

Date: July 23, 2025

To: Illinois Hospital Facility and Services Review Board

Re: Opposition to Project 25-013 OSF St. Elizabeth

Dear Members of the Board,

I am writing in formal opposition of Project #25-013, OSF Saint Elizabeth Medical Center proposal to discontinue the current 14-bed Obstetrics (OB) and the 5-bed Intensive Care Unit (ICU) in Ottawa, Illinois.

I retired as VP CNO of Saint Elizabeth Medical Center in Ottawa, Illinois after 23 years in that role and 39 years with the organization. I understand the healthcare needs of Ottawa and surrounding communities and recognize OSF's plan to relocate Ottawa's ICU and OB departments to Peru may address OSF's budget and operational challenges but could have far-reaching undesirable consequences.

Our mothers rely on the proximity and expertise of our OB unit to ensure safe deliveries. It is not merely coincidental that our Obstetrics unit has once again been awarded the Blue Cross Blue Distinction Center Plus designation this year for quality care, treatment expertise, and superior patient outcomes delivered in an affordable manner. This accolade is a testament to the dedication and professionalism of our Obstetrics team.

OSF has compared the travel time for those affected to be no more than those in many urban/suburban areas. They fail to recognize that traveling in urban areas and rural America are quite different, especially with inclement weather, road closures and construction delays. Without an obstetrics department, my youngest child would have been born enroute to Peru, leaving my husband to manage the subsequent hemorrhage.

As a Safety Net Hospital, we serve a higher proportion of low-income and uninsured patients. Many face transportation challenges and financial constraints, which can increase the likelihood of reporting to the ED when in labor.

The ED lacks the staff and expertise for deliveries and complications. Classroom education and seminars cannot replace hands-on experience. OB competence involves both the mother and baby. If the mother is too far along to transport, who will handle labor and fetal monitoring? Who is equipped to resuscitate a premature neonate or manage obstetrical emergencies like a double footling breech or ruptured uterus? OSF has stated we will not have after-hour or weekend surgical and anesthesia coverage. Without after-hour surgical support, the ED staff will be more stressed. An ED physician once said he rather deal with major trauma over delivering a baby any day. I'm sure that's the sentiment of most ED

physicians. Without an accessible OB department, we risk tragic or irreversible outcomes for both mom and baby.

OSF is also seeking to close Ottawa's ICU. Concerns regarding maintaining competency in a 5-bed unit were cited. However, they continue to retain 3-bed and 4-bed units in the CO-2 region. OSF states the beds are not used as ICU beds, yet they report ICU days for those facilities. If competency is indeed a concern, it is noteworthy that during the Covid pandemic, Ottawa accepted and managed ventilator patients not only from local hospitals but also from out of state. In addition, Ottawa is the only OSF facility to receive HealthGrades 2025 Critical Care Excellence Award for superior clinical outcomes in treating pulmonary embolism, respiratory system failure, sepsis and diabetic emergencies. Why would an organization want to close a nationally recognized top-performing unit?

Without an ICU, high risk patients will need to be transferred. This will disproportionately affect our elderly, chronically ill and economically disadvantaged populations. This places an unnecessary burden on patients and families due to financial constraints and physical limitations.

The US population is aging rapidly. It is predicted that by 2040, 21% of the population will be 65 years or older. Older adults are expected to outnumber children by 2034 for the first time. Additionally, a Harvard study has found that the average hospital occupancy rate has reached 75% due to a reduction in the number of staffed beds. By 2032, the occupancy rate could reach 85%, which is considered a critical threshold for a bed shortage. This will result in a higher demand for intensive care beds instead of reducing the number of beds.

Legislators, including Tammy Duckworth and Dick Durbin, have taken notice of bed closures and are concerned that they are being driven by the profit margins in the Chicago area. They are concerned that bed closures "hold the potential to strip patients of critical and specialized care, impose additional barriers to accessing care and exacerbate the existing health care needs of the communities these hospitals serve." These concerns could become a reality for Ottawa and surrounding communities.

I respectfully request that the Health Facility Board take into consideration that Ottawa is the largest city in the CO-2 planning area and LaSalle County is 2nd largest county by land mass in Illinois. By allocating the majority of healthcare services to the West edge of the county and limiting services to those East of I-39 is unacceptable. Those towns currently serviced by the Ottawa facility deserve to receive and maintain services as promised when OSF acquired Ottawa's hospital in 2012. Consequently, I urge the Board to deny OSF's request to close our OB and ICU units and instead direct them to utilize the 12-month

deferral granted to assess the implications of their plan before any further relocation of services to Peru.

Sincerely,

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