

October 9, 2025

Mr. Robert Sehring
Chief Executive Officer
OSF HealthCare
124 SW Adams Street
Peoria, Illinois 61602-1320

RE: Response to OSF Proposal to Endorse State Approval of Clinical Services Reduction at OSF HealthCare Saint Elizabeth Medical Center ("Ottawa Hospital")

Dear Mr. Sehring,

We want to thank you for the October 1 meeting among representatives of Citizens for Healthcare in Ottawa ("CHO"), the City of Ottawa, and OSF HealthCare. As you know, this meeting was convened at your request to discuss the attached written proposal made by OSF HealthCare ("Proposal"). In context, the meeting was the latest in a series of discussions held at the request of the Illinois Health Facilities and Services Review Board ("HFSRB"), to facilitate OSF HealthCare hearing and adjusting to concerns from the community about planned services reductions at the Ottawa Hospital. We believe these discussions have been productive, and hope they continue in the good faith manner that has prevailed to date.

The Proposal. In the Proposal, OSF HealthCare offers to modify pending CON Permit Application 25-013, currently tentatively scheduled to be considered by the HFSRB at its November 18 meeting, to remove from the application ICU as a service to be discontinued at the Ottawa Hospital, subject to numerous conditions laid out in the Proposal. Permit Application 25-103 would continue to seek discontinuation of OB services at the Ottawa Hospital. In addition, CON Permit Application 24-011, which proposes a replacement hospital for the Ottawa Hospital, would continue to exclude ICU and OB services from the replacement hospital. More broadly, OSF HealthCare is proposing to relocate OB and ICU services to its hospital campus in Peru, 17 miles to the west.

We understand OSF's offer to be that it will keep some form of ICU services at the current Ottawa Hospital facility for the "foreseeable future" by removing proposed discontinuation of ICU services at the current facility in Project 25-013. However, there is no commitment that the replacement facility would have ICU services, nor is there any commitment as to the number of ICU beds that will remain in place at the current facility or that staffing and ancillary resources will support robust ICU care. And, of course, the Proposal continues to contemplate discontinuation of all OB services at the Ottawa Hospital.



Limited though the offer in the Proposal might be, OSF HealthCare conditions it on CHO and the City of Ottawa immediately and proactively submitting to OSF HealthCare unconditional letters of support for the revised plan to maintain ICU and discontinue OB services at the Ottawa Hospital, and agreeing to testify in support of this plan at future public hearings. "Support will be a complete endorsement and will not contain any conditions or statements of dissatisfaction." OSF HealthCare will submit a modification to Project 25-013 only after receiving the unconditional letters of support. The Proposal indicates that if CHO and the City of Ottawa do not immediately and fully meet all these unconditional support requirements, OSF HealthCare will proceed with the current version of the application for Project 25-013 on November 18.

CHO Response to the Proposal. We want to reiterate our appreciation for the Proposal, and for the constructive dialogue through community meetings that preceded it. We have very carefully considered the Proposal, and have consulted with a variety of advisors and stakeholders about it. For the reasons summarized below, however, we must decline to accept the Proposal or comply with OSF HealthCare's conditions. We hope this does not preclude OSF HealthCare, CHO and the City of Ottawa continuing our fruitful discussions about the future of health care in Ottawa.

Most fundamentally, we are profoundly concerned that in meeting the conditions in your Proposal, we would be failing our mission to voice the compelling reasons why the Ottawa community needs and deserves a hospital with OB and ICU services while also failing to respect the role of the HFSRB in making health care planning decisions in Illinois based on the best information available. We are not the first community group in Illinois to organize in opposition to a proposed dramatic reduction in health care services, and many before us have made their concerns known to the HFSRB (and have had their concerns taken seriously by the HFSRB). That is healthy, and represents the health planning process in action as overseen by the HFSRB. Our understanding is that many applicants over time have modified CON applications based on community concerns and the HFSRB's interest in them. However, we are aware of no prior instance in which an applicant has pre-conditioned such a CON modification on unqualified written and public hearing support by the community groups raising those concerns.

The Illinois General Assembly has charged the HFSRB with health planning decisions, to be made in the best interests of Illinois citizens and in accordance with the Illinois Health Facilities Planning Act. That process, to be effective, assumes a voice for all impacted constituents. While we certainly would be pleased if OSF HealthCare modified its application for Project 25-013 to remove ICU from the services to be discontinued because it is the right thing to do, we do not believe it is appropriate for CHO or the City of Ottawa to agree to be muzzled wholesale as a condition to such modification. Indeed, we think you should consider withdrawing the application entirely because the data shows that both ICU and OB services are needed and appropriately utilized at the Ottawa Hospital. And we certainly believe that HFSRB should be afforded the opportunity to



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have the full range of information and perspectives at its disposal, including those from the Ottawa community, before deciding on any application to dramatically reduce health care services in Ottawa.

We will not take time in this correspondence to detail the substance of our concerns regarding the proposed discontinuation of OB and ICU services at the Ottawa Hospital. However, enclosed you will find a copy of CHO's data analysis provided to OSF in August (using the "[Supplemental Information](#)" that OSF had provided to HFSRB on July 22, 2025), which illustrates data-driven concerns about the plans for discontinuation and relocation of Ottawa's OB and ICU.

- At a high level, and as you know, there were over 650 deliveries at the Ottawa Hospital in 2024, and it is on track for the same robust number of deliveries in 2025. Relocating these services to Peru would take them away from the highest concentration of OB patients, which makes no sense for clinical quality, patient safety, or OB program development. Furthermore, plans to move OB from Ottawa to Peru seem to ignore the fact that Ottawa's hospital has been the market leader for the CO-2 region, even prior to the hospital closures in Peru and Spring Valley.
- There were approximately 1,400 ICU patient days at the Ottawa Hospital in 2024, and it is on track for about the same volume in 2025. Eliminating ICU services would have an adverse impact on patient safety, strain Ottawa municipal resources, and take these critical services away from a service area with high utilization levels. Furthermore, the number of OSF facilities located outside of the CO-2 region, yet treating ICU patients from within the area, seems to indicate a lack of available ICU beds within the region.

We hope you can appreciate our position. Again, we remain interested in further good faith negotiation efforts in order to meet the needs of both OSF Healthcare and the communities that it serves within the region, however we feel that the timeline proposed by OSF in this instance does not allow for enough time to ensure thoughtful communication and decision making between all stakeholders.

Best regards,

Colleen Burns, MHSA

Co-Founder, Citizens for Healthcare in Ottawa

Attachments: 1) *OSF HealthCare Proposal ("Proposal")*
2) *CHO Data Analysis*



OSF HEALTHCARE

Proposal to Endorse State Approval of Clinical Services Delivery Model at OSF Saint Elizabeth Medical Center (Ottawa and Peru)

September 22, 2025

In the interest of moving forward with the provision of clinical services at Saint Elizabeth Medical Center – Ottawa and Peru campuses, OSF offers the following to representatives of the City of Ottawa and CHO.

Background

OSF and representatives of Ottawa and CHO have been meeting over the past year and a half, and regularly following the HFSRB March 2025 meeting. At that meeting, HFSRB approved deferral until March, 2026 the review of permit applications to replace the SEMC-Ottawa hospital, and to discontinue the existing hospital upon the opening of the new facility. Consistent with a related permit application approved in August 2024, OSF has opened a centralized ICU unit at SEMC-Peru in August, 2025. OSF is awaiting review of permit application 25-013 at the November 18 HFSRB meeting. Upon that review, OSF will operationalize OB at SEMC-Peru.

The meetings with the community since March, 2025 have provided the opportunity for all parties to share data and points of view. Unfortunately, a common understanding has not been achieved. The community focus has been primarily on Ottawa and towns in eastern LaSalle County. Starting with its initial communications about its clinical plans, OSF has explained its planned investments as a regional plan, serving LaSalle, Bureau, Putnam Counties and the Elmira and Osceola townships of Stark County. In part, the plan responds to the recent closures of two St. Margaret's Health hospitals in Peru and nearby Spring Valley and the resulting lack of inpatient care in that part of the region. The OSF plan includes centralizing ICU and OB services at SEMC-Peru and discontinuing those services at SEMC-Ottawa. In spite of open discussion and good intentions, the parties have not reached agreement on common ground.

Proposal

As a result, the parties agree to disagree. In order to move forward, OSF offers this proposal to keep the existing ICU unit at SEMC-Ottawa open for the foreseeable future, rather than close the unit. The new 8-bed ICU service is and will remain open at SEMC-Peru. OSF still intends to discontinue the OB service in Ottawa, following review of the permit application for discontinuation by the HFSRB and operationalization of the 11 bed OB unit at SEMC-Peru.

Commitments

In order to implement this offer, all of the following conditions are necessary to be agreed in advance by all parties:

- OSF will continue to operate ICU beds at SEMC-Ottawa.
- Based on clinical appropriateness, at times it will be necessary to transfer some ICU

patients from Ottawa to Peru or another facility for higher acuity ICU needs.

- OSF will prepare a modification to permit application 25-013, removing ICU as a service to be discontinued at SEMC-Ottawa; the permit application will continue to list OB as a service being discontinued, upon the opening of the new OB service at SEMC-Peru.
- **City of Ottawa and CHO will submit written letters of support for the revised plan to maintain ICU and discontinue OB at SEMC-Ottawa, and will testify at future public hearing(s) in support of the plan.** Support will be a complete endorsement and will not contain any conditions or statements of dissatisfaction.
- OSF will submit its modification of permit application 25-013 to HFSRB upon receipt of the City's and CHO's submission of support. The modification will remove ICU as a service being discontinued at SEMC-Ottawa. **Letters of support must be provided to OSF to be included with OSF's submission of the modification.** Time is of the essence given the schedule for the HFSRB staff to review.
- A critical condition is to maintain the schedule to review the permit application at the November 18 HFSRB meeting. Consequently, City of Ottawa and CHO must reach agreement, provide letters of support within approximately the next week, enabling OSF to submit its permit modification and arrange for a public hearing in a timeframe that allows the project to remain on schedule for November 18 review.
- **If there is not agreement or if a delay in completing the agreement prevents the Modification from being submitted for review at the November 18 HFSRB meeting, OSF will pursue review of the existing permit application, unmodified, on November 18.**

Conclusion

OSF makes this offer and submits this Agreement in good faith and in order to reach common ground with the City of Ottawa and CHO.

Analysis of OB Data provided by OSF in July 2025
(same supplemental data submitted to IHFSRB on July 22, 2025)

Patient Origin data was supplied for the OB service line in Region C-02, which looks at the number of patients treated from the region, by zip code, and to which facility they sought care.

OSF has stated in their IHFSRB applications that they are projecting OB volumes to increase from 642 cases at SEMC in 2024 to 1,043 by 2028; this translates to an increase in market share of 28% (up from 44% in 2024 to 72% in 2028). Based on these projections it makes sense to analyze growth ability from a service area standpoint, since OSF will need to re-capture patients leaving the region to achieve their projection goals (OSF SEMC Ottawa is the only OB unit within the CO-2 region, so all other facilities would be considered patient "outmigration").

Using the patient origin data, I applied a standard industry rule of 75% cumulative patient origin to define a Primary Service Area ("PSA"); 85% to define a Secondary Service Area ("SSA"). Since these volumes are based strictly on OB patients, it may be slightly different than standard area definitions used by the OSF system to define their service area in C-02. Using the above criteria, the areas were defined as follows:

Table 1. Service Area Definition

Source: OSF GRID-Compdata			Saint Elizabeth Medical Center Ottawa			cumulative % of total Sorted by high to low in 2024			75% = Primary Service Area (based on 2024 cumulative %) 85% = Secondary Service Area (based on 2024 cumulative %)		
ZIP_CODE	Patient City	Patient County	2022	2023	2024	2022	2023	2024			
61350	OTTAWA, IL	LA SALLE	110	94	103	28%	17%	16%	61350	PSA	PSA = 8 zips
61364	STREATOR, IL	LA SALLE	129	108	103	61%	36%	32%	61364	PSA	SSA = 4 zips
61301	LA SALLE, IL	LA SALLE	17	64	74	66%	48%	44%	61301	PSA	
61342	MENDOTA, IL	LA SALLE	26	45	72	72%	56%	55%	61342	PSA	
61354	PERU, IL	LA SALLE	16	39	48	76%	63%	62%	61354	PSA	
61356	PRINCETON, IL	BUREAU	7	26	40	78%	67%	69%	61356	PSA	
61362	SPRING VALLEY, IL	BUREAU	8	26	33	80%	72%	74%	61362	PSA	
61348	OGLESBY, IL	LA SALLE	4	26	20	81%	77%	77%	61348	PSA	
61341	MARSEILLES, IL	LA SALLE	16	15	18	85%	79%	80%	61341	SSA	
61322	DEPUÉ, IL	BUREAU	1	13	16	86%	82%	82%	61322	SSA	
61326	GRANVILLE, IL	PUTNAM	5	9	14	87%	83%	84%	61326	SSA	
61373	UTICA, IL	LA SALLE	7	6	13	89%	84%	86%	61373	SSA	

As depicted in the table below, in 2024, 1,056 patients were hospitalized for OB services from SEMC's primary and secondary service areas

- 908 patients were from SEMC's primary service area ("PSA")
- 148 patients were from SEMC's secondary service area ("SSA")
- The split of patients in "eastern" and "western" zip codes within the total service area is essentially equal (517 East vs. 514 West)

If OB is relocated to Peru, there will be an estimated 25 hours of added travel time spread across patients in the service area. Note: This does not account for added travel time for MFM appointments or other testing requirements that will be located in Peru, instead of Ottawa.

- If patient origin trends hold, more patients in both the Primary and Secondary Service Area zip codes will be forced to travel for services if OB moves from Peru to Ottawa
- Ottawa and Streator have the largest volumes in the region, and have some of the lowest market share rates at SEMC. OSF needs to recapture these patients to meet projection goals; creating an additional burden of increased driving distance seems illogical to support growth goals.

Table 2. Travel Times by Service Area

Patient Origin - Obstetric Inpatients by Zip Code of Residence Planning Area C02, La Salle, Bureau, Putnam & Stark Townships CY2022-2024 Source: OSF GRID-Compdata										= "Eastern Zips" = "Western Zips" = "Central Zips"			Saint Elizabeth Medical Center Ottawa			SEMC % by Zip Code				Miles to Variance				Time Impact For All Patients (in minutes) 2024 Patient Origin Zip to Ottawa Zip to Peru Variance																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
ZIP_CODE	PSA/SSA	Patient City	Patient County	2022	2023	2024	2022	2023	2024	Ottawa	Peru	Ottawa	Peru	Ottawa	Peru	Ottawa	Peru	PSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	SSA	

Table 3a. Outmigration by Direction (3-Zip Focus Area: Ottawa/Marseilles/Streator)

When Peru's OB unit was still open in 2022, it had only 15 patients coming from the 3-zip focus area

Distribution of Obstetric Patients by Hospital Residents of Ottawa, Marseilles and Streator CY2022-2024											
Discharge Year Number	2022	2023	2024	% Change	% Change	% Change				Miles from	
Facility	Cases	Cases	Cases	23-22	24-23	24-22	Location	Direction from Ottawa	Ottawa	Peru	
OSF SEMC	255	217	224	-14.9%	3.2%	-12.2%	Ottawa	n/a	0	19	
MORRIS HOSPITAL AND HEALTHCARE C	125	164	154	31.2%	-6.1%	23.2%	Morris	East	25	40	
OSF SFMC	24	50	47	108.3%	-6.0%	95.8%	Peoria	South	74	62	
SILVER CROSS HOSPITAL	14	17	22	21.4%	29.4%	57.1%	New Lennox	East	53	68	
OSF SJMC	9	7	16	-22.2%	128.6%	77.8%	Bloomington	South	74	65	
OSF SIJWAMC	18	13		-27.8%	-100.0%	-100.0%	Pontiac	South	44	53	
RUSH COPLEY	14	10	7	-28.6%	-30.0%	-50.0%	Aurora	North	42	67	
CARLE BROMENN	1	7	9	600.0%	28.6%	800.0%	Normal	South	70	62	
PRIME ST JOSEPH JOLIET	11	3	3	-72.7%	0.0%	-72.7%	Joliet	East	52	60	
LOYOLA UNIVERSITY MEDICAL CENTER	3	3	10	0.0%	233.3%	233.3%	Maywood	North	77	91	
ST MARGARETS PERU	15			-100.0%	0.0%	-100.0%	Peru	West	19	0	
ENDEAVOR EDWARD	1	3	7	200.0%	133.3%	600.0%	Naperville	North	50	65	
ALL OTHER PROVIDERS	21	24	18	14.3%	0.0%	-14.3%					
Total	511	518	517	1.4%	-0.2%	1.2%					
Source: OSF GRID-Compdata											
Patients Historically Traveling	Patients from 3-zip area			% of 3-zip area Share							
	2022	2023	2024	2022	2023	2024					
	18	16	24	3.5%	3.1%	4.6%					
	150	184	179	29.4%	35.5%	34.6%					
	52	77	72	10.2%	14.9%	13.9%					
West	15	0	0	2.9%	0.0%	0.0%					
Note: Ottawa SEMC not included in any directional total (in order to illustrate outmigration)											

As shown in Table 3b below, despite industry wide trends of slower birth rates, OB cases have increased more than 10% in the C0-2 region (up from 1,313 in 2022 to 1,451 in 2024)

Ottawa's hospital has been the market leader for the C0-2 region, even before Peru & Spring Valley closures:

In 2022 when Peru and Spring Valley were still open, the following OB market share was observed:

- 390 patients at Ottawa (30% share)
- 255 patients at Peru (19% share)
- 45 patients at Spring Valley (3% share)

In 2024, the OSF system has a regional market share of 61% across 7 facilities – half of which can be attributed to SEMC in Ottawa; 12% share attributed to OSF SFMC in Peoria (174 patients)

Table 3b. Outmigration by Direction (C-02 Planning Region)

Distribution of Obstetric Patients by Hospital Residents of Planning Area C02, La Salle, Bureau, Putnam & Stark Townships CY2022-2024										
Facility	2022	2023	2024	% Chang.	23-22	24-23	24-22	Location	Direction	
OSF SEMC	390	559	642	43.3%	14.8%	64.6%		Ottawa	n/a	
MORRIS HOSPITAL AND HEALTHCARE	179	260	243	45.3%	-6.5%	35.8%		Morris	East	
OSF SFMC	136	207	174	52.2%	-15.9%	27.9%		Peoria	South	
CARLE METHODIST*	35	49	55	40.0%	12.2%	57.1%		Peoria	South	
RUSH COPLEY	42	39	40	-7.1%	2.6%	-4.8%		Aurora	North	
SILVER CROSS HOSPITAL	27	31	40	14.8%	29.0%	48.1%		New Lennox	East	
CGH MEDICAL CENTER*	20	28	36	40.0%	28.6%	80.0%		Sterling	West	
OSF SKMC*	10	63	35	530.0%	-44.4%	250.0%		Dixon	West	
OSF SJMC	16	16	26	0.0%	62.5%	62.5%		Bloomington	South	
ENDEAVOR EDWARD	14	18	21	28.6%	16.7%	50.0%		Naperville	North	
PRIME MERCY*	12	27	18	125.0%	-33.3%	50.0%		Aurora	North	
CARLE BROMENN	6	22	18	266.7%	-18.2%	200.0%		Normal	South	
MERCYHEALTH JAVON BEA RIV	4	2	16	-50.0%	700.0%	300.0%		Rockford	North	
NORTHWESTERN KISHWAUKEE	9	13	14	44.4%	7.7%	55.6%		DeKalb	North	
LOYOLA UNIVERSITY MEDICAL	5	7	13	40.0%	85.7%	160.0%		Maywood	North	
OSF SMMC*	13	14	7	7.7%	-50.0%	-46.2%		Galesburg	West	
PRIME ST JOSEPH JOLIET	13	5	7	-61.5%	40.0%	-46.2%		Joliet	East	
UNITYPOINT TRINITY MOLINE*	5	6	5	20.0%	-16.7%	0.0%		Moline	West	
MERCYONE GENESIS MEDICAL	4	4	5	0.0%	25.0%	25.0%		Silvis	West	
NORTHWESTERN DELNOR*	6	5	2	-16.7%	-60.0%	-66.7%		Geneva	North	
ST MARGARET'S PERU	255	0	0	-100.0%		-100.0%		Peru	West	
ST MARGARET'S SPRING VALLEY	45	0	0	-100.0%		-100.0%		Spring Valley	West	
OSF SJJWAMC	20	15	0	-25.0%	-100.0%	-100.0%		Pontiac	South	
NORTHWESTERN VALLEY WEST	19	1	0	-94.7%	-100.0%	-100.0%		Sandwich	North	
ALL OTHER PROVIDERS	28	40	34	42.9%	-15.0%	21.4%				
Total	1,313	1,431	1,451	9.0%	1.4%	10.5%				
OSF Total	840	874	884							
OSF Share	64%	61%	61%							
Source: OSF GRID-Compdata										
*Not listed in "Ottawa, Marseilles, Streator" data set (to left)										
Patients Historically Traveling	Patients from C-02			% of C-02 Share						
	2022	2023	2024	2022	2023	2024				
	North	111	112	124	8.5%	7.8%	8.5%			
	East	219	296	290	16.7%	20.7%	20.0%			
	South	213	309	273	16.2%	21.6%	18.8%			
West	352	115	88	26.8%	8.0%	6.1%				
Note: Ottawa SEMC not included in any directional total (in order to illustrate outmigration)										

In both Tables 3a and 3b above, the data illustrates that patients who are not seeking care in Ottawa are historically traveling East and South for OB care, not West. Reversing patient migration trends to the West will likely take increased effort and spending, as opposed to building up Ottawa's existing OB unit (already recognized for quality maternal care).

- Morris Hospital is SEMC's greatest competitor, and is located 25 miles east of Ottawa and 40 miles east of Peru. Of the 243 patients out-migrating to Morris Hospital, the vast majority (63%) come from the three-zip focus area of Ottawa/Streator/Marseilles in Eastern LaSalle Co.
- In 2022 all SEVEN sites West of Ottawa accounted for 352 cases; this is 38 fewer cases than at Ottawa's hospital alone (390 total cases in 2022)
- Additional data would be required to analyze analysis patient condition to determine if travel was due to needing a higher level of care

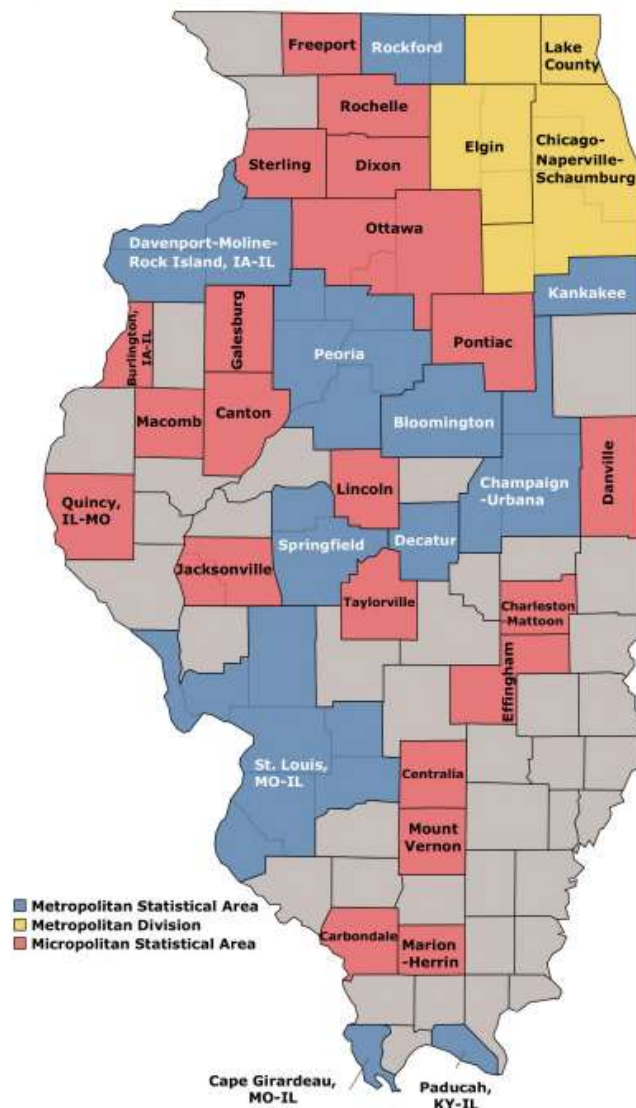
Analyzing Metropolitan and Micropolitan Statistical Data (OSF data tab “OB-5”)

- Not one example provided shows a distance as great as the 17 miles between Ottawa and Peru
- Sterling & Dixon are only 12.9 miles apart and support 2 OB centers
- Ottawa has always had a higher ADC than Peru and Spring Valley; years of comparable data below:

OB Unit Location	Lic. OB Beds	Average Daily Census
Ottawa	14	3.8 YTD '25; 3.9 in '24; 3.6 in '23; 2.7 in '22; 3.1 in '21; 2.9 in '20
Peru	11	1.9 in 2021 (last recorded data available); 2.2 in 2020
Spring Valley	10	1.5 in 2020 (last recorded data available); unit closed in 2021
Sterling	10	2.7 in 2023 (last year of publicly available data)
Dixon	7	2.3 in 2023 (last year of publicly available data)

Source: IHFSRB Hospital Profiles

Map of 2020-based Illinois Metropolitan and Micropolitan Area Delineations



Based on the list of hospital locations provided by OSF in Tab "OB-5", and according to the Illinois Department of Employment Security, Ottawa is the largest MICROpolitan Statistical Area from the locations OSF presented.

As illustrated in Table 4 below:

- Ottawa's MSA is nearly 3x the size of the next closest Micro area in Sterling
- The Ottawa MSA at one point had been named "Ottawa-Peru" (in 2010), but has since been changed to only "Ottawa" (another nod to Ottawa's natural choice as a hub-hospital location). According to IDES, "The naming convention for Micropolitan Areas is the same as for Metropolitan Areas, with the largest community presented first. As of July 2023, there are of total of 538 Micropolitan Statistical Areas in the U.S. In Illinois, there are 21 Micropolitan Statistical Areas"
- The Ottawa MICROpolitan statistical area is relatively comparable in size to the Bloomington METROpolitan statistical area (McClean County); 149K residents in Ottawa; 171K in Bloomington
 - The Bloomington METRO S.A. offers 2 hospitals with OB departments and 42 licensed OB beds (Carle BroMenn with 30 beds; OSF St. Joseph with 12 beds)
- In comparison to the hospital locations provided by OSF in Tab "OB-5", the Ottawa MICRO S.A. will be the most underserved region in terms of OB beds per population (see "Beds per Pop" column of data)

Table 4. Additional Data on Metropolitan and Micropolitan Statistical Areas Highlighted by OSF in tab OB-5

IL Hospital Location from OB-5 Tab	Metro or Micro SA	MSA Definition (County(ies))	MSA Population Size (2020)	# of OB Units	# of Lic. OB Beds	Beds per Pop
Galesburg	Micro	Knox	49967	1	9	0.0001801
Dixon	Micro	Lee	34145	1	7	0.0002050
Sterling	Micro	Whiteside	55691	1	10	0.0001796
Ottawa	Micro	LaSalle; Bureau; Putnam	148539	1	11	0.0000741
Rockford	Metro	Boone; Winnebago	338798	3	67	0.0001978
Peru	n/a	part of Ottawa MSA	-			
Spring Valley	n/a	part of Ottawa MSA	-			
Silvis	n/a	part of Davenport-Moline-Rock Island MSA	-			
Moline	Metro	Henry; Mercer; Rock Island	209655	2	39	0.0001860
Springfield	Metro	Menard; Sangamon	208640	2	59	0.0002828
Peoria	Metro	Marshall; Peoria; Stark; Tazewell; Woodford	368782	2	74	0.0002007
Bloomington	Metro	McLean	170954	2	42	0.0002457
Normal	n/a	part of Bloomington MSA	-			
Urbana	Metro	Champaign; Ford; Piatt	236072	2	35	0.0001483

Bottom Line:

Given the analysis above, it's hard to understand why OSF would choose to invest so heavily in relocating an existing OB department to another facility; the data does not seem to support the decision making and raises questions as to the real reason behind closing a unit that has been recognized for quality care, in a hospital that has been owned and operated for over a decade, in favor of relocating to previously bankrupt facility recently purchased by the system. Patient experience does not seem to be a leading decision point.

Analysis of ICU Data provided by OSF in July 2025
(same supplemental data submitted to IHFSRB on July 22, 2025)

Note: Data was not provided in Excel (only PDF); additional analysis can be completed if Excel version provided

According to data provided by OSF in “Attachment ICU-1”, in 2024 there were 1,170 patients from the CO-2 region who were admitted from the ED into the ICU (“ED Flag & ICU Flag” filter in COMPdata). This was an 11% increase in the number of ICU patients from the prior year (1,053 in 2023).

- As shown in Table 1 below, of the 1,170 ICU patients from region C-02 in 2024, the zip codes with the highest volume of patients are from Ottawa (224); Streator (158); and Marseilles (105)
 - LaSalle and Peru combined had 158 ICU patients (66 fewer patients than Ottawa alone)

Table 1. Attachment ICU-1 Analysis of ICU Patient Volumes in Region C-02

Patient Origin - ICU Inpatients by Zip Code of Residence Planning Area C02, La Salle, Bureau, Putnam & Stark Townships Based on ED Flag & ICU flag CY 2022-2024 Source: OSF @ND-Compdata											
						Saint Elizabeth Medical Center Ottawa			SEMC % by Zip Code		
ZIP_CODE	Patient City	Patient County	2022	2023	2024	2022	2023	2024	2022	2023	2024
61350	OTTAWA, IL	LA SALLE	252	208	224	157	141	137	62.3%	67.8%	61.2%
61364	STREATOR, IL	LA SALLE	173	180	158	102	92	70	59.0%	51.1%	44.3%
61341	MARSEILLES, IL	LA SALLE	98	87	105	43	33	42	43.9%	37.5%	40.0%
61354	PERU, IL	LA SALLE	65	66	86	3	19	35	4.6%	28.6%	40.7%
61301	LA SALLE, IL	LA SALLE	70	85	72	6	34	35	8.6%	40.0%	48.6%
61342	MENDOTA, IL	LA SALLE	39	43	45	3	1	0	7.7%	2.3%	0.0%
61356	PRINCETON, IL	BUREAU	50	36	45	0	2	2	0.0%	5.6%	4.4%
61360	SENECA, IL	LA SALLE	27	42	46	1	4	1	3.7%	9.5%	2.2%
60551	SHERIDAN, IL	LA SALLE	31	30	38	6	6	2	19.4%	20.0%	5.3%
61362	SPRING VALLEY, IL	BUREAU	55	25	36	1	7	15	1.8%	28.0%	41.7%
60518	EARLVILLE, IL	LA SALLE	21	21	26	7	2	12	33.3%	9.5%	46.2%
61373	UTICA, IL	LA SALLE	8	8	25	5	5	12	62.5%	62.5%	48.0%

According to data provided by OSF in “Attachment ICU-2”, which looks at facilities treating patients:

- SEMC Ottawa treated the highest number of patients residing in CO-2 (423 total; 36% share), followed by OSF St. Francis in Peoria (218 total; 19% share), Morris Hospital (123 total; 11% share), and OSF St. Anthony in Rockford (76 total; 6% share)
- As shown in Table 2 below, OSF as a system treated 70% of the market across 10 facilities.
- OSF’s argument about patient outmigration for ICU services should be looked at more closely, with the assumption that patients treated from region CO-2 at other OSF hospitals outside of the region were likely transferred due to lack of ICU beds in the region.

Table 2. Attachment ICU-2 Analysis of OSF Hospital ICU Patient Volumes

OSF Hospital	# ICU Patients from CO-2 in 2024	Market Share
SEMC-Ottawa	423	36%
SFMC	218	19%
SAMC	76	6%
SPMC	29	2%
SJWAMC	21	2%
SCMC	20	2%
SJMC	19	2%
SKMC	4	0.3%
SEMC-Peru	4	0.3%
SMMC	1	0.1%
Total OSF	815	70%
Total in C-02	1170	

- OSF will maintain an ICU in Princeton, which had only 45 patients needing ICU care in 2024 (5x less than the number of patients in Ottawa alone)
- OSF will maintain an ICU in Mendota, which also had only 45 patients needing ICU care in 2024 (5x less than the number of patients in Ottawa alone)