

7/21/2025

Ms. Debra Savage
Chairwoman
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street
Springfield, IL 62761

Re: CON Project 25-013
Discontinuation of ICU and Obstetrics services
OSF Saint Elizabeth Medical Center - Ottawa

Dear Chairwoman Savage:

I write in support of the project to discontinue ICU and Obstetrics services at OSF Saint Elizabeth Medical Center - Ottawa. The discontinuations are part of the commitment made by OSF to close these services in Ottawa upon their relocation to OSF Saint Elizabeth Medical Center - Peru. The opening of the services in Peru will occur in August.

I worked at Mendota Community Hospital (now OSFSPMC) for 38+ years, first as a supervisor of nursing, later as the ED/ICU Manager, and, finally, as the Chief Nursing Officer. During that time, I was ultimately responsible for assuring that staff in all nursing departments were well-trained, skilled and ready to handle unexpected situations beyond their routine care. With birth rates declining and family physicians less interested in taking on maternity care, it became more difficult for staff to maintain the skills needed to provide for a safe birth. While the manager of our Birthing Unit did an excellent job of providing her staff with every possible educational opportunity and certification, the hard truth was that we did not have enough actual patient volume to keep even our experienced staff comfortable handling those unexpected crises, let alone an inexperienced nurse new to the unit.

Every unit of the hospital plays a vital part in patient care, but the Birthing Unit is often thought of as the "heart" of the hospital. Most of the time it brings life and happiness. When we made the most difficult decision to close the department in Mendota it was very emotional for the entire hospital staff. Although I knew it was the "right" decision, I shed tears right along with the rest of the staff. And, it goes without saying that the community was outraged by the decision that our OB patients would now have to travel to IVCH in Peru, Valley West in Sandwich, or OSF Saint Elizabeth Medical Center in Ottawa pending their location. They were concerned about the safety of a longer drive for a laboring mother. Of course, outside of the City of Mendota, patients in our service area were already driving to get to us. We stepped up our emergency birthing education and certifications in the ED (and EMS) to address any laboring mother who showed up at our emergency room. In the years that followed the additional travel became routine and, in my experience, there were no bad outcomes related to it. We had some excellent nurses who took jobs in other obstetrics units where they could get the experience (and, more importantly, skilled physician backup) they needed to feel comfortable and confident in the care they were providing. My understanding is that obstetrical clinics and services will be continued at all of the locations even though the actual deliveries will be done in Peru. I fully support this change.

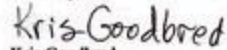
I had the opportunity to assist with the design and building of our new hospital in Mendota before I retired. With the changes in healthcare, we knew at that time that a 4 bed ICU was more than what we needed based on declining patient volume and changes in the delivery of care. The

physicians, however, were insistent that we maintain the 4-bed unit, and it was approved. Many of the patients that were previously cared for in the ICU are now being cared for on the general acute MedSurg units, and some even at home with Home Health. Others that are more critical are being transferred to tertiary care for the skill, expertise and experienced specialists there. Like OB, it becomes necessary to consolidate the staff so that there is enough patient volume to maintain the skill level to provide critical care and arrange safe transfer when necessary.

There have always been challenges to rural healthcare, but the current political landscape and threats to funding are only going to make that harder. On a personal level (as a "senior" now) I now depend on the Planning Board and OSF to provide me and my family with LOCAL accessibility to emergency services, family practice, diagnostic testing, and specialty consultation for years to come. It's been my experience so far that OSF is doing just that.

Thank you for considering my letter of support for the regionalization of the birthing and Intensive care services by OSF.

Sincerely,



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C: Karen Brodbeck, Director of Public Relations, OSF HealthCare
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