critically needed ambulatory services, particularly specialty services, to the residents of the Southland.

We thank the Board, you, and the Board staff for your professional consideration of the complex issues underlying this important public health project through this long process.

I will limit my brief public remarks today to the core of the case for transformation of the Oak Forest campus in the eyes of a career physician and long-time public health administrator. The full arguments and supporting analyses are contained within the application, and by now, familiar to many. For anyone who still harbors doubt as to the public health efficacy of our plan, I say to you without equivocation that Oak Forest as a hospital has not and cannot deliver a contemporary standard of hospital care for a wide range of acute care services. The future for our System, the future for our patients, and the future of the Southland will be far better served by Oak Forest as a Regional Outpatient Center.

The hospital's economics, its staffing, its aged plant, simply make it no longer viable as an inpatient facility. This is not to say that care rendered at Oak Forest over the years has not been of high quality, or the staff skilled and dedicated to their patients, but rather that the far greater benefit to the community and to the patients served can and will be achieved by transformation of Oak Forest into a Regional Outpatient Center and creating a medical home for patients.

As recognized by our System's Strategic Plan approved and adopted one year ago, echoing the principles of federal health reform, and those of State of Illinois Medicaid reform, access to quality healthcare for safety net patients, as for all patients, is most effectively delivered outside of hospitals, precisely in order to keep people healthy enough to avoid hospitalization.

The transformation of Oak Forest into a Regional Outpatient Center is an indispensable component to implementation of our Strategic Plan: Vision 2015 - - and to our System's essential adaptation to federal and state health reform. This transformation is also important to make sure that our public health system survives. Already, the delay in obtaining this Board's regulatory approvals has caused us to lose valuable months of preparation for the changes to the new models of care delivery mandated by federal and state Medicaid reform.

The Cook County Health and Hospitals System remains, as for decades past, by far the largest provider of safety net care in the State of Illinois. Our mission, our culture, and our actions--in fact, our very reason for being--is to provide timely access to quality health care for those in need in Cook County.

As attested to by letters and statements of support from a wide array of healthcare leaders from academic medical centers, FQHC's, community hospitals, and community leaders, the proposed transformation of Oak Forest embodies forward looking healthcare delivery in a world where "the right care at the right place at the right cost" has become the overarching policy principle for expanding access and containing costs.

As the largest safety net provider in the state, we are the bedrock of the safety net in our region. Over the decades in this role, we have accumulated expertise in safety net healthcare delivery. Our success in adapting to the shifting health policy environment, and deploying our limited resources optimally fulfills not only our responsibilities of fiscal stewardship to taxpayers, but is essential for the function of the regional safety net. The safety net health care delivery system in Cook County critically depends upon us to utilize our constrained resources as effectively as possible. This is why our proposal has garnered such broad support from those local leaders most knowledgeable about the regional safety net.

Let's place things in context and review where we are today:

- As a System, we serve over 800,000 patients a year, of whom the overwhelming majority are uninsured or Medicaid beneficiaries. We delivered about \$500 million in uncompensated care in 2009, which is significantly more than all the other Disproportionate Share hospitals in the state -- combined. In Fiscal Year 2010, Cook County subsidized System operations with over \$300 million in taxpayer dollars.**
- We provide astonishing volumes of quality inpatient and outpatient care to the most fragile of the County's uninsured and Medicaid patients. HIV/AIDS patients. Prisoners. Burn patients. Gunshot victims. Homeless individuals. The list goes on and on.**
- The System does all this despite receiving virtually no general revenue funds from the State of Illinois for Medicaid service delivery. While the State of Illinois bears the burden of funding Medicaid services elsewhere in Illinois, Cook County funds the System's Medicaid and DSH payments.**

- **Oak Forest Hospital historically was an 1,100-bed long-term care facility. Today, it is authorized for 213 beds, but is grossly underutilized. Today, 10 inpatients reside in Oak Forest, all of them patients for many years, all of whom could be readily cared for by other providers in clinically more appropriate settings. If approved, we will continue to work with these patients – and their families - to find comparable care facilities.**
- **Since June 1st, subsequent to the denial of permit for our previous application, the hospital has suspended inpatient services in the ICU, Rehabilitation, and Long-Term care categories of service in accordance with IHSRB rules. Staffing shortages and budget constraints compelled this decision.**
- **The Health System's fiscal year 2011 appropriation, as approved by the elected officials comprising the Cook County Board of Commissioners, contained no appropriation for operation of Oak Forest Hospital beyond last June 1st. The two million plus dollars that we are spending at Oak Forest monthly to maintain a reduced scope inpatient facility is unbudgeted, and has been drawn away from other System critical priorities, including the Regional Outpatient Center transformation.**
- **The Standby Emergency Room continues to operate. The overwhelming majority of ER patients, are --not emergencies-- and many are being seen in the "Immediate Care" clinic. After hearing concerns from the public, we adjusted our plan so that our Immediate Care Center would be open 24 hours.**
- **During the month of June, consistent with our clinical protocols, 148 patients presenting to the Oak Forest ER were transferred to other hospitals for further treatment. Of that, about half were admitted to John H. Stroger, Jr. Hospital for further treatment; while other patients were transferred to Provident Hospital, South Suburban Hospital and Christ Hospital. Consistent with what we have said in the past, we found that area hospitals have cooperated with us and none of the patients transferred have been denied care.**
- **The continued allocation of staffing and financial resources has delayed implementation of the System's Strategic Plan for Oak Forest. As our application for permit and the Strategic Plan thoroughly detail, a pressing need for improved access to outpatient specialty and primary care services throughout our System, but especially in the Southern part of Cook County.**
- **As things currently stand, we cannot serve all the patients referred for specialty outpatient care by many of our FQHC partners. Our outpatient services are overly centralized at Stroger Hospital. For residents of Southern Cook County, this results in excessive delays in service and the need to travel long distances for outpatient care. The Regional Outpatient Center at Oak Forest will address these access gaps.**

- And, if approved, we can look at making further enhancements detailed in the Strategic Plan at Oak Forest including restoring an outpatient surgical center on the site.

This is the core of the case for our proposal, and an outline of the current, challenging circumstances that we confront.

The singular importance of our request is evidenced by the presence here this morning, and testimony of President Preckwinkle. We are enormously grateful for her active, public support.

Perhaps later today, as in past months, there has been quite a bit of rhetoric leveled at us by those who oppose our plan. And yet, we have provided letters of support from the National Association of Public Hospitals and Health Systems, the Illinois Primary Healthcare Association (which represents all the FQHCs in Illinois), 8 individual area FQHCs, the South Side Healthcare Collaborative (which includes about 30 clinics and 5 hospitals serving the South Side of Chicago), Access Illinois, Rush University Medical Center, Mercy Hospital, Sinai Health System, and many others. We respectfully ask the Board to pause and carefully consider whether it can recall having seen another CON application that has received this depth and breadth of support from safety net access leaders.

I thank you for this opportunity to testify, and thank you and the staff again for your professional consideration of the complex issues underlying this application.

DR

Testimony in Support

Dr. Cezike

My name is Dr. Cezike and I am the lead physician for Oak Forest Specialty Care. I am here to support the Health System's plan to increase outpatient services at Oak Forest Hospital.

In my role, I come in contact with many of our patients who are in need of specialty care or subspecialty care. I hear directly from them the need for our services – in particular outpatient services.

Currently, many of our residents have to go to Stroger Hospital for basic procedures or tests because we don't have the capability or staff here at Oak Forest to meet the need. Under this plan, we would be able to increase the outpatient efforts of the health system and serve more – not less – residents of the Southland. Under this plan, we would be able to see almost four times as many outpatient visits by 2015 then we currently see.

In these current economic times, we must redeploy our scarce resources and move them to their highest and best use. For the community around Oak Forest, that is moving those resources to outpatient services. For those patients, having those services at Oak Forest – in their community - is critical.

By approving the Health System's plan we will be able to provide those sorely needed services. Under the plan we will be able to increase primary care physicians at the facility – enabling us to see almost 300 (280) more patients each week.

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.

Eventually we would be looking at the development of a Women's Health Center and an Ambulatory Surgery Center at OFH to further increase the access to our south suburban patients.

In my opinion, the best use for Oak Forest is as a Regional Outpatient Center that truly meets the needs of our community.

Testimony in support of Project 11-037
Discontinuation Inpatient Services 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 an acute care hospital.

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. We are collaborating with our neighboring facilities to provide care and to ensure that the community receives the quality and service that it so 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.

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 realigning its operation to meet current and future health needs of this region. The new vision for 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 restructuring 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 inside of a medical home while implementing a population health based delivery model.

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, WePLAN 2015, 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 private and public health systems to consider in their delivery approach to effect positive change. Thus, I would like to summarize for the board selected results that all 125 municipalities, 30 townships, and approximately 2.3 million residents wish to see address over the next five years [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!

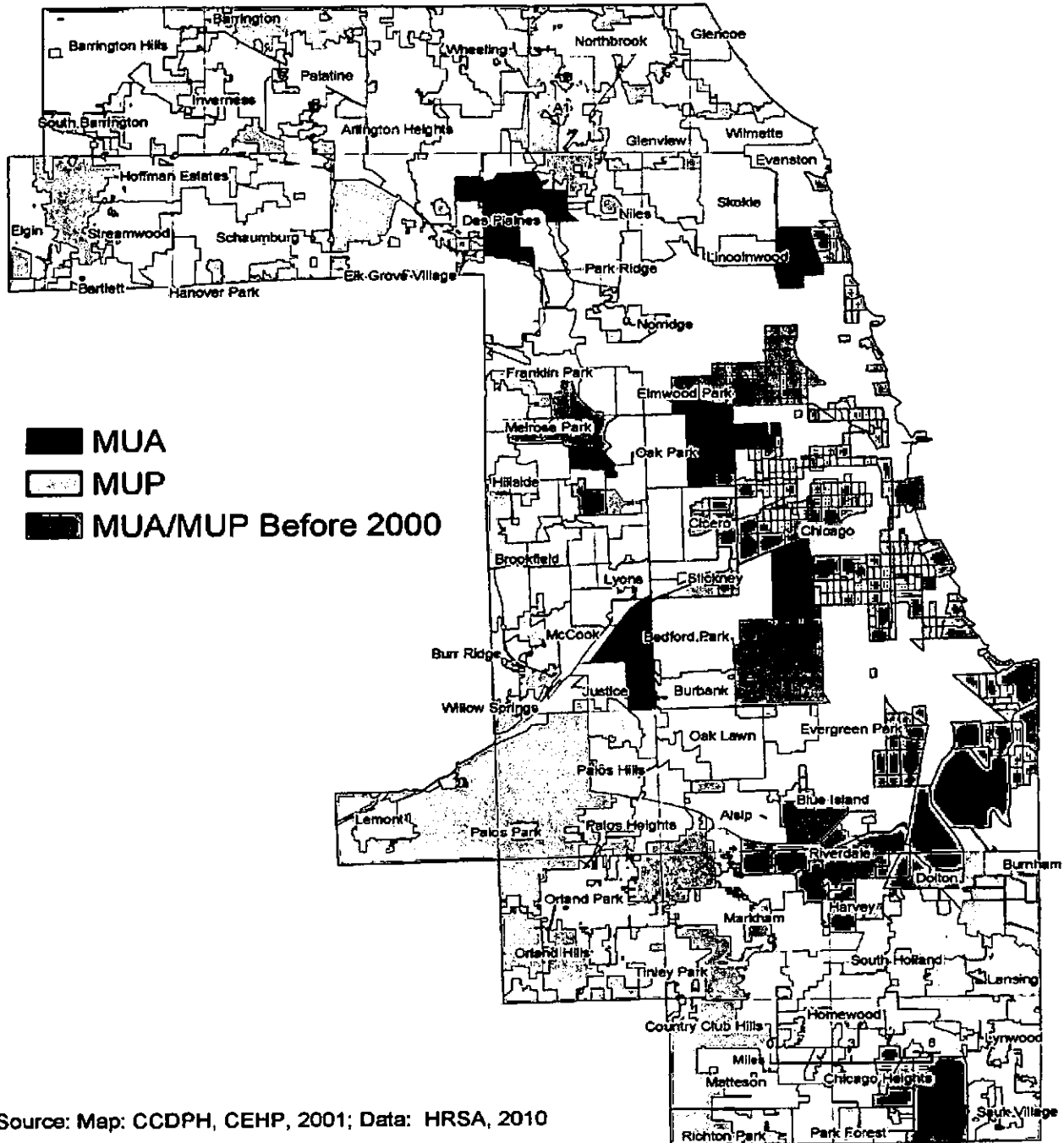
In fact, we are re-engineering our operation at the health department to meet the priorities of WePLAN 2015 and the technical health assistance our communities will need in the future. Furthermore, our Communities Putting Prevention to Work (CPPW) initiative is designed to promote changes in policy and 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 efforts to deliver more high quality outpatient services and we are 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

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July 7, 2011

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

Dear Mr. Galassie,

Access to Care is a 22 year old organization committed to providing healthcare access for those who are uninsured and ineligible for government programs. We have provided primary care to over 103,000 unduplicated individuals through arrangements with voluntary participant physicians, providers of pharmacy, laboratory, and radiology services, and with the significant assistance of Cook County and the Cook County Health & Hospitals System. Almost all 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 the absence of a State of Illinois appropriation of \$3,000,000 a year.

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

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

Access to Care was at many of the 14 public town hall meetings at which the CCHHS Strategic plan was discussed. I believe that the plan attempts to make best use of 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 about geographical distribution of the System's specialty care and diagnostic services. The Strategic Plan was modified in order to respond to concerns raised by the public.



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 as an inpatient facility, and its re-opening as an outpatient facility.

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

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.

ILLINOIS



ASSIGNMENT DESPITE OBJECTION/INPATIENT

You must first verbally protest your assignment to your supervisor at the time you believe it is suboptimal or unsafe. This is usually at the beginning of the shift, but might occur at any time. If your supervisor does not make a satisfactory adjustment to the assignment, complete this form to the best of your knowledge and distribute the ADO copies according to the instructions on the reverse side.

SECTION I I/We N. Nayan, D. Blancada, K. Salazar, Chenan, Ambrose
 Registered Nurse(s) employed at _____ Facility _____ Unit/Dept _____ Shift _____

Hereby protest my/our assignment as: Primary Nurse Charge Nurse Relief Charge Team Leader
 given to me/us by _____ Name/Title _____ Date 6/27/11 Time 0700

As a patient advocate, in accordance with the Illinois Nursing Practice Act, this is to confirm that I/we notified you that, in my/our professional judgment, today's assignment is unsafe and places my/our patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I/we will, under protest, attempt to carry out the assignment to the best of my/our ability.

SECTION IIa (See Title 77 regulations on reverse side)

I am objecting to the aforementioned assignment on the grounds that: (check all that apply)

- I was given an assignment where I did not receive or complete:
 - orientation to the unit
 - training to competently perform my assigned duties and responsibilities
- I was given an assignment which posed a potential threat to the health and safety of my patients (explain in Section V)
- Staffing/skill/mix is/was insufficient to:
 - meet the individual patient care needs/requirements of my patients
 - perform effective assessments of patients assigned to me
 - meet the teaching/discharge needs identified by my patient's condition
 - provide breaks by a direct-care RN to prevent fatigue, accidents, and/or errors
- The unit is/was staffed with unqualified:
 - licensed unlicensed certified staff
 - excessive registry personnel whose competency was not communicated to me
 - direct patient care duties did not allow time for charge nurse duties (clinical supervision/coordination of care)
- Hospital in non-compliance with required ratios 1:1 1:2 1:3 1:4 or 1:8 (see Title 77 ratios on reverse side)
- New patients were transferred or admitted to unit without adequate staff
- Patient(s) placed inappropriately on the unit required a higher level of care than could be provided
- I was forced to work beyond my scheduled hours (e.g. mandatory overtime)
- Other (explain in Section V)

SECTION IIb Working conditions:

Meal period missed? Yes No Break missed? Yes No Overtime worked? Yes No

SECTION III Type of unit:

- ICU/CCU L&D OR Peds Psych
- NICU Telemetry ER Post-partum Rehab
- Med/Surg Stepdown/ICU Nursery PACU Other

Patient Classification System Name: _____

Census _____ Acuity: Low Medium High Extreme

Staffing system variance (difference between patient acuity and actual staff provided): _____

SECTION IV Patient care staffing count:

Clerk? Yes No Lift team? Yes No Transport? Yes No

Permanent/Regular	Float/Casual/Per Diem	Traveler/Agency Registry	Permanent/Regular	Float/Casual RD	Traveler/Agency/Registry
RN <u>4.5</u>	-	-	AIDE <u>3</u>		
LVN			OTHER Clerks <u>4</u>		

SECTION V Brief Problem Statement:

1 RN in triage, 2 RNs in ER + 1 at 10^A + 1 RN at 12N
1 RN in PT, 1 registry RN came at 2 pm

SECTION VI Complete this section as appropriate:

Patient care affected (this may need to be filled out at the end of your shift, if appropriate): Nursing care not done/not done effectively (i.e. assessment, evaluation, personal care, treatments, teaching, charge duties, transfers/admissions delayed, etc.).

Potential/actual hazard that resulted from this situation: _____

SECTION VII Action:
 Supervisor notified: D. Barnes Date/Time: 6/27/11 0800
 Supervisory response: _____

Other person notified: J. Foraker Date/Time: 6/27/11
 Other person's response: _____

ILLINOIS



ASSIGNMENT DESPITE OBJECTION/INPATIENT

You must first verbally protest your assignment to your supervisor at the time you believe it is suboptimal or unsafe. This is usually at the beginning of the shift, but might occur at any time. If your supervisor does not make a satisfactory adjustment to the assignment, complete this form to the best of your knowledge and distribute the ADO copies according to the instructions on the reverse side.

SECTION I I/We N. NAYAN, N. Jushaniani, K. Salazar, A. Chenia

Registered Nurse(s) employed at _____ Facility _____ Unit/Dept _____ Shift _____
Hereby protest my/our assignment as: Primary Nurse Charge Nurse Relief Charge Team Leader
g/ven to me/us by _____ Name/Title _____ Date 6/29/11 Time 0800

As a patient advocate, in accordance with the Illinois Nursing Practice Act, this is to confirm that I/we notified you that, in my/our professional judgment, today's assignment is unsafe and places my/our patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I/we will, under protest, attempt to carry out the assignment to the best of my/our ability.

SECTION IIa (See Title 77 regulations on reverse side)

I am objecting to the aforementioned assignment on the grounds that: (check all that apply)

- I was given an assignment where I did not receive or complete:
 - orientation to the unit
 - training to competently perform my assigned duties and responsibilities
- I was given an assignment which posed a potential threat to the health and safety of my patients (explain in Section V)
 - Staffing/skill mix is/was insufficient to:
 - meet the individual patient care needs/requirements of my patients
 - perform effective assessments of patients assigned to me
 - meet the teaching/discharge needs identified by my patient's condition
 - provide breaks by a direct care RN to prevent fatigue, accidents, and/or errors
- The unit is/was staffed with unqualified:
 - licensed unlicensed certified staff
 - excessive registry personnel whose competency was not communicated to me
 - direct patient care duties did not allow time for charge nurse duties (clinical supervision/coordination of care)
- Hospital in non-compliance with required ratios 1:1 1:2 1:3 1:4 or 1:8 (see Title 77 ratios on reverse side)
- New patients were transferred or admitted to unit without adequate staff
- Patient(s) placed inappropriately on the unit required a higher level of care than could be provided
- I was forced to work beyond my scheduled hours (e.g. mandatory overtime)
- Other (explain in Section V)

SECTION IIb Working conditions:

Meal period missed? Yes No Break missed? Yes No Overtime worked? Yes No

SECTION III Type of unit:

- ICU/CCU L&D OR Peds Psych
- NICU Telemetry ER Post-partum Rehab
- Med/Surg Stepdown/ICU Nursery PACU Other

Patient Classification System Name:

Census _____ Acuity: Low Medium High Extreme

Staffing system variance (difference between patient acuity and actual staff provided): _____

SECTION IV Patient care staffing count:

Clerk? Yes No Lift team? Yes No Transport? Yes No

Permanent/Regular	Float/Casual/Per Diem	Traveler/Agency Registry	Permanent/Regular	Float/Casual/Per Diem	Traveler/Agency/Registry
RN: <u>5</u>			AIDE: <u>4</u>		
LVN			OTHER (clerk): <u>25</u>		

SECTION V Brief Problem Statement:

(If more space is needed, attach additional information and make four copies to distribute)

SECTION VI Complete this section as appropriate:

Patient care affected (this may need to be filled out at the end of your shift, if appropriate). Nursing care not done/npt done effectively (i.e. assessment, evaluation, personal care, treatments, teaching, charge duties, transfers/admissions delayed, etc.)

Potential/actual hazard that resulted from this situation: 1 RN triage 3 RNs ER a 1 RN FT

SECTION VII Actions:

Supervisor notified: Mrs Weaver Date/Time: 6/29/11

Supervisory response: _____

Other person notified: Julie Bracton Date/Time: 6/29/11

Other person's response: _____

ILLINOIS



ASSIGNMENT DESPITE OBJECTION/INPATIENT

You must first verbally protest your assignment to your supervisor at the time you believe it is suboptimal or unsafe. This is usually at the beginning of the shift, but might occur at any time. If your supervisor does not make a satisfactory adjustment to the assignment, complete this form to the best of your knowledge and distribute the ADO copies according to the instructions on the reverse side.

SECTION I

I/We D. PLUMMER, RN Registered Nurse(s) employed at St. Elizabeth's Hospital

Facility: _____ Unit/Dept: _____ Shift: _____
 Hereby protest my/our assignment as: Primary Nurse Charge Nurse Relief Charge Team Leader
 given to me/us by L. W. [unclear] Name/Title _____ Date 6-28-11 Time 8:00 AM

As a patient advocate, in accordance with the Illinois Nursing Practice Act, this is to confirm that I/we notified you that, in my/our professional judgment, today's assignment is unsafe and places my/our patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I/we will, under protest, attempt to carry out the assignment to the best of my/our ability.

SECTION IIa (See Title 77 regulations on reverse side)

I am objecting to the aforementioned assignment on the grounds that: (check all that apply)

- I was given an assignment where I did not receive or complete:
 - orientation to the unit
 - training to competently perform my assigned duties and responsibilities
- I was given an assignment which posed a potential threat to the health and safety of my patients (explain in Section V)
- Staffing/skill mix is/was insufficient to:
 - meet the individual patient care needs/requirements of my patients
 - perform effective assessments of patients assigned to me
 - meet the teaching/discharge needs identified by my patient's condition
 - provide breaks by a direct-care RN to prevent fatigue, accidents, and/or errors
- The unit is/was staffed with unqualified:
 - licensed unlicensed certified staff
 - excessive registry personnel whose competency was not communicated to me
 - direct patient care duties did not allow time for charge nurse duties (clinical supervision/coordination of care)
- Hospital in non-compliance with required ratios 1:1 1:2 1:3 1:4 or 1:8 (see Title 77 ratios on reverse side)
- New patients were transferred or admitted to unit without adequate staff
- Patient(s) placed inappropriately on the unit required a higher level of care than could be provided
- I was forced to work beyond my scheduled hours (e.g. mandatory overtime)
- Other (explain in Section V)

SECTION IIb Working conditions:

Meal period missed? Yes No Break missed? Yes No Overtime worked? Yes No

SECTION III Type of unit:

- ICU/CCU L&D OR Peds Psych
- NICU Telemetry ER Post-partum Rehab
- Med/Surg Stepdown/IDU Nursery PACU Other

Patient Classification System Name: _____
 Census: _____ Acuity: low Medium High Extreme
 Staffing system variance (difference between patient acuity and actual staff provided): _____

SECTION IV Patient care staffing count:

Clerk? Yes No Lift team? Yes No Transport? Yes No

Permanent/Regular	Float/Casual/Per Diem	Traveler/Agency Registry	Permanent/Regular	Float/Casual PD	Traveler/Agency/Registry
RN 5	1		AIDE		
LVN			OTHER		

SECTION V Brief Problem Statement:

11:00 PM - 11:30 PM (approx) - 1st shift - 6/28/11 - 4 hrs
11:00 PM - 11:30 PM (approx) - 1st shift - 6/28/11 - 4 hrs
 (If more space is needed, attach additional information and make four copies to distribute)

SECTION VI Complete this section as appropriate:

Patient care affected (this may need to be filled out at the end of your shift, if appropriate). Nursing care not done/not done effectively (i.e. assessment, evaluation, personal care, treatments, teaching, charge duties, transfers/admissions delayed, etc.).
 Potential/actual hazard that resulted from this situation: _____

SECTION VII Action:

Supervisor notified: L. W. [unclear] Date/Time: 6/28/11 @ 10:00 AM
 Supervisory response: in agreement with the staff
 Other person notified: L. W. [unclear] Date/Time: 6/28/11 @ 10:00 AM
 Other person's response: _____

ILLINOIS

ASSIGNMENT DESPITE OBJECTION/INPATIENT

You must first verbally protest your assignment to your supervisor at the time you believe it is suboptimal or unsafe. This is usually at the beginning of the shift, but might occur at any time. If your supervisor does not make a satisfactory adjustment to the assignment, complete this form to the best of your knowledge and distribute the ADO copies according to the instructions on the reverse side.

SECTION I: I/We Sharon Williams, Bernice Brown, Linda Nguyen
Registered Nurse(s) employed at OFH Facility Unit/Dept Shift 11A

Hereby protest my/our assignment as: Primary Nurse Charge Nurse Relief Charge Team Leader
given to me/us by

Name/Title Date Time

As a patient advocate, in accordance with the Illinois Nursing Practice Act, this is to confirm that I/we notified you that, in my/our professional judgment, today's assignment is unsafe and places my/our patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I/we will, under protest, attempt to carry out the assignment to the best of my/our ability.

SECTION IIa (See Title 77 regulations on reverse side)

I am objecting to the aforementioned assignment on the grounds that: (check all that apply)

- I was given an assignment where I did not receive or complete:
 - orientation to the unit
 - training to competently perform my assigned duties and responsibilities
- I was given an assignment which posed a potential threat to the health and safety of my patients (explain in Section V)
- Staffing/skill mix is/was insufficient to:
 - meet the individual patient care needs/requirements of my patients
 - perform effective assessments of patients assigned to me
 - meet the teaching/discharge needs identified by my patient's condition
 - provide breaks by a direct-care RN to prevent fatigue, accidents, and/or errors
- The unit is/was staffed with unqualified:
 - licensed unlicensed certified staff
 - excessive registry personnel whose competency was not communicated to me
 - direct patient care duties did not allow time for charge nurse duties (clinical supervision/coordination of care)
- Hospital in non-compliance with required ratios 1:1 1:2 1:3 1:4 or 1:8 (see Title 77 ratios on reverse side)
- New patient(s) were transferred or admitted to unit without adequate staff
- Patient(s) placed inappropriately on the unit required a higher level of care than could be provided
- I was forced to work beyond my scheduled hours (e.g. mandatory overtime)
- Other (explain in Section V)

SECTION IIb Working conditions:

Meal period missed? Yes No Break missed? Yes No Overtime worked? Yes No

SECTION III Type of unit:

- ICU/CCU L&D OR Peds Psych
- NICU Telemetry XER Post-partum Rehab
- Med/Surg Stepdown/ICU Nursery PACU Other

Patient Classification System Name:

Census 14 Acuity: Low Medium High Extreme

Staffing system variance (difference between patient acuity and actual staff provided):

SECTION IV Patient care staffing count:

Clerk? Yes No Lift team? Yes No Transport? Yes No

Permanent/Regular	Float/Casual/Per Diem	Traveler/Agency Registry	Permanent/Regular	Float/Casual PD	Traveler/Agency/Registry
RN <u>2</u>		<u>1</u>	AIDE <u>3</u>		
LVN			OTHER <u>1</u>		

SECTION V Brief Problem Statement:

Dis 3RU, 2 Reg. One From Reg. Also had to cover 1nd ap

(If more space is needed, attach additional information and make four copies to distribute)

SECTION VI Complete this section as appropriate:

Patient care affected (this may need to be filled out at the end of your shift, if appropriate). Nursing care not done/not done effectively (i.e. assessment, evaluation, personal care, treatments, teaching, charge duties, transfers/admissions delayed, etc.).

Potential/actual hazard that resulted from this situation:

SECTION VII Action:

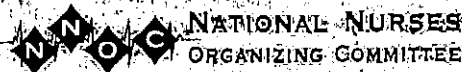
Supervisor notified: A. Walker Date/Time: 6-28-2011

Supervisory response: unable to get staff

Other person notified: Date/Time:

Other person's response:

ILLINOIS



ASSIGNMENT DESPITE OBJECTION/INPATIENT

You must first verbally protest your assignment to your supervisor at the time you believe it is suboptimal or unsafe. This is usually at the beginning of the shift, but might occur at any time. If your supervisor does not make a satisfactory adjustment to the assignment, complete this form to the best of your knowledge and distribute the ADD copies according to the instructions on the reverse side.

SECTION I

I/We Sharon Williams, Breanna Brown, Elizabeth Santos
Registered Nurse(s) employed at 67K First Ho 11/27/11 Facility GS Unit/Dept 11127A Shift

Hereby protest my/our assignment as: Primary Nurse Charge Nurse Relief Charge Team Leader
given to me/us by _____

As a patient advocate, in accordance with the Illinois Nursing Practice Act, this is to confirm that I/we notified you that, in my/our professional judgment, today's assignment is unsafe and places my/our patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I/we will, under protest, attempt to carry out the assignment to the best of my/our ability.

SECTION IIa (See Title 77 regulations on reverse side)

I am objecting to the aforementioned assignment on the grounds that: (check all that apply)

- I was given an assignment where I did not receive or complete:
 - orientation to the unit
 - training to competently perform my assigned duties and responsibilities
- I was given an assignment which posed a potential threat to the health and safety of my patients (explain in Section V)
- Staffing/skill mix is/was insufficient to:
 - meet the individual patient care needs/requirements of my patients
 - perform effective assessments of patients assigned to me
 - meet the teaching/discharge needs identified by my patient's condition
 - provide breaks by a direct care RN to prevent fatigue, accidents, and/or errors
- The unit is/was staffed with unqualified:
 - licensed unlicensed certified staff
 - excessive registry personnel whose competency was not communicated to me
 - direct patient care duties did not allow time for charge nurse duties (clinical supervision/coordination of care)
- Hospital in non-compliance with required ratios 1:1 1:2 1:3 1:4 or 1:8 (See Title 77 ratios on reverse side)
- New patients were transferred or admitted to unit without adequate staff
- Patient(s) placed inappropriately on the unit required a higher level of care than could be provided
- I was forced to work beyond my scheduled hours (e.g. mandatory overtime)
- Other (explain in Section V)

SECTION IIb Working conditions:

Meal period missed? Yes No Break missed? Yes No Overtime worked? Yes No

SECTION III Type of unit:

- ICU/CCU L&D OR Peds Psych
- NICU Telemetry ER Post-partum Rehab
- Med/Surg Stepdown/ICU Nursery PACU Other

Patient Classification System Name:

Census NA Acuity: Low Medium High Extreme

Staffing system variance (difference between patient acuity and actual staff provided): _____

SECTION IV Patient care staffing count:

Click? Yes No Lift team? Yes No Transport? Yes No

Permanent/Regular	Float/Casual/Per Diem	Traveler/Agency Registry	Permanent/Regular	Float/Casual/Per Diem	Traveler/Agency/Registry
RN 1.5	2		AIDE 4		
LVN			OTHER		

SECTION V Brief Problem Statement:

made quart staff help for ED needs. staff rotated in covering Digge

(If more space is needed, attach additional information and make four copies to distribute)

SECTION VI Complete this section as appropriate:

Patient care affected (this may need to be filled out at the end of your shift, if appropriate). Nursing care not done/not done effectively (i.e. assessment, evaluation, personal care, treatments, teaching, charge duties, transfers/admissions delayed, etc.).

Potential/actual hazard that resulted from this situation: _____

SECTION VII Action:

Supervisor notified: A. Walkan Date/Time: 6-29-11

Supervisory response: unable to get more staff help

Other person notified: _____ Date/Time: _____

Other person's response: _____

A Voice for Nurses. A Vision for Healthcare.

July 14, 2011

Ms. Courtney Avery

Administrator

Illinois Health Facilities and Services Review Board

525 W. Jefferson

Springfield, Illinois 62761

Re; Closure of Oak Forest Hospital

Dear Ms. Avery,

The National Nurses Organizing Committee, National Nurses United is writing to formally object to the discontinuing of services at Oak Forest Hospital. Despite all of the testimony provided by the Cook County Health and Hospital System regarding the closure of the facility, the day to day experience by the nurses is quite different. The Nurses of NNOOC have first hand knowledge of how the current "Temporary Suspension of Categories of Services" that was put in place on May 31, 2011 has affected patients' access to care. We ask that the IHFSRB consider these statics as you once again consider closing the Oak Forest Facility.

Transfers of Patients:

- As of June 30, 2011 there were 145 transfers of Oak Forest patients to other facilities. Of those transfers, 122 were sent to Stroger Hospital. Patients transferred to the Stroger facility, spent 24 to 48 hours in the Stroger Emergency Room before being admitted. This delay of care is dangerous to the health of these patients. The Stroger ER is understaffed and severely handicapped with supply shortages and bed shortages due to the increase of patients from the Oak Forest and Provident Facilities.
- Of the 145 patients that were transported by ambulance, only South Suburban took Oak Forest Patients. The other listed facilities refused to accept our patients due to the patient's inability to pay in most cases. Staff attempted to transfer patients to Metro South, Ingalls, South Shore and Jackson Park. If these facilities will not accept our patients now during the "Suspension of Categories of Service" of Oak Forest, what will happen to the patients when the facility is officially closed?
- The Stroger facility also is mandated to take patients from Provident hospital. Due to the "Suspension of Categories of Services" this added another 100 patients to the ER lines at Stroger.
- In July, to date 45 patients from Oak Forest were transferred to Stroger.

- During both June and July 2011 Twenty patients refused to go the Stroger due to lack of personal transportation and left the facility without receiving the life saving treatment ordered by the treating physician.
- Patients are being held in the Emergency Rooms at Stroger, Oak Forest and Provident hospital while waiting for beds. Our CCHHS patients also must compete for beds with patients from surrounding hospitals in Cook County who request on a daily basis to admit a patient from their facilities.

There is still a need for Care:

Over the past few months Nurses have completed Assignment Despite Objection (ADO) forms due to the unsafe staffing under the "Temporary Suspension of Categories of Service at Oak Forest Hospital". The nurses are bound by the Professionals and Occupations (225HCS 65/) Illinois Nursing Practice Act. The current configuration has made it very difficult for the nurses to practice in a way that is safe for the patients. The nurses have sited several instances of short staffing as it relates to the following issues.

- Given an assignment which posed a threat to the health, welfare and safety of the patient due to the staffing skill mix was insufficient to meet the individual patient care needs and requirement of the patients.
- The units are staffed with registered personnel whose competency was not communicated to the nurse in charge.
- Direct patient care did not allow time for the charge nurse to provide clinical supervision and coordination care.
- Nurses are not given time to perform effective assessments of patients assigned.
- Patients placed inappropriately on the units that required a higher level of care, that could not be provided.

There is still a need for acute care beds within the Oak Forest service areas. Please find the attached ADO forms completed in the last week as the forms pertains to the Emergency Room at Oak Forest. The nurses can not keep up with the volume of patients coming to the ER largely due to the fact that there are no beds in the facility to care for the patients. The patients must remain in the Oak Forest ER until the facility finds a bed for the patient at Stroger or a surrounding hospital, which is very unlikely. This holding of patients in the ER leaves too many waiting in the ER for treatment.

Use of Registry and Overtime hours:

Under the current "Temporary Suspension of Categories of Service at Oak Forest Hospital" there is an increase use of Registry. Nurses from other facilities are working at the Oak Forest Hospital on a voluntary basis to help with the reduced staffing. Nurses, who were laid off due to the proposed closure of Oak Forest Hospital are also being recalled to also assist at Oak Forest Hospital. The use of registry has caused the current staff great concern because the facility's excessive registry and the registry nurses competency is not being communicated to the regular full time staff.

Is lack of funding really the issue requiring the closure?

The CCHHS application and letters from county personnel may cite lack of funds is an additional issue that required the closure of the facility. Attached is a document dated May 11, 2011 submitted to the

Health and Hospital Committee of the Board of Commissioners of Cook County on Thursday May 12, 2011. In this document Oak Forest is not mentioned as a reason for the lack of revenue. In fact this report which is public records submitted by the CCHHS Chief Financial Officer, Michael Ayres, cites problems with billings as the main reason for budget imbalance in the system. In the final paragraph on page 10 he states "it should be noted that total revenues continue to grow"...." The original FY 2009 revenue budget anticipated 638 million and is now decreased to 624.6 million". These numbers are quite different from the financials submitted in the application to close the facility. We implore the Board to take a closer look at the financial reason for the closure.

In closing, The Illinois Hospital Report Care ACT requires the number of RNs, LPNs and other nursing personnel assigned to each patient care unit shall be consistent with the types of nursing care needed by the patient and the capabilities of the staff. A patient on each unit shall be evaluated near the end of each change of shift by criteria developed by nursing service. Staffing patterns shall reflect consideration for the nursing goals, standards of nursing practice, and the needs of the patients. This standard is applied to both the acute care setting and the Ambulatory Care setting. There is nothing in the current plan to close the Oak Forest Hospital Facility and convert it to an Ambulatory Care setting that remotely reflects the mandates under the Illinois Nursing Practice Act or the Report Card Act. The plan submitted to your agency does not reflect that the CCHHS administration has taken these mandates into consideration and we request that CCHHS's application to close Oak Forest Hospital is denied.

The National Nurses Organizing Committee stands in opposition to the closure of the Oak Forest Facility for reasons mentioned above. Respectfully submitted on behalf of the patients and nurses of the National Nurses Organizing Committee, National Nurses United.

Respectfully,



Leslie J. Curtis

National Nurses Organizing Committee, National Nurses United Midwest Director.

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 WILLIAM M. BEAVERS 4th DISTRICT
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OFFICE OF THE
BOARD OF COMMISSIONERS OF COOK COUNTY

118 NORTH CLARK STREET #567
 CHICAGO, ILLINOIS 60602
 (312) 603-6398
 www.cookcountygov.com/secretary

TONI PRECKWINKLE
 PRESIDENT

MATTHEW B. DELEON
 SECRETARY TO THE BOARD

MAY 6, 2011

NOTICE

There will be a meeting of the Health & Hospitals Committee of the Board of Commissioners of Cook County on Thursday, May 12, 2011 at the hour of 10:30 A.M. in the Board Room, Room 569, County Building, 118 North Clark Street, Chicago, Illinois to consider the following:

312503 AMENDMENT TO CHAPTER 38, ARTICLE V. COOK COUNTY HEALTH AND HOSPITALS SYSTEM (PROPOSED ORDINANCE AMENDMENT). Submitting a Proposed Resolution sponsored by Jerry Butler, John P. Daley and Larry Suffredin County Commissioners.

PROPOSED ORDINANCE AMENDMENT

AN AMENDMENT TO ARTICLE V. COOK COUNTY HEALTH AND HOSPITALS SYSTEM

BE IT ORDAINED, by the Cook County Board of Commissioners that Chapter 38, Article IV. Cook County Health and Hospitals System Health and Human Services, Sections 38-75 through 38-77 of the Cook County Code are hereby amended as follows:

ARTICLE V. - COOK COUNTY HEALTH AND HOSPITALS SYSTEM

Sec. 38-75. Nominating committee. Nomination and Appointment of Directors

- (a) The Nominating Committee shall elect its chair from among its members and all decisions shall be by majority vote of the membership. The Nominating Committee shall include one representative from each of the following organizations: Upon confirming that a vacancy in the office of Director has occurred or will occur, a Nominating Committee of 14 persons including a Chair shall be appointed by the President and convene to prepare a list of nominees consisting of a total of three (3) nominees per vacancy. This list shall be provided within forty-five (45) days of the President's request. If the number of nominees accepted by the President is fewer than the number of vacancies, the Nominating Committee will submit replacement nominees until the President has accepted that number of nominees that corresponds to the number of vacancies.

HEALTH & HOSPITALS COMMITTEE NOTICE

MAY 6, 2011

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- (b) Pursuant to Ordinance 08-O-22, "Ordinance Concerning The Bureau of Health Services Notwithstanding Any Provision in Existing Ordinances," which ordinance is amended by this Ordinance, the Nominating Committee convened, selected the names of 20 individuals and transmitted those names to the President for nomination to the System Board. Pursuant to Ordinance 08-O-22, "Ordinance Concerning The Bureau of Health Services Notwithstanding Any Provision in Existing Ordinances," which ordinance is amended by this Ordinance, the President then selected nine names from among the names submitted by the Nominating Committee for the office of Director, and forwarded the list of nine names to the County Board for its approval. Nominating Committee.
- a. The Nominating Committee shall consist of one (1) representative from the following organizations:
- i. Civic Federation of Chicago;
 - ii. Civic Committee of the Commercial Club of Chicago;
 - iii. Chicago Urban League;
 - iv. Healthcare Financial Management Association;
 - v. Suburban Primary Healthcare Council;
 - vi. Illinois Public Health Association;
 - vii. Metropolitan Chicago Healthcare Council;
 - viii. Health and Medicine Policy Research Group;
 - ix. Chicago Department of Public Health;
 - x. Cook County Physicians Association;
 - xi. Chicago Federation of Labor;
 - xii. Chicago Medical Society;
 - xiii. Association of Community Safety Net Hospitals; and
 - xiv. Midwest Latino Health Research Center.
- b. The term of members of the Nominating Committee shall be four (4) years.
- c. All decisions of the Nominating Committee shall be by majority vote of the membership.
- ~~(c) Pursuant to this Amendatory Ordinance, the number of Directors on the System Board shall increase from nine to 11, one of whom shall be the Chairperson of the County Board's Health and Hospitals Committee, serving ex officio. Accordingly, the President shall now select one additional name from among the names initially submitted to the President by the Nominating Committee for nomination to the System Board, and shall transmit that name to the County Board for its approval, pursuant to Subsection 38-76(b)(1) of this article. The President shall submit the nominees he/she selects to the County Board for approval of appointment. The President shall exercise good faith in transmitting the nomination(s) to the County Board.~~
- (d) Appointment of Directors. The County Board shall approve or reject each of the nominees submitted by the President within fourteen (14) days from the date the President submitted the nominees, or at the next regular meeting of the County Board held subsequent to the 14-day period. Where the County Board rejects the President's

HEALTH & HOSPITALS COMMITTEE NOTICE

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selection of any nominee for the office of Director, the President shall within seven days select a replacement nominee from the remaining nominees on the list received from the Nominating Committee. There is no limit on the number of nominees the County Board may reject. The County Board shall exercise good faith in approving the appointment of Directors as soon as reasonably practicable. In the event the nominees initially submitted to the President by the Nominating Committee are exhausted before the county Board approves the number of nominees required to fill all vacancies, the President shall direct the nominating Committee to reconvene and to select and submit an additional three nominees for each Director still to be appointed.

Sec. 38-76. Members of the System Board.

- (a) **General.** The appointed Directors are not employees of the County and shall receive no compensation for their service, but may be reimbursed for actual and necessary expenses while serving on the System Board. Directors shall have a fiduciary duty to the CCHHS and the County; and Directors shall keep confidential information received in close sessions of Board and Board Committee meetings and information received through otherwise privileged and confidential communications.
- (b) **Number of Directors.** There shall be eleven (11) Directors of the System Board.
- (c) **Ex-Officio Director.** One of the eleven (11) Directors shall be the Chairperson of the Health and Hospitals Committee of the County Board who shall serve as an ex-officio member with voting rights. This Director shall serve as a liaison between the County Board and the System Board.
- ~~(a) One of the eleven (11) Directors shall be the Chairperson of the Health and Hospitals Committee of the County Board who shall serve as an ex-officio member with voting rights. This Director shall serve as the liaison between the County Board and the System Board.~~
- (d) **Terms of Directors.**
 - a. **Ex-Officio Director.** Upon appointment or election of a successor as Chairperson of the health and Hospitals Committee of the County Board, the success shall immediately and automatically replace the prior Director as ex-officio Director with voting rights.
 - b. **The Remaining Directors.** The remaining ten Directors of the System Board shall be appointed and removed serve terms as follows. For purposes of this section, Initial Directors means the Directors who were appointed to serve on the System Board when it was first established:
 - 1. **For the initial Directors:**
 - a. Three (3) of the Initial Directors serving at the time this amendment is enacted, other than the ex-officio Directors, shall serve terms that expire June 30, 2012.
 - b. Three (3) of the Initial Directors serving at the time

HEALTH & HOSPITALS COMMITTEE NOTICE

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- this amendment is enacted, other than the *ex-officio* Directors, shall serve terms that expire June 30, 2013.
- c. Four (4) of the Initial Directors serving at the time this amendment is enacted, other than the *ex-officio* Directors, shall serve terms that expire June 30, 2014.
- d. The System Board shall vote upon and submit the list of names of the Directors whose terms shall expire June 30, 2012; the list of names of the Directors whose terms shall expire June 30, 2013; and the list of names of Directors whose terms shall expire June 30, 2013 to the President for approval and subsequent recommendation to the County Board for its approval.
2. Hereafter, Directors appointed shall serve four (4)-year terms.
- a. Each appointed Director, whether Initial or subsequent, shall hold office until a successor is appointed.
- b. Any appointed Director who is appointed to fill a vacancy, other than a vacancy caused by the expiration of the predecessor's term, shall serve until the expiration of his or her predecessor's term.
- ~~1. For initial directors the County Board shall approve or reject each of the names submitted by the President within 14 days from the date the President submitted the names, or at the next regular meeting of the County Board held subsequent to the 14 day period. Where the County Board rejects the President's selection of any name for the office of Director, the President shall within seven days select a replacement name from the remaining names on the initial list of 20 names. There is no limit on the number of names the County Board may reject. The County Board shall exercise good faith in approving the initial Directors as soon as reasonably practicable. In the event the 20 names initially submitted to the President by the Nominating Committee are exhausted before the County Board approves ten names, the President shall direct the Nominating Committee to reconvene and to select and submit an additional three names for each Director still to be appointed.~~
- ~~2. Each appointed Director, whether initial or subsequent, shall hold office until a successor is appointed. Any appointed Director shall be eligible for reappointment, but no appointed Director shall be eligible to serve more than two consecutive five-year terms.~~

HEALTH & HOSPITALS COMMITTEE NOTICE

MAY 6, 2011

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- b. Upon the expiration of an appointed Director's term, the successor Director shall be appointed in the same manner as the process set forth above for the nomination, selection and appointment of initial Directors; provided, however, that the Nominating Committee shall recommend three names for each Director position to be filled at that time.
- e. Any appointed Director may be removed for incompetence, malfeasance, willful or negligent failure to perform assigned duties, culpable inefficiency in performing assigned duties, or any cause which renders the Director unfit for the position. The President or one-third (of the members of the County Board shall provide written notice to that Director of the proposed removal of that Director from office; which notice shall state the specific grounds which constitute cause for removal. The Director in receipt of such notice may request to appear before the County Board and present reasons in support of his or her retention. Thereafter, the County Board shall vote upon whether there are sufficient grounds to remove that Director from office. The President shall notify the subject Director of the final action of the County Board.
1. In the event of a vacancy in an appointed Director position on the System Board, the President may recommend a replacement name to the County Board for its approval from the remaining names on the most recent list of names recommended by the Nominating Committee. In the alternative, the President may direct that the Nominating Committee reconvene to prepare a new list of three names for the vacancy within 30 days of the President's request. The successor Director shall then be appointed in the same manner set forth above for the selection and appointment of initial Directors.

- (e) Vacancy. A vacancy shall occur upon the:
- Expiration of Directors Term,
 - Resignation,
 - Death,
 - Conviction of a felony, or
 - Removal from the office of an appointed Director as set forth in paragraph (b)(1)(e) (h) of this section.
 - Any appointed Director who is appointed to fill a vacancy shall serve until the expiration of his predecessor's term.
- (f) Removal of Directors. Any appointed Director may be removed for incompetence, malfeasance, neglect of duty, or any cause which renders the Director unfit for the position. The President or one-third of the members of the County Board shall provide written notice to that Director of the proposed removal of that Director from office; which notice shall state the specific grounds which constitute cause for removal. The Director, in receipt of such notice, may request to appear before the County Board and present reasons in support of his or her retention. Thereafter, the County Board shall vote upon whether there are sufficient grounds to remove that Director from office. The President shall notify the subject Director of the final action of the County Board.

HEALTH & HOSPITALS COMMITTEE NOTICE

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(c) — The appointed Directors are not employees of the County and shall receive no compensation for their service but may be reimbursed for actual and necessary expenses incurred as a result of performance of their duties as set forth in Section 38-80 of this Article.

(d) — Directors shall have a fiduciary duty to the CCHHS and the County.

(Ord. No. 08-O-35, 5-20-2008; Ord. No. 08-O-37, 6-3-2008.)

Sec. 38-77. Qualifications of appointed directors.

(a) The appointed Directors shall include persons with the requisite expertise and experience in areas pertinent to the governance and operation of a large and complex healthcare system. Such areas shall include, but not be limited to, finance, legal and regulatory affairs, healthcare management, employee relations, public administration, and clinical medicine, community public health, and public health policy.

(b) Criteria to be considered in nominating or appointing individuals to serve as Directors shall include:

- a. Background and skills needed on the Board;
- b. Resident of Cook County, Illinois;
- c. Available and willing to attend a minimum of nine (9) monthly Board meetings and actively participate on at least one Board committee;
and
- d. Willingness to acquire the knowledge and skills required to oversee a complex healthcare organization.

The Nominating Committee, the President and the County Board shall take this section into account in undertaking their respective responsibilities in the recommendation, selection and appointment of Directors.

Duties of individual Directors include, but are not necessarily limited to, the following:

- (c) Regularly attend Board meetings including a minimum of nine (9) meetings per year;
 - a. Actively participate on and attend meetings of committee(s) to which the Director is assigned;
 - b. Promptly relate community input to the Board;
 - c. Represent the CCHHS in a positive and effective manner;
 - d. Learn sufficient details about CCHHS management and patient care services in order to effectively evaluate proposed actions and reports; and
 - e. Accept and fulfill reasonable assignments from the Chair of the Board.

*Referred to the Committee on Health & Hospitals on 05-04-11.

HEALTH & HOSPITALS COMMITTEE NOTICE

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312505

A RESOLUTION CONCERNING THE WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM (PROPOSED RESOLUTION). Submitting a Proposed Resolution sponsored by Larry Suffredin, County Commissioner.

PROPOSED RESOLUTION

**A RESOLUTION CONCERNING THE WOMEN, INFANTS
AND CHILDREN (WIC) PROGRAM**

WHEREAS, the Cook County Department of Public Health (CCDPH) participates in the Illinois Department of Human Service's Women, Infants and Children (WIC) Supplemental Nutrition Services Program; and

WHEREAS, the WIC program is an important pre- and post-natal assistance program that helps pregnant women, new mothers and young children to eat well and stay healthy; and

WHEREAS, WIC services include the provision of supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk; and

WHEREAS, WIC is widely recognized as a critical building-block in improving infant mortality rates and fostering healthier children; and

WHEREAS, Cook County has administered WIC programs for over two decades, serving approximately 20,000 people at eleven sites; and

WHEREAS, many of the people serviced are also CCHHS patients for other services; and

WHEREAS, Cook County has a contract with the Illinois Department of Human Services to provide the WIC program; and

WHEREAS, that contract is set to expire on June 30, 2011; and

NOW, THEREFORE, BE IT RESOLVED, that the Health and Hospitals Committee of the Cook County Board of Commissioners hold a hearing to determine if Cook County should continue to implement the WIC program in Cook County.

***Referred to the Committee on Health & Hospitals on 05-04-11.**

HEALTH & HOSPITALS COMMITTEE NOTICE

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312506

COOK COUNTY HEALTH & HOSPITALS SYSTEM (CCHHS) REPORT FOR FISCAL YEAR 2011 REVENUE BUDGET. Transmitting a Communication, dated May 2, 2011 from Michael Ayres, Chief Executive Officer, Cook County Health & Hospitals System:

Re: FY2011 Revenue Budget Forecast

The County Health and Hospitals System (CCHHS) has been assessing its ability to meet the FY2011 Revenue Budget. As set forth in the chart below, the original budgeted revenue of \$638.5 million was composed of three parts: patient fee revenue of \$360.2 million; governmental payments of \$271.3 million, comprised of Disproportionate Share Hospital (DSH) and Benefit Improvement Protection Act (BIPA) payments; and other income of \$6.9 million. As of March 30, 2011, the Health System was under total revenue budget by \$23.8 million of which patient fees were under budget by \$28.3 million and DSH payments were over budget by \$4.5 million.

The purpose of this letter is to address the causes of the unfavorable variance to date and what actions are being taken to adjust the Health System's operation to achieve a balanced budget by fiscal year-end.

	FY2011 Revenue Budget
Patient Fees	\$360.237
Government Payments	\$271.299
Other Revenue	6.974
Total Revenue	\$638.510

The patient fee revenue budget was based on a number of assumptions related to volumes, payment rates, payer mix, implementation of the Health System's Strategic Plan: Vision 2015, and the impact of the PricewaterhouseCoopers engagement in the Performance Improvement Project. As of March 30, 2011, the Health System was on target for inpatient volumes and payer mix. There was a slight unfavorable variance in outpatient volumes and in payment rates. Implementation of the Strategic Plan: Vision 2015, while not progressing as aggressively as originally hoped, is not materially behind schedule; provided, however, that this will change significantly if we do not discontinue inpatient services on the Oak Forest campus as planned. The PwC engagement in the Performance Improve Project has shown significant results in a number of areas.

The overall revenue deficiencies to date appear to lie in the four areas discussed immediately below. The corrective actions proposed for these deficiencies are addressed later in this letter.

1. Medicaid Receivables -- As of November 30, 2010, CCHHS submitted 10,676 eligibility applications to Medicaid. As of March 30, 2011, eligibility applications pending approval grew to 11,261. The budget assumed that, as a result of negotiations during late summer, Medicaid would both remain current in processing receivables and begin reducing the backlog of receivables. Neither of these events occurred as of March 30, 2011.

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2. Physician Billing Initiative -- CCHHS anticipated that it would begin billing third parties for services provided by physicians in early FY2011. Because of the complexity in the implementation of this billing process, CCHHS now anticipates that physician billing activities will begin yielding revenue in October, 2011. As a result, a relatively small portion of the budgeted physician billing revenue of \$20 million will be received in FY2011.
3. Performance Improvement Project -- The PwC engagement anticipated that, in early FY2011, CCHHS would be positioned to aggressively pursue revenue performance improvement initiatives. A number of factors including: delays in implementation of information technology changes; delays in hiring; and unanticipated complexity in correcting or implementing billing processes has slowed the expected growth in patient service revenue.
4. Revenue Cycle Software Migration -- On December 1, 2010, CCHHS migrated its three Siemens patient billing systems to one single platform. This was necessary in order to standardize the patient accounting processes throughout the system and to achieve maximum efficiency within the revenue cycle. As a result of this migration, it was anticipated that revenues would decline during December and January with a recovery in February and March of the unbilled backlog of eligibility applications. The actual recovery of the November, December and January revenues has been delayed. This is a timing issue. It is anticipated that all accounts payable during this time will be recovered within the next quarter.

Forecast

The Health System, working with PwC and other advisers, anticipates that the revenue that has been delayed as a result of the software migration will be recovered within the next quarter and that some of the anticipated additional revenue will be recovered prior to fiscal year-end. In spite of this, it is possible that the Health System will have an approximately \$33.9 million unfavorable variance in patient fees by fiscal year-end. This is due primarily to the concern that Medicaid will be unable to resolve the approximately \$40 million in receivables as originally anticipated and that CCHHS will not be able to implement physician billing in time to achieve the full \$20 million budgeted revenue.

It is significant to note that this estimated shortfall will be offset, in part, by unanticipated payments from the following:

- Upper Payment Limit -- Medicaid is allowed to pay providers up to a ceiling determined by the difference between what Medicaid pays and an allowable or upper payment limit established by other payers. CCHHS has been in negotiations with the Centers for Medicare and Medicaid Services to recognize this differential. It is anticipated that Medicaid will pay CCHHS between \$20 million and \$25 million within the next 90 days as a result of these negotiations. These revenues were not included in the FY2011 budget because there was significant uncertainty as to whether these funds would be available.
- Medicare Settlement -- On April 15, 2011, CCHHS completed its Medicare cost reports for 2010 and recorded a receivable of \$4.978 million with an anticipated

HEALTH & HOSPITALS COMMITTEE NOTICE

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settlement payment of \$3.5 million to CCHHS within the next 90 days. This settlement was not included in the budget because the outcome of the cost report process was unknown.

The above combined unanticipated revenue ranges from \$23.5 million and \$25 million and payment is expected within the next 90 days. However, only \$20 million has a high probability of recovery. As stated above, it is possible that the Health System will have an approximately \$33.9 million unfavorable variance in patient fees by fiscal year-end. This anticipated loss in the current period revenue is offset by these additional unanticipated revenues resulting in an approximately \$14 million shortfall by the end of FY2011, as set forth in the chart immediately below.

	FY2011 Revenue Budget	FY2011 Revised Revenue Budget	Change
Patient Fees	\$360.237	\$326.300	\$(33.937)
Government Payments	\$271.299	291.299	\$20.000
Other Revenue	6.974	6.974	0
Total Revenue	\$638.510	\$624.573	\$(13.937)

Corrective Action

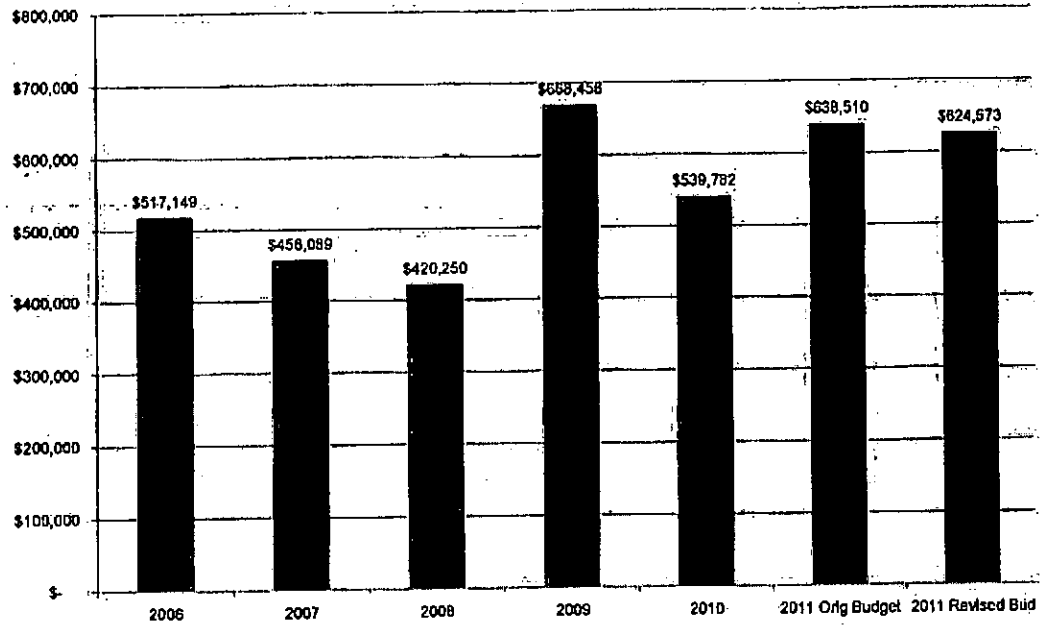
Recognizing that CCHHS has an obligation to balance its budget, management is currently taking steps to reduce its operating expenses by an additional \$14 million. The analysis of current expenditures indicates that the system is under budget in most expense categories. While overtime pay is exceeding budget, total wages are under budget. Management has committed to the CCHHS Board of Directors to reduce its overtime payments by July, 2011. At this time, it is anticipated that the additional \$14 million in expense reductions will be absorbed through under spending or the reduction of certain line items within the budget. The proposed list of reductions will be presented to the CCHHS Board of Directors at its May, 2011 meeting.

Conclusion

The approximately \$33.9 million anticipated loss in patient fees effects FY2011 only. As the initiatives for physician billing, outpatient billing and charge capture are implemented, these revenues will be recovered by CCHHS in future years. While the current unfavorable variance as of March 30, 2011 is alarming, CCHHS anticipates that approximately half of the variance will be recovered before fiscal year-end with the remaining \$14 million absorbed through the reduction of operating expenses.

It should be noted that total revenues continue to grow. The graph below shows that revenues decreased from a high of \$517 million in FY2006 to a low of \$420 million in FY2008. The retroactive DSH payment benefit received in FY2009 contributed to the almost \$668.5 million in revenue for FY2009 while the Health System generated \$539.7 million in FY2010. The original FY2011 revenue budget anticipated \$638.5 million and is now decreased to \$624.6 million.

CCHHS Total Revenue



I hope you find this information helpful. If you have any additional questions or concerns, please feel free to contact Michael Ayres, CCHHS Chief Financial Officer.

*Referred to the Committee on Health & Hospitals on 05-04-11.

Matthew B. DeLeon, pm
Matthew B. DeLeon, Secretary

Chairman: Butler
Vice-Chairman: Goslin
Members: Committee of the Whole



**Testimony of Adrienne M. Alexander
Policy & Legislative Specialist
AFSCME Council 31
on Proposed Certificate of Need for Oak Forest Hospital
July 14, 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.

I am here once again 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. These communities have the highest rates of unmet healthcare needs, and this closure will only 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, however, since the Health Facilities Review Board last rejected the County's proposal, they have shut down or suspended most operations at Oak Forest.

Currently, ICU and rehabilitation are closed, the majority of acute care patients are gone, and most people that show up needing hospital services are sent to Stroger Hospital. While CCHHS previously testified that area hospitals would be willing to take Oak Forest patients, after obtaining an original letter from one of the hospitals, it is clear these hospitals were assured "that the large majority of inpatient referrals from Oak

Forest will be submitted to Stroger Hospital and that [Cook County] expects the impact on [the hospital] to be minimal." This is a far cry from the claim submitted in the application that the area hospitals have submitted letters saying they are "*willing and able to absorb all or most of the Oak Forest Hospital patient load on an ongoing basis.*"

While the County has made a few positive improvements to its plan, such as agreeing to keep the facility open 24 hours, there is much more that is required in order to meet the services needs of the region. Most critically::

- The 24-hour urgent care center that the County has agreed to establish will not provide emergency room services and will not have any observation beds.
- The County has said it will provide outpatient surgery in the future, but has not applied for the appropriate Certificate of Need and has not provided a timeline for when such a process will begin.
- The County has provided a "staff plan" to the union, but it is merely a list of positions required, without a timeline for when employees will actually be back at work..

Given the events of the last several months, it unfortunately continues to appear that the County lacks a sincere commitment to provide the access to care needed in the South Suburbs.

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 continue

to hold County officials accountable and once again not approve the requested
Certificate of Need.



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 basis. 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.

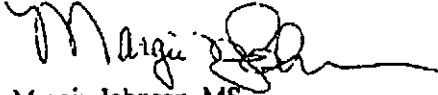
We believe our partnership with Cook County will increase and that community residents serviced by our program will see significant improvements in access to services under the proposal.

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 cursive script, appearing to read "Margie Johnson", with a long horizontal flourish extending to the right.

Margie Johnson, MS
Executive Director
Beloved Community Family Wellness Center



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 Certificate of Need 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 county safety net system will be strengthened through increasing access to essential specialty medical care and diagnostic testing for medically underserved residents.

Since its inception in 1976, Chicago Family Health Center has partnered with the County system to provide ancillary, specialty and inpatient services to our patient base. The vast majority of our patients have availed themselves of the facilities available at the main campus at Stroger Hospital, with some utilizing the Provident center as well. Oak Forest has not been a primary location for our patients to receive care.

As a Federally Qualified Health Center (FQHC), we are a community-based provider of primary and preventive health care services. As you know, our patients are largely Medicaid beneficiaries and uninsured individuals – almost 85% fall into those two categories. 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 FQHC locations and other safety net providers in Cook County. We believe providing quick, guaranteed access to these services should be the primary mission of the Cook County system, and that the addition of services at the Oak Forest Campus will improve access to this critical care. We applaud the County's recent addition of transportation services for our patients to enable the access to specialty care for children.

There is still significant unmet need for specialty services within greater Cook County. With the expansion of those services at Oak Forest campus, we anticipate that our patients will

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9119 South Exchange Avenue
Chicago, IL 60617-4321
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ROSELAND
120 West 111th Street
Chicago, IL 60628-4247
tel. 773.768.5000
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EAST SIDE
10536 S. Ewing Avenue
Chicago, IL 60617-7008
tel. 773.768.5000
fax 773.978.4806

CHICAGO LAWN
3223 West 63rd Street
Chicago, IL 60629-3333
tel. 773.768.5000
fax 773.778.9593

Chairman Dale Galassie
April 14, 2011
Page 2

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 further urge the County to prioritize access to specialty services for patients of Federally-Qualified Health Centers.

We support the 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,



Warren J. Brodine
Chief Executive Officer
Chicago Family Health Center, Inc.

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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.

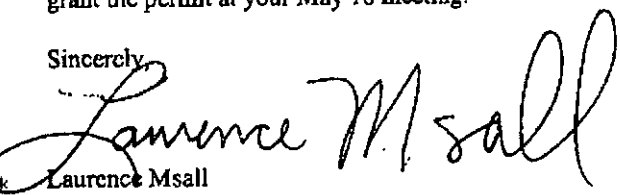
The decision to close Oak Forest Hospital and turn the existing campus into a comprehensive regional center for outpatient care was the result of a strategic planning process that began in May 2009 and took more than a year. The process included 14 community meetings across Cook County attended by hundreds 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



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Chairman

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Joseph B. Sturshak
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Lise Valentine
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Of Past Chairmen's Council



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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



An Affiliate of the University of Chicago Medical Center

800 East 55th Street
Chicago, IL 60615-4906
T (773) 702-0660 F (773) 702-4356

www.friendfhc.com

April 12, 2011

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

Dear Chairman Galassie:

HRSA Announcement: Update: Partnership for Patients 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.

Friend Family Health Center, Inc. has been partners with Cook County Health and Hospitals System for 14 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. FFHC's goal is to provide continuance access to quality healthcare to uninsured and underinsured residents throughout various Southside communities.

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,

Wayne Moyer, CEO



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

GREGG GOSLIN
COMMISSIONER
14TH DISTRICT



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

COOK COUNTY BOARD OF COMMISSIONERS

County Building
118 North Clark Street, Room 367
Chicago, Illinois 60602
(312) 603-4832
(312) 603-3686 Fax

District Service Office
1801 West Lake Avenue
Oakview, 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 Wykowaki, 312-864-8884

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.



Printed on Recycled Paper

Attachment 10

Apr. 15 2011 02:07PM PL

PHONE NO. : 847 296 5862

FROM : CARBOT COMPANIES



Illinois Primary Health Care Association

www.lphca.org

OFFICERS

Frederick Bernstein, Chair
Community Health & Emergency Services, Inc.

Kim Mitroka, Chair-Elect
Christopher Rural Health Planning Corporation

Bernice Mills-Thomas, Secretary
Near North Health Service Corporation

Virgil Tolbert, Treasurer
Christian Community Health Center

Barbara Dunn, Immediate Past Chair
Community Health Improvement Center

Bruce A. Johnson
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

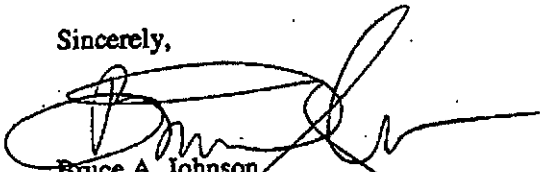
Dear Chairman Galassie:

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



"TO SERVE AND TO GROW" 7531 STONY ISLAND AVENUE CHICAGO, ILLINOIS 60648 (773) 947-7500

October 1, 2010

Ms. Joy Wykowski
Cook County Health & Hospital System
1900 W. Polk Street
Suite 220
Chicago, IL 60612

Dear Ms. Wykowski,

We recently received Mr. Foley's letter outlining your strategic plans for the Cook County Health & Hospitals System, including your plans to discontinue inpatient services at Oak Forest Hospital.

Jackson Park Hospital has the ability and capacity to assume the entire patient load outlined in your letter to us without restrictions, conditions, limitations or discrimination. More importantly, Jackson Park Hospital has the desire to work with your health system in providing care to your patients on the south side.

As you might be aware, Jackson Park Hospital is a not for profit, Joint Commission Accredited, critical access healthcare facility serving the healthcare needs of the south side. We provide a full range services including Medical/Surgical, Intensive Care, Adult Psychiatry, Medical Stabilization, General Surgery, Emergency Services and many other services and programs too numerous list.

Over the years, Jackson Park Hospital has partnered with the Cook County Health & Hospitals System with various programs to serve our patients. These programs have helped serve the healthcare needs of the underserved patients in our service area.

We welcome the opportunity to assist you in the relocation of the Oak Forest Hospital patient base and other collaborative efforts in the future.

Please contact me at (773) 947-7581 to discuss our next steps.

Sincerely,

Merritt Hasbrouck
President

cc: William Foley
William Dorsey, M.D.

Attachment 10
Attachment 10



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



MERCY HOSPITAL & MEDICAL CENTER
2525 SOUTH MICHIGAN AVENUE
CHICAGO, ILLINOIS 60616-2477
PHONE 312.567.2000

April 11, 2011

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

Re: Support of Project 10-078

Dear Chairman Galassie:

As a Director of the Cook County Health and Hospitals System and as President and CEO of Mercy Hospital and Medical Center on Chicago's South Side, I am writing to urge your approval of the proposed discontinuation of Oak Forest Hospital. I believe the proposal before the Illinois Health Facilities and Services Review Board is an important and much-needed step to transforming access to health care for our area's most needy patients.

Providing access to health care for safety net populations is my mission. Aside from serving as the CEO of a South Side hospital through many challenging times, I have also served as the Commissioner of the Chicago Department of Public Health, and have volunteered on countless committees, boards and initiatives focused on improved safety net access in Chicagoland.

I can attest that the commitment of the System to provide health care to underserved communities is unwavering. The System is a leader in the region, providing free medical care to those most in need. The proposed changes to Oak Forest will replace an underutilized and outmoded inpatient facility with new and expanded outpatient, primary and specialty care services. It is a prime example of how we can take leadership to reform healthcare and actually increase access for many areas patients by redirecting them to receive the care and services where they are most needed.

The plan to replace Oak Forest Hospital with a Regional Outpatient Center is good public policy and will allow scarce resources to be put to use by providing more health, wellness and specialty services to communities in the south suburbs.

Sincerely,


Sister Sheila Lyne, RSM



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



Bonnie MDA-Thames
Executive Director

Administrative Office
Winfield Moody Health Center
1270 North Clybourn Avenue
Chicago, Illinois 60610
phone: 312.337.9078
www.nearnorthhealth.org

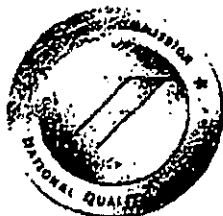
Cottage View Health Center
4828 South Cottage Grove Avenue
Chicago, Illinois 60616
phone: 773.548.1173

Denny Community Health Center
30 West Chicago Avenue
Chicago, Illinois 60654
phone: 312.826.2884

Komar Holman Health Center
4230 South Berkeley Avenue
Chicago, Illinois 60653
phone: 773.268.7600

Louise Landau Health Center
3045 West Chicago Avenue
Chicago, Illinois 60651
phone: 773.826.3460

Auxiliary Sites
Chicago Nutrition Education Center
Drop-In Center
Pomery Clinic
Humboldt Park WIC
Norwegian American WIC



Committed to the Health of Our Community

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 "Regional Outpatient Center", we will actually be able to increase access to care for many underserved residents.

Near North Health Service Corporation have been partners with Cook County Health & Hospitals System for over twenty 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 specialty care. Currently, that care is geographically concentrated at John H. Stroger 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.

Near North Health Service Corporation for fiscal year 2010 had a total of 105,357 center visits. Near North Health Service Corporation exists to improve the health and well being of the people and communities it serves. It operates program and services using community and primary care concepts, emphasizing prevention of illness and the promotion of healthy lifestyles. Services provided by Near North focuses on the medically underserved and are sensitive the cultural and linguistic need of the people it serves. Acknowledging that environmental, social and cultural factors influence one's health, its programs empower individuals to be healthy through educational and skilled building. We advocate for safe and healthy communities. Near North plays a role in educating and training medical and health care professionals in order to

*Celebrating 40 Years of
Quality Healthcare Services
1966-2006*

assure the accomplishments of its objectives. As a responsible partner and neighbor, the composition of the Board OF Directors of Near North is always representative of the community it serves.

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

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,

Donald McDaniel

Director of Operations

Near North Health Service Corporation

M Northwestern Memorial® HealthCare

Dean M. Harrison
President and Chief Executive Officer

April 15, 2011

The Honorable Dale Galassie
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Springfield, Illinois 62761

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

Dear Chairman Galassie:

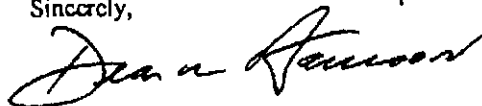
On behalf of Northwestern Memorial Hospital (NMH), I am writing to express support for the proposal by the Cook County Health and Hospitals System (CCHHS) to transform its Oak Forest Hospital campus to a hub for outpatient specialty, primary and immediate care as well as diagnostic testing. The development of this outpatient facility is contingent on the discontinuation of inpatient services at Oak Forest Hospital and, therefore, we support the CCHHS CON Application.

NMH is an academic medical center where the patient comes first. Our longstanding commitment to make quality care available, regardless of patients' ability to pay, is the foundation of our *Patients First* mission - to improve the health of the community we serve by putting patients first in everything we do. Access to specialty care for is a critical issue for many communities throughout Cook County. CCHHS helps provide the backbone of our regional health care safety net; and, NMH and CCHHS have collaborated on a number of initiatives to help address this issue. NMH has collaborated with CCHHS to support postgraduate training programs, research endeavors and service delivery. Like CCHHS, NMH also collaborates with a number of Federally-Qualified Health Centers (FQHCs) and community health centers throughout the region to furnish specialty and inpatient care to their patients.

NMH has been briefed on CCHHS' Strategic Plan, and we commend its leadership for its long term thoughtfulness, especially at a time when government resources are diminishing. Transforming the Oak Forest campus from what is currently very limited capacity to provide inpatient services to one that allows CCHHS to address the critical need for outpatient specialty and diagnostics services will bring value to the County's underserved population. We believe it is also sound public policy consistent with the "right care, right place" principles embodied in national health reform.

I respectfully encourage the Illinois Health Facilities and Services Review Board to approve this application for permit in the interests of expanded access for those most in need.

Sincerely,



Cc: Toni Preckwinkle
Warren Batts
William T. Foley

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,

A handwritten signature in black ink that reads "Larry Goodman".

Larry J. Goodman, MD



1200 Maple Road • Joliet, IL 60432
(815) 740-1100 • www.silvercross.org

September 27, 2010

Ms. Jby Wykowski
Cook County Health & Hospitals System
1900 West Polk Street, Suite 220
Chicago, IL 60612

Dear Ms. Wykowski:

We have received your letter indicating that the Cook County Health & Hospitals System is planning to file a Certificate of Need application to discontinue inpatient services and convert emergency room services to urgent care at Oak Forest Hospital. Silver Cross Hospital does not anticipate any adverse impact from your proposed changes on our existing services.

Should you need any other information from us, please do not hesitate to let us know.

Sincerely,

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer

cc: Mr. Michael Constantino
Supervisor, Project Review Section
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761



Sinai Health System

California Avenue at 16th Street ■ Chicago, IL 60608-1797 ■ (773) 642-2000 ■ TTY (773) 257-0280

Alan H. Channing
President and CEO
Office: 773-257-6434
Fax: 773-257-6953
channing@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.

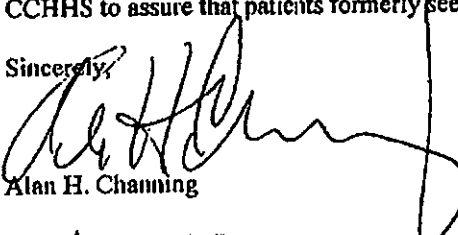
Sinai Health System is located on the west side of Chicago and is one of the largest private providers of health services for low income patients in Illinois. Approximately 60% of our patients are covered by the Illinois Medicaid program and an additional 15% are uninsured. Our payer mix mirrors that 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

Attachment 10



South
Shore
Hospital

September 22, 2010

Ms. Joy Wykowski
1900 W. Polk Street - Suite 220
Chicago, IL 60612

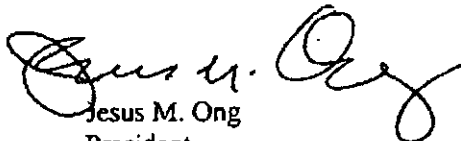
Dear Ms. Wykowski:

This is in response to the letter of Mr. William Foley dated September 20, 2010 requesting us to comment on whether our facility has available capacity to assume any or all of the patient load now at Oak Forest Hospital.

I am very pleased to inform you that South Shore Hospital will be able to assume 90% of the annual medical/surgical and ICU admissions of Oak Forest Hospital.

I appreciate the consideration given to our hospital and please do not hesitate to call me for any questions you might have.

Sincerely,



Jesus M. Ong
President

JMO/hw

8012 CRANDON AVENUE/CHICAGO, ILLINOIS 60617/773-768-0810

Attachment 10

*Celebrating over 85 Years
of Quality Health Care*

TCA Health, Inc.
1028 East 130th Street
Chicago, Illinois 60628
Telephone 773.985.6300
Fax 773.935.7985

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
1028 East 130th Street
Chicago, Illinois 60628
773.985.6300

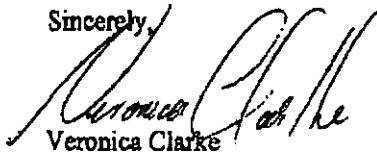
Carver Military Academy
13100 South Dawy Road
Chicago, Illinois 60827
773.686.6867

Maternal & Child Health Center
1106 W. 79th Street
Chicago, Illinois 60619
773.488.8046

South Shore Nutrition Center
1802 East 71st Street
Chicago, Illinois 60648
773.885.2600

Attachment 10

Sincerely,

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

Veronica Clarke

CEO, TCA Health, Inc



2320 East 93rd Street || Chicago, IL 60617 || T 773.967.2000 || advocatehealth.com

June 2, 2011

Dr. Terry Mason MD
Interim Chief Executive Officer
Cook County Health and Hospitals System
1900 West Polk Street
Chicago, Illinois 60612

Re: Oak Forest Hospital – CON for Discontinuation

Dear Dr. Mason:

I am writing in response to your recent request for a letter assessing the impact of discontinuing inpatient services at Oak Forest Hospital. We appreciate your ongoing efforts to keep us informed of your transition plans.

As you know, Advocate is the largest provider of health care services in the Southland. At the same time, we actively partner with other providers to enhance the Southland's health care delivery system whenever possible. We are pleased to be working with you in this regard. We acknowledge your need to discontinue inpatient services at the Oak Forest location. We also agree with you that a robust immediate care facility on the Oak Forest campus is essential to the Southland's delivery system and meets an important need in our community. As an immediate care facility with extended evening and weekend hours is a central element to your transition plan for Oak Forest Hospital, we do not oppose your plans or your CON application. Additionally, we also recognize the need for enhanced outpatient services in the Southland and are supportive of your efforts to meet this important need.

With regard to our ability to provide care to Oak Forest Hospital patients, we do have capacity to care for Oak Forest patients and would do so without restrictions, conditions, limitation or discrimination. We are committed to working with you throughout this transition, and into the future, to ensure that all patients in our community are cared for in the most appropriate setting.

Thank you again for your time and attention. Should you have any follow up questions or concerns, please have your office contact Elyse Forkosh Cutler, Advocate's Vice President of Strategic Planning and Network Development at 630-990-5388.

Sincerely yours,

A handwritten signature in cursive script that reads "Michelle Gaskil".

Michelle Gaskil, RN
Vice President of Nursing and Clinical Operations

cc: Jon Bruss, President, Advocate Trinity Hospital
Dale Galassle, Chair, Illinois Health Facilities and Services Review Board
Toni Preckwinkle, Chair, Cook County Board

A faith-based health system serving individuals, families and communities



Sharon O'Keefe
President

AIC 1000 S-115
5811 South Maryland Avenue
Chicago, Illinois 60637-1470
phone (773) 702-8908
fax (773) 702-1897
sharon.okeefe@uchospitals.edu

April 18, 2011

Mr. Dale Galassie
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Springfield, IL 62761

RE: Support for Project 10-078 (Discontinuation of Oak Forest Hospital)

Dear Chairman Galassie:

My name is Sharon O'Keefe, and I am President of the University of Chicago Medical Center. I have a Masters in Nursing, and before entering the field of hospital administration was the Director of Nursing at Johns Hopkins. Since becoming a hospital administrator in the early 1980s, I have worked at large research-oriented academic medical centers that also serve urban communities, such as the University of Maryland Medical System in Baltimore, Beth Deaconess Israel Medical Center in Boston, Barnes-Jewish Hospital in St. Louis, and Loyola University Medical Center in Maywood.

I am writing to express my strong support for the proposal by the Cook County Health and Hospitals System to transform the Oak Forest Hospital campus into a leading safety net outpatient specialty care, primary care, immediate care and diagnostic testing hub. The development of this outpatient facility is contingent on discontinuation of inpatient services at Oak Forest, and therefore I support the Cook County System's CON Application.

While I am new to my role as President of the UCMC, I am very familiar with the challenges faced by safety net provider systems in urban areas across the country, including those in the Chicago area. The public and private safety net health care systems are being called upon to deliver health care in ways that reduce unnecessary inpatient care and ED visits, while at the same time offering better quality, access and continuity through stronger primary care and outpatient specialty care relationships. Lack of adequate access to specialty outpatient care and diagnostic testing is a widely acknowledged problem for uninsured and Medicaid patient populations in the greater Chicago area, and in other urban areas across the country.

As an academic medical center located on the South Side of Chicago, UCMC provides a high volume of complex tertiary care to Medicaid patients. We also support the South Side Health Collaborative, which is a network of five hospitals and over 30 FQHCs and other providers seeking to improve safety net access on the South Side of Chicago.

In order to carry out the dual missions of world class medical research and health care services delivery to the community, UCMC--like its academic medical center counterparts in Illinois and across the country--must partner collaboratively with the public health system. In our case, we are fortunate to have the Cook County System as our public health system partner.

Based on my experiences both as an urban academic medical center administrator and nurse administrator, I am confident that Cook County System is embracing good health policy by proposing to transform underutilized inpatient services and standby ED capabilities at its Oak Forest campus into a comprehensive outpatient campus that will provide specialty care, primary care, immediate care and diagnostic testing services targeted to the particular health needs of uninsured and Medicaid patient populations.

It is my understanding that other area hospitals have indicated a willingness and ability to absorb the current inpatient load at Oak Forest Hospital, and we anticipate no adverse impact on UCMC as a result of the closure of this hospital facility.

Accordingly, I ask you to approve the Cook County System's CON Application.

Very truly yours,



Sharon O'Keefe
President



June 3, 2011

Terry Mason, MD
Interim CEO
Cook County Health & Hospitals System
1900 West Polk, Suite 220
Chicago, IL 60612

Dear Dr. Mason:

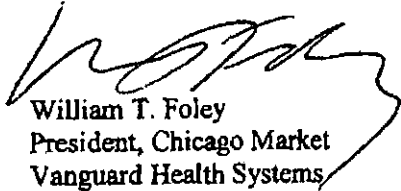
Vanguard Health Systems owns and operates four hospitals in the Chicago metropolitan region – Louis A. Weiss Memorial Hospital, MacNeal Hospital, West Suburban Medical Center, and Westlake Hospital.

As President of the Chicago Market for Vanguard Health Systems, I write to support Cook County Health & Hospitals System's application for permit to transform Oak Forest Hospital to a Regional Outpatient Center.

I am deeply familiar with the System's Strategic Plan: Vision 2015. I believe it embodies long-term commitment to expanded safety access, provides for necessary adaptation for imminent federal and state health reform, and seeks to utilize the System's limited resources for their highest safety net purpose.

Please contact me if I may be of any further assistance.

Sincerely,



William T. Foley
President, Chicago Market
Vanguard Health Systems

The controversy surrounding Oak Forest Hospital's replacement by a 24 hour urgent care center and outpatient primary, specialty and diagnostic services is a terrible harbinger of the disarray in America's and Cook County's dysfunctional health system.

Of course the people in the communities around the Oak Forest Hospital defend inpatient facilities in the seriously underserved south suburbs of Cook County. The Cook County Health and Hospitals System board proposes a full service 24 hour urgent care center and full outpatient primary, specialty and diagnostic services as an alternative to a small extant hospital facility in Oak Forest.

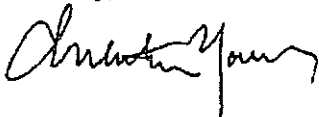
Compelling arguments can be made for both of these alternatives. The real question is which meets the care needs of the underserved community going forward. In my opinion the increased outpatient services have the stronger argument.

South suburban Cook County will have greater benefits from a facility offering comprehensive primary and specialty services to thousands of patients than it will providing care for a small number hospitalized inpatients- acute and long term.

We recognize the concern about reducing hospital beds at Oak Forest but feel this can be mitigated if not resolved by the not-for profit local hospitals providing charity care as the law requires for hospitals receiving tax exemptions.

What we face here in Cook County reflects a nationwide dysfunction in health care costs and distribution. Until we as a nation reallocate our vast resources to meet the needs of all residents we will have recurrent Oak Forest type dilemmas. Until we reach that point we must choose the best alternative for the most people, in this case the outpatient alternative will serve the needs of the greatest number of people in need.

Sincerely,



Quentin Young, MD
Illinois Public Health Advocate