



**A COMMUNITY OF CARING**

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*Accredited by the Accreditation Association for Ambulatory Healthcare (AAAH)*

Deborah Savage, Chair  
Illinois Health Facilities and Service Review Board  
525 West Jefferson St. 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Chairwoman Savage:

I am writing this letter in support of Springfield Clinic's application for a certificate of need for a cardiac and vascular catheterization laboratory at our Surgery Center in Springfield. I have worked at Springfield Clinic for 27 years as well as the two hospitals in our community, Springfield Memorial and HSHS St. John's. I currently serve as the chairman of our Vascular Surgery Department.

Let me begin by saying that Springfield Memorial Hospital is my hospital, and I want it to be successful. I was born there, and numerous family members of mine have worked there as nurses. My father and my wife each passed away there in hospice care. My mother received all her care there until the age of ninety, and our experiences were uniformly excellent.

Unfortunately, access to the cardiac cath lab has made it much more difficult to schedule procedures there for several years.

To illustrate what a patient's actual experience is to access care in a cath lab at SMH, I'd like to share the story from a recent patient of mine (identified below as P.S.).

P.S. is a 74-year-old male who underwent an endovascular repair of a large abdominal aortic aneurysm on March 30, 2023. Following surgery, he did well, but in July he began to experience severe back pain, prompting several visits to the emergency room. A CT scan demonstrated what appeared to be bleeding around his left iliac artery, and I was concerned that there might have been a problem with his aortic endograft. This was a potentially serious issue and required quick action to assess and treat. A cath lab procedure was not available within 24 hours for this serious case; instead, it was scheduled nearly a week later on July 19, 2023, at 2 p.m.

On the day of his planned procedure, the case before his cancelled and cath lab staff called P.S. to have him come to the hospital early for his procedure. His brother drove from Champaign to Jacksonville to pick him up and bring him to the hospital, where he was admitted at 11:10 a.m. On this day, there were no emergency cases in the cath lab, no critical personnel who called in sick and no equipment failures. They had simply overscheduled their limited lab capacity. I realized this because I was in the cath lab starting at noon that day waiting for his case to begin. At 5:30 p.m., the cath lab had still not called for his case. P.S. had been without food all day. His back pain had become worse as he laid on a stretcher for over six hours. His brother had to be back in Champaign that evening for work, so he got dressed and left the hospital without ever having the opportunity to have the procedure for which he had arrived.

This is not an uncommon experience right now at Springfield Memorial Hospital.



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It took several more weeks to get P.S. scheduled again for this procedure, which took all of 23 minutes. Fortunately, it did not reveal a problem with his stent graft, which had been my primary concern. He submitted a formal complaint, and the hospital apologized to him for his experience.

The last significant upgrade to the cath lab facility at SMH occurred nearly 20 years ago, when Cath Lab 5, an endovascular suite, was opened. There are five interventional cardiologists and ten vascular surgeons competing to utilize one outdated endovascular suite each day. Imagine if you or a family member needed an urgent procedure and it was in this setting?

The need for new facilities with a modern cath lab and associated space was recognized by Memorial in 2004. At that time, they presented to us physicians who use the cath lab their architect's plans for a new cardiovascular tower. This facility has obviously never been built.

Our hospital partners are without a doubt doing their best given the massive increase in demand we have seen in recent years, but the reality is that there are simply far more patients than space, and the patients are the ones suffering as a result.

The cardiac catheterization lab at SMH is outdated, overburdened and understaffed. Unfortunate situations like what happened to P.S. occur there on a nearly daily basis. The facility is landlocked, and this problem will not solve itself.

To ensure that all members of the community have adequate access to much needed and highly specialized cardiac and vascular care, another facility is needed. Please consider this, and I strongly recommend you approve Springfield Clinic's certificate of need request, which will help create this much needed access.

Sincerely,

A handwritten signature in cursive script that reads "Stephen M. Ryan MD".

Stephen Ryan, MD