Constantino, Mike

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Sent: Thursday, October 29, 2020 2:34 PM

To: DPH.HFSRB.PublicHearings

Subject: [External] Mercy Hospital Closing Public Hearing

To whom this may concern:

As an Emergency Medicine physician who works and trained at Mercy Hospital, we are all displeased by the current decision of the administration to close this hospital. I have served thousands of patients from the community who I often wonder what would have happened had they not been able to walk to the hospital, take public transportation here or if their ambulance ride had been 15-20 minutes longer. We are a stroke center, STEMI center, cancer center, have an excellent intensive care unit, surgery center and psychiatric hospital. All of these components are vital to the community of Bronzeville and the south side of Chicago.

The surrounding hospitals are already hounded by crowding in the ER. It is common that I hear from patients that they were "waiting 8 hours at U of C in the waiting room and then decided to leave" or that most of the other hospitals are far from them.

I was really taken aback recently when one of my older patients, recently widowed and his daughter who committed suicide, who receives all his care from Mercy said he couldn't afford the parking at RUSH for one of his specialist visits. Coming to Mercy is easy for him, as it is closer to his house, parking is free, the hospital is smaller thus more manageable for the older population. He often gets lost when attending visits at RUSH. Another notable patient visit was an older woman, we'll known amongst community, who lives in Bronzeville, she commonly receives care at Mercy and is worried for her fellow elderly friends. Bronzeville has the most senior buildings in the city and thus Mercy serves a pertinent role for this population.

We receive thousands of ambulance visits per year, I'm not sure how the rest of the Chicago hospitals can absorb this volume. The closest other hospitals are on average 15-20 minutes further by EMS; critical heart attacks, strokes, and cardiac arrests this time is invaluable. This could mean life vs death or life vs significant disability. Having worked at other hospitals across the city where waiting rooms commonly have 30+ patients waiting, taking away Mercy is only going to make this worse. We see approximately 50,000 ER visits a year.

Also, in terms of training, Mercy has been a major training site for future physicians. Hosting a hundreds of residents per year in fields of internal medicine, obstetrics and gynecology, general surgery, podiatry, radiology and emergency medicine, the loss of this site would be devastating and hurt the medical community.

I am advocating for the members of the board to revoke this decision and keep The Spirit of Mercy alive. The patients and community desperately need this hospital! I hope to continue serving this community in the future and for years to come.

Respectfully,

Dr. B. Colleen Shields Clinton
Attending Emergency Medicine Physician