October 29, 2025

IL Health Facilities & Services Review Board ("HFSRB")
Attn: Debra Savage, Chairwoman
525 West Jefferson, 2nd Floor
Springfield, IL 62761

RE: Opposition Letter for CON Project #25-013: OSF St. Elizabeth Medical Center, Ottawa – Discontinuation of 5-bed Intensive Care Unit & 14-bed Obstetrics Unit (Labor & Delivery)

Dear Chairwoman:

As a former system director of strategic planning and business development with nearly two decades of experience working for multiple large health systems across the country, as well as a resident of Ottawa, IL, I am writing to you in ***opposition*** of OSF HealthCare's ("OSF") plans to discontinue Intensive Care ("ICU") and Labor/Delivery/Obstetrical ("OB") services at OSF St. Elizabeth Medical Center ("SEMC") in Ottawa. My background in strategic planning and health system analytics allows me to take a data-driven approach to analyze OSF's plans for our region, and quite simply, the data does not support eliminating essential health care services from Saint Elizabeth Medical Center in Ottawa ("Ottawa Hospital").

It is my deep fear that OSF's siloed approach to developing their plans (with no input from key stakeholders like EMS or clinicians) will undoubtably result in poor patient outcomes and a transfer nightmare for our region, which is already unable to meet patient demands – as evidenced by numerous patient stories shared over the past year and half (since the opposition to OSF's plans emerged). OSF's argument that Peru should serve as the "hub" for our 3-county region based on its geographic center of that region completely ignores patient origin trends and patient population data that shows a higher density of people - and greater utilization of services - from those living in Eastern LaSalle County.

Voting in favor of these plans will be a vote against data-driven planning that should strive to take into account the viewpoints and concerns of all relevant stakeholders charged with delivering timely and appropriate care to our region.

My concerns with OSF as it specifically relates to Project 25-13 can be summarized into the following key topics:

1. **Monopolistic Behavior**: OSF operates as a health care monopoly in the region, and under the restrictions in the ERD pertaining, among other things, to reproductive health care services. Using this monopoly power, they have taken recent actions to reduce access to OB and ICU services, which will have a drastic adverse impact on patient safety, quality of care, and health care worker welfare in the rural communities located in eastern Planning Area C0-2.

2. **Profits Over Patients**: As a tax-exempt, charitable organization, OSF appears to be abandoning the health care needs of the Ottawa community (and eastern Planning Area C0-2, which includes Eastern LaSalle County) in favor of continued robust profit growth. Years of sustained OSF asset growth supports our concern that OSF is accumulating excessive assets and reserves, without clear plans to utilize them in furtherance of its tax-exempt mission through expenditures in support of the region's most pressing community health needs.

3. **Reducing Access to Health Services**: OSF intends to eliminate the OB and ICU services in Ottawa, as well as severely reduce medical/surgical capacity in favor of moving those inpatient services to a more affluent area in Peru, IL – which is 17 miles away from Ottawa. This distance is even greater for those living beyond Ottawa's borders in Eastern LaSalle County. Additionally, OSF has taken steps to relocate outpatient clinics and services from Ottawa to Peru. It plans to do so despite concerns from police, fire and EMS leadership.

How did we get here? A Timeline of Relevant Events

In March 2024, OSF submitted 3 Certificate of Need ("CON") projects to the HFSRB, to be heard at the August 2024 board meeting. At the time, OSF requested all projects be reviewed at the same meeting, given their clear connectedness:

- CON Application #**24-011: Ottawa's Replacement Hospital** (eliminates ICU and OB; drastically reduces Med/Surg)
- CON Application #**24-013: Discontinuation of Ottawa's Hospital** (demolish current facility)
- CON Application #**24-014: Peru Hospital Expansion** (expand ICU and OB; increase Med/Surg)

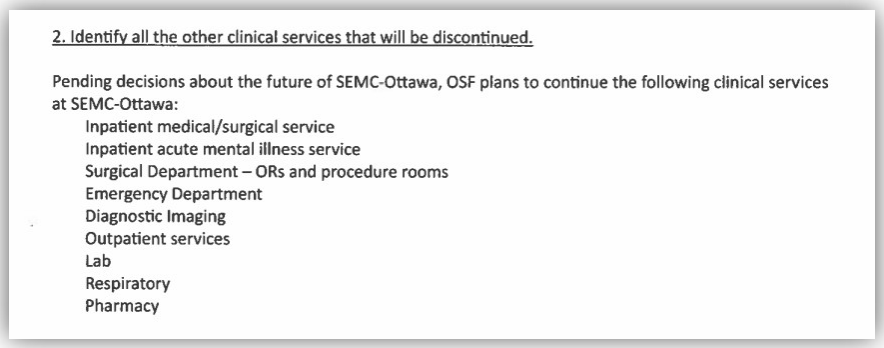
After facing strong community opposition regarding their plans for Ottawa's hospital, OSF decided to seek approval for Peru's expansion as a ***stand-alone project*** and defer the two Ottawa projects to a future meeting. OSF was granted approval to expand Peru's hospital, as well as the request to defer the two Ottawa projects (currently deferred to the March 2026 HFSRB meeting).

When OSF requested that HFSRB split up the review/approval of the Peru and Ottawa projects, they were effectively telling the board that their system has the ability to move forward with the plans to expand Peru's facility INDEPENDENT of the board's future decision regarding the two Ottawa projects.

And yet, OSF later submitted a fourth CON application to the HFSRB (CON #25-013) in an attempt to piecemeal their plans and seek approval to close Ottawa's OB and ICU units prior to the scheduled review of the deferred plans.

This latest CON application, presented by OSF in March 2025, is an attempt to push through plans to dismantle critical health care services with no regard for the intent of the approved year-long deferral granted to them at the March 2025 HFSRB meeting. It is my understanding that this non-traditional and extended deferral was only granted in order to ensure that OSF would work with the city, community representatives, chiefs of fire and police and other key stakeholders to ensure the plan was sound and would not create a transfer nightmare (i.e. patient safety and quality concerns) and drastically reduce hospital bed capacity in the largest micropolitan area within the state.[1]

Furthermore, I believe there is relevant information that was omitted from application 25-13, as it relates to discontinuation of services in Ottawa. On page 35 of the application (copied below), OSF dodges the question of which services will leave Ottawa by responding with the short list of services they plan to maintain. Since March 2024, OSF has made announcements about services transferring from Ottawa to Peru (e.g. Maternal-Fetal Medicine; Neurology; Dialysis; Histology/Microbiology labs and Interventional Radiology to name just a few), yet none of these service discontinuations in Ottawa have been listed in their application to the CON.



2. Identify all the other clinical services that will be discontinued.

Pending decisions about the future of SEMC-Ottawa, OSF plans to continue the following clinical services at SEMC-Ottawa:

- Inpatient medical/surgical service
- Inpatient acute mental illness service
- Surgical Department – ORs and procedure rooms
- Emergency Department
- Diagnostic Imaging
- Outpatient services
- Lab
- Respiratory
- Pharmacy

Since receiving the deferral on projects 24-011 and 24-013 from HFSRB in March 2025, OSF has met with City of Ottawa officials and community representatives (including myself) on a monthly basis from May through September.

On October 1, 2025, OSF presented the city and community group members with a "proposal"[2]. In context, the meeting was the latest in a series of discussions held at the request of the HFSRB, to facilitate OSF 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.

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[1] Ottawa Micropolitan Statistical Area: https://ides.illinois.gov/content/dam/soi/en/web/ides/labor_market_information/images/Changes%20to%20Illinois%20MSAs_2025.pdf

[2] OSF Proposal: https://hfsrb.illinois.gov/content/dam/soi/en/web/hfsrb/projects/projectdocuments/2025-/25-013-osf-saint-elizabeth-medical-center/OSF%20Proposal.pdf

The Proposal (Presented to CHO and the City of Ottawa by OSF on October 1, 2025). 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. OSF's offer would allow lower acuity ICU services at the current Ottawa Hospital facility to remain 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. The proposal continues to contemplate discontinuation of all OB services at the Ottawa Hospital.

OSF conditioned their limited offer regarding ICU with demands on the charitable community group that I represent, Citizens for Healthcare in Ottawa ("CHO") – a 501c3 organization, as well as the City of Ottawa. These demands included both the city and CHO to immediately and proactively submit to OSF HealthCare unconditional letters of support for the revised plan to maintain ICU and discontinue OB services at the Ottawa Hospital, and agreement 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 was to submit a modification to Project 25-013 *only after* receiving the unconditional letters of support.

CHO Response to the Proposal (communicated to OSF on October 9, 2025). After carefully considering the Proposal and after consulting with a variety of advisors and stakeholders about it, for the reasons summarized below, CHO made the decision to decline to accept the Proposal or comply with OSF HealthCare's conditions. Most fundamentally, we (CHO) were profoundly concerned that in meeting the conditions in OSF's 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. We continue to hope that OSF will withdraw their applications for Ottawa's hospital entirely because the data shows that both ICU and OB services are needed and appropriately utilized at the Ottawa Hospital. We also believe that HFSRB should be afforded the opportunity to 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.

A link to CHO's full response to OSF regarding the proposal was submitted to HFSRB and is not part of the public record for this project.[3] A link to the City of Ottawa's response is also part of the public record.[4]

OSF Press Release Following CHO & City Responses (released October 17, 2025).[5] What followed from OSF was a press release (see image below) that can only be described as a shameful attempt to create a false narrative that exaggerates exactly what was presented in their proposal, which was absolutely nothing different than what they have already proposed regarding the future of ICU in Ottawa. In the press release, OSF leads the community to believe that the City of Ottawa and CHO are to blame for ICU services being discontinued, despite it being entirely in their control to maintain these services. They also make false statements regarding our groups making, "additional demands that were not clinically appropriate or operationally feasible." In trying to condition these needed services in exchange for our silence and unqualified support of their plans, OSF has created a situation that ultimately tries to circumvent the state board's approval process.

Immediately after the city and CHO declined OSF's proposal, our previously scheduled meetings between OSF, the City of Ottawa officials and community members that had been planned for October and November were cancelled by OSF. The next scheduled meeting is currently set for December 8, 2025.

Ottawa, Il, October 17, 2025

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OSF HealthCare to move forward with modernized regional care plan

OSF HealthCare announced today that, assuming approval by the Illinois Health Facilities and Services Review Board, it will move forward with its plan to consolidate intensive care (ICU) and inpatient obstetrics (OB) services from Ottawa to the hospital facility in Peru.

Throughout recent months, OSF HealthCare has listened carefully to input from community members, local officials, and advocacy groups. In an effort to be responsive and demonstrate good faith, OSF recently offered to maintain ICU services in Ottawa. That offer was reviewed but ultimately rejected by the City of Ottawa and Citizens for Healthcare in Ottawa (CHO), who presented additional demands that were not clinically appropriate or operationally feasible.

"OSF HealthCare has always approached this work with compassion and transparency," said Bob Sehring, CEO of OSF HealthCare. "Our proposal to continue ICU services in Ottawa went well beyond what is clinically necessary, but we made that offer because we care deeply about this community and wanted to find a reasonable concession with the city and CHO group. It is unfortunate that offer was not accepted."

OSF's plan represents a forward-looking regional model of care designed to provide patients with the highest levels of quality, safety, and access across the region. This regional approach to care for the entire community, including LaSalle, Bureau, Putnam, and parts of Stark Counties, is shaping health care for decades to come. It addresses national issues such as difficulties recruiting physicians (especially in smaller communities), an increase in OB deserts, reduced amounts of specialty providers, and population decreases in many areas of the communities we serve.

An innovative regional birthing model will serve the entire community, ensuring moms and babies receive exceptional, coordinated care wherever they live. OB providers will have offices in every area of the region, supported by a mobile OB unit that travels to patients, and a 24-hour mom-and-baby phone line for expecting and new mothers. A new virtual labor and delivery monitoring service will also enhance the inpatient OB unit based in Peru. This new model, the first of its kind in Illinois, addresses the growing shortage of OB physicians in smaller communities while ensuring high-quality, safe care for mothers and infants across the region.

Sehring emphasized that OSF's decisions are guided by its Mission and its responsibility to ensure high-quality, coordinated, and sustainable care for every patient across the region.

"We remain committed to the communities we serve and to doing what's right for our patients and Mission Partners," Sehring said. "OSF will continue to invest in the people, facilities, and technology that deliver exceptional care, today and for generations to come."

OSF HealthCare is continuing to proceed with the previously approved plan to modernize regional care delivery through a right-sized, centrally located advanced hospital in Peru, supported by emergency, outpatient, and specialty services throughout the region. Pending HFSRB approval, the current hospital in Ottawa will continue to deliver health care services, including a full-service emergency department, an inpatient unit, behavioral health services, outpatient services, advanced imaging services, and many specialty clinics. Innovative services such as telehealth specialty services, remote monitoring, and mobile health will be part of the OSF HealthCare regional model of care for the entire breadth of these counties.

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[3] CHO Response to OSF Proposal: https://hfsrb.illinois.gov/content/dam/soi/en/web/hfsrb/projects/projectdocuments/2025-/25-013-osf-saint-elizabeth-medical-center/2025-10-09%2025-013%20CHO%20Response%20to%20OSF%2010-1-25%20Proposal%20(final%20with%20attachments).pdf

[4] City of Ottawa Response to OSF Proposal: https://hfsrb.illinois.gov/content/dam/soi/en/web/hfsrb/projects/projectdocuments/2025-/25-013-osf-saint-elizabeth-medical-center/2025-10-10%2025-013%20City%20of%20Ottawa%20Response.pdf

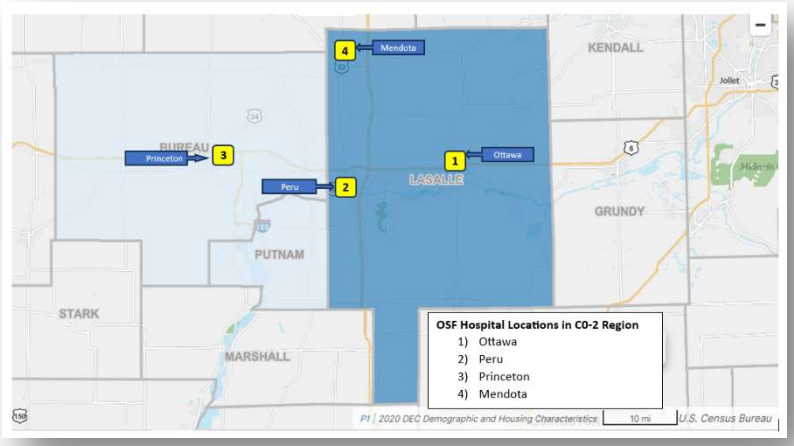
[5] OSF Press Release: https://newsroom.osfhealthcare.org/osf-healthcare-to-move-forward-with-modernized-regional-care-plan/

The following information provided is intended to illustrate why ICU, OB and other Medical/Surgical services should remain at Ottawa's Hospital:

Population Demographics of Planning Region C0-2

HFSRB defines the C0-2 planning region for acute care services as the 3-county area of LaSalle, Bureau & Putnam Counties (+ 2 townships in Stark Co.). In terms of population, LaSalle County makes up 74% of this planning region. Within LaSalle County, 84% of the county's land mass and 68% of the county's population are East of I-39. Despite these population demographics, OSF has planned to relocate all Intensive Care and Obstetrical/Delivery services from Ottawa's hospital to Peru, and leave Eastern LaSalle County with only 12 medical/surgical beds.

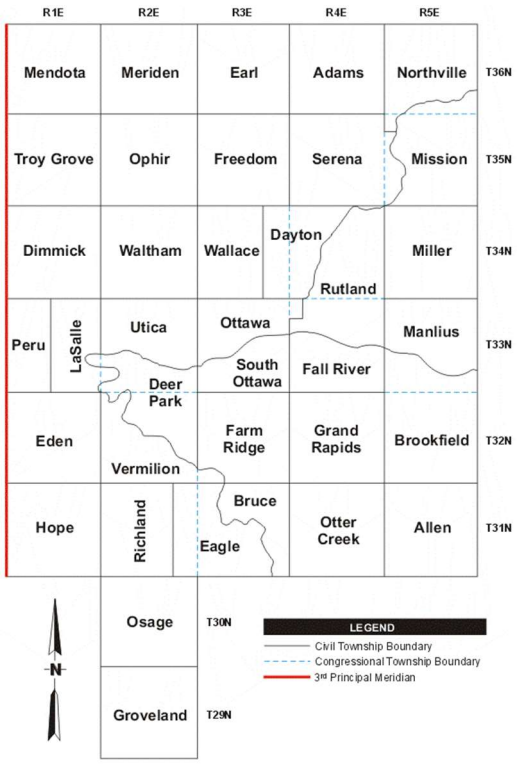
LaSalle County Townships



IHFSRB Planning Region C0-2		
County	2024 Pop. Est.	% of Total
LaSalle County	108,390	74%
Bureau County	32,486	22%
Putnam County	5,633	4%
Total	146,509	100%

Source: United States Census Bureau, City and Town Population Totals: 2020-2024

LaSalle County, IL		
Geography	2024 Pop. Est.	% of Total
East of I-39	74,192	68%
West of I-39	34,198	32%
Total	108,390	100%

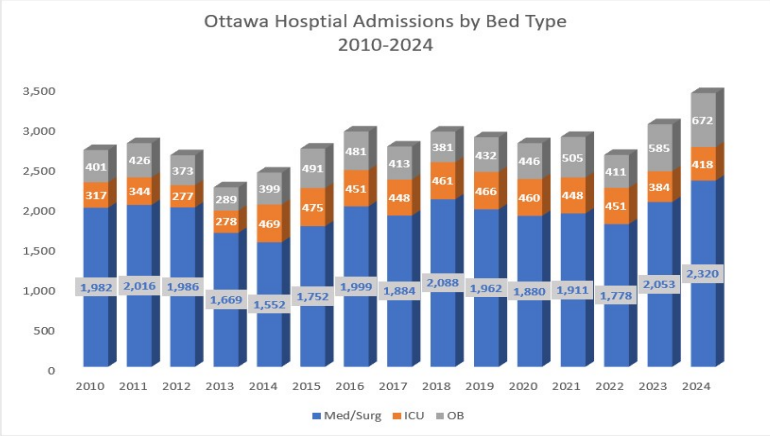


Townships in LaSalle Co.	2024 Pop. Est.
Adams township	1,598
Allen township	502
Brookfield township	1,054
Bruce township	11,723
Dayton township	2,408
Deer Park township	473
Dimmick township	745
Eagle township	1,444
Earl township	2,433
Eden township	1,356
Fall River township	785
Farm Ridge township	827
Freedom township	601
Grand Rapids township	277
Groveland township	559
Hope township	577
LaSalle township	13,190
Manlius township	6,084
Mendota township	7,034
Meriden township	265
Miller township	583
Mission township	4,059
Northville township	7,314
Ophir township	438
Osage township	241
Ottawa township	11,211
Otter Creek township	2,638
Peru township	10,026
Richland township	342
Rutland township	3,578
Serena township	1,119
South Ottawa township	8,330
Troy Grove township	1,270
Utica township	1,945
Vermillion township	378
Wallace township	567
Waltham township	416
Total	108,390

Ottawa's Hospital: Built by the Community, for the Community[6]

A short history of Ottawa's hospital and how OSF gained ownership of the hospital's assets is provided below:

In **1895** a hospital was gifted to the city of Ottawa, IL by a grieving widow in honor of her late husband, a local physician. In **1969** a local foundation donated 30 acres of land along the beautiful Fox River to build a new hospital; numerous individual and local corporate donations were collected to build the facility and ground was broken in **1971;** the hospital was operational by **1974**. In **1985** more land adjacent to the hospital was donated and multiple outpatient facilities were built. The hospital is currently licensed for 99 beds (54 medical/surgical; 5 intensive care; 14 OB/delivery; and 26 acute mental illness). An analysis of inpatient admission trends over the past 15 years illustrates that volumes have been relatively steady in the ICU, while admissions have grown significantly over time in the medical/surgical and OB units:



Year	Med/Surg	ICU	OB
10-Yr. CAGR	4%	-1%	5%
5-Yr. CAGR	3%	-2%	9%
3-Yr. CAGR	7%	-2%	10%

**CAGR = Compound Annual Growth Rate*

2024 Data Source: OSF Provided Materials

2023 & Prior Years Data Source: IHFSRB Hospital Profiles

A Monopoly is Born

Following years of partnership with OSF through their clinical stroke network, Ottawa Regional Hospital and Healthcare Center's leadership signed an LOI to merge in **2010**; the deal was finalized in **2012.** OSF paid no purchase price for the hospital's assets (including the land), but the valuation at the time was $58 million[7]. OSF later acquired hospital assets in Mendota (**2014**) and Princeton (**2021**), also for free, yet valued at $40 and $25 million respectively[8]. Each of these hospitals had been community hospitals (independent entities) prior to OSF's acquisition.

As depicted in the table below, by **2021** there were 5 acute care hospitals serving the C0-2 region, and the region had an excess of beds in every category (medical/surgical; obstetrics/delivery; and intensive care). OSF owned 3 of the hospitals in the region, while the other two hospitals in Peru and Spring Valley were owned by Sisters of Mary of the Presentation ("SMP") Health System. Ottawa's hospital has been the largest acute care provider in planning region C-02 for years.

Hospitals in Planning Region C0-2

Year 2021: Prior to Closures in Spring Valley & Peru

C-02 Planning Area	Bed Category			*System Ownership*
Hospital Locations:	**Med/Surg**	**OB**	**ICU****	
Ottawa	54	12	5	OSF (Aquired in 2012)
Peru	38	7	4	SMP
Spring Valley	28	10	6	SMP
Princeton**	22	0	0	OSF (Aquired in 2021)
Mendota**	21	0	0	OSF (Aquired in 2014)
TOTAL Beds	163	29	15	***Excess of beds in every category***
C-02 Bed Need*	120	19	14	
Beds in Excess / Shortage (red)	43	10	1	

**As determined by the IHFSRB at that time*

***ICUs in Princeton and Mendota appear in the state inventory, but inadequate staffing results in near zero average daily census therefore, the 7 beds at these two facilities should not be considered as meeting state determined need for ICU beds*

[6] History of Ottawa's Hospital: https://www.osfhealthcare.org/hospitals/saint-elizabeth-ottawa/about/history

[7] 2012 Change of Ownership Application

[8] 2014 and 2021 Change of Ownership Applications

In January **2023**, Peru's hospital closed, and then Spring Valley closed in June of the same year. In August **2023,** OSF was granted approval by the HFSRB to add 2 Obstetrical beds to Ottawa's hospital, growing the OB bed count at the hospital from 12 to 14. As depicted in the table below, following these closures, only 3 acute care hospitals (all owned by OSF) were operational and there was a severe shortage in med/surg beds. At this time, Ottawa's hospital stretched to meet utilization needs following the closures; nursing staff in Ottawa have shared stories of being "encouraged" by OSF leadership to keep up with the increased demand that naturally followed.

Hospitals in Planning Region C0-2

Year 2023: Post Closures in Spring Valley & Peru

C-02 Planning Area	Bed Category			System Ownership
Hospital Locations:	**Med/Surg**	**OB**	**ICU****	
Ottawa	54	14	5	OSF
Peru	0	0	0	CLOSED
Spring Valley	0	0	0	CLOSED
Princeton**	22	0	0	OSF
Mendota**	21	0	0	OSF
TOTAL Beds	97	14	5	***OSF gains monopoly on facilities; severe shortage of med/surg beds***
C-02 Bed Need*	124	13	14	
Beds in Excess / Shortage (red)	-27	1	-9	

**As determined by the IHFSRB at that time*

***ICUs in Princeton and Mendota appear in the state inventory, but inadequate staffing results in near zero average daily census therefore, the 7 beds at these two facilities should not be considered as meeting state determined need for ICU beds*

Following those closures, in July **2023**, OSF made the decision to purchase the closed Peru hospital out of bankruptcy for $38 million, further growing a Catholic health care monopoly in the region. It is believed that OSF did not go through Federal Trade Commission review pursuant to the Hart-Scott-Rodino Antitrust Act, thus growing monopoly power in the C0-2 region without any federal antitrust oversight.

Soon after OSF's acquisition of Peru's hospital, in March **2024**, OSF announced plans to build a new hospital in Ottawa and demolish the current facility. The application to the HFSRB claims this decision was made based on the age of Ottawa's facility and outdated infrastructure. The proposed new hospital would keep 26 mental health beds; but ICU and OB units would be eliminated; and only 12 med/surg beds (a 78% reduction) would remain. Operating rooms would also be reduced from 5 ORs to 2 (a 60% reduction), and certain surgical specialties would no longer be performed in Ottawa.

In stark contrast, OSF submitted plans to *add* beds at Peru's hospital and re-position it as the system's inpatient "hub" within their "I-80 Corridor" region – despite the age of the Peru facility being much older than Ottawa's! The Ottawa community was shocked to hear that after years of partnership, promises and donated assets, that the OSF system would abandon us. Not only that, their plans do little to take our region out of the severe bed-shortage created by the two hospitals closing in 2023 (as shown in the table below).

Hospitals in Planning Region C0-2

Year 2025: If CON Permits Approved for Ottawa & Peru

C-02 Planning Area	Bed Category			System Ownership
Hospital Locations:	**Med/Surg**	**OB**	**ICU****	
Ottawa	12	0	0	OSF
Peru	45	11	8	OSF
Spring Valley	0	0	0	CLOSED
Princeton**	22	0	0	OSF
Mendota**	21	0	0	OSF
TOTAL	100	11	8	***OSF grows monopoly on facilities; severe shortage of med/surg beds***
C-02 Bed Need	124	13	14	
Excess / Shortage (red)	-24	-2	-6	

**As currently determined by the IHFSRB*

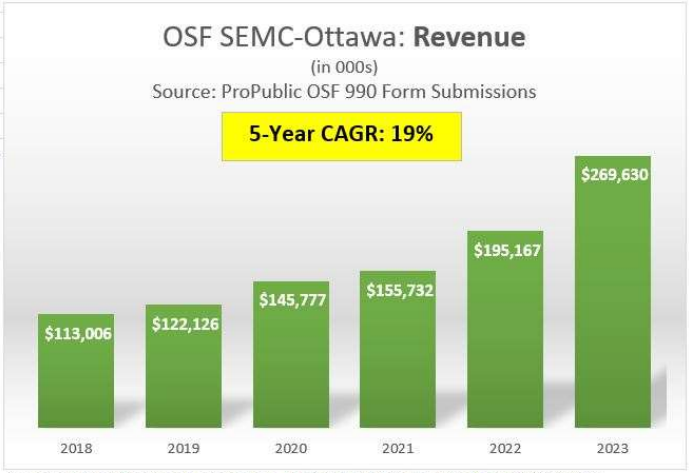
***ICUs in Princeton and Mendota appear in the state inventory, but inadequate staffing results in near zero average daily census therefore, the 7 beds at these two facilities should not be considered as meeting state determined need for ICU beds*

It's worth mentioning here that through discussions between City of Ottawa officials and OSF leadership, it has been uncovered that despite having 3 licensed ICU beds in Princeton and 4 licensed ICU beds in Mendota, those units are essentially not utilized because they are not staffed appropriately for ICU level care. This information is backed up by the annual hospital survey data collected by the Illinois Department of Public Health ("IDPH"), which shows an average daily census on those units at 0.2 and 0.4 respectively in 2023.[9] Therefore, OSF may appear to be meeting the needs of ICU beds on paper, but in practice there will be only 8 staffed ICU beds in the C0-2 region if these plans are approved; which will leave our region with a deficit of 6 ICU beds based on the state-determined need of 14. The CHO group has been told numerous stories from patients regarding long wait times for ICU beds, and the need to transfer people out of the region due to ICU capacity constraints.

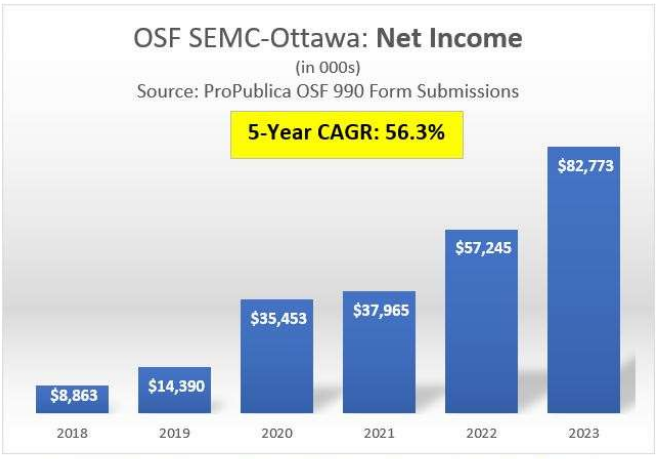
The applications for the above-referenced plans can be found on the HFSRB website.[10] Furthermore, nowhere in the 2023 application that OSF submitted to HFSRB for a change in ownership in Peru, did they mention reduction in services in Ottawa as a result of the acquisition.

Profits Over Patients

Unlike many rural hospitals, Ottawa's hospital has been profitable for years: net income was $57.2 million in **2023**; the compound annual growth rate over the past 5 years has been 56% (see graphs below). This information directly contradicts what OSF has shared publicly that rural hospitals are losing money, which they claim is a major factor in their decision making.



Source: https://projects.propublica.org/nonprofits/organizations/362604009



Source: https://projects.propublica.org/nonprofits/organizations/362604009

As a tax-exempt, charitable organization, OSF appears to be abandoning the health care needs of the Ottawa community (and all of Eastern LaSalle County) in favor of continued robust profit growth. Years of sustained asset growth supports our claims that OSF is hoarding funds to accumulate excessive assets and reserves, without clear plans to utilize them in furtherance of its tax-exempt mission (through expenditures in support of the region's community health needs). As shown below, OSF's assets have grown from 2.6 billion in 2012 when OSF took over Ottawa's hospital to 6.4 billion in 2024.[11]

[9] IDPH Hospital Data Profiles and Annual Bed Report for 2023: https://hfsrb.illinois.gov/content/dam/soi/en/web/hfsrb/documents/inventories-data/facility-profiles/hospital-facility-profiles-(new)/2023-individual-hospital-profiles.pdf

[10] CON 24-013 (Discontinuation of Ottawa's Hospital): https://hfsrb.illinois.gov/project.24-013-osf-st--elizabeth-medical-center.html; CON 24-011 (Replacement Facility for Ottawa's Hospital): https://hfsrb.illinois.gov/project.24-011-osf-saint-elizabeth-medical-center,-ottawa.html; CON 24-014 (Peru Hospital Expansion): https://hfsrb.illinois.gov/project.24-014-osf-st-elizabeth-hospital---peru.html; COE 026-23 (OSF's purchase of Peru's Hospital): https://hfsrb.illinois.gov/project.e-026-26-st-margaret-health-peru.html

[11] OSF Financial Statements available on https://emma.msrb.org/

OSF HEALTHCARE SYSTEM AND SUBSIDIARIES

Consolidated Balance Sheets

September 30, 2012 and 2011

(In thousands)

Assets		2012	2011
Current:			
Cash and cash equivalents	$	120,094	131,751
Patients' and residents' accounts receivable, net of allowance for doubtful accounts of approximately $149,952 in 2012 and $133,862 in 2011		469,299	351,210
Other		86,329	66,583
Total current assets		675,722	549,544
Investments		712,329	627,987
Assets limited as to use		202,836	199,461
Property and equipment, net		936,207	893,970
Restricted assets		41,292	59,536
Other assets		68,623	52,254
Total assets	$	2,637,009	2,382,752
Liabilities and Net Assets			

OSF HEALTHCARE SYSTEM AND SUBSIDIARIES

Consolidated Balance Sheets

September 30, 2024 and 2023

(In thousands)

Assets		2024	2023
Current assets:			
Cash and cash equivalents	$	350,375	284,355
Receivables:			
Patient accounts receivable		528,809	532,107
Due from third party reimbursement programs		14,070	23,921
Other		67,846	51,676
Total receivables		610,725	607,704
Board designated assets for self-insurance		55,380	56,250
Inventory		95,628	84,579
Prepaid expense		43,831	32,323
Total current assets		1,155,939	1,065,211
Investments		2,114,440	1,848,854
Board designated assets for self-insurance, net of current portion		260,353	195,368
Assets limited as to use		208,779	211,212
Property and equipment, net		2,178,447	2,076,203
Operating lease right of use assets		147,061	147,676
Financing lease right of use assets		23,774	18,257
Goodwill		64,780	64,951
Deferred compensation assets		114,815	88,820
Venture capital investments		74,870	76,691
Other assets		70,667	34,157
Total assets	$	6,413,925	5,827,400
Liabilities and Net Assets			

It's a more likely motive that OSF is simply trying to keep a profitable hospital service, but re-locate the assets to a zip code that has a stronger patient payer mix – with the hopes that financial gains will continue to rise. Since 2021 is the last year that Peru's hospital reported patient data to the Illinois Department of Public Health[12], that is the best year of comparison data that we have to illustrate this point (see below). The hospital's current chief medical officer, Dr. Leonardo Lopez, confirmed this suspicion during a meeting with the LaSalle County Board when he said that Peru's "more favorable payor mix" was a consideration in decision making.

Ottawa Hospital: 2021 Hospital Profile Report

Inpatients and Outpatients Served by Payor Source							
	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	49.5%	27.1%	1.2%	19.7%	0.7%	1.9%	
	1690	926	40	673	23	64	3,416
Outpatients	42.3%	23.6%	0.6%	31.5%	0.9%	1.1%	
	68361	38114	974	50936	1400	1846	161,631

Financial Year Reported: 10/1/2020 *to* 9/30/2021	Inpatient and Outpatient Net Revenue by Payor Source							
	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*	*Total Charity Care Expense*
Inpatient Revenue ($)	40.9%	27.7%	1.1%	29.8%	0.5%	100.0%		1,774,721
	14,087,780	9,569,034	370,532	10,292,442	165,867	34,485,655	560,122	*Total Charity Care as % of Net Revenue*
Outpatient Revenue ($)	16.4%	21.0%	0.9%	61.2%	0.5%	100.0%		
	16,210,270	20,793,143	894,230	60,599,070	465,398	98,962,111	1,214,599	1.3%

Peru Hospital: 2021 Hospital Profile Report

Inpatients and Outpatients Served by Payor Source							
	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	54.2%	18.0%	1.8%	23.4%	1.9%	0.7%	
	897	297	30	387	32	11	1,654
Outpatients	35.5%	7.2%	0.4%	51.3%	5.6%	0.1%	
	53567	10859	570	77436	8491	161	151,084

Financial Year Reported: ########## *to* 12:00:00 AM	Inpatient and Outpatient Net Revenue by Payor Source							
	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*	*Total Charity Care Expense*
Inpatient Revenue ($)	66.7%	7.8%	1.9%	20.3%	3.2%	100.0%		195,023
	11,359,714	1,328,720	329,093	3,462,723	545,645	17,025,895	23,657	*Total Charity Care as % of Net Revenue*
Outpatient Revenue ($)	30.7%	6.5%	5.7%	54.4%	2.6%	100.0%		
	21,934,645	4,646,922	4,085,804	38,882,970	1,877,216	71,427,557	171,366	0.2%

Ottawa's Hospital Demonstrates Quality Care

Ottawa's hospital is not only doing well financially; in recent years it has received numerous quality awards and accolades – some specific to the departments that OSF is closing (ICU & OB):

- Blue Cross Blue Shield: "Blue Distinction Center+ for Maternity Care" (2025)
- Healthgrades: "Critical Care Excellence Award" (2025)
- Becker's Hospital Review: "100 Great Community Hospitals" (2025)
- The Chartis Center for Rural Health: "Top 100 Rural & Community Hospital in the United States" (2025, 2023, 2022)
- Leapfrog Hospital Safety Grade: "A-Rating" (Spring 2025, Fall 2024, Spring 2024)

[12]Hospital Profiles: https://hfsrb.illinois.gov/inventories-data.html

Reducing Access to Health Services: Labor & Delivery / Obstetrics ("OB")

In July 2025, OSF supplied HFSRB with "supplemental information"[13] pertaining to OB and ICU services in region C-02. Utilizing my background in strategic planning I took the time to analyze the data, and provided my analysis to Bob Sehring (System CEO) and other OSF leaders involved in the monthly community meetings. The detailed findings are provided on the following pages, but a summary of key data points is presented below.

In summary, the data that OSF has shared in regards to these projects, when analyzed, does not show a compelling argument to discontinue ICU and OB services in Ottawa. In fact, the data supports both the OB and ICU units remaining in Ottawa – either as the "hub" facility, or in addition to the units planned for Peru. Some key data points include:

- **OB:** In 2024, there were 1,451 patients from the CO-2 region admitted for OB services:
  - Despite industry-wide declining birth rates, **cases increased more than 10% in the region** (1,313 in 2022)
  - **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)
  - Historically, **Ottawa has had a higher average daily census** on the OB unit than both Peru and Spring Valley
  - Patients not seeking care in Ottawa are **historically traveling East and South, not West** (toward Peru)

- **ICU:** In 2024, there were 1,170 patients from the CO-2 region who were admitted from the ED into the ICU:
  - This was an **11% increase** in the number of ICU patients from the prior year (1,053 in 2023).
  - The zip codes with **the highest volume of ICU patients are from *Eastern* LaSalle County:** Ottawa (224); Streator (158); and Marseilles (105); LaSalle and Peru combined had 158 ICU patients (66 fewer than Ottawa alone)
  - OSF as a system treated **70% of ICU patients across 10 facilities**; indicating a lack of ICU beds in the region
  - OSF "maintains" ICU inventory in Princeton (3 beds) & Mendota (4 beds), but those units are not staffed as full-functioning ICUs: both have a daily census near zero. Essentially, there will be only 8 staffed ICU beds in the C0-2 region; **leaving the region with a deficit of 6 ICU beds** based on the state-determined need of 14.
    - The ICU in **Mendota treated only 29 ICU patients** from the C-02 region (2% share)
    - The ICU in **Princeton treated only 20 ICU patients** from the C-02 region (2% share)
    - The ICU in **Ottawa treated 423 ICU patients** from the C-02 region (36% share)
  - As shown in the table below, the average daily census of the ICUs in both Mendota and Princeton have been at or near zero for the past several years, while Ottawa's ICU has had an ADC near 4 for the same time frame. Anecdotally I have been told that OSF only operates 4 ICU beds in Ottawa (despite being licensed for 5), since it's easier to staff 1:2 nurse/patient ratio. Assuming that to be true, Ottawa's ICU essentially operates at full capacity (i.e. 4 staffed beds), and it can be assumed that capacity constraints are contributing to more transfers from Ottawa's facility.

Utilization of ICU in Ottawa, Princeton and Mendota:

ICU Avg. Daily Census	Ottawa (5 beds)	Princeton (3 beds)	Mendota (4 beds)
2021[14]	3.5	0.3	0.1
2022[15]	3.4	0.2	0.0
2023[16]	3.6	0.2	0.4
2024[17]	3.9	0.2	0.6

[13] OSF Supplemental Information Packet: https://hfsrb.illinois.gov/content/dam/soi/en/web/hfsrb/projects/projectdocuments/2025-/25-013-osf-saint-elizabeth-medical-center/2025-07-23%2025-013%20Supplemental%20Information%20Letter.pdf

[14] 2021 Hospital Profiles: https://hfsrb.illinois.gov/content/dam/soi/en/web/hfsrb/documents/inventories-data/facility-profiles/hospital-facility-profiles-(new)/2021-hospital-profiles.pdf

[15] 2022 Hospital Profiles: https://hfsrb.illinois.gov/content/dam/soi/en/web/hfsrb/documents/inventories-data/facility-profiles/hospital-facility-profiles-(new)/2022-hospital-profile.pdf

[16] 2023 Hospital Profiles: https://hfsrb.illinois.gov/content/dam/soi/en/web/hfsrb/documents/inventories-data/facility-profiles/hospital-facility-profiles-(new)/2023-individual-hospital-profiles.pdf

[17] 2024 Hospital Profiles: https://hfsrb.illinois.gov/content/dam/soi/en/web/hfsrb/documents/inventories-data/facility-profiles/hospital-facility-profiles-(new)/2024-Hospital-Profiles.pdf

Community & SEMC Staff Comments

The following screen shots have been collected over the past few months from concerned community members and SEMC staff. This is by no means all comments that myself or members of CHO have received since our opposition efforts began in March 2024. But these recent comments highlight both the reality and the perception of OSF's care delivery in our area – and the deeply concerning trends regarding patient transfers, cost of care and timely care delivery.

Ambulance Transfer Concerns:

Aug 13, 2025, 3:33 PM

I know there has been alot of talk about OSF but I want to highlight another issue. I work in Healthcare and have heard multiple complaints about Stark County Ambulance.
They are contracted to provided interfacility transfers between the OSF hospitals. The company only provides 2-3 designated transfer ambulances to service 5 OSF hospitals. They independently dispatch the transfers from all the OSF hospitals. I have seen them delay transfers for hours instead of calling for other ambulances outside of their company. Hospital staff have been threatened with disiplinary action if they call other agencies directly, even after they are given hours long ETAs by Stark.

My family was recently transferred from Ottawa hospital to Peoria after a several hour delay. They were left with a bill of thousands after BCBS paid their portion. After looking at what other local departments bill I am convinced they are charging around twice as much as other agencies and insurance is not covering the difference.
Healthcare should be about helping people in their time of need and not the money we can provide them. It is dangerous to delay some of these transfers if our local hospitals dont have the resources to fix you. It causes unnecessary congestion in the ER and has contributed to our overflowing waiting rooms.
What can we do about it? If you are in need of transfer to another hospital you have the right to request which department you want to take you. If you are told it is

going to be a several hour wait request other departments (Peru, 10/33, Ogelsby, ect) and they can usually provide transport sooner.
If you have been transfered by Stark and believe you were excessively billed you can request an itemized statement. Compare the statement with the EOB your insurance will provide and FAIR Health costs online. If they are incorrect you can negotiate your bill or dispute it. I would like to get the word out so together we can fix the root of these problems instead of the symptoms.

In reply to the above public post:

A)

I had a similar experience but was sent to Rockford for a heart angiogram. I was in the ER from 2 am to 3 pm the next day waiting on a bed and ride. Since it was an emergency (and I was not allowed to drive myself) I wrote at least 2 letters to Insurance. That fee is outrageous.. IMHO, the biggest issue with the hospital is that's it's really just triage for the majority of issues. They can't treat much but non life threatening injuries and illness that requires a hospital (IV fluids O2 type intervention).

[redacted]

B)

Two years ago they transferred my son to Peoria with a $3000 bill. Not only did insurance pay for nothing but they wouldn't let me pay cash for a deduction. So I paid $50 a month. I was definitely not happy

[redacted]

C)

I was transported to St Anthony in Rockford from Peru. The bill was $8,200.00. UNBELIEVABLE

D)

I was recently taken from ottawa to rockford and was charged $8K and my insurance covered not even 1/2 and I am stuck with a $5K bill. We were told the same and that Stark has a contract with Ottawa and have to take them I was not happy

[redacted]

E)

Happened in my family. Insurance called it out of network! The bill was thousands!

F)

My wife was transferred from Peru to Mendota because Peru didn't have any beds, they used Northwest Rescue out of the suburbs for it, I was billed $4,300 for it I called them and questioned the amount and they dropped it down to $2,080

[redacted]

G)

I was just in er and requested 10/33. I said I will not go with any other ambulance . I got an over 7000 bill from stark to Rockford😬😬😬 this is wrong for OSF to do this!!! The kicker is I was told they- (Er)have to call stark and then stark has to call our local EMS... sometimes they will just say no local avail when really local is😬😬

[redacted]

H)

I went to OSF in Peru on December 16th with stroke symptoms.I went home with Tylenol with Codeine for a headache . December 17th went to Princeton hospital.Cat scan showed I had two strokes.Waited 5 hours to be transferred to Rockford hospital. Received a bill from Stark Ambulance for just under $8,000. My insurance will not cover facility to another facility.Had to contact ambulance service for an itemized bill for insurance for review.Bill is now just under $4,000.Did absolutely nothing for me but monitor vitals.Was told I could of called of 10/33 for alot cheaper.

[redacted]

I)

my dad was transferred by them to rockford it was over a day delay because there were no beds they told us we couldn't choose who to transfer him so we. had to wait all day for stark county to show up . it was after 6:00 pm it was crazy!

[redacted]

J)

My husband was transferred from Peru to Peoria and it was 7,000 insurance covered some but we still had to pay 4,000!

K)

OSF staff are wonderful but the policies set in place by OSF management tie the hands of anyone who works for them

L)

yep. BCBS won't cover beyond a certain cost and the ambulance service is under no contract with BCBS. You are just stuck with the huge difference. Thousands from Peru to Peoria.

M)

Stark County isn't what it used to be, about a year ago they were taken over by Northwest Rescue out of Rockford. The new company seems to be far more money focused at least from what I've heard from people who work there or have left, they aren't liking the change either and have seen a big increase in turn over especially from the people who have been there for years.
I do want to comment on a couple things though. I've heard there can be hours of wait time depending on what's going on, but if you were waiting days, you were waiting for a bed to open up in the OSF system not the ambulance service to show up. OSF in general avoids transferring to anything outside their system, often to the detriment of expedient patient care.

N)

Was just transferred by both 10/33 and then Stark . I haven't even gotten bills yet but I can tell you about my experience with both. 10/33 were extremely kind and caring even helped me when I got sick in the back. However they desperately need a new rig. The tiniest of potholes felt like we hit the grand canyon but I was made as comfortable as they possibly could she even talked to me the whole way and I felt cared for. Now stark.. the OSF er told me i HAD to go back Rockford even tho I requested to go to another hospital per request of my insurance company which was what I wanted. The ER told me I had no choice I HAD to go back to Rockford and that the transfer was already coming. I had only been there like 2 minutes. Anyways, Stark showed up and the ride was a tiny bit more comfortable they did absolutely nothing to help me. I threw up the whole way and he just sat there. I asked for help and he said unless your dying there's nothing he can do.. WTF.
I was also informed that I have every right to go to whatever hospital I want. I sure as F*** did not want to be at St. Anthony's but we are now surrounded by OSF and dont have much choice in that. Considering leaving the state cuz of it. I hope someone can learn from my experience.

O)

i was in the er a few months ago someone said that their mother had been waiting in the ER for 2 days for ambulance service

P)

I wish I had known I could've requested another unit to transport me from OSF in Princeton to Peoria when I had blood clots on my lungs. I was impressed with Stark County's compassion and professionalism once they got there but I had to wait hours for them to arrive.

Oct 19, 2025, 9:27 PM

I support the services needing to be in ottawa, but honestly at this point, just move everything if this is going to happen with OB and ICU, move all services elsewhere. Saddens me to say it but the only thing they seem to be good for anymore is having the helipad there. We need the hospital in ottawa but sadly our hospital should absolutely have some sort of trauma level as we do have the interstate, we get accidents (like the bad motorcycle one recently where they needed two helicopters) we have skydive chicago, like we certainly warrant some sort of trauma level, not level 1, but level 2 I could see even level 3. Something is better than nothing. They are acute stroke ready I believe but we also lack a cath lab. If you need that, youre going to morris, peoria or rockford and

stroke ready I believe but we also lack a cath lab. If you need that, youre going to morris, peoria or rockford and since morris is not OSF, they will probably ship ya to an OSF affiliated place.

I cant publicly say this in comments because I am a paramedic. If I could comment anonymously I would have. Feel free to crop my name and blur my pic if you want to use the comment for anything, I sadly just dont get to have a public opinion because of my job

Oct 19, 2025, 10:33 PM

Thank you so much for sharing this! We will use your comments but keep you anonymous! This is so appreciated!

Shannon Nowicki · Follow
22h ·

Imagine going into labor and the nearest hospital doesn't deliver babies anymore.

Labor and delivery units in the US are closing at an alarming rate and it's a crisis no one's talking about.

These closures are happening all over the country. Hospitals outsourcing care, expecting mothers to drive 30, 45, even 60 minutes for care and delivery. That's not sustainable. That's dangerous.

Pregnancy can go from fine to an emergency in a matter of moments. Access to maternity care isn't a luxury, it's essential.

When I was pregnant with my son Clay, I went into labor unexpectedly at 34 weeks while visiting my rural Minnesota hometown. Thankfully, the local hospital was still delivering babies then. They didn't normally take premature deliveries that early, but we didn't have a choice, and they saved us.

That very labor and delivery department has since closed and the next hospital is a 30 minute drive.

Whether you like it or not, rural hospitals depend on federal funding to stay open. This isn't partisan, it affects everyone. Call your representatives. Email them. Tell them to make a plan to save rural healthcare before there's nothing left to save.

Because no one should ever have to wonder if there's a hospital close enough, when every second counts.
Shannon Nowicki

6:04 PM

I saw this too - terrifying and frigthenting

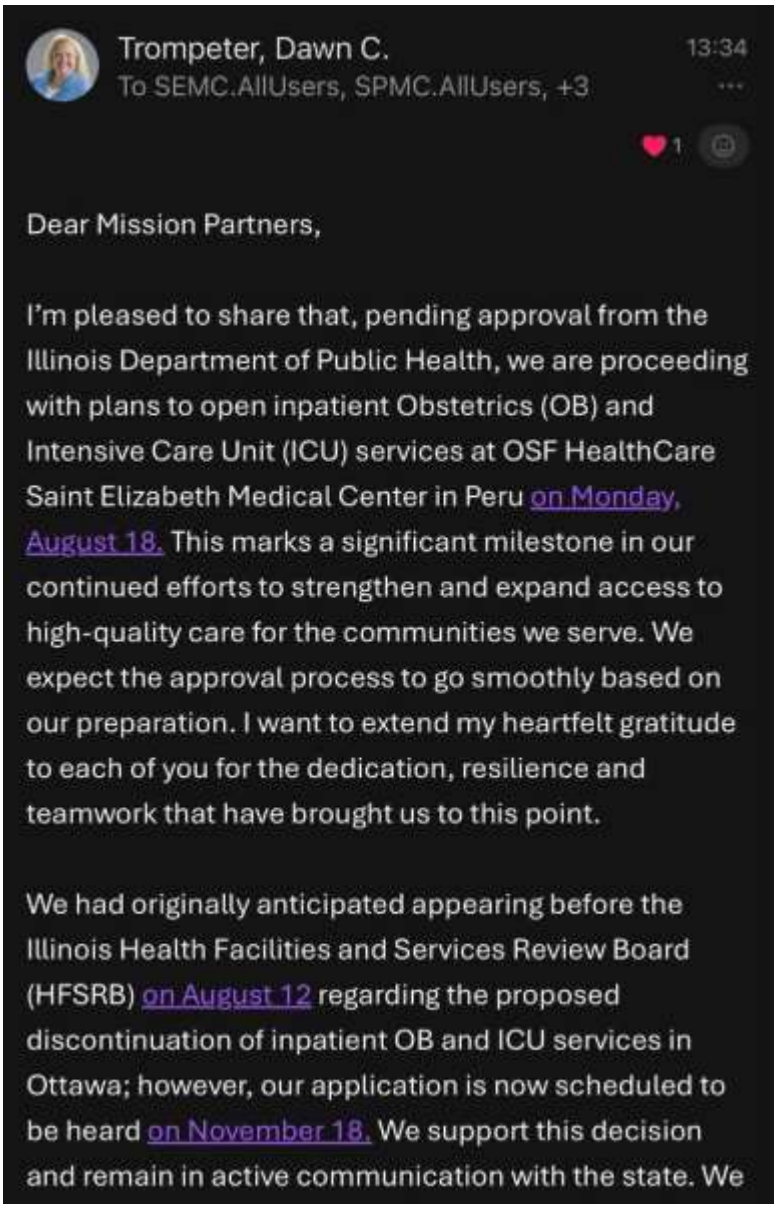
Sent by **Colleen Allen Burns**

It is. I am a paramedic and while I have had the opportunity to deliver a baby in the field, it was no complications. This is going to create 2 patients and if there are complications with one or both, now Im working on 2 patients which is not conducive to their needs

Honestly in the back of that ambulance, its me. My partner is driving. Best case is both mom and baby are great and we continue to hospital. Worse case, someone stops breathing and their heart stops. So many complications with pregnancy can happen. Nutchul cord, prolapsed cord, breech delivery, arm comes out first, a leg comes out first. With mom, we gotta deliver the placenta most likely, if she starts bleeding out, I have to fix that, while also making sure baby is ok. Driving from Ottawa to peru is insane and if I have to, Im calling a helicopter because I know worse case scenario they will be transfered anyway. Like what else are we suppose to do if its just me in the back? Pray to the EMS gods?

Staff Concerns / General Confusion:

The following email from SEMC president, Dawn Trompeter was shared with CHO by an OSF mission partner on August 1, 2025:

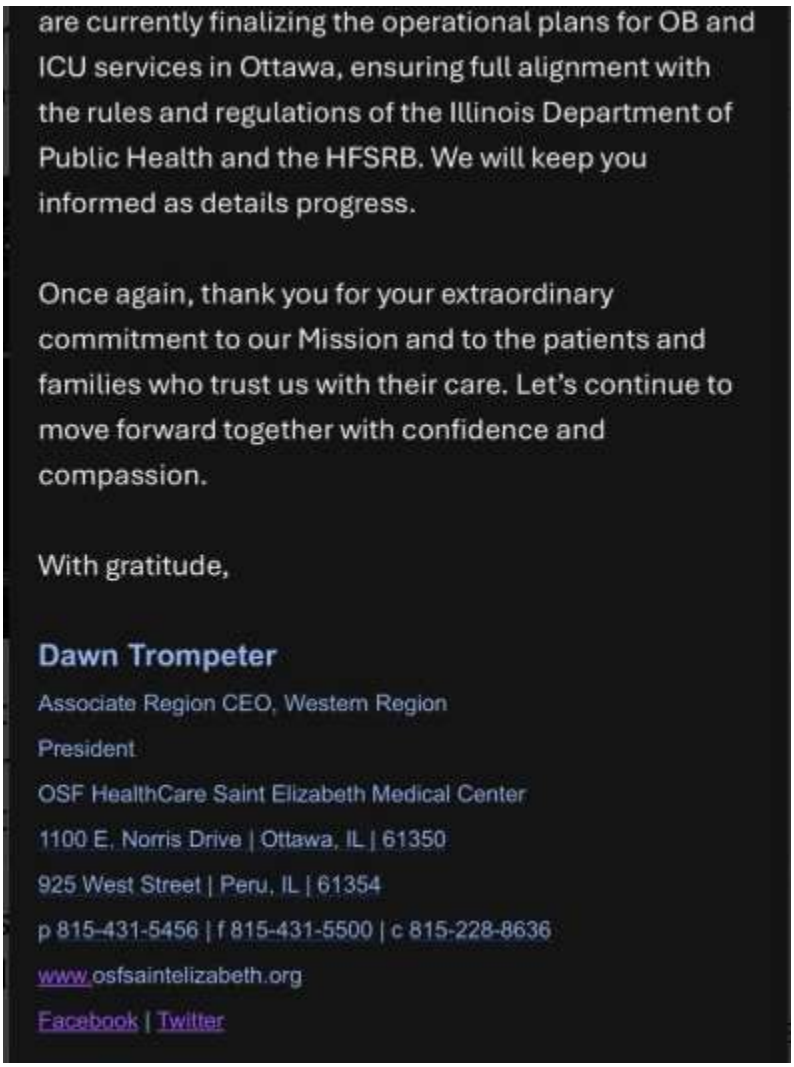


Trompeter, Dawn C. 13:34
To SEMC.AllUsers, SPMC.AllUsers, +3

Dear Mission Partners,

I'm pleased to share that, pending approval from the Illinois Department of Public Health, we are proceeding with plans to open inpatient Obstetrics (OB) and Intensive Care Unit (ICU) services at OSF HealthCare Saint Elizabeth Medical Center in Peru on Monday, August 18. This marks a significant milestone in our continued efforts to strengthen and expand access to high-quality care for the communities we serve. We expect the approval process to go smoothly based on our preparation. I want to extend my heartfelt gratitude to each of you for the dedication, resilience and teamwork that have brought us to this point.

We had originally anticipated appearing before the Illinois Health Facilities and Services Review Board (HFSRB) on August 12 regarding the proposed discontinuation of inpatient OB and ICU services in Ottawa; however, our application is now scheduled to be heard on November 18. We support this decision and remain in active communication with the state. We



Employee 1 Response to CHO:

We just received this. As an employee I am so confused! I thought what happened today was a good thing to keep us open. But then we get this within minutes

I know myself and my coworkers in my department are feeling lied to and leadership is blowing smoke.
If the state isn't approving of how are they moving ahead with the transition

I would speak more freely on your page but I fear for losing my job

I appreciate that and everything your group is doing
We are all so disappointed, we are kept out of the loop with so many things and then just get random emails like today. I don't know a single current employee that is supporting these choices and hate that she thinks that we do. But threats have been made to be quiet and just deal with it.
Then comments are made about us "not absorbing the information"

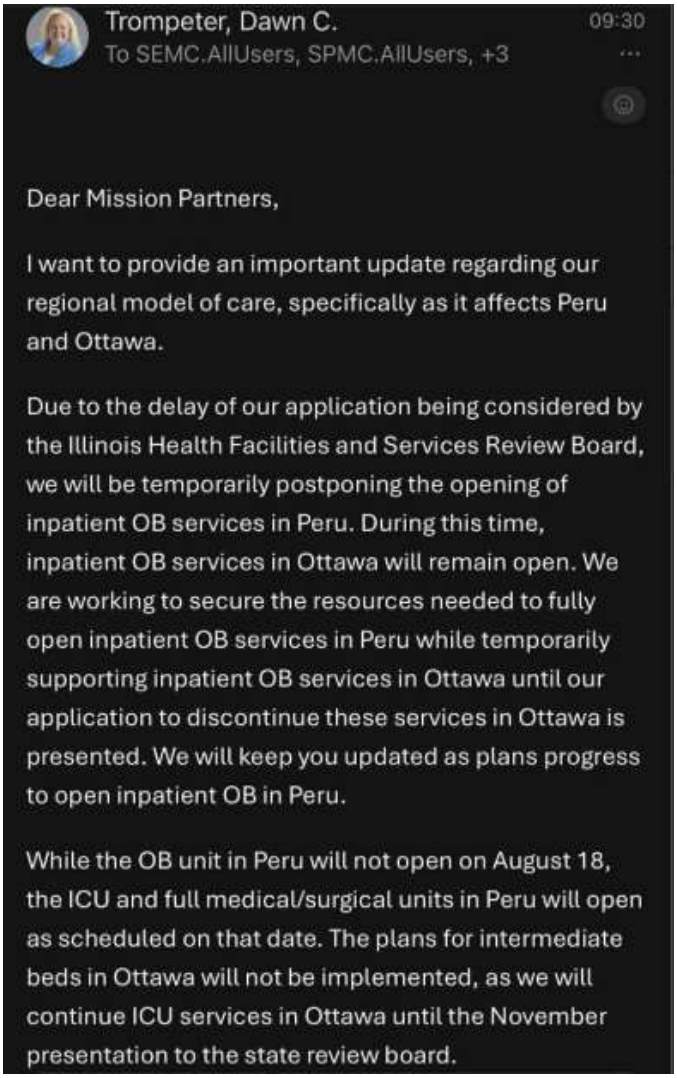
Employee #2 Response to CHO:

Administration leaves staff as in the dark as they do the public. According to this manager they have no idea what higher ups plan on doing, but that's what we can speculate on for now.

Aug 6, 2025, 5:29 PM

Update from a M/S nurse....
Only 16 m/s beds and 4 intermediate beds. With 1 intermediate nurse for Ottawa.
Please know that when I let this am. There was only 2 open bed is m/s , totaling 38 patients, a full ICU, and 5 mom and babies with a c section on the way in

The following email from SEMC president, Dawn Trompeter was shared with CHO by an OSF mission partner on August 13, 2025:



Trompeter, Dawn C. 09:30
To SEMC.AllUsers, SPMC.AllUsers, +3

Dear Mission Partners,

I want to provide an important update regarding our regional model of care, specifically as it affects Peru and Ottawa.

Due to the delay of our application being considered by the Illinois Health Facilities and Services Review Board, we will be temporarily postponing the opening of inpatient OB services in Peru. During this time, inpatient OB services in Ottawa will remain open. We are working to secure the resources needed to fully open inpatient OB services in Peru while temporarily supporting inpatient OB services in Ottawa until our application to discontinue these services in Ottawa is presented. We will keep you updated as plans progress to open inpatient OB in Peru.

While the OB unit in Peru will not open on August 18, the ICU and full medical/surgical units in Peru will open as scheduled on that date. The plans for intermediate beds in Ottawa will not be implemented, as we will continue ICU services in Ottawa until the November presentation to the state review board.

As part of our evolving regional model of care, families across the area will continue to have access to coordinated, high-quality services close to home. This includes outpatient and specialty care offerings across our locations. Now and in the future, patients will benefit from seamless access to prenatal and postnatal care, advanced maternal-fetal medicine consultations, women's health visits, breastfeeding support, pediatric care, and behavioral health services. In addition, our digital health platforms will continue to connect patients with virtual visits, remote monitoring, and health education resources, offering convenient options that fit their needs.

This regional approach ensures that no matter where a patient enters our Ministry, they will receive the same compassionate, Mission-driven care and be connected to the right services at the right time.

Thank you for your understanding, flexibility, and dedication to our Mission as we navigate this transition. Your commitment makes a difference for every family we serve.

Conditions of Peru Facility

In addition to the note below, we have been told numerous stories (unverified, but worth looking into) of a bat infestation in the Peru hospital; mold in the oxygen lines, pipes that have burst and contained human feces that went into patient rooms; and more stories of "unanticipated problems" related to the condition of the facility. The elevators have also been regularly out of service, one for weeks at a time. Hopefully OSF is including the repairs and mitigation work related to these issues in their cost reports to HFSRB.

Last week the air wasn't working on a couple of floors in Peru. We know they are still having kitchen issues as well. JCAHO was there in the last 2 weeks but we haven't heard how that visit went

Data Analysis: OB

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			cummulative % of total Sorted by high to low in 2024			75% = Primary Service Area (based on 2024 cummulative %) 85% = Secondary Service Area (based on 2024 cummulative %)		
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	DEPUE, 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"

ZIP_CODE	PSA / SSA	Patient City	Patient County	Patients 2022	Patients 2023	Patients 2024	Saint Elizabeth Medical Center Ottawa 2022	Ottawa 2023	Ottawa 2024	SEMC % by Zip Code 2022	2023	2024	Miles to Ottawa	Miles to Peru	Variance Ottawa	Variance Peru
61350	PSA	OTTAWA, IL	LA SALLE	242	242	**241**	110	94	**103**	45.50%	38.80%	42.70%	0	19	19	-19
61364	PSA	STREATOR, IL	LA SALLE	202	206	**199**	129	108	**103**	63.90%	52.40%	51.80%	18	30	12	-12
61301	PSA	LA SALLE, IL	LA SALLE	72	113	**112**	17	64	**74**	23.60%	56.60%	66.10%	15	8	-7	7
61342	PSA	MENDOTA, IL	LA SALLE	62	88	**111**	26	45	**72**	41.90%	51.10%	64.90%	26	17	-9	9
61356	PSA	PRINCETON, IL	BUREAU	60	72	**86**	7	26	**40**	11.70%	36.10%	46.50%	37	20	-17	17
61354	PSA	PERU, IL	LA SALLE	90	72	**81**	16	39	**48**	17.80%	54.20%	59.30%	19	0	-19	19
61362	PSA	SPRING VALLEY, IL	BUREAU	37	49	**46**	8	26	**33**	21.60%	53.10%	71.70%	22	5	-17	17
61348	PSA	OGLESBY, IL	LA SALLE	25	44	32	4	26	20	16.00%	59.10%	62.50%	18	5	-13	13
61341	SSA	MARSEILLES, IL	LA SALLE	67	70	**77**	16	15	**18**	23.90%	21.40%	23.40%	11	30	19	-19
61322	SSA	DEPUE, IL	BUREAU	12	19	24	1	13	16	8.30%	68.40%	66.70%	31	12	-19	19
61326	SSA	GRANVILLE, IL	PUTNAM	19	19	22	5	9	14	26.30%	47.40%	63.60%	28	9	-19	19
61373	SSA	UTICA, IL	LA SALLE	21	15	25	7	6	13	33.30%	40.00%	52.00%	14	12	-2	2

	2022
PSA	908
SSA	148
Total	1056

	2022
East	517
West	514
Central	25
Total	1056

Time Impact For All Patients (in minutes)
2024 Patient Origin

	Zip to Ottawa	Zip to Peru	Variance
PSA	0	4579	-4579
PSA	3582	5970	-2388
PSA	1680	896	784
PSA	2886	1887	999
PSA	3182	1720	1462
PSA	1539	0	1539
PSA	1012	230	782
PSA	576	160	416
SSA	847	2310	-1463
SSA	744	288	456
SSA	616	198	418
SSA	350	300	50

	Mins	Mins	Variance
PSA	14457	15442	985
SSA	2557	3096	539
Total	17014	18538	1524

	Hours	Hours	Variance
PSA	241	257	16
SSA	43	52	9
Total	284	309	25

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 / Facility	2022 Cases	2023 Cases	2024 Cases	% Change 23-22	% Change 24-23	% Change 24-22
OSF SEMC	255	217	224	-14.9%	3.2%	-12.2%
MORRIS HOSPITAL AND HEALTHCARE (	125	164	154	31.2%	-6.1%	23.2%
OSF SFMC	24	50	47	108.3%	-6.0%	95.8%
SILVER CROSS HOSPITAL	14	17	22	21.4%	29.4%	57.1%
OSF SJMC	9	7	16	-22.2%	128.6%	77.8%
OSF SJJWAMC	18	13		-27.8%	-100.0%	-100.0%
RUSH COPLEY	14	10	7	-28.6%	-30.0%	-50.0%
CARLE BROMENN	1	7	9	600.0%	28.6%	800.0%
PRIME ST JOSEPH JOLIET	11	3	3	-72.7%	0.0%	-72.7%
LOYOLA UNIVERSITY MEDICAL CENTER	3	3	10	0.0%	233.3%	233.3%
ST MARGARETS PERU	15			-100.0%	0.0%	-100.0%
ENDEAVOR EDWARD	1	3	7	200.0%	133.3%	600.0%
ALL OTHER PROVIDERS	21	24	18	14.3%	0.0%	-14.3%
Total	**511**	**518**	**517**	1.4%	-0.2%	1.2%

Location	Direction from Ottawa	Miles from Ottawa	Miles from Peru
Ottawa	n/a	0	19
Morris	East	25	40
Peoria	South	74	62
New Lennox	East	53	68
Bloomington	South	74	65
Pontiac	South	44	53
Aurora	North	42	67
Normal	South	70	62
Joliet	East	52	60
Maywood	North	77	91
Peru	West	19	0
Naperville	North	50	65

Source: OSF GRID-Compdata

Patients Historically Traveling	Patients from 3-zip area 2022	2023	2024	% of 3-zip area Share 2022	2023	2024
North	18	16	24	3.5%	3.1%	4.6%
East	150	184	179	29.4%	35.5%	34.6%
South	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	% Chang 24-23	% Change 24-22	Location	Direction
OSF SEMC	390	559	642	43.3%	14.8%	64.6%	Ottawa	n/a
MORRIS HOSPITAL AND HEALT	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 RI	4	2	16	-50.0%	700.0%	300.0%	Rockford	North
NORTHWESTERN KISHWAUKE	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 MARGARETS PERU	255	0	0	-100.0%		-100.0%	Peru	West
ST MARGARETS SPRING VALL	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 WE	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 Travelir	Patients from C-02 2022	2023	2024	% of C-02 Share 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

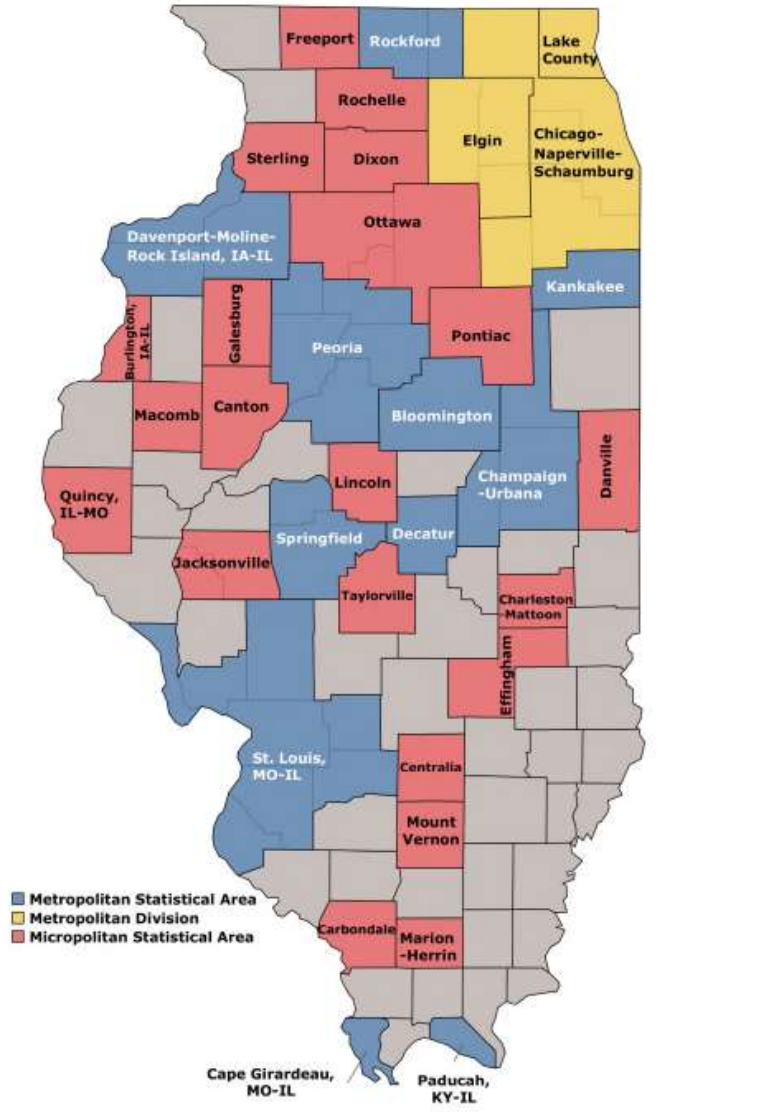
Analyzing Metropolitan and Micropolitan Statistical Data (OSF data tab "OB-5")

- 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



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https://ides.illinois.gov/content/dam/soi/en/web/ides/labor_market_information/images/Changes%20to%20Illinois%20MSAs_2025.pdf

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.

Data Analysis: ICU

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 GRID-Compdata

ZIP_CODE	Patient City	Patient County	2022	2023	2024	Saint Elizabeth Medical Center Ottawa 2022	2023	2024	SEMC % by Zip Code 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%	37.9%	40.0%
61354	PERU, IL	LA SALLE	65	66	86	3	19	35	4.6%	28.8%	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	45	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	56	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 - Peoria	218	19%
SAMC - Rockford	76	6%
SPMC - Mendota	29	2%
SJJWAMC - Pontiac	21	2%
SCMC - Princeton	20	2%
SJMC - Bloomington	19	2%
SKMC - Dixon	4	0.3%
SEMC-Peru	4	0.3%
SMMC - Galesburg	1	0.1%
Total OSF	815	70%
Total in C-02	1170	

Conclusion

Lastly, neither myself or our community is opposed to OSF's plans simply because of a blind allegiance to our lovely town. The opposition lies in the fact that we have had a high-quality hospital that has served our rural community well for over a century become unilaterally dismantled by a financially robust organization that benefits both from monopoly power and tax-exempt charitable status. Ottawa's Hospital has garnered several industry awards that attest to the quality of care provided here, in addition to being a financially profitable facility for many years. OSF often speaks about the plight of rural health care – but here it has a gem, an anomaly if you will – that OSF appears poised to sacrifice in favor of continued consolidation. For these reasons, we are so grateful that the HFSRB has challenged OSF to work with our city and key stakeholders to develop a plan that will best serve our regional health care needs.

I urge the state board to deny OSF's permit applications that would close the ICU and OB units in Ottawa. There are simply too many data-driven concerns for the HFSRB to approve of these plans as written and with the knowledge that OSF is operating in a silo and ignoring the pleas of critical stakeholders like EMS, independent physicians and other employees too afraid to speak on their concerns in fear of losing their jobs.

Thank you for your time in reviewing this information.

Kind Regards,

Colleen Burns, MHSA

Co-Founder, Citizens for Healthcare in Ottawa