

Members of the board,

I don't envy the position you're in. But I want to be clear—I don't think OSF does either. From where I stand, it appears OSF believes that your decisions, whether in August or next March, are ultimately irrelevant to their plans.

Why do I say that?

Because while we're discussing the proposed discontinuation of ICU services in Ottawa, OSF already informed their employees—on July 1st—that they plan to replace our ICU beds with Intermediate Care beds beginning August 18th. In other words, the decision appears to have already been made—without your approval and without real community input.

Let's remember that in March, you granted OSF a third extension of their CON for Med-Surg beds. You did so—despite your own standard procedures—based on their stated need for more time to gather data and work with the City of Ottawa and the broader community to determine if their “enhanced” plan would be sufficient. Yet on that same July 1st meeting, OSF informed staff that they would be reducing Ottawa's inpatient capacity to just 18 beds.

In meetings with OSF, we were asked to provide real examples of patients being transferred out of Ottawa. We did just that on June 29th, sharing the case of a pneumonia patient sent to Mendota due to a lack of available care. The response we received from Dawn Trompeter was telling. She wrote, and I quote:

“The reason they were not able to admit to SEMC-Ottawa or SEMC-Peru was not due to available beds, but due to the ability to staff the available beds due to some nurse cancellations that day.”

Let's be honest—this isn't a hospital that's empty. Ottawa still has a daily census of 34 patients. The care is needed. The demand is real. But the system is being managed in a way that seems to actively undermine our hospital's capacity.

To me, this feels less like healthcare planning and more like a magician's sleight of hand. Whatever card we pick—OSF already has the outcome tucked up their sleeve.

So, I ask you not just to consider data points or policy loopholes—but to consider the integrity of the process. I ask you to do the right thing. The moral thing. Because at this point, I no longer believe OSF will.

Attached is the City's Summary of the June 27th Meeting.

Thank you.

A handwritten signature in purple ink, appearing to read "Charles", is written below the text "Thank you.".

City Commissioners

Wayne A. Eichelkraut, Jr.
Accounts & Finance

Thomas G. Ganiere
Public Health & Safety

CITY OF OTTAWA

ROBERT HASTY
MAYOR

City Commissioners

Marla K. Pearson
Streets & Public Improvements

Brent F. Barron
Public Property



City of Ottawa

Office of the Mayor
301 West Madison Street
Ottawa, Illinois 61350

07/08/2025

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Members of the Health Facilities and Services Review Board,

On behalf of the Ottawa City Council, I am writing to provide a summary of the meeting held on Friday, June 27, 2025, with representatives from OSF HealthCare and other regional stakeholders. This meeting was convened to follow up on public concerns voiced during the June 10th HFSRB public hearing and to continue discussion on the impacts of service consolidation in our region.

Meeting Details

Date: Friday, June 27, 2025

Scheduled Time: 10:00 AM – 11:00 AM

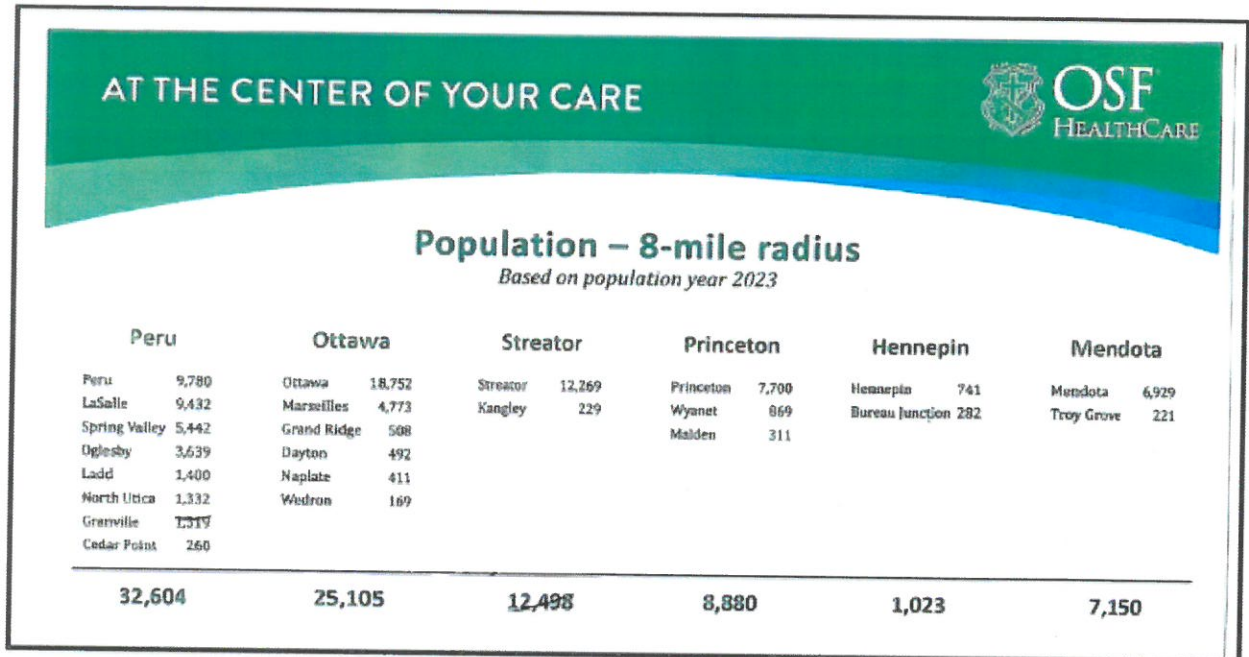
Actual Duration: 10:00 AM – 11:45 AM

Attendees Included:

Bob Sehring, AJ Querciagrossa, Dawn Trompeter, Dr. Lopez, Karen Brodbeck, Steven Gonzalo, State Representative Murri Briel, Mayor Robert Hasty, Commissioner Wayne Eichelkraut, Commissioner Tom Ganiere, Ron Henson, Jay McCracken, Dr. Brian Rosborough, and Colleen Burns.

OSF provided a packet of materials intended as a direct response to public sentiment expressed at the June 10 hearing. This included:

- **Inpatient Utilization Statistics (YTD May 2025)**
- **Population Data and Town Groupings:** A screen shot was shared without a clear source; Representative Briel challenged its validity, citing inaccuracies in the 2023 census figures. There was considerable debate about how populations were grouped, with concern that the grouping method created an inflated perception of Peru's population. This was perceived as disingenuous.



- **Service Updates:**
 - Maternal Fetal Medicine to relocate to Peru on July 2
 - Neurology clinic to relocate to Peru (date TBD)
 - Centralized telemetry monitoring to begin June 30
 - Virtual Emergency Department launching August 31
 - Tele-neurology services expected to begin in October

The packet also attempted to challenge recent communications from the CHO/City regarding ICU and OB service availability. OSF continues to emphasize their intent to centralize specialty services, such as ICU, at a single regional site, suggesting that consolidating clinicians enhances clinical expertise.

Summary Inpatient Stats:

Avg. Daily Census	Lic. Beds	2023	2024	2025 (Jan-May)
Med/Surg Ottawa	54	28.9	34.3	34.2 (63% occ.)
Med/Surg Peru	12	0	4.8	9.2 (77% occ.)
Med/Surg Combined	66	28.9	39.1	43.5 (67% occ.)
ICU (Ottawa Only)	5	3.6	3.9	3.9 (78% occ.)
OB (Ottawa Only)	14	3.6	3.9	3.9 (28% occ.)
OB Births		553	653	272 (YTD); 653 (annual.)

However, questions remain around what metrics or “thresholds for growth” would prompt service expansion in Ottawa. When asked directly, OSF leadership stated that no such growth would be considered until full specialty staffing is in place in Peru.

Recruitment Updates:

OSF noted ongoing efforts to recruit providers in the following areas:

- Primary Care (APNs, FM/OB, OB/GYN)
- ENT, Pulmonology, Pain Management, Emergency Medicine, Cardiology, Psychiatry (1 signed LOI), Gastroenterology (1 signed LOI; 1 pending)

The City and CHO requested that future meetings include a status tracker for recruitment efforts, which Dawn Trompeter agreed to provide. OSF also described pipeline-building initiatives with local community colleges, including a scrub tech program at IVCC.

Several key concerns remain unresolved:

- **Emergency Obstetric Protocols:** CHO/City requested detailed protocols for how patients presenting in labor at the Ottawa ED would be handled. Dr. Lopez explained that the Peoria Perinatal Network would be activated to guide decisions and agreed to provide more specifics at the next meeting.
- **Patient Transfers and Delays:** Persistent issues with patients experiencing significant delays in being transferred out of the OSF system were raised again. These delays range from several hours to multiple days. OSF committed to further follow-up upon receipt of more specific case details.

- **Ambulance Transfer Agreements:** OSF clarified its relationship with Stark Ambulance and subcontracted providers. Currently, Ottawa's municipal ambulance service is not part of that network, and this continues to create logistical challenges for timely transfers.
- **Orthopedic Outpatient Services:** OSF confirmed that orthopedic services will continue to be provided at the 1050 building in Ottawa. However, surgeries would most likely move to Peru.

Additionally, Commissioner Tom Ganiere shared that of the 4,300 calls made to the Ottawa Fire Department last year, approximately 80% were EMS-related, with 60% resulting in patient transport to an emergency room—underscoring the community's dependency on local emergency services.

Multiple patient transfer stories were also shared by members of the Council, CHO, and Representative Briel, reinforcing the urgency of improving care coordination, especially for vulnerable populations.

Lastly, OSF representatives requested that CHO publicly state support for the idea that one OB unit is sufficient for the region. We believe this dismisses the legitimate concerns of patients and providers across multiple communities and risks further eroding public trust. OSF made it clear that market-share in the Western region had diminished since the closing of the two previous hospitals and they are optimistic in their ability to regain those patients. If they are successful, this potentially puts additional strains in a market that encompasses three rural counties and would therefore be premature to determine support.

We appreciate the continued engagement of the HFSRB in reviewing these developments and urge the Board to closely scrutinize the assumptions and decisions underlying OSF's proposed service model. The City of Ottawa remains committed to advocating for transparent, patient-centered care and equitable service distribution throughout our region.

Sincerely,



Robert Hasty
Mayor, City of Ottawa
On behalf of the Ottawa City Council