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To the Members of the Health Facilities and Services Review Board,

I am writing to express my firm opposition to OSF HealthCare's proposal to discontinue Intensive Care (ICU) and Labor & Delivery (OB) services at OSF St. Elizabeth Medical Center in Ottawa.

Back in March 2024, OSF submitted three related Certificate of Need (CON) applications to be heard together at the August 2024 HFSRB meeting:

- #24-011: Ottawa's Replacement Hospital – eliminating ICU and OB while drastically reducing Med/Surg
- #24-013: Discontinuation of Ottawa's current hospital – with plans for demolition
- #24-014: Expansion of Peru's hospital – increasing ICU, OB, and Med/Surg capacity

Initially, OSF themselves requested that all three projects be reviewed at the same time, acknowledging how intertwined they were. When concerns and opposition arose about Ottawa's proposed reductions, OSF chose instead to move forward with only the Peru expansion, deferring Ottawa's projects to a future meeting. The Board granted that request, and the Ottawa projects are now deferred until March 2026.

By separating these applications, OSF effectively told the Board that the Peru expansion could move forward *independently* of what may happen in Ottawa. Yet now, through a fourth CON application (#25-013), OSF is seeking early approval to close Ottawa's ICU and OB units. This approach undermines the integrity of the review process and the trust of the communities affected by these decisions.

The data that OSF has presented simply does not justify the closure of Ottawa's ICU or OB units. In fact, it supports the continued need for both:

ICU Services:

- In 2024, 1,170 patients from the CO-2 region were admitted from the ED into the ICU — an 11% increase from 2023.
- Ottawa's zip code (224 patients) had the single highest ICU volume in the region, followed by Streator (158) and Marseilles (105). By comparison, LaSalle and Peru combined had 158 — 66 fewer than Ottawa alone.
- Across the system, OSF handled 70% of ICU patients through 10 facilities, suggesting an ongoing shortage of ICU beds in the region.
- The so-called ICU units in Princeton (3 beds) and Mendota (4 beds) are not staffed as functioning ICUs, leaving just eight staffed ICU beds in the CO-2 region — a deficit of six beds below the state's determined need.

OB Services:

- In 2024, there were 1,451 OB admissions from the CO-2 region — a 10% increase from 2022.
- Ottawa has long been the regional leader in OB services. Even when Peru and Spring Valley were still open in 2022, Ottawa accounted for 30% of all OB cases in the region, compared to 19% for Peru and 3% for Spring Valley.
- Historically, Ottawa's OB unit has maintained a higher daily census than both Peru and Spring Valley, and data shows patients outside Ottawa tend to travel *east and south*, not west toward Peru.

These numbers speak clearly: there is no data-driven justification for eliminating Ottawa's ICU or OB services. Doing so would compromise access to essential care for residents of Eastern LaSalle County and beyond.

Ottawa is not asking for special treatment. We are asking for fair, data-informed decision-making that keeps patient access, safety, and equity at the center. For those reasons, I sincerely urge the Board to deny OSF's permit application to discontinue ICU and OB services in Ottawa.

Respectfully,

Robert Hasty
Mayor, City of Ottawa