

July 23, 2024

Mike Constantino, George Roate, and John Kniery  
ISFSRB

Re: My experience at OSF facilities and the non-existence of an ICU in Mendota  
Opposing OSF ICU/OB project 25-013  
Against considering closure until deferral is complete

OSF Mendota does not have a fully functioning ICU and it should not be included in the number of available ICU beds in the region's CON. OSF has deliberately misled those who are reviewing their CON applications.

My father-in-law had surgery OSF Ottawa in April of 2024. After being in the ICU, even though Ottawa currently has 46 regular Med/Surg beds, he had to wait two days for one of them to open up. Later he needed to be transferred by ambulance to OSF Peoria for specialties not offered in Ottawa but had to wait a couple days for a bed to open up there.

After a short time in Peoria, he was told there was no medical reason to keep him there any further. He needed physical rehab not available to him in Peoria and needed to be transferred to rehab at OSF in Mendota. Our feeling was that they had reached the limits of insurance payments without a new diagnosis and were just stopping treatment. He waited four days in Peoria for a transfer, while getting no physical rehab and deteriorating further. Finally, the Peoria hospitalist recommended he call a taxi to take him to Mendota as they could not find a transfer for him. At that point I took a day off work to pick him up and transfer him myself. He could not stand or walk or sit up. We had to lean his seat back in the car and strap him in so he wouldn't fall out.

The Mendota hospital was a beautiful small facility but was a ghost town. There was no one at the reception desk. No one at the nurse's station. Many vacant rooms and beds. Eventually we found a wonderful nurse who helped get him in a room and scheduled a first look by the hospitalist for the next day, as there were no doctors available in the hospital after 4:30 PM that day. By the time he saw the hospitalist, he had deteriorated again and needed blood transfusions and other treatments that he had been receiving in Peoria. We were told that was above what Mendota could handle and he needed to be transferred to Peoria. While waiting, we wandered the hallways and found a full ICU physical facility right there, but it was empty with the lights off and zero staff. Eventually he was transferred back to Peoria to the unit he had just left.

Bottom lines:

First, OSF's CON is based on the treatment model of "transfers" and "wait a few days to get in". During that wait, people die.

Second, OSF Mendota does not have a continuously and fully functioning ICU and it should not be included in the number of available ICU beds in the region's CON. OSF has deliberately misled those who are reviewing their CON applications.

Please do not prematurely close the facilities in Ottawa. The application is not correct.

A handwritten signature in blue ink, appearing to read 'David Noble', with a long horizontal flourish extending to the right.

David Noble  
841 Pike Place  
Ottawa, IL 61350