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MAY 20 2024

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Debra Savage, Chairwoman
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761

Re: Opposition Letter for OSF St. Elizabeth Medical Center - replacement hospital (CON Project #24-011)

I am writing with my opposition and extreme concern for the proposed replacement hospital that OSF is planning. As a retired nurse, I am fully aware that rural health care logistics have and continue to change. We have seen several changes in our area within a 40 mi. radius, all of which have been orchestrated by OSF.

I am not opposing the potential need for a new building, but the proposed downsizing of what the current building offers. Certification of Need should be about replacing the building because it is old, not replacing it with a building that offers less.

In the last 10 yrs. OSF has taken over hospitals only to downsize. If you end up in one of their emergency rooms and need to be admitted. You are most likely going to be transferred to Peoria or Rockford several miles away from the patient's family support system.

I presume their intentions are more about creating more profit producing outpatient areas. In addition, less inpatient rooms are proposed due to the inability to staff them. I am certain they will produce data that reflects average daily census decreases but I ask that you perform due diligence in an evaluation of how many noncritical patients are being transferred to their "Mother Ship" hospitals that would skew those reports. I also ask that you research how frequently they use agency staff at all of their hospitals and staff turnover.

I have seen firsthand in Streator that they turned a fully functioning hospital into an outpatient building with millions of dollars in a fancy atrium (which most of their hospitals have). After stabilized in an emergency room in Streator or Ottawa patients will then require a 35 – 45 min. ambulance trip to Peru. If Peru is full, which it will be, then it will be a helicopter transfer to either Peoria or Rockford. Both ambulance or helicopters transfers will be billed to the insurance provider and the patient will be billed a portion of it either due to a rate not approved or a plan with a high deductible or out of network. This is not improving healthcare!

Their lack of coordination has been notable non-existent and talked about in both Streator and Ottawa. A patient recently was sent home with an open abdominal wound. No follow-up appointments were made, the patient didn't know if she had Home Health or the Wound Clinic. She called Home Health and was told "they don't do weekends". The patient had to back track and do all of her follow ups with my assistance and was without wound care for 4 days. This is just one example of many. OSF brags about their innovative health care model, yet the left hand doesn't know what the right hand is doing. I had another local friend of mine in her 30s who had major esophageal surgery in Peoria and had complications 2 days later. She contacted that office daily for 3 days with no calls returned. The local primary wouldn't see her since it was a surgical complication. She was finally told to drive from Ottawa to Peoria to that Emergency Room!

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Local patients are waiting weeks if not months for care and once finally treated, left hanging without a resource to follow up because of already long wait times. Being "post-Op" does not make you a priority. OSF is obtaining a dangerous monopoly and can't handle what they have acquired. OSF has been known to say repeatedly, it is their goal to acquire all of the I-80 corridor. Lord help us if they do!

I have absolutely zero faith in the care they provide and would never use their facilities unless it was a dire emergency. Otherwise, I'll take the risk of dying in a car to get to a non OSF hospital!

Sincerely,

Rebecca Tirevold

Rebecca Tirevold, RN

5/10/24