

Talking Points re Trinity/Mercy HFSRB Review Criteria

October 29, 2020

SEIU HCII asserts that the HFSRB must reject Trinity Health's CON application seeking permission to close Mercy Hospital because the application is noncompliant with multiple Review Criteria enumerated in the Illinois Public Health Code.

According to the Code, an applicant seeking permission to discontinue a health service or healthcare facility must articulate a "reason for discontinuation".

Acceptable reasons include insufficient volume/demand, inadequate staff, noncompliance with licensing or certification standards, and economic infeasibility/financial unviability.

Trinity Health claims in its CON application that Mercy Hospital is "not economically sustainable or feasible".

This claim is absurd on its face.

Trinity Health is by its own admission "one of the largest...Catholic health care delivery systems in the nation" operating 92 hospitals in 22 states (including the three Loyola Medicine hospitals in the west suburbs).

Trinity is also an extremely wealthy health system.

At the conclusion Fiscal Year 2020 (6/30/20) Trinity Health had \$30.4 billion in assets including a staggering \$11.9 billion in "unrestricted cash and investments", much of it stashed in offshore accounts.

Trinity has to the resources to save Mercy. Its preposterous to suggest otherwise.

Trinity also claimed in its CON application that Mercy is losing \$4 million a month.

Trinity Health's recently released 2020 consolidated financial statements, however, dispel this fiction.

According to the financial statements, Mercy had an "excess revenue over expense of \$4.1 million" in FY 2020.

And Trinity wants us and the board to believe that Mercy is financially nonviable?

There is no financial hardship. This is deception plain and simple.

The fact is Trinity is looking for an excuse to abandon a critical safety-net facility serving primarily low income communities and communities of color because it is insufficiently profitable.

The HFSRB should not let them get away with it.

In addition to failing to demonstrate financial hardship, Trinity's CON application concedes that closing Mercy will create an ICU bed deficit on Chicago's South Side DURING A PANDEMIC!

Mercy currently operates a 30-bed ICU that cares for thousands of patients admitted from the hospital's busy emergency department each year.



“Upon discontinuation”, the Mercy CON application states, “Hospital Planning Area A-03 (which encompasses the South Side of Chicago) will have 232 available beds, WITH A NEED for 19 ICU BEDS.”

In other words, the South Side will have 19 fewer ICU beds than the HFSRB has deemed necessary to safely handle the expected patient load.

This could result in negative outcomes for critically ill or injured patients (including COVID-19 patients) and even preventable deaths.

It is also noncompliant with HFSRB regulations which require that the discontinuation of a healthcare service or facility must not have an adverse impact on access to care.

The Public Health Code lists “creating or increasing a shortage of beds or services, as calculated in the Inventory of Health Care Facilities” as a factor that indicates “an adverse impact upon access to service”

Trinity’s plan to close Mercy is clearly noncompliant with this provision. The HFSRB has an obligation to reject this application.

Trinity Health has the resources to continue operating Mercy indefinitely and acknowledges that closing the hospital will create an ICU bed deficit on Chicago’s South Side.

But Trinity has chosen to prioritize profit over patient care and offshore investments over needy communities.

The HFSRB has the power to stop this. We demand that the board reject Application for Permit #20-039 and prevent another greedy out-of-state health system abandoning Chicago’s communities of color.