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To:	Name: Dale Galassie
	Company: Chair man, Illinois Health Focildie and Services Phone No: Review Board
	Phone No.: Fax No. (217) 785-4111
	Comments: Please occept the written testioner
	cegarding the closure of inpatient
	services at Oak Forest Hospital. Thank You.
From;	Name: Carol O'Neul
	Company:
	Phone No. (773) 512-4823 Fax No.:

11-037

July 26, 2011

Dale Galassie, Chairman Illinois Health Facilities and Services Review Board

Fax: 217-785-4111

Dear Chairman Galassie:

I am writing in opposition to the proposal (11-037) to discontinue services at Oak Forest Hospital. I urge you to deny the request by the Cook County Health and Hospitals Systems Board.

I have given my input for over two years. What appeared to be a righteous fight for patients to keep their quality of life, may have turned into its opposite. Why? Because three of the twelve inpatients who were allowed to stay as inpatients are no longer living.

No one can say why. I can not judge. But it is 3 out of 12 (25%) and it hurts. I wish it wasn't so.

Since the Illinois Health Facilities and Services Review Board voted that Oak Forest Hospital could not be closed to inpatients, it has been all but closed. My question is how could this be allowed?

Twelve in patients (who were long term or chronic ventilator) were allowed to stay. But without any on site ICU beds to be transferred to if they were in any distress, it appears that they were in a less safe position. Without the regular staff who were accustomed to caring for these patients who had thrived at Oak Forest Hospital with complex medical conditions, it appears that they are in a more vulnerable position.

Note: The regular physicians and RNs had been displaced to other areas in the health system in anticipation of the plans for closure of all inpatient. – They did not have a choice in the matter.

The way the current care is set up at Oak Forest Hospital inpatient, I cannot enthusiastically say with the pride I used to say, I would want my family member or friend to come to the ventilator unit at Oak Forest Hospital. I have fear about it now. My trepidation is not because of any one person or situation. It is because of the entire picture of how things have turned out. I believe if the inpatient hospital as still accepting patients (even 40 or 50 beds – no more) and the ICU had remained open, things would have turned out differently.

I heard patients and their families testify about their fear of not living if they had to be transferred to a nursing home facility that may not have the staff to attend to the complex medical needs of their loved one. This fear is based in reality from what I have learned. Please look into this more.

Another problem is continuity of care for persons who come to the 24 hour immediate care center at Oak Forest Hospital. When Oak Forest had a small inpatient hospital attached to its ER, patients were able to have continuity of care between the County physicians who worked in the ER, the inpatient

hospital and in the outpatient clinics. Continuity of care comes from having staff (Physicians, Nurses, Technicians, CNA's, support staff) familiar with the patients who familiarly utilize the health care facility

Now if a patient (formerly well known to the Oak Forest ER and inpatient staff) comes to the Oak Forest Intermediate care center, there is no mechanism to hold that patent in observation for 23 to 48 hours and then discharge the patient from Oak Forest in a much more stable condition with medications, follow-up appointments etc. I believe this would be a safer mechanism.

Instead, the patient (if sick enough) will be transferred to John Stroger ER (a long distance for a sick person) where they will be reprocessed all over again. Or they may be transferred to an area South Suburb private hospital (which is not a part of the County system). There is not the opportunity to have continuity of care with County physicians or even be connected by the same computer system.

Currently, there are patients who need Rehab, who cannot get it due to being uninsured. Oak Forest Hospital's Rehab inpatient program is very much needed,

In March and May of 2011, the Illinois Health Facilities and Services Review Board concluded that the Oak Forest proposal would increase the number of intensive care / long-term care beds needed and cause a capacity crunch at surrounding hospitals. Also, the board concluded that there is no indications that surrounding hospitals can or will accept these patients. The current proposal from the county does nothing to address these concerns.

For these reasons, I ask you to deny the County's request.

Sincerely,

Carol E. O'Neil

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