NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) AUGUST QUERCIAGROSSA

City Lacon State IL Zip 61540

Contact Phone Number

309-696-1204

Contact E-Mail Address

aquerciagrossa@gmail.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

OSF

III. POSITION (*Circle appropriate position)*

(SUPPORT) OPPOSE NEUTRAL

This form must be returned to John Kniery at **john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

Statement by August J. Querciagrossa FINAL 060925

Discontinuation of ICU and OB services at SEMC-Ottawa
HFSRB CON Permit Application 25 – 013
Public Hearing
June 10, 2025

Good afternoon. I am August Querciagrossa and I currently serve as the Chief Executive Officer for the Western Region of OSF HealthCare.

Thank you for the opportunity to speak today.

The public hearing today is to address the proposed discontinuation of ICU and Inpatient Obstetric services at OSF Saint Elizabeth Medical Center in Ottawa.

Originally, this service change was part of a broader permit application (24-013) for the comprehensive discontinuation of the existing OSF Saint Elizabeth Medical Center in Ottawa. OSF proposed building a replacement hospital in Ottawa and as the State Board is aware, we have not gained support from the City of Ottawa at this point. In March 2025 we requested and were granted a 12-month extension for this project. The original replacement hospital project proposed replacing the current aging facility with a smaller, state-of-the-art facility that reflects the modern standards of care and the

at the March 18 review board meeting, this step is essential to avoid the duplication of services in planning Area C-02.

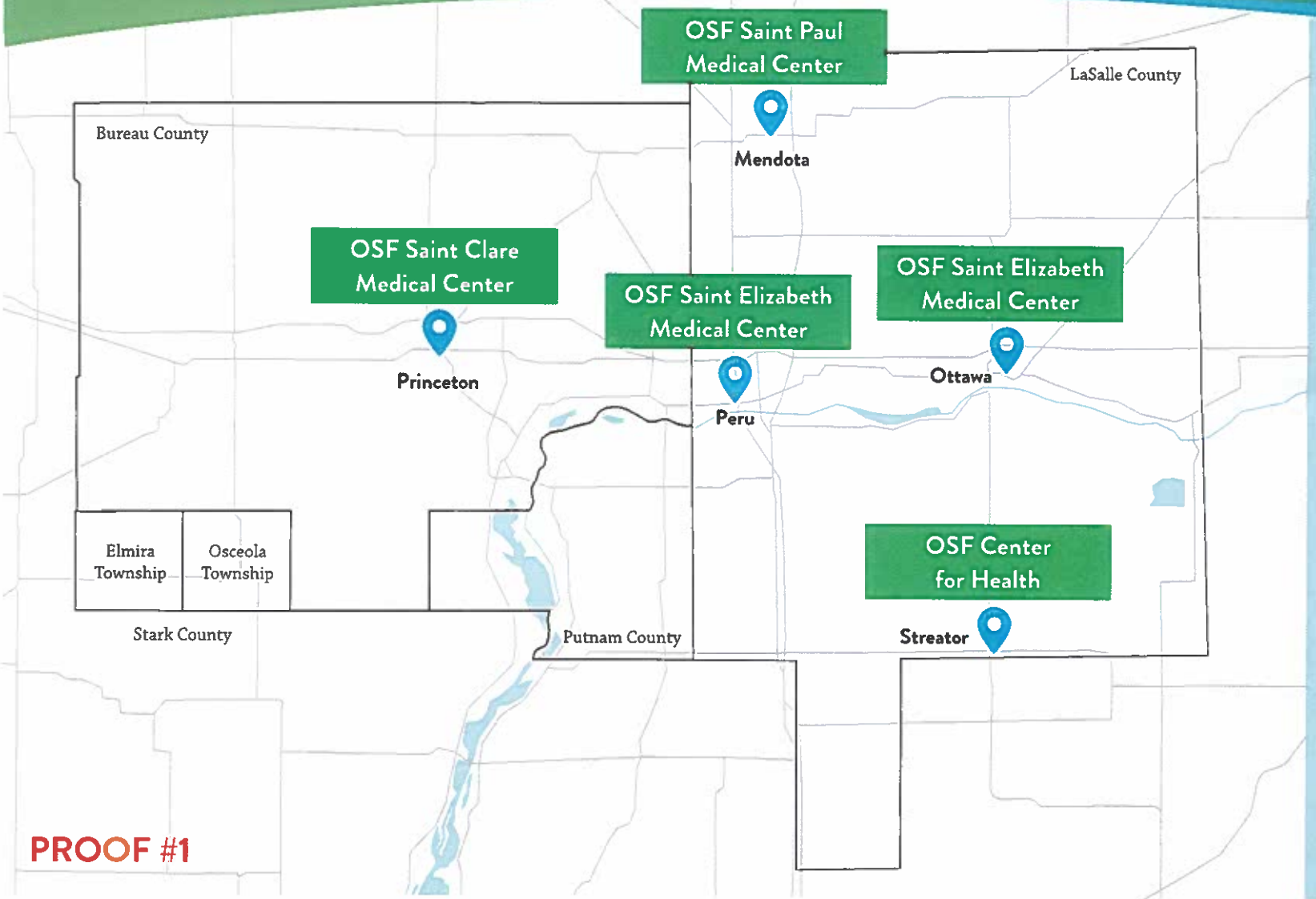
In a few moments, you'll hear from Dawn Trompeter, President of OSF Saint Elizabeth Medical Center, who will share more about the clinical and operational details of this transition.

This strategic consolidation is a direct response to the recent closures of both St. Margaret's Health – Peru and St. Margaret's Health – Spring Valley. Since OSF acquired the Peru facility in November 2023, now operating as OSF Saint Elizabeth Medical Center – Peru, we've been working to maintain access to critical inpatient services for this region.

The transfer of ICU and OB services to Peru is the next step in a sequence of efforts already underway to create a sustainable, high-quality, health care ecosystem within the C-02 planning area. Our centralization of ICU services provides the opportunity to bring essential critical care/pulmonology services to the region. These services do not exist today. By having 8 ICU beds in a central location, OSF believes we will be successful in this recruitment. We have posted 4 positions already and

Service Area — State Planning Area C-02

OSF HealthCare



MILEAGE

Princeton to Ottawa
37.8 miles | 38 minutes

Princeton to Peru
22.1 miles | 26 minutes

Ottawa to Peru
17.1 miles | 25 minutes

Streator to Peru
28.5 miles | 32 minutes

Mendota to Peru
20.3 miles | 24 minutes

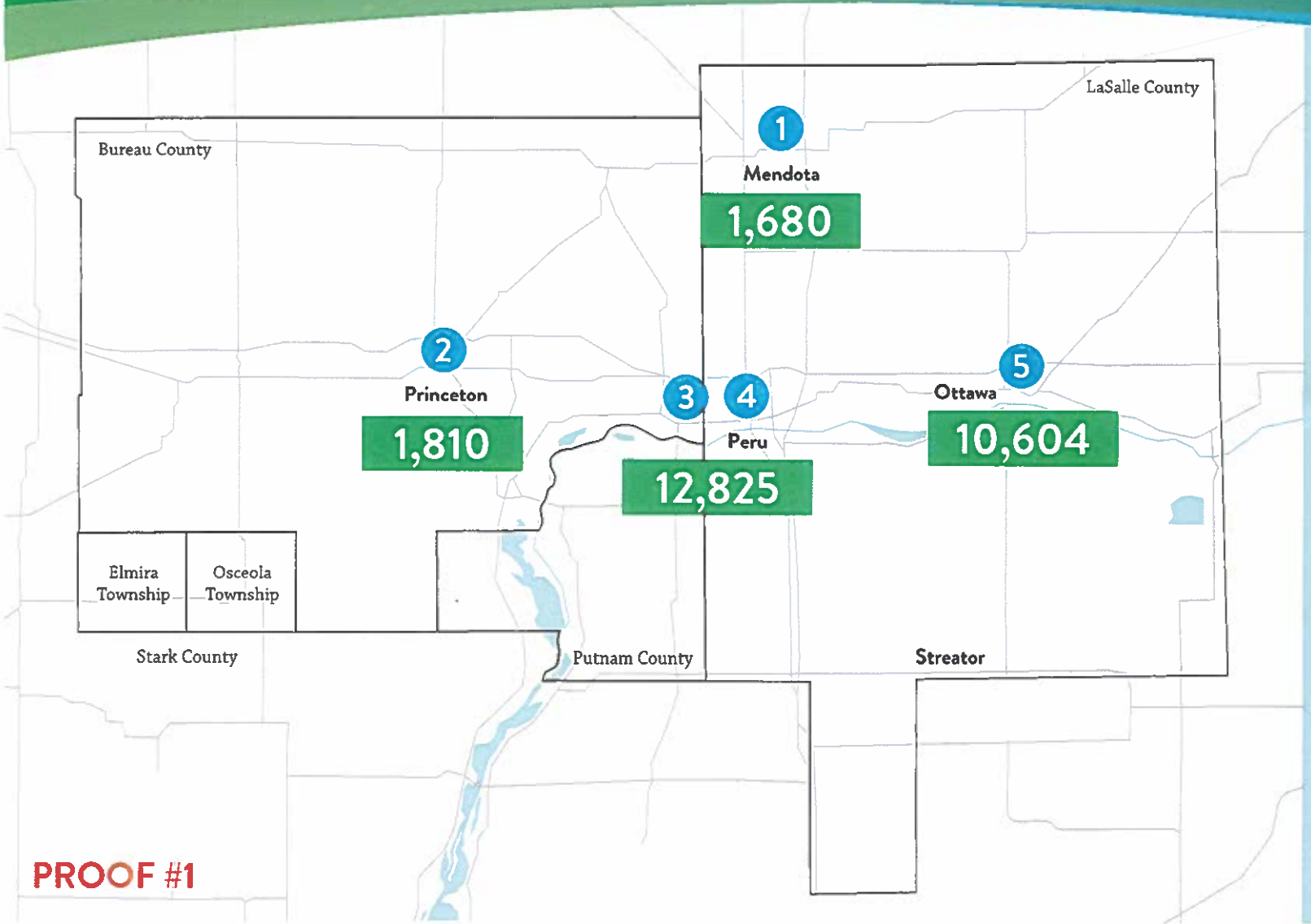
All routes were calculated from each OSF Hospital from Google Maps

PROOF #1

Hospital Patient Days – 3 Year Annual Average (CY20 – CY22)

Visit Types: Inpatient and Observation (Med/Surg, ICU, OB)

OSF HEALTHCARE



1. **OSF Saint Paul Medical Center**
2. **OSF Saint Claire Medical Center**
3. **No current inpatient facility** *(formerly St. Margaret's)*
4. **OSF Saint Elizabeth Medical Center** *(formerly St. Margaret's)*
5. **OSF Saint Elizabeth Medical Center**

Source: Hospital Profiles, State of Illinois Health Facilities and Services Review Board (Based on Annual Hospital Questionnaires)

PROOF #1

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Dawn Trompeter

City Ottawa State IL Zip 61350

Contact Phone Number

815-431-5456

Contact E-Mail Address

dawn.c.trompeter@osfhealthcare.org

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (*Circle appropriate position)*

SUPPORT OPPOSE NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

Statement by Dawn Trompeter
Discontinuation of ICU and OB services at SEMC-Ottawa
HFSRB CON Permit Application 25 – 013
Public Hearing
June 10, 2025

Hi, I'm Dawn Trompeter, President of OSF Healthcare Saint Elizabeth Medical Center.

I'd like to begin by providing important context for today's discussion on the discontinuation of ICU and OB services at OSF Saint Elizabeth Medical Center in Ottawa. I'll outline the progress at our Peru location, share current data on patient volumes and future bed capacity (topics we know are top of mind for the community), and highlight some of the enhanced services being introduced as part of our regional care plan.

As part of the Illinois Health Facilities and Services Review Board's approval of the Peru project last August, OSF has been implementing a phased approach to reestablish and expand hospital services in the central part of the region. Over the past year, we've operated 12 medical/surgical beds in Peru, part of the reopening of the former St. Margaret's Hospital that closed in 2023. In August, that number will grow to 45 beds. The emergency department and outpatient services opened last year, and just last month, we resumed performing surgeries. In August, the 8-bed ICU and 11-bed OB units in Peru will open, consolidating those services currently in Ottawa. The larger sized intensive care service supports the recruitment of four pulmonary/critical care physicians, enhancing the breadth and depth of ICU care that cannot be accomplished in two smaller-sized units and allow us to serve more patients closer to home. The recruitment of the pulmonologists will also bring much needed outpatient pulmonary services to the region in addition to the current specialties of

cardiology, neurology, gastroenterology, orthopedics, general surgery, obstetrics, gynecology and other specialties already offered.

OSF began evaluating inpatient bed need over three years ago, focusing on how best to align our inpatient bed capacity with the regional needs. Our projections were based on 2022-2023 volume data, and we can now assess those projections with actual patient use from 2024 and early 2025.

- For ICU, the 2024 average daily census in Ottawa was 3.9 patients, slightly below the projected level of 4.6. In 2025 through April, the census remained consistent at 4.0. These numbers support the plan that 8 ICU beds in Peru, along with 4 intermediate beds in Ottawa are more than adequate to meet regional demand.
- For Obstetrics, the average daily census in Ottawa was 3.9 patients in 2024, and 4.8 through the first four months of 2025, and less than our projection of 6.6. Again, this supports the plan that 11 OB beds in Peru will meet the region's needs.

Of course, hospital services go beyond inpatient beds. As part of our regional plan, OSF has brought new services this past year which include automated breast ultrasound, hyperbaric chamber for wound services and this month we will begin the OSF Resilient Healing program – a first of its kind program for sexual assault survivors in the state of Illinois which provides survivors with much needed medical, forensic, and trauma informed behavioral health support following their assault. These services will be performed in Mendota and Ottawa. In addition, we have another orthopedic surgeon starting in August which will bring the number of ortho providers covering the region to 5 physicians and 7 advanced practice providers. We are currently working to expand x-ray services for orthopedics in Ottawa. We have also hired another OB/GYN physician and two more midwives to enhance our women's health services. While deliveries will be centralized in Peru to provide

improved access to all expectant mothers in the region, we now have a much more robust program with pre-natal and post-natal care being offered locally in Ottawa, Streator, Peru, Mendota and Princeton. We have just recruited another full-time OB/GYN who is starting in September which brings our complement of providers to 4 full-time physicians, 5 part-time physicians, 3 midwives, and 2 advanced practice providers. In addition, OSF OnCall virtual OB providers and services are part of our OB care team providing services virtually to enhance access to patients in our rural communities.

In September, virtual ED services will expand and enhance access to our current ED services in Ottawa and Peru during peak times. We continue to pilot new innovative models of care through our I-80 and Ministry innovation work. We have recently piloted a Lifestyle Medicine program, an idea proposed by one of our local cardiologists, Dr. Thompson, and are currently working on what implementation of that program needs to look like. We are also piloting remote diagnostic imaging services for diagnostic mammograms and complex MRI testing to increase access locally for those services. These are just a few of the more than a dozen innovation projects currently being vetted out to improve the health, quality, safety and access to healthcare of the communities we serve.

While ICU and OB beds will be centralized at Saint Elizabeth Medical Center in Peru, Ottawa remains a vital location in the region's healthcare ecosystem. Emergency care, diagnostic imaging, lab, respiratory, surgery, outpatient services, primary care and specialty care including OB/GYN, orthopedics, cardiology and others will continue in Ottawa. Inpatient services in Ottawa will focus on medical/surgical needs, including intermediate care services and acute mental illness.

OSF's investments in Ottawa, Peru, Streator, Mendota and Princeton are designed to distribute health care thoughtfully and sustainably across

the region. According to an April report by the Center for Healthcare Quality and Payment Reform, nearly 200 rural hospitals closed over the past two decades in the United States. Three of those were right here in our region. That same article report notes that more than 700 rural hospitals (one third of rural hospitals) are at risk of closing. We are taking deliberate steps to prevent further loss by ensuring our services are robust, coordinated and built to last.

While I understand the emotion the movement of some services brings to the Ottawa community, the regional plan also provides opportunities for new and expanded services and more access to care locally. The consolidation of ICU and inpatient OB services in Peru is not a step backward. It is a step towards securing the future of accessible, high-quality care for our communities across the I-80 corridor.

Thank you for your time.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) State Rep Amy Murri Briel

City Ottawa State IL Zip 61350

Contact Phone Number

815 587 7912

Contact E-Mail Address

Contact@staterepbriel.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) State Representative Illinois

III. POSITION (*Circle appropriate position)*

SUPPORT OPPOSE NEUTRAL

This form must be returned to John Kniery at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761 at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Jay McCracken

City Ottawa State IL Zip 61350

Contact Phone Number

309-238-9554

Contact E-Mail Address

j.mccracken@ottawachamberillinois.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Ottawa Area Chamber of Commerce

III. POSITION (*Circle appropriate position)*

SUPPORT OPPOSE NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

Speech for Healthcare Meeting, June 10, 2025

Good afternoon, everyone. I am Jay McCracken, the Ottawa Area Chamber of Commerce Executive Director.

I begin with my expression of appreciation for the opportunity to share at this public hearing. We know you are very busy.....so we are grateful for your time and attention to this very important topic.

I will keep my message short by summarizing three points.

1. When the ~~6~~ 12 month extension was determined as the best way to allow time to study statistics regarding our hospital's future, it seems that the only way to receive accurate and reliable data would be to not remove services from the Ottawa St. Elizabeth's Hospital until the culmination of the ~~6~~ 12 month time period. If services are eliminated in Ottawa during this time, of course the data will be skewed. If both hospitals offer the same services during that time, then the data should be more reliable. How can we compare "apples to apples" as the saying goes, if we discontinue services prior to the ~~6~~ 12 month time period?
2. Our City of Ottawa and the Chamber have implemented a program called Pathways to Progress. We visit with local industries to determine how we can better help them succeed. One comment that has been made concerns the need for a full service hospital within 10 minutes of certain industries. We have a strong, diversified set of industries here, and we truly need full services hospitals closeby.
3. Our community has demonstrated growth, and there are numerous projects being planned in our city, the largest community in the area. As stated many times, the majority of the population lives on the eastern side of Route 39....so it does not appear to make good business or health care sense to remove numerous services in your most populated area.

Again, thank you for the opportunity to share these three crucial points.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Dave Noble

City Ottawa State IL Zip 61350

Contact Phone Number

815-433-0161 x2220

Contact E-Mail Address

dnoble@cityofottawa.org

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

City of Ottawa

III. POSITION (*Circle appropriate position)*

SUPPORT (OPPOSE) NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

David Noble 841 Pike Place, Ottawa, IL 61350

Against considering closure until deferral is complete

I urge you to not prematurely approve the closure of the Ottawa ICU - or even consider it—until there has been a six-month or 7 overlap of services between Ottawa and Peru. By then, the 12-month deferral of OSF's other CON request will have expired, and a more informed decision on both can be made.

Even though OSF is building in Peru, they are on a path of extreme downsizing, leading to long wait times. Many report waiting six months or more for appointments or procedures. Shrinking staff and facilities ensures OSF operates at full capacity and maximum profitability—leaving no room for surges in community need. The plan relies on an ICU in Mendota and Princeton that remains unmanned and effectively closed, and as such doesn't meet average demand, much less peaks in need. This doesn't seem to concern OSF.

The greatest impact will fall on those without alternatives. Patients with financial means can seek care elsewhere. But low-income residents—especially in areas like Ottawa and Streator—will face long delays and multiple transfers. Downsizing will deepen the divide between those who can afford to access timely care and those who cannot.

OSF is relocating its primary hospital facilities from a lower-income area to a wealthier one, shifting away from poorer pay structures. In doing so, they are abandoning vulnerable populations. Many would see this as an environmental justice issue.

OSF's demand projections are unrealistically low and will result in severe wait times for those most in need. Existing facilities should not be closed until their demand estimates have been tested.

We are not against OSF. We want more OSF

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) EUGENE LEE

City OTTAWA State IL. Zip 61350

Contact Phone Number

815-433-1694

Contact E-Mail Address

WLFHDR7@YAHOO.COM

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

SELF

III. POSITION (*Circle appropriate position)*

SUPPORT OPPOSE NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Maeanne Stevens

City Ottawa State IL Zip 61350

Contact Phone Number

815-252-3103

Contact E-Mail Address

mstevens313@sbcglobal.net

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CHO

III. POSITION (*Circle appropriate position*)

SUPPORT (OPPOSE) NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

Hello, I'm Maeanne Stevens, retired VP CNO at Saint Elizabeth Medical Center and oppose OSF's plans to close our OB and ICU.

Pregnant patients rely on the proximity and expertise of an OB unit to ensure safe deliveries. This year our OB unit has again been awarded the Blue Cross Distinction designation for superior patient outcomes delivered in an affordable manner.

As a "Safety Net Hospital," we serve a higher proportion of low-income and uninsured patients. Many face transportation challenges and financial constraints, likely increasing the use the ED when in labor.

The ED lacks the staff and expertise for deliveries and complications. Who will be competent enough to handle obstetrical and fetal emergencies? Additionally, without inhouse after-hour surgical support, risks of poor outcomes will increase.

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

OSF is also seeking to close Ottawa's ICU, citing maintaining competency in a 5-bed unit as a concern. Ironically, Ottawa is the only OSF facility to receive Healthgrades 2025 Critical Care Excellence Award for superior clinical outcomes. In addition, during the Covid pandemic Ottawa accepted and managed ventilator patients from both local and out of state. Does that sound like a unit with competency concerns?

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

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

I respectfully urge you to deny OSF's request to close our OB and ICU units and instead direct them to utilize the previously granted 12-month deferment to assess the implications of their plan before they relocate any more services to Peru.

Thank you.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) BRIAN ROSBOROUGH

City OTTAWA State IL Zip 61350

Contact Phone Number

815-481-1011

Contact E-Mail Address

bsrosb@icloud.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CITIZENS FOR HEALTHCARE OTTAWA

III. POSITION (*Circle appropriate position)*

SUPPORT (OPPOSE) NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

6/10/2025

I am Dr. Brian Rosborough a retired physician and former CMO at OSF St. Elizabeth.

Since the St Margaret Health System hospitals closed, OB deliveries in Ottawa have increased to over 650/y. However, 60-70% of these deliveries were already being done in Ottawa prior to the closure.

During the Covid pandemic this ICU accepted referrals of patients needing mechanical ventilation from local as well as out of state hospitals. This ICU was also recognized by Healthgrades with the 2025 Critical Care Excellence Award.

Yet OSF's plan is to shift these services to Peru.

I continue to have concerns about the sustainability of their plan to staff a rural ICU with intensivists and inequitable distribution of ICU beds east of I-39 in LaSalle County.

A recent international study suggested that hospitals without an ICU but with intermediate care beds have increased mortality rates. This is the OSF plan for Ottawa.

When OSF submitted their original 3 CON applications they asked that they be considered in aggregate. They then lobbied successfully to have the Peru application heard separately. Unfortunately the board did not have a chance to hear or understand the impact of closing OB and ICU on our community before making their decision.

On page 7 of this project application OSF states the following: Permit applications 24-011 and 24-013 have been deferred, hence the need for this permit application to enable the discontinuation of ICU and OB this summer at SEMC-Ottawa. If OSF was granted an unprecedented 1 year deferral, how can the board allow them to do an end around that deferral?

I hope the board denies this permit application.

Brian Rosborough, M.D.

RESEARCH ATTACHED

Ohbe et al. Critical Care (2025) 29:34
https://doi.org/10.1186/s13054-025-05275-0

Critical Care

RESEARCH Open Access

In-hospital mortality of patients admitted to the intermediate care unit in hospitals with and without an intensive care unit: a nationwide inpatient database study

Hiroyuki Ohbe[1,2*], Daisuke Kudo[1,3], Yuya Kimura[4], Hiroki Matsui[2], Hideo Yasunaga[2] and Shigeki Kushimoto[1,3]

Abstract

Background Intermediate care units (IMCUs) provide care for patients who need more intensive treatment than general wards but less than intensive care units (ICUs). Although the concept of an IMCU requires co-location with an ICU, some hospitals have IMCUs but no ICUs, which potentially worsens patient outcomes. This study aimed to examine the annual trends and care processes, and compare the outcomes of patients admitted to IMCUs in hospitals with and without ICUs using a nationwide inpatient database in Japan.

Methods This retrospective cohort study was conducted from 2016 to 2022 using the Diagnosis Procedure Combination Database and Hospital Bed Function Reports in Japan. The main exposure was admission to the IMCU in hospitals with and without ICUs. The primary outcome was in-hospital mortality rate in hospitals with and without ICUs that were compared using multilevel logistic regression models adjusted for confounders.

Results The number of IMCU beds in hospitals without ICUs increased by 59% from 3,388 in 2016 to 5,403 in 2022, and the IMCU beds in hospitals without ICUs represented 38% (n = 5,403/14,185) of all IMCU beds in Japan in 2022. Among the 3,061,960 eligible patients in the IMCUs, 2,296,939 (75%) and 765,021 (25%) were admitted to hospitals with and without ICUs, respectively. Transfer between IMCUs and ICUs occurred for 10.5% (n = 320,938/3,061,960) of patients, with a large variability between hospitals. After adjusting for potential confounders, patients admitted to IMCUs in hospitals without ICUs had significantly higher in-hospital mortality than those in hospitals with ICUs (adjusted odds ratio: 1.15; 95% confidence interval: 1.10–1.20; $p < 0.001$).

Conclusions Admission in IMCUs in hospitals without ICUs increased, but was associated with higher in-hospital mortality. These findings suggest that IMCUs should be placed in hospitals with ICUs.

Keywords Intermediate care unit, Intensive care unit, Critical care utilization, Stepdown unit, Japan

*Correspondence:
Hiroyuki Ohbe
hohbey@gmail.com
Full list of author information is available at the end of the article

Background

Intensive care units (ICUs) provide life-saving treatment for critically ill patients and have become essential components of modern hospital care. However, ICUs have highly limited medical resources and are costly; therefore, the utilization of ICU resources must be both equitable and optimized. Guidelines for ICU admission and discharge have been developed to improve the efficiency of ICU resource utilization in countries, such as the United States [1], United Kingdom [2], India [3], and Japan [4].

Intermediate care units (IMCUs), also referred to as high-dependency care units or step-down units, provide care for patients who do not require the intensive human and medical resources of an ICU, but still need care beyond that provided by general wards [5]. Because many *patients in ICUs do not require active interventions* [6, 7], IMCUs were initially designed to safely manage such patients and to improve access to ICUs for more critically ill patients. Therefore, the key concepts of IMCUs revolve around enhancing access to ICUs for patients with more severe conditions without worsening the health outcomes of patients transferred and admitted to IMCUs [5]. These concepts require co-location with the ICU in the same hospital, and IMCUs are provided in a dedicated stand-alone unit or embedded within ICUs or general wards in Europe and the United States [5, 8]. The ICU admission and discharge guidelines in India recommend the establishment of IMCUs within hospitals with ICUs [3].

IMCUs have been increasingly used in recent years because hospitals have established more IMCUs to manage complex patients, optimize resources, and reduce costs [8, 9]. However, in some countries, including Japan, some hospitals without ICUs have IMCUs [10], which raises the question of whether the structure of IMCUs in hospitals without ICUs worsens health outcomes for critically ill patients. To the best of our knowledge, no study has examined this clinical question, which can provide important insights for physicians and policymakers to improve the critical care system.

This study aimed to describe the temporal changes in the number of IMCU and ICU beds in Japan from 2016 to 2022 and compare the outcomes of patients admitted to IMCUs in hospitals with and without ICUs, using a nationwide inpatient database in Japan.

Methods

Data source

This nationwide retrospective cohort study utilized data from the Diagnosis Procedure Combination (DPC) database and Hospital Bed Function Report 2016–2022 in Japan. The DPC database includes discharge abstracts and administrative claims data from more than 1,500 voluntarily participating acute-care hospitals in Japan and accounts for nearly 70% of the acute-care hospital beds across the country [11]. The database contains detailed patient-level data for all hospitalizations, such as age, sex, route of admission, diagnoses recorded using the International Classification of Diseases, Tenth Revision codes, daily procedures, daily drug administrations, and discharge status. In a previous study that examined the validity of recorded procedures and diagnoses, both the sensitivity and specificity of the procedures exceeded 90%, whereas the sensitivity and specificity of the primary diagnoses were 78.9% and 93.2%, respectively [12].

We also used the Hospital Bed Function Report 2016–2022, which is published annually by the Ministry of Health, Labour, and Welfare in Japan and includes functional information and statistics of facilities as of July 1 in each year [10]. Publicly available data included the types of hospitals (e.g., academic hospitals or tertiary emergency hospitals), types of wards (e.g., general ward, ICU, or IMCU), and number of licensed hospital beds in each ward. We combined this information with the data from the DPC database using a specific hospital identifier and fiscal year.

The Institutional Review Board of The University of Tokyo approved this study (approval number: 3501–5; approval date: May 19, 2021). Because all data were de-identified, the requirement for informed consent was waived. The study procedures were conducted in accordance with the tenets of the Declaration of Helsinki.

Definition of ICU and IMCU

Under the national health insurance in Japan, ICU was defined as a separate unit providing critical care services with at least one physician on site 24 h per day, at least two intensivists (procedure codes A3011 and A3012 only), around-the-clock nursing with a nurse-to-patient ratio of > 1:2, ICU nurse (A3011 and A3012 only), a clinical engineer in the hospital 24 h per day (A3011 and A3012 only), and equipment necessary to care for critically ill patients [13]. IMCU was defined similarly to ICU but does not require an intensivist staff and ICU nurse, and the nurse-to-patient ratio required is 1:3, 1:4, or 1:5 [5]. Additional details and the Japanese medical procedure codes used to define ICU and IMCU are listed in Supplementary Table 1, Additional File 1. We did not include patients admitted to the neonatal or obstetric ICU under the definition of ICU or IMCU.

Study population

In the analysis of the DPC database, we included patients who were admitted to IMCUs between April 1, 2016 and March 31, 2023. We excluded patients from hospitals

that could not be combined with data from the Hospital Bed Function Report 2016 and 2022, and patients from hospitals that did not have any IMCU beds according to the Hospital Bed Function Report. Data from all hospitals and their wards were used to analyze the Hospital Bed Function Report.

Exposure, process, and outcome measurements

The main exposure variable was admission to the IMCU in hospitals with and without ICUs.

The process measurements included transfer between ICU and IMCU, step-down transfer from ICU to IMCU, step-up transfer from IMCU to ICU, hospital transfer directly from IMCU, and life-sustaining therapies during IMCU stay. Life-sustaining therapies included invasive mechanical ventilation, vasopressors (noradrenaline or adrenaline), cardiopulmonary resuscitation, mechanical circularity support, and renal replacement therapies. ICU admission guidelines recommend that these patients receiving life-sustaining therapies be admitted to the ICU and not the IMCU [1–4].

The primary outcome was in-hospital mortality rate. Secondary outcomes included IMCU mortality, discharge destination, length of IMCU stay, length of hospital stay, and total hospitalization cost. The DPC database included estimated costs based on reference prices from the Japanese national fee schedule, which determines item-by-item prices for consultations, oral drugs, injections, procedures, surgery and/or anesthesia, tests, radiology, hospital fees, diet, and other inpatient services [11]. In this study, the total hospitalization cost was calculated based on the aggregation of all estimated costs reimbursed for inpatient care at the hospital.

Statistical analysis

Continuous variables are summarized as means with standard deviation (SD) or medians with interquartile ranges, as appropriate. Categorical variables are expressed as frequencies and percentages. Due to the large sample size in this study, comparisons between IMCUs in hospitals with and without ICUs were performed using standardized mean differences (SMD), with an absolute SMD of ≤10% denoting a negligible imbalance between the two groups [14].

To examine trends from 2016 to 2022, we performed the Jonckheere–Terpstra trend test for continuous variables and the Cochran–Armitage trend test for binomial proportions across fiscal years [15].

We used multilevel mixed-effects logistic regression models with random intercepts to compare in-hospital mortality between patients admitted to the IMCU in hospitals with and without ICUs [16]. The analysis accounted for the hierarchical structure of the data with patients nested within hospitals. Patient-level covariates included fiscal year, age, sex, Charlson Comorbidity Index, Japan Coma Scale score at admission, location before hospitalization, admission classification, length of hospital stay before IMCU admission, main etiology of admission, and procedures on the day of IMCU admission that were used in the validated procedure-based organ failure assessment model for risk adjustment in the DPC database [17]. Odds ratios with 95% confidence intervals (CI) were reported. We also used multilevel mixed-effects regression models to analyze hospitalization costs. As hospitalization cost was a skewed outcome, a log-transformed cost was applied to the model, which yielded relative risk.

Two subgroup analyses were performed: one based on patient age (≥75 or <75 years) [18] and the second based on whether patients required life-sustaining therapies or not during IMCU stay. To assess heterogeneity in the effect of IMCU admission in hospitals without ICU on outcomes between the subgroups, we included interaction terms between exposure and these variables in the model and evaluated statistical significance using p for interaction.

Three sensitivity analyses were performed. First, we categorized patients in hospitals with both IMCU and ICU into quartiles according to the proportion of hospital transfer between the IMCU and ICU. Second, to account for potential biases arising from differences in patient case-mix, we performed a propensity score matching analysis. We first computed the propensity scores for patients admitted to the IMCU in hospitals without ICU using a multivariable logistic regression model that included all the aforementioned covariates. Then, we performed a one-to-one nearest-neighbor matching without replacement for the estimated propensity scores, using a caliper width set at 20% of the standard deviation of the propensity scores. After the propensity score matching, we used multilevel mixed-effects regression models to compare outcomes. Third, to account for potential biases arising from treatment limitations, we excluded patients who died without receiving invasive mechanical ventilation.

Statistical analyses were performed using a two-sided p-value at a 5% significance level. All analyses were performed using Stata/MP, Version 18.0 (StataCorp, College Station, TX, USA).

Results

Analysis of the Hospital Bed Function Report from 2016 to 2022 showed that the number of IMCU beds in Japan significantly increased by 32% (p for trend = 0.004) from 10,736 beds (703 hospitals) in 2016 to 14,185 beds (856 hospitals) in 2022 (Table 1). The number of IMCU beds

Table 1 Analysis of the Hospital Bed Function Reports from 2016 to 2022

	Fiscal year							Change from 2016 to 2022	p for trend*
	2016	2017	2018	2019	2020	2021	2022		
Number of unit beds									
Total number of IMCU beds	10,736	11,418	11,934	12,627	13,003	14,791	14,185	32%	0.004
IMCU beds in hospitals with IMCU but without ICU	3,388	3,779	4,008	4,421	4,528	5,262	5,403	59%	0.002
IMCU beds in hospitals with both IMCU and ICU	7,348	7,639	7,926	8,206	8,475	9,529	8,782	20%	0.004
Total number of ICU beds	7,334	7,109	7,059	7,030	6,911	7,099	6,805	−7%	0.024
ICU beds in hospitals with ICU but without IMCU	4,961	4,969	5,146	5,233	5,263	5,570	5,282	6%	0.004
ICU beds in hospitals with both ICU and IMCU	2,373	2,140	1,913	1,797	1,648	1,529	1,523	−36%	0.002
Number of unit beds per 100,000 population									
IMCU beds	8.5	9.0	9.4	10.0	10.3	11.8	11.4	34%	0.004
IMCU beds in hospitals with IMCU but without ICU	2.7	3.0	3.2	3.5	3.6	4.2	4.3	62%	0.002
IMCU beds in hospitals with both IMCU and ICU	5.8	6.0	6.3	6.5	6.7	7.6	7.0	22%	0.004
ICU beds	5.8	5.6	5.6	5.6	5.5	5.7	5.4	−6%	0.051
ICU beds in hospitals with ICU but without IMCU	3.9	3.9	4.1	4.1	4.2	4.4	4.2	8%	0.004
ICU beds in hospitals with both ICU and IMCU	1.9	1.7	1.5	1.4	1.3	1.2	1.2	−35%	0.004
Number of hospitals									
Hospitals with IMCUs	703	751	780	810	822	867	856	22%	0.004
Hospitals with IMCU but without ICU	321	362	383	406	420	442	457	42%	0.002
Hospitals with both IMCU and ICU	382	389	397	404	402	425	399	4%	0.051
Hospitals with ICUs	655	632	620	614	597	608	577	−12%	0.004
Hospitals with ICU but without IMCU	273	243	223	210	195	183	178	−35%	0.002
Hospitals with both ICU and IMCU	382	389	397	404	402	425	399	4%	0.051

IMCU, intensive care unit; ICU, intermediate care unit

*p for trend was calculated using the Jonckheere–Terpstra trend test

in hospitals without ICUs exhibited a 59% increase from 3,388 to 5,403 beds. In 2022, IMCU beds in hospitals without ICUs accounted for 38% (5,403/14,185) of all IMCU beds in Japan. In contrast, the number of ICU beds significantly decreased by 7% (p for trend = 0.024), from 7334 beds (655 hospitals) in 2016 to 6805 beds (577 hospitals) in 2022. The ICU beds in hospitals with both ICUs and IMCUs decreased by 36% (from 2,373 to 1,523 beds).

In the analysis of the DPC database, after accounting for the inclusion criteria, we identified 3,061,960 eligible patients who were admitted to IMCUs from April 1, 2016 to March 31, 2023 (see Fig. 1). Of these, 765,021 (25%) were in hospitals with IMCUs but without ICUs and 2,296,939 (75%) were in hospitals with both IMCUs and ICUs. This cohort included 69% (7,451/10,736 beds) and 78% (5,707/7,334 beds) of all IMCU and ICU beds, respectively, in 2016, and 60% (8,447/14,185 beds) and 71% (4,811/6,805 beds) of all IMCU and ICU beds, respectively, in 2022 (see Supplementary Table 2, Additional File 1). In the 2016 analyses of eligible hospitals in the DPC database, hospitals with IMCUs but without ICUs were more likely to have fewer IMCU beds, total hospital beds, and ambulances received, were less likely to be academic hospitals and tertiary emergency hospitals, and had fewer hospital volume of patients in IMCUs compared to hospitals with both IMCUs and ICUs (see Supplementary Table 3, Additional File 1). There was no significant difference in the IMCU bed occupancy between the two groups. Similar findings were observed in the fiscal year 2022.

Of the 3,061,960 eligible patients, the mean age was 70.5 years (SD, 17.5), and 57% were male (Table 2). Compared with patients in hospitals with both IMCUs and ICUs, those in hospitals with IMCUs but without ICUs were more likely to be older, have alert consciousness, be admitted for elective and emergency surgery, be admitted to the IMCU on the day after admission, be admitted for cancer, receive dopamine on the day of IMCU admission, and less likely to be admitted for post-cardiac arrest.

Regarding process measurements, the overall proportion of patients transferred between IMCU and ICU was 10.5% (Table 3). Of these, 81.4% (n = 261,339/320,938) were step-down transfer from ICU to IMCU, and 18.6% (n = 59,599/320,938) were step-up transfer from IMCU to ICU. Characteristics on the day of transfer between the ICU and IMCU are presented in Supplementary Table 4, Additional File 1. Life-sustaining therapies during IMCU

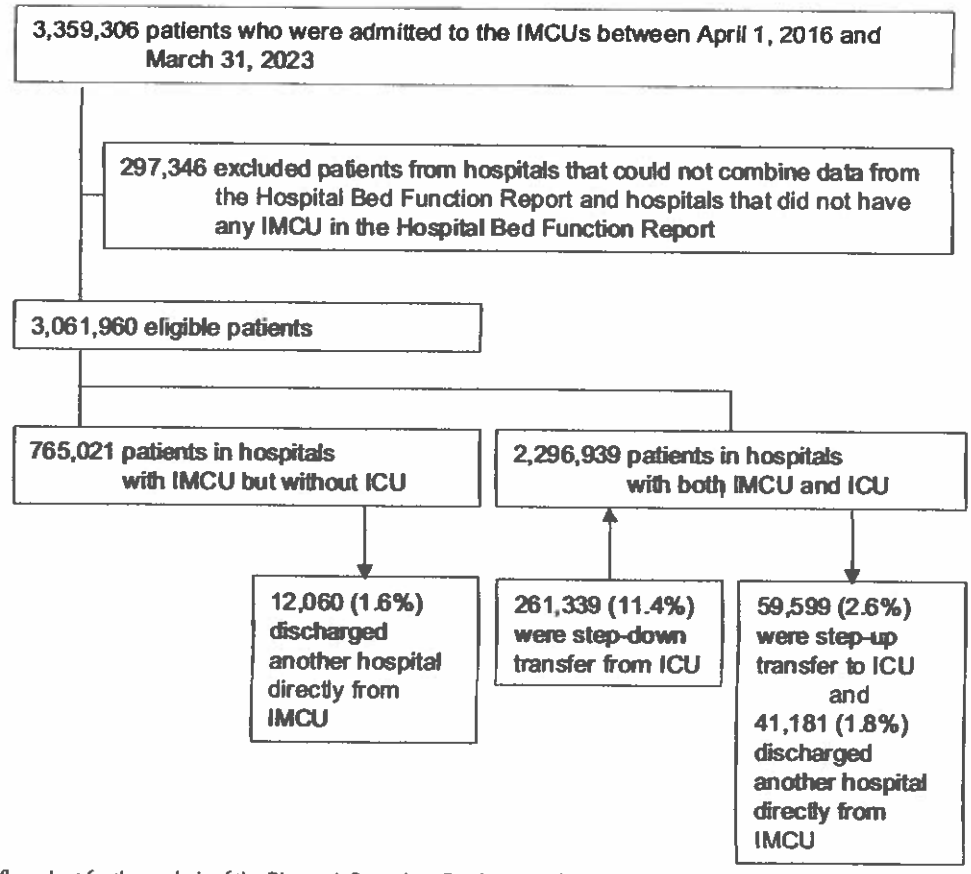


Fig. 1 Patient flow chart for the analysis of the Diagnosis Procedure Combination database. IMCU, intensive care unit; ICU, intermediate care unit

stay were performed in 23.4% and 21.9% of patients in hospitals without and with ICUs, respectively, with no significant differences between the two groups. Among patients who received life-sustaining therapies during IMCU stay, 4.2% and 0.0% underwent step-up transfer from the IMCU to ICU in hospitals with and without ICUs, respectively, while 1.9% and 1.5% underwent hospital transfer directly from the IMCU in hospitals without and with ICUs, respectively, with no significant differences between the two groups (see Supplementary Table 5, Additional File 1).

Among 296 hospitals equipped with IMCUs and ICUs in 2016, the median percentage of transfer between IMCU and ICU was 13.4% (interquartile range, 5.3%–24.2%), with significant variation between hospitals (see Supplementary Fig. 1, Additional File 1). The percentage of step-down transfer was 10.3% (2.5% to 20.3%), with significant variation between hospitals, whereas the percentage of step-up transfer was 2.6% (1.7% to 3.5%), with little variation among hospitals. Similar findings were observed for 2022 (see Supplementary Fig. 2, Additional File 1).

Regarding the outcomes, the crude in-hospital mortality was 11.3% and 12.1% in patients in hospitals with IMCUs but without ICUs and in those with both IMCUs and ICUs, respectively (Table 3). Patients in hospitals with IMCUs but without ICUs were more likely to be discharged to home or nursing homes and had longer hospital stays. There were no significant differences in the crude length of the IMCU stay or hospitalization costs. In hospitals with both IMCUs and ICUs, the in-hospital mortality was 12.3%, 8.5%, and 20.2% in patients who required no transfer, step-down transfer, and step-up transfer between IMCU and ICU, respectively (see Supplementary Table 6, Additional File 1).

In the patient-level trend analyses of the DPC database, the proportion of patients transferred between the IMCU and ICU decreased from 12.2% in 2016 to 9.3% in 2022 (Table 4). The proportion of step-down transfer from the ICU to the IMCU also decreased, whereas that of step-up transfer from the IMCU to the ICU did not change. The proportions of life-sustaining therapies during IMCU stay, in-hospital mortality, and IMCU mortality gradually increased during the study period.

Table 2 Baseline characteristics of patients in IMCUs in hospitals with and without ICUs

	Overall N = 3,061,960	Patients in hospitals with IMCU but without ICU N = 765,021	Patients in hospitals with both IMCU and ICU N = 2,296,939	SMD
Baseline characteristics				
Age, years	70.5 (17.5)	72.1 (16.1)	70.0 (17.9)	−12
Male	1,745,888 (57.0)	424,621 (55.5)	1,321,267 (57.5)	4
Charlson Comorbidity Index	1.1 (1.5)	1.2 (1.5)	1.1 (1.5)	−6
Japan Coma Scale at admission				
Alert	1,844,003 (60.2)	504,146 (65.9)	1,339,857 (58.3)	−16
Dizziness	679,761 (22.2)	155,391 (20.3)	524,370 (22.8)	6
Somnolence	220,893 (7.2)	48,254 (6.3)	172,639 (7.5)	5
Coma	317,303 (10.4)	57,230 (7.5)	260,073 (11.3)	13
Location before hospitalization				
Home	2,695,240 (88.0)	674,870 (88.2)	2,020,370 (88.0)	−1
Another hospital	171,706 (5.6)	32,126 (4.2)	139,580 (6.1)	9
Nursing home	195,014 (6.4)	58,025 (7.6)	136,989 (6.0)	−6
Admission classification				
Elective surgery	489,145 (16.0)	179,816 (23.5)	309,329 (13.5)	−26
Emergency surgery	336,332 (11.0)	109,877 (14.4)	226,455 (9.9)	−14
Non-surgery	2,236,483 (73.0)	475,328 (62.1)	1,761,155 (76.7)	32
Length of hospital stay before IMCU				
On admission (day 1)	2,071,895 (67.7)	479,704 (62.7)	1,592,191 (69.3)	14
Day 2	342,534 (11.2)	110,799 (14.5)	231,735 (10.1)	−13
Day 3–6	395,384 (12.9)	107,186 (14.0)	288,198 (12.5)	−4
Day ≥ 7	252,147 (8.2)	67,332 (8.8)	184,815 (8.0)	−3
Main etiologies for admission				
Stroke	566,065 (18.5)	158,988 (20.8)	407,077 (17.7)	−8
Cancer	409,793 (13.4)	128,554 (16.8)	281,239 (12.2)	−13
Acute abdominal diseases	304,325 (9.9)	82,291 (10.8)	222,034 (9.7)	−4
Trauma	274,341 (9.0)	53,872 (7.0)	220,469 (9.6)	9
Acute heart failure	226,268 (7.4)	52,650 (6.9)	173,618 (7.6)	3
Acute coronary syndrome	195,603 (6.4)	55,065 (7.2)	140,538 (6.1)	−4
Post cardiac arrest	109,334 (3.6)	14,613 (1.9)	94,721 (4.1)	13
Aortic dissection or aneurysm	97,927 (3.2)	20,364 (2.7)	77,563 (3.4)	4
Pneumonia	95,877 (3.1)	23,587 (3.1)	72,290 (3.1)	0
Aspiration	90,216 (2.9)	22,948 (3.0)	67,268 (2.9)	0
Sepsis	79,048 (2.6)	17,616 (2.3)	61,432 (2.7)	2
Procedures at IMCU admission*				
Invasive mechanical ventilation	298,965 (9.8)	67,785 (8.9)	231,180 (10.1)	4
Nasal high flow	23,440 (0.8)	3,931 (0.5)	19,509 (0.8)	4
Non-invasive mechanical ventilation	19,428 (0.6)	3,403 (0.4)	16,025 (0.7)	3
Red blood cell transfusion	175,421 (5.7)	50,507 (6.6)	124,914 (5.4)	−5
Fresh frozen plasma transfusion	57,527 (1.9)	19,575 (2.6)	37,952 (1.7)	−6
Platelet transfusion	20,922 (0.7)	8,033 (1.1)	12,889 (0.6)	−5
Noradrenaline	204,259 (6.7)	61,934 (8.1)	142,325 (6.2)	−7
Dopamine	112,954 (3.7)	48,664 (6.4)	64,290 (2.8)	−17
Dobutamine	65,390 (2.1)	18,410 (2.4)	46,980 (2.0)	−2
Adrenaline	60,362 (2.0)	18,969 (2.5)	41,393 (1.8)	−5
Vasopressin	11,475 (0.4)	2,411 (0.3)	9,064 (0.4)	1
Cardiopulmonary resuscitation	116,771 (3.8)	20,884 (2.7)	95,887 (4.2)	8
Mechanical circulatory support	14,348 (0.5)	5,863 (0.8)	8,485 (0.4)	−5
Renal replacement therapy	50,314 (1.6)	13,020 (1.7)	37,294 (1.6)	−1

Table 2 (continued)

Continuous variables are summarized as means with standard deviations or medians with interquartile ranges, as appropriate. Categorical variables are expressed as frequencies and percentages

IMCU, intermediate care unit; ICU, intensive care unit; SMD, standardized mean difference

Table 3 Process measurements and outcomes of patients admitted in IMCUs in hospitals with and without ICUs

Variables	Overall N = 3,061,960	Patients in hospitals with IMCU but without ICU N = 765,021	Patients in hospitals with both IMCU and ICU N = 2,296,939	SMD
Process measurements				
Transfer between IMCU and ICU	320,938 (10.5)	0 (0.0)	320,938 (14.0)	–
Step-down transfer from ICU to IMCU	261,339 (8.5)	0 (0.0)	261,339 (11.4)	–
Step-up transfer from IMCU to ICU	59,599 (1.9)	0 (0.0)	59,599 (2.6)	–
Hospital transfer directly from IMCU	53,241 (1.7)	12,060 (1.6)	41,181 (1.8)	2
Life-sustaining therapies during IMCU stay				
Any life-sustaining therapy	683,230 (22.3)	179,335 (23.4)	503,895 (21.9)	-4
Invasive mechanical ventilation	390,134 (12.7)	102,612 (13.4)	287,522 (12.5)	−3
Noradrenaline	260,155 (8.5)	78,339 (10.2)	181,816 (7.9)	−8
Adrenaline	71,499 (2.3)	21,675 (2.8)	49,824 (2.2)	−4
Cardiopulmonary resuscitation	125,639 (4.1)	24,830 (3.2)	100,809 (4.4)	6
Mechanical circulatory support	18,644 (0.6)	7,763 (1.0)	10,881 (0.5)	−6
Renal replacement therapy	100,181 (3.3)	25,118 (3.3)	75,063 (3.3)	0
Outcomes				
In-hospital mortality	364,313 (11.9)	86,739 (11.3)	277,574 (12.1)	2
IMCU mortality	221,483 (7.2)	48,248 (6.3)	173,235 (7.5)	5
Discharge destination				
Home	1,863,272 (60.9)	496,814 (64.9)	1,366,458 (59.5)	−11
Another hospital	697,800 (22.8)	132,960 (17.4)	564,840 (24.6)	18
Nursing home	136,575 (4.5)	48,508 (6.3)	88,067 (3.8)	−11
Length of IMCU stay, days	2.0 (1.0–5.0)	2.0 (1.0–5.0)	2.0 (1.0–4.0)	−7
Length of hospital stay, days	15.0 (8.0–27.0)	17.0 (10.0–32.0)	14.0 (8.0–26.0)	−11
Hospitalization costs, million yen	1.3 (0.7–2.1)	1.4 (0.8–2.2)	1.2 (0.7–2.0)	−2

Continuous variables are summarized as means with standard deviations or medians with interquartile ranges, as appropriate. Categorical variables are expressed as frequencies and percentages

IMCU, intermediate care unit; ICU, intensive care unit; SMD, standardized mean difference

After adjusting for potential confounders, in-hospital mortality for patients in hospitals with IMCUs but without ICUs was significantly higher than that in hospitals with both IMCUs and ICUs (adjusted odds ratio: 1.15; 95% CI: 1.10–1.20; $p < 0.001$; Table 5). In the subgroup analysis for patients aged ≥ 75 or < 75 years, no heterogeneity was observed in the effect of IMCU admission in hospitals without ICU on in-hospital mortality between the groups (p for interaction = 0.829). For hospitals without ICU, the adjusted odds ratio for IMCU admission and in-hospital mortality was 1.30 (95% CI: 1.23–1.37) and 1.12 (95% CI: 1.06–1.18) for patients with and without life-sustaining therapies, respectively, with significant heterogeneity in the effect of IMCU admission on in-hospital mortality between the groups (p for interaction < 0.001). In the sensitivity analyses for categorizing percentage of hospital transfer between IMCU and ICU into quartiles, patients in hospitals with both IMCUs and ICUs had significantly lower in-hospital mortality rates as the percentage of hospital transfer between IMCU and ICU exceeded 10.8%. The adjusted odds ratios for in-hospital mortality in the 10.8%–20.0% and 20.0%–95.1% hospital transfer groups were 0.90 (95% CI: 0.88–0.93) and 0.83 (95% CI: 0.80–0.86), respectively, with the 0%–4.9% hospital transfer group as reference. One-to-one propensity score matching showed 762,882 matched pairs. After matching, in-hospital mortality for patients in hospitals with IMCUs but without ICUs remained significantly higher than that in hospitals with both IMCUs and ICUs (adjusted odds ratio: 1.23; 95% CI: 1.10–1.20). In the sensitivity analysis excluding 187,621 patients who died without receiving invasive mechanical ventilation, the results were similar to the main analysis and the

Table 4 Trend analysis of the process measurements and outcomes of patients in the IMCU from 2016 to 2022

	Fiscal year							
	2016	2017	2018	2019	2020	2021	2022	p for
	N = 382,520	N = 441,270	N = 420,324	N = 450,411	N = 435,445	N = 485,343	N = 446,647	Trend*
Process measurements								
Transfer between IMCU and ICU	46,728 (12.2)	49,535 (11.2)	46,500 (11.1)	48,935 (10.9)	43,923 (10.1)	43,990 (9.1)	41,327 (9.3)	< 0.001
Step-down transfer from ICU to IMCU	39,121 (10.2)	41,050 (9.3)	38,590 (9.2)	40,204 (8.9)	34,955 (8.0)	34,507 (7.1)	32,912 (7.4)	< 0.001
Step-up transfer from IMCU to ICU	7,607 (2.0)	8,485 (1.9)	7,910 (1.9)	8,731 (1.9)	8,968 (2.1)	9,483 (2.0)	8,415 (1.9)	0.56
Hospital transfer directly from IMCU	6,605 (1.7)	6,836 (1.5)	6,517 (1.6)	6,719 (1.5)	7,920 (1.8)	9,915 (2.0)	8,729 (2.0)	< 0.001
Life-sustaining therapies during IMCU	80,480 (21.0)	96,048 (21.8)	93,374 (22.2)	100,551 (22.3)	97,354 (22.4)	110,733 (22.8)	104,690 (23.4)	< 0.001
Outcomes								
In-hospital mortality	44,967 (11.8)	52,067 (11.8)	48,885 (11.6)	52,178 (11.6)	51,622 (11.9)	58,441 (12.0)	56,153 (12.6)	< 0.001
IMCU mortality	27,063 (7.1)	31,297 (7.1)	29,348 (7.0)	30,928 (6.9)	31,793 (7.3)	36,154 (7.4)	34,900 (7.8)	< 0.001
Discharge destination								
Home	231,593 (60.5)	267,860 (60.7)	257,749 (61.3)	274,719 (61.0)	263,105 (60.4)	298,018 (61.4)	270,228 (60.5)	0.32
Another hospital	89,149 (23.3)	102,116 (23.1)	95,964 (22.8)	103,826 (23.1)	101,150 (23.2)	106,844 (22.0)	98,751 (22.1)	< 0.001
Nursing home	16,811 (4.4)	19,227 (4.4)	17,726 (4.2)	19,688 (4.4)	19,568 (4.5)	22,040 (4.5)	21,515 (4.8)	< 0.001
Length of IMCU stay, days	2.0 (1.0–4.0)	2.0 (1.0–4.0)	2.0 (1.0–4.0)	2.0 (1.0–4.0)	2.0 (1.0–5.0)	2.0 (1.0–5.0)	2.0 (1.0–5.0)	< 0.001
Length of hospital stay, days	16.0 (8.0–29.0)	16.0 (8.0–29.0)	15.0 (8.0–28.0)	15.0 (8.0–28.0)	15.0 (8.0–27.0)	14.0 (8.0–26.0)	14.0 (8.0–27.0)	< 0.001
Hospitalization costs, million yen	1.2 (0.7–2.0)	1.2 (0.7–2.0)	1.2 (0.7–2.1)	1.3 (0.7–2.1)	1.3 (0.7–2.1)	1.3 (0.7–2.1)	1.3 (0.8–2.2)	< 0.001

Continuous variables are summarized as medians with interquartile ranges. Categorical variables are expressed as frequencies and percentages

IMCU, intermediate care unit; ICU, intensive care unit; SMD, standardized mean difference

*p for trend was calculated using the Jonckheere–Terpstra trend test for continuous variables and the Cochran–Armitage trend test for binomial proportions

point estimates and CI were further increased (adjusted odds ratio: 1.49; 95% CI: 1.40–1.58).

Hospitalization costs for patients in hospitals with IMCUs but without ICUs was significantly higher than those in hospitals with both IMCUs and ICUs (relative risk: 1.05; 95% CI: 1.04–1.06; $p < 0.001$) (see Supplementary Table 7, Additional File 1).

Discussion

This study described the process and outcome measurements of IMCUs in hospitals with and without ICUs in Japan at the national level from 2016 to 2022.

Based on an analysis of the Hospital Bed Function Report, there has been a marked increase in the number of IMCU beds in Japan, which is particularly evident for IMCU in hospitals without ICUs, wherein the number of beds significantly increased between 2016 and 2022, accounting for 38% of all IMCU beds. Furthermore, the percentage of patients transferred between IMCUs and ICUs has consistently decreased each year.

In Japan, there are no government regulations mandating that IMCUs be built in hospitals with ICUs, and there are no regional target bed numbers for IMCUs or ICUs. This leaves decisions regarding the plan to build IMCUs and ICUs entirely up to the hospitals, which contributes to the current trend and regional disparities in critical care resources in Japan [19–21]. Given the reduction in human resources and costs associated with building IMCUs compared to ICUs, it is not surprising that the number of IMCUs in hospitals without ICUs is increasing. This increase in IMCU beds is a global trend, which suggests that the increase in hospitals with IMCUs but without ICUs in Japan may also occur internationally [5].

The decrease in step-down transfers from the ICU to IMCU may be attributed to the reduced number of IMCU beds in hospitals with ICUs. Conversely, the unchanged proportion of step-up transfers from the IMCU to ICU over the study period may reflect increasing patient severity, counterbalancing the impact of fewer IMCU beds. Additionally, step-down transfers may be more adaptable to changes in ICU bed availability, whereas

Table 5 Results of the multilevel mixed-effects regression models for the association between IMCU admission in hospitals with and without ICUs and in-hospital mortality

	In-hospital mortality	Odds ratio (95% CIs)	p value
Main analysis			
Patients in hospitals with IMCU but without ICU	86,739/765,021 (11.3%)	1.15 (1.10–1.20)	<0.001
Patients in hospitals with both IMCU and ICU	277,574/2,296,939 (12.1%)	Ref	–
Subgroup analysis			
1. Patients aged ≥ 75 or < 75 years			0.358*
Patients aged ≥ 75 years			
Patients in hospitals with IMCU but without ICU	61,990/393,066 (15.8%)	1.19 (1.14–1.25)	<0.001
Patients in hospitals with both IMCU and ICU	183,572/1,110,267 (16.5%)	Ref	–
Patients aged < 75 years			
Patients in hospitals with IMCU but without ICU	24,749/371,955 (6.7%)	1.16 (1.10–1.23)	<0.001
Patients in hospitals with both IMCU and ICU	94,002/1,186,672 (7.9%)	Ref	–
2. Life-sustaining therapies (LSTs) during IMCU			<0.001*
Patients who required LSTs during IMCU			
Patients in hospitals with IMCU but without ICU	52,265/179,335 (29.1%)	1.30 (1.23–1.37)	<0.001
Patients in hospitals with both IMCU and ICU	173,521/503,895 (34.4%)	Ref	–
Patients who did not require LSTs during IMCU			
Patients in hospitals with IMCU but without ICU	34,474/585,686 (5.9%)	1.12 (1.06–1.18)	<0.001
Patients in hospitals with both IMCU and ICU	104,053/1,793,044 (5.8%)	Ref	–
Sensitivity analysis			
1. Categorizing hospital transfer rate into quartiles			
Patients in hospitals with IMCU but without ICU	86,739/765,021 (11.3%)	1.09 (1.04–1.14)	<0.001
Patients in hospitals with both IMCU and ICU			
Hospital transfer rate between IMCUs and ICUs			
0%–4.9%	99,867/576,354 (17.3%)	Ref	–
4.9%–10.8%	66,156/572,882 (11.6%)	1.00 (0.98–1.03)	0.80
10.8%–20.0%	60,219/573,820 (10.5%)	0.90 (0.88–0.93)	<0.001
20.0%–95.1%	51,332/573,883 (8.9%)	0.83 (0.80–0.86)	<0.001
2. Propensity score matching analysis			
Patients in hospitals with IMCU but without ICU	86,429/762,882 (11.3%)	1.23 (1.16–1.30)	<0.001
Patients in hospitals with both IMCU and ICU	83,440/762,882 (10.9%)	Ref	–
3. Excluding patients who died without IMV			
Patients in hospitals with IMCU but without ICU	40,823/719,105 (5.7%)	1.49 (1.40–1.58)	<0.001
Patients in hospitals with both IMCU and ICU	135,869/2,155,234 (6.3%)	Ref	–

The covariates included fiscal year, age, sex, Charlson Comorbidity Index, Japan Coma Scale score at admission, location before hospitalization, admission classification, length of hospital stay before IMCU admission, main etiology of admission, and organ support therapy at IMCU admission

IMCU, intermediate care unit; ICU, intensive care unit; CI, confidence interval; LSTs, life-sustaining therapies; IMV, invasive mechanical ventilation

step-up transfers, driven by patient deterioration, are less *flexible and hence showed minimal variability.*

Our results showed that in hospitals with IMCUs but without ICUs, as in hospitals with both IMCUs and ICUs, about one in four patients required life-sustaining therapies during IMCU stay, with a mortality rate of approximately 12%. This finding is contrary to the recommendation in the ICU admission guidelines of both Japan and Western countries, wherein patients requiring life-sustaining therapies should first be treated in the ICU [1–4]. Although IMCU may be optimal for patients who require mostly monitoring with expected morality low, it *is difficult to precisely predict which patients will deteriorate* and require step-up transfer from the IMCU to ICU for more intensive treatment at the time of IMCU admission [22–24], and the occurrence of such cases is inevitable. Furthermore, transferring all IMCU patients who need life-sustaining therapies from a hospital without ICUs to one with ICUs may not be practical owing to the large number of such patients. Therefore, providing an optimal level of critical care for patients in hospitals with IMCUs, but not ICUs, is challenging, and the need

for step-up ICUs in the same hospital have become more necessary.

Patients in hospitals with IMCUs but without ICUs exhibited higher in-hospital mortality and hospitalization costs than those in hospitals with both IMCUs and ICUs. The increased mortality in hospitals without ICU was more pronounced in patients requiring life-sustaining therapies, whereas no such effect was observed in patients admitted mainly for monitoring without life-sustaining therapies. Previous studies have shown that treating critically ill patients requiring organ support therapies in IMCUs instead of ICUs lead to worse outcomes in patients with invasive mechanical ventilation [25, 26], mechanical circulatory support [27, 28], and septic shock [29, 30]. Therefore, the results of this study may be due to patients requiring life-sustaining therapies not being treated at the appropriate level of care units, which is consistent with previous studies; thus, hospitals with IMCUs but without ICUs are likely to violate the core concept of IMCUs of "without worsening the health outcomes of patients admitted to IMCUs" [5]. Another contributing factor could be the lack of support by intensivists and ICU nurses for patients in IMCU beds. Our findings recommend that IMCUs be placed in hospitals with ICUs. Considering the recent increasing trend of hospitals with IMCUs but without ICUs, a mandatory regulation for IMCUs to be established along with ICUs in the same hospital is desirable to improve outcomes for critically ill patients.

Even among hospitals with both IMCUs and ICUs, considerable heterogeneity was observed in the percentage of patients transferred between them. This study showed that hospitals with a higher proportion of transfer between IMCU and ICU had better in-hospital mortality rates, especially when the proportion exceeded 10%, which suggests that hospitals with a more flexible transfer system between IMCU and ICU that ensures appropriate level of care for patients according to their severity, are better equipped to improve patient survival. A previous study reported that 18.8% of ICU patients were discharged to the IMCU [31], suggesting that transfer between IMCU and ICU are relatively low in Japan. Therefore, it is desirable to develop a healthcare system and structure that facilitates intrahospital transfer between IMCU and ICU.

Our findings highlight an increasing trend in the number of hospitals with IMCUs but without ICUs in Japan, which may result in a lack of appropriate levels of care and worsening patient outcomes. Policymakers may need to reconsider the current critical care system to address these disparities and trends, and ensure that severely ill patients receive the appropriate level of care they need. Heterogeneity in transfer practices among hospitals with both IMCU and ICU underscores the importance of implementing protocols or guidelines for patient management in IMCUs and ICUs.

The strength of this study lies in its use of a large nationwide inpatient database, which provides a nationally representative cohort of a large number of IMCU and ICU patients with long-term trends. To the best of our knowledge, this is the first study to assess the processes and outcomes of IMCUs in hospitals with and without ICU.

The present study has several limitations. First, the observational nature of the study design prevented us from drawing causal conclusions. Second, factors that were not measured at the patient and hospital levels may have influenced the results. Third, the definition, organization, staffing, equipment, interventions, patient case-mix, and utilization of IMCUs varies between countries, influencing patient case-mix and outcomes [5, 32]. Therefore, as this population-based study in Japan reflects findings from a single country, the results may not be generalizable to other countries. Future studies should address these limitations and validate our study findings.

Conclusions

IMCUs in hospitals without ICUs became increasingly common in Japan, and patient care in these hospitals was associated with worse patient outcomes. The findings suggested that IMCUs might be better placed in hospitals with ICUs and emphasized the potential need for a better critical care delivery system that could provide an appropriate level of care according to patient severity, with enhanced transfer between IMCU and ICU. However, these findings should be interpreted within the context of local healthcare systems. Further studies are needed to evaluate the external validity of these results across different countries and institutions.

Abbreviations

ICU	Intensive care unit
IMCU	Intermediate care unit
DPC	Diagnosis procedure combination
SD	Standard deviation
SMD	Standardized mean differences
CI	Confidence interval

Supplementary Information

The online version contains supplementary material available at https://doi.org/10.1186/s13054-025-05275-0.

Additional file1 (PDF 418 KB)

Acknowledgements
Not applicable.

Reg Health West Pac. 2021;13:100185. https://doi.org/10.1016/j.lanwpc.2021.100185.
26. Ohbe H, Sasabuchi Y, Iwagami M, Ogura T, Ono S, Matsui H, et al. Intensive care unit versus high-dependency care unit for COVID-19 patients with invasive mechanical ventilation. Ann Am Thorac Soc. 2023;20:102–9. https://doi.org/10.1513/AnnalsATS.202206-475OC.
27. Ohbe H, Matsui H, Yasunaga H. ICU versus high-dependency care unit for patients with acute myocardial infarction: a nationwide propensity score-matched cohort study. Crit Care Med. 2022;50:977–85. https://doi.org/10.1097/CCM.0000000000005440.
28. Ohbe H, Matsui H, Yasunaga H. Intensive care unit versus high-dependency care unit for patients with acute heart failure: a nationwide propensity score-matched cohort study. J Intensive Care. 2021;9:78. https://doi.org/10.1186/s40560-021-00592-2.
29. Endo K, Mizuno K, Seki T, Joo WJ, Takeda C, Takeuchi M, et al. Intensive care unit versus high-dependency care unit admission on mortality in patients with septic shock: a retrospective cohort study using Japanese claims data. J Intensive Care. 2022;10:35. https://doi.org/10.1186/s40560-022-00627-2.
30. Ohbe H, Sasabuchi Y, Doi K, Matsui H, Yasunaga H. Association between levels of intensive care and in-hospital mortality in patients hospitalized for sepsis stratified by sequential organ failure assessment scores. Crit Care Med. 2023;51:1138–47. https://doi.org/10.1097/CCM.0000000000005886.
31. Capuzzo M, Volta C, Tassinati T, Moreno R, Valentin A, Guidet B, et al. Hospital mortality of adults admitted to intensive care units in hospitals with and without intermediate care units: a multicentre European cohort study. Crit Care. 2014;18:551. https://doi.org/10.1186/s13054-014-0551-8.
32. Misset B, Aegerter P, Boulkedid R, Alberti C, Baillard C, Guidet B, et al. Construction of reference criteria to admit patients to intermediate care units in France: a Delphi survey of intensivists, anaesthesiologists and emergency medicine practitioners (first part of the UNISURC project). BMJ Open. 2023;13:e072836. https://doi.org/10.1136/bmjopen-2023-072836.

Publisher's Note

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Jeanne M. Armstrong

City Ottawa State IL. Zip 61350

Contact Phone Number

815-575-4905

Contact E-Mail Address

jeannearmstrong3@gmail.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CHO - Concerned citizens for healthcare for Ottawa

III. POSITION (*Circle appropriate position)*

SUPPORT (OPPOSE) NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

Public Hearing HFSRB

6/10/25

Hi, my name is Jeanne Armstrong and I'd like to thank you for the opportunity to speak this evening. I am a retired teacher who spent years conducting assessments to better understand my students' needs, learning styles and strengths to improve my instruction. When methods were successful, I continued using them. When they weren't, I changed things. One of the most successful ways of monitoring this was to LISTEN to my students!

Nonprofit hospitals are required to conduct similar assessments every 3 years...a Community Health Needs Assessment. The primary purpose of this assessment is to improve community health. After reading the latest one published for public viewing, I do not see where OSF hospital administrators used this information to formulate their latest plan for our community. We have yet to see the structural assessment done on our current hospital that OSF decision makers point to stating our current building is not structurally sound. We know that St. Elizabeth in Ottawa has been profitable. So, the question is why such drastic changes to Ottawa's access to healthcare? As for listening to the stakeholders, this has been lacking from the beginning starting with OSF releasing a press release about their plans without first discussing details with the city officials.

OSF requested a 12-month deferral from the state board with a supposed intent to use the time for further discussions with local officials and community members. Your board encouraged these discussions and asked that OSF submit monthly reports about the

progress. It was merely days after that meeting that they placed a very small add in the classified section of the newspaper stating an intent to move OB and ICU from Ottawa to Peru. This was done without LISTENING to city officials or the community. Their planning is not based on community needs but rather pushing through a plan that benefits them. For this reason, I am asking the Illinois Health Facilities and Services Review Board to deny the request for OSF to close our OB and ICU departments.

Thank-you

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) MARGARET REAGAN

City OTTAWA State IL Zip 61350

Contact Phone Number

815-228-7522

Contact E-Mail Address

maggy546@mac.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Comm. Healthcare Ottawa

III. POSITION (*Circle appropriate position)*

SUPPORT (OPPOSE) NEUTRAL

This form must be returned to John Kniery at **john.kniery@illinois.gov** or **217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

OSF plans to close our OB Dept. and Intensive Care. State Board please be wise in your deliberations — deny the OSF request.

Day by day OSF is eroding our healthcare. You and I believe that our local hospital is important. It has provided excellent healthcare services for generations.

The question becomes, "why is OSF deliberately and unnecessarily trying to destroy our hospital?". They choose to take our true hospital and make it a pass thru facility. OSF should be celebrating not disrespecting our area care.

Yes, western LaSalle Co deserves a true hospital. But taking ours to make theirs? That's Nonsense.

It makes an observer's head swim trying to figure out why the powers to be in Peoria are ready to cast us aside. Why does OSF continue with its "draconian" plan to drastically and artificially downsize our hospital?

Looking at the data, one can only conclude that poor performance is NOT the reason for our demise. Then, you might think that the downsizing and tear down is for financial reasons. But to the best of my knowledge our hospital has always operated in the black. The downsizing also seems blatantly unfair to our staff performing well as a hospital team.

We do not deserve to be treated so shabbily. A parent organization can do better— without drastic erosion of current services.

Even though OSF was given an additional deferral—downsizing is occurring. **Deferral is defined as a *postponement of actions.***

I plan to continue being vigilant in not letting our hospital be devoured by corporate greed.

Margaret Reagan

Ottawa

Former CHO Governing Board member and Chair

Former Elementary Principal

6.10.2025

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Barbara Jones

City Ottawa State IL Zip 61350

Contact Phone Number

321-377-1110

Contact E-Mail Address

bjones1411@gmail.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Citizen

III. POSITION (*Circle appropriate position)*

SUPPORT (OPPOSE) NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Julie Polancic

City Ottawa State IL Zip 61350

Contact Phone Number

815-434-2526

Contact E-Mail Address

K.Polancic@mchsi.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

citizen

III. POSITION (*Circle appropriate position*)

SUPPORT (OPPOSE) NEUTRAL

This form must be returned to John Kniery at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761 at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

My name is Julie Polancic and I've been a resident of Ottawa for 37 years.

I've worked for major corporations, as well as the federal government.

During my career, I have designed, implemented, and managed many major projects, as well as global organizational changes. If I had managed any of my projects in the same manner OSF has managed this project, I would have been fired in a heartbeat!

Why is there so much resistance to OSF's project plan?

1. They don't have a communication plan. NO ONE from OSF has **adequately** or **logically** explained to the Ottawa community why its thriving, award-winning hospital is being dismantled and how any of this is in their best interest! To insinuate that people have just "not absorbed the information" is extremely insulting! Interaction with the community has only occurred when OSF administration was pressed to do so.

2. It's evident there was never a stakeholder analysis done. OSF is ignoring and dismissing **KEY STAKEHOLDERS** – including the citizens of Eastern LaSalle County! There was no consultation with city officials and there is a lack of acknowledgement and a total disregard for the 115-year history of Ottawa Hospital's success.

3. It's obvious that during the initial phases of this project, a thorough **Impact and Risk Analysis** was not done -- no review of first responder staffing, the impact to the local economy, and businesses looking to move to this area, which will in turn have a direct impact on OSF's payer-mix. The original CON was submitted in April 2024, and as recently as last month, OSF stated that a 12-month extension was to "allow more time to determine local health care needs!" **SERIOUSLY?! This should have been completed in the concept phase of the project!**

I am a member of the Mayo Clinic's National Patient and Family Advisory Council. Our council provides significant input on Mayo Clinic's healthcare projects.... An approach OSF should seriously consider.

From my view, this project was ill-conceived, haphazardly planned, shoddily executed, and mis-managed from the start. I urge state officials to deny the exemption, and respectfully ask OSF to start again focusing on a proven "change management" approach that allows patients to have a stake in their future healthcare.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Tom Walsh

City Ottawa State IL Zip 61350

Contact Phone Number

815-326-2978

Contact E-Mail Address

tbwalshfive@gmail.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) citizen

III. POSITION (*Circle appropriate position)*

SUPPORT OPPOSE NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) WAYNE EICHELKRAUT

City OTTAWA State IL Zip 61350

Contact Phone Number

815 481 6861

Contact E-Mail Address

WAJAER34699@ATT.NET

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CITY OF OTTAWA

III. POSITION (*Circle appropriate position)*

SUPPORT (OPPOSE) NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

Good afternoon I am Wayne Eichelkraut, Finance Commissioner for the City of Ottawa. I am here because I am concerned about Ottawa's future health care facility or lack there of and the impact it will have on the welfare of all our citizens

I am here to ask your assistance in denying OSF moving the OB and ICU services to Peru at this time.

We have been in talks with OSF and have more dates scheduled in this year. We are hoping this years delay will enlighten them to the needs of the Ottawa community and the hardships they have caused to the people who live here.

Over the last year we have had several meetings with OSF. We asked many questions. That is where we realized that their preparedness was lacking. Perhaps a slower approach to the move to Peru would be a better plan than they have now.

I ask you again NOT TO APPROVE THE MOVE RIGHT NOW.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Helen Rockford Wells

City OTTAWA State IL Zip 61350

Contact Phone Number

815-481-1955

Contact E-Mail Address

dennis.rockford@yahoo.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Retired Healthcare

III. POSITION (*Circle appropriate position)*

SUPPORT OPPOSE NEUTRAL

This form must be returned to John Kniery at **john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

June 10, 2025

Name: Helen Rockford Wells.

Can I get a show of hands if you have lost a family member or a friend? Do you remember the sadness and pain that you felt? With NO ICU! There will be increased risk of Mortality for Patients. Without an ICU Hospitals may need to transfer patients to othes facilities. Leading to increased Travel times and Patient Complications during Transport. Not having an ICU can create Systemic failure, where the Hospital will be unable to handle a sudden surge in demand as seen during the Covid Pandemic. NO ICU it can compromise Hospitals ability to Provide Critical Care, leading to increased risk for Patients. The Medical Association shows the National Hospital Occupancy Rate has gone up since the Pandemic 5 years ago. There is an Alarm Going Off OSF! You Refuse to Hear It! What if there is another Pandemic? OSF if you really cared about Patients you would be putting your Mission Statement into Action! To Do Everything with the Greatest Care and Love and Patience Experience #1. OSF do the right thing. Instead of looking at cutting cost at the Price of a Human's Life, You can Save Lives. We need Our Hospital Complete in Ottawa. We have amazing Healthcare Staff.

Just them do their job! If you proceed to Remove Our ICU. God will hold each and everyone of you Decision Makers Accountable. Heavenly Father, we come before you with hearts heavy with concern for Our Community and Surrounding Communities. We pray that the Tragic Plan that OSF threatens to Devaste Our Ottawa Hospital will be averted. Your Wisdom is infinite, and we humbly ask that you guide those involved to choose a path of peace and Compassion. We pray for strength and Courage to face whatever challenges lie ahead, and for the Grace to remember that you are with us, even in the darkness. May your love and mercy prevail, and may this tragedy be turned into an opportunity for healing and Unity.

Can I get an AMEN!

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) GERI PERRY Geri Perry

City OTTAWA State IL Zip 61350

Contact Phone Number

815 252-3803

Contact E-Mail Address

gerikperry@gmail.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Concerned Citizens for Healthcare

III. POSITION (*Circle appropriate position)*

SUPPORT (OPPOSE) NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

CHO TWO MINUTE SPEECH

June 10, 2025

Presenter: Geri Perry

My name is Geri Perry, and I am a member of the Citizens for Healthcare in Ottawa. I was born in Ottawa at Ryburn Memorial Hospital, no need to state the date.

After high school I left the area, with no plans to return. I met and married a Chiropractor, Dr. Byron Perry who immediately fell in love with this community and its people.

We opened our private practice in 1983 which is now in the hands of our son, Dr. Seth Perry.

The important factors for us choosing Ottawa to locate our practice and raise our family were these:

- Safety within the Community
- Quality healthcare
- Great educational systems

If the OSF plans to eliminate our ICU and OB services in Ottawa, these factors and many more will be at risk.

Who is going to move into, or even stay in a community that does not have a fully functioning hospital?

We already are experiencing challenges with available beds and transporting patients from one facility to another, many of those situations are critical in nature. That will only worsen if the current OSF plan is approved.

I will share a recent personal experience:

My partner, Tom had open heart surgery in February at OSF in Peoria. The Doctors, Nurses and staff were phenomenal!

I brought him back to my house for his recovery phase. Ten days out we were turning in for the night and I noticed the front of his shirt was virtually saturated in blood, as were the bandages covering his wound.

I called the 800 number given to me upon his dismissal and was told by the person who answered to take a photo of his chest and post it on his "My Chart". UMMMM NO!! 911, ambulance ride to our ER, his surgeon in Peoria ordered him to be transferred to Peoria NOW,

That was 11:20 PM on Sunday, March 2nd.

Nearly 15 hours later on Monday, March 3rd he was air lifted to Peoria where he underwent a procedure to drain both of his lungs. A very stressful experience to say the least.

Taken from the Hippocratic Oath regarding patient care:

"I will do no harm or injustice to them". This plan is essentially harmful, and certainly not justifiable.

I implore you to make the right decision to deny OSF's current plan to close our ICU and OB services.

Thank you.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Darlene Halm

City Ottawa State IL Zip 61350

Contact Phone Number

815-228-5722

Contact E-Mail Address

darlenehalm@gmail.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

citizen

III. POSITION (*Circle appropriate position*)

SUPPORT (OPPOSE) NEUTRAL

This form must be returned to John Kniery at **john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

Darlene Halm

Ottawa, Illinois

darlenehalm@gmail.com

QUESTIONS FOR CITIZENS FOR HEALTHCARE IN OTTAWA MEETING

JUNE 10, 2025

1. What procedures requiring sedation will no longer be available in Ottawa? Will colonoscopies still be done in Ottawa? These require anesthesia. What other minor surgical procedures will still be performed there? For example, cataract surgeries.
2. Will there be **ANY** breast mammograms performed at either the new hospital, or the Ottawa Medical Center to the east of the hospital?
3. We do not have a cardiologist on staff at St. Elizabeth. Cardiologists come to the 1050 office building by the hospital. I am seen annually and require an echocardiogram. Will I be able to get one in Ottawa?
4. I am scheduled for a bone scan this month for osteoporosis. Will these still be performed in Ottawa?
5. Will Life Flight helicopters be able to land at the new hospital, or will patients be taken to Peru to be flown from there?
6. In 2012, OSF St. Francis **was given the Ottawa Regional Hospital and Healthcare Center and their medical assets, valued at $58 million, in good faith**. Can citizens of Ottawa expect **to be reimbursed, with interest**, and that money put towards a larger new hospital?
7. The land the hospital was built on **was donated by Ottawa Silica Foundation.** If the hospital is torn down does the land revert to the current owners of that company? **Is the proposed new hospital being built on part of that donated land?**

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Nancy Tuftie

City Marseilles State Ill Zip 61341

Contact Phone Number

815 343 2599

Contact E-Mail Address

ntuftie@gmail.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (*Circle appropriate position*)

SUPPORT OPPOSE NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

6/10/2025

THANK YOU to STATE BOARD MEMBERS AND OSF for this opportunity to listen to this community.

While working in her yard, a friend in Ottawa had chest pain. She went to Emergency Department at Ottawa Hospital. She was having a heart attack. She needed a transfer to a hospital that had a Cath Lab. No OSF Facility had a telemetry bed , her troponin continued to rise and her family noticed the crash cart outside her room. Hours passed and 28 hours later, she was transfered to OSF Saint Anthony`s in Rockford. She was lucky that she did not have a cardiac arrest while waiting THIS DISTURBS ME SO MUCH KNOWING OSF PROMISED added services in Ottawa starting with a Cath Lab at the time they took over Ottawa Regional Hospital.

Ottawa is the next largest community west of Morris. Morris is part of the SW Chicago Metropolitan Area and it is not considered rural. The 2020 census for Morris was 14,163, Ottawa's census 18,000 plus many areas and villages surrounding it, about 30,000 residents

Transfer delays are life threatening! We are 80 miles southwest of Chicago. I feel like OSF is treating this Ottawa Community like it is in the middle of the Rocky Mountains and we all should just expect to have to travel for most all medical care.

I pray the State Board will consider all the concerns, facts, from the community people, and guide OSF to do the RIGHT THING—KEEP OSF OTTAWA'S SEMC SERVICES, INCLUDING OB AND ICU AND PERU SEMC SERVICES AS WELL.

Lastly, show this community your care and integrity by considering a cath lab at the Ottawa SEMC Campus, like Ottawa Regional Hospital was promised over a decade ago . Working there then I personally heard that said many times

Thank You

Nancy Tuftie

815-343-2599

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Samantha Petersen

City Streator State IL Zip 61364

Contact Phone Number

_____

Contact E-Mail Address

Samo8705@gmail.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned citizen

III. POSITION (*Circle appropriate position)*

SUPPORT OPPOSE NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

Good evening. My name is Samantha Petersen, and I myself am not only a former OSF employee but a parent of three children all born in the OB at Osf St.Elizabeth Medical Center, a resident of the town of Streator, and someone who myself and family at any point could require benefits of our amazing icu team in Ottawa. While my time at Ottawa started at community hospital of Ottawa then through the merger when st Mary's closed, and when osf took over. I worked as a CNA in the med/surg and icu floors. For months I can't remember a time our icu was not filled to capacity (a 5 bed icu) and we would have to decide who could be moved to med surg as we had someone more critical coming in. As st Mary's closed our icu and med surg beds were filled and filling more. Now our small town of Streator and now the town of Ottawa is filling up this small town hospital. I can't imagine how Peru is going to keep up. 5 nursing homes in Ottawa, 3 in Streator, 1 in Marseilles. All depend on critical care facilities in Ottawa. How many beds will the Peru facility hold? How much will you charge people if you have to be transferred somewhere else if Peru is filled and now Ottawa is now not an option for an icu bed. The economy is hard enough on many people, and to throw a transfer ontop of that bill could put someone into medical bankruptcy. Time is of the essence when it is a critical care issue.

Let's also take into consideration weather in the Midwest. A car accident, trauma, bus accident, a tornado. or everyone's worst fear a mass school shooting. We have been through a bus accident years ago. Critical care issue extremely important to this country especially Ottawa and lasalle county. What happens son a weekend when someone comes in with a massive gi bleed and we can't call GI? Research and proven medical evidence has shown people with critical treatment needs survive better when they are transferred quickly to an ICU. Can you guarantee citizens of Ottawa, Streator, even surrounding small towns that have made Ottawa their home hospital Peru can guaranteed the mass in flow they are going to get? 1 hospital for all of these towns? We could barely keep up when Streator closed. How is any of this holding up to osf's motto of "serving you with the greatest care and love?"

Let's talk about OB. I know I only have 2 minutes, but women aren't going to stop having children. Osf Pontiac closed ob. Osf closed the hospital in Streator. No ob. Picture this. It's a beautiful Saturday morning and a mom comes in to the er and says her water broke. What will happen when that mom comes in to the er, in labor and is awaiting transfer and all of a sudden has a seizure? Now the baby is in danger. The baby is d satting and needs an emergency csection. There is no anesthesia. It's a weekend. How will the er decide? The ob is a detrimental part of a hospital. This is where life all begins. Family's become whole. A pregnant mom gains so much trust into their OB doctor and new pediatrician. I like other moms found both right here in Ottawa, and without them I wouldn't be the mom I am today. What happens if they don't merge into the Peru hub? Is that mom now forced to find another ob? I would like to think you take into consideration the awards OSF.st Elizabeth has recieved not only for their OB services, but ICU as well. I can stand here today and give this speech because of the quick actions, amazing talent, and dedicated ob nurses and doctors who saved not only my life but my oldest during an emergency csection. There will be many more moms who will depend on quick action, and time doesn't wait. A transfer could be too late.

As a parent we have had to frequent our local er for multiple reasons. A broken arm, sports injuries, but most importantly my son's pulmonary issues. The wait to be transferred to a hospital can take days to find a bed. 24-48 hours in times in Streator. Why you ask? Ottawa is full. Pontiac is full. How many of

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Tom GANZER

City OTTAWA State IL Zip 61350

Contact Phone Number

815-252-7086

Contact E-Mail Address

TOMGAN@AOL.COM

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CITY OF OTTAWA

III. POSITION (*Circle appropriate position)*

SUPPORT (OPPOSE) NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

My name is Tom Ganiere and I am the Commissioner of Public Health and Safety for the City of Ottawa.

As we all know OSF filed a Certificate of Need application to build a new downsized hospital in Ottawa. This Certificate of Need asked for the elimination of certain services that are currently provided at OSF St. Elizabeth Ottawa, among those services asked to be eliminated are Obstetrics and ICU.

After several discussions with the City and Community leaders OSF asked the board to defer a decision on that Certificate of Need for one year. This deferral was granted by the board. And now OSF is again before the board asking that a portion of the original Certificate of Need be implemented. When the City and Community leaders requested the deferral it was stated that OSF should maintain all services that currently exist in Ottawa until after the Peru facility is fully up and running so that OSF can see if they have the right plan for the area. Which, we believe is not the right plan and does not address the needs of the entire region. However, by allowing OSF to implement part of the original Certificate of Need now we will probably never know if they have the right plan for the region. I urge the board to reject the current Certificate of Need before the board in favor of the deferral of the original Certificate of Need and see what the data is in one year and what the needs of the region truly are.

Thank you

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Jana Kinkin

City Streator State IL Zip 61364

Contact Phone Number

815-674-5423

Contact E-Mail Address

jbanana85@yahoo.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned Citizen

III. POSITION (*Circle appropriate position*)

SUPPORT (OPPOSE) NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) CHARLES GENTERT

City LOSTANT State ILL Zip 61334

Contact Phone Number

815-257-3289

Contact E-Mail Address

_____

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

_____

Citizen

_____

_____

III. POSITION (*Circle appropriate position)*

SUPPORT OPPOSE NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Paula Bailey

City Ottawa State IL Zip 61350

Contact Phone Number

815-735-5056

Contact E-Mail Address

pjrockey@yahoo.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Concerned citizen

III. POSITION (*Circle appropriate position)*

SUPPORT OPPOSE NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

My name is Paula Bailey I've lived in Ottawa 56 years. My family has always used the Ottawa Hospital since I was born.

In October 2023 I took my husband to OSF St, ELizabeth ER. He had double pneumonia. He was admitted, we were lucky to get a room in Ottawa, The next day he was in respiratory distress and needed the assistance on a B-Pap machine, The nurse said there was 1 ICU room available and we needed to get him there, I spent the night with him as when he came to he was disoriented, I was exhausted. The next morning I ran home to shower. I spent 10 hrs a day with him, I could not have done that had he been out of town. I could not drive with bad eyesight and exhaustion for 2 weeks. He waited for 2 days for a regular room while others needing the ICU room were in hallways in ER.

There is no guarantee there is a room elsewhere. In an unrelated incident I waited for 3 days with a shattered, dislocated elbow at OSF St,, Anthony in Rockford, we traveled back and forth 3 days, Would you want your parent or loved one out of your hometown? Do you want an elderly person driving farther when they feel uncomfortable?

Perhaps this is not a healthcare issue but a moral issue? Your crosses are in every room facility reminding us of the Lords love, to help the sick, the poor, all in need. The staff exhibits his love. What is OSF exhibiting by cutting essential services to this community? More will die waiting for treatment. Please reconsider keeping the hospital services the way they are.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Colleen Burns

City Ottawa State IL Zip 61350

Contact Phone Number

815-252-7096

Contact E-Mail Address

colleenburns710@gmail.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) CHU

III. POSITION (*Circle appropriate position*)

SUPPORT OPPOSE NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

Public Hearing / June 10, 2025

Objective of THE ACT: ...to assure that the reduction and closure of health care services or facilities is performed in an orderly and timely manner, and that these actions are deemed to be in the best interests of the public...

My name is Colleen Burns and I am a resident of Ottawa with a background in health system strategic planning and business development. I've been at the table when independent hospitals become part of large health systems; the goal is always to leave something better than you found it.

So I try to picture myself at the table in 2012 when OSF was given our hospital and the exquisite riverfront land it all sits on for free. I can't imagine anyone representing Ottawa at the time believed future plans would involve the dismantling of services provided for over a century just to have them shipped down the road to a previously closed and bankrupt facility. Which leads us to today, or rather last year.

In March 2024 OSF submitted to the state board that the three projects involving Ottawa and Peru should be considered together as they are all clearly inter-connected

In August OSF asked that Peru's application be excluded from Ottawa's and approved as a stand-alone plan, which it was.

In March of this year OSF asked for a 12-month deferral on the Ottawa projects, which was granted – AND YET, within weeks a new application was submitted that would continue with the closures of the ICU and OB units in Ottawa. Is this deferral just smoke and mirrors?

State board, OSF is not waiting for your approval. They feel confident they already have it based on what was approved last August. Not only have the closures of ICU and OB already begun, they have also decided to operate in essence of the deferred plans – by reducing med/surg beds to 20 and reducing surgical cases in August.

The thought I keep coming back to is if they don't want to keep us, then why not try to sell us? Why not prove they are not a health care monopoly by offering up the sale of the facility that they want to tear down? Why? Because they still need us. But we have a choice.

Its clear that OSF has a plan that works for OSF, but that doesn't mean it works for the people of Eastern LaSalle County.

The public has power. And the more educated a public, the more powerful. If you go to saveottawahealthcare.com you will find resources to help you consider other nearby systems available to you for care.

For these reasons, I urge the Board to deny OSF's request to close our OB and ICU units.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Ron Henson

City Ottawa State IL Zip 61350

Contact Phone Number (815) 488-3250

Contact E-Mail Address sfagt97@gmail.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

_____

_____

_____

_____

III. POSITION (*Circle appropriate position*)

SUPPORT OPPOSE NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

My name is Ron Henson and I am a local resident and long time small business owner in Ottawa.

We all understand when OSF introduced their original plans in the winter of 2024 no input was requested, no agreement from the City was provided nor was the City or anyone else outside of OSF administration informed of this plan until minutes before it was announced.

Then OSF modified their plan last June to what they termed their Enhanced Plan due to public outcry from all. However, that Certificate of Need Project #24-011 still consists of their original plan of 12 beds not the 20 they proposed amongst other changes to this day. OSF has yet to modify or amend that CON.

Flash forward to late March of this year in which OSF filed this new CON that brings us all here today for the proposed closing of the OB & ICU in Ottawa. Once again no agreement from the City of Ottawa regarding this Certificate of Need. OSF didn't hesitate to file this new CON though without this agreement from the City.

We were recently advised by the CEO of OSF at our meeting on May 20th that I attend with City Officials, Jay McCracken, Retired Chief Medical Officer Dr Brian Rosborough and Colleen Burns that the reason OSF hasn't amended that CON to the Enhanced Plan is because they need City agreement first.

Sometimes OSF will opt for no input and a go it alone approach and other times they will say that we need the City's agreement before we change anything. This is just one recent example of OSF's inconsistencies in handling of these projects.

Our request today is simple. Please vote no on their Certificate of Need to close OB & ICU and abide by the 12 month deferral that was granted in March of this year by the HFSRB Board that by their own admission violated their own Board policies in granting that deferral for OSF.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) James M. Prendergast

City Ottawa State IL Zip 61350

Contact Phone Number

815-252-0621

Contact E-Mail Address

jimp917@gmail.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CC: Citizen

III. POSITION (*Circle appropriate position)*

SUPPORT (OPPOSE) NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) William Zwanzig

City OTTAWA State ILL Zip 61350

Contact Phone Number
815-488-6802

Contact E-Mail Address

_____

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

_____

_____

_____

_____

III. POSITION (*Circle appropriate position*)

SUPPORT OPPOSE NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

5,000 ADVERTISING

William Zwanzig over
Live Auction
Internet
Sullivan Computer
Auctioneers

1-309-371
5214
Luke Sullivan

Kurt Campbell
970-324
9990

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Cleve Threadgill

City Ottawa State IL Zip 61350

Contact Phone Number

815-252-4694

Contact E-Mail Address

clevethreadgill@yahoo.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Citizen - retired Supt. Ottawa Elementary

III. POSITION (*Circle appropriate position)*

SUPPORT (OPPOSE) NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Robert Hasty

City Ottawa State IL Zip 61350

Contact Phone Number

815 431 6310

Contact E-Mail Address

mayorhasty@cityofottawa.org

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

City of Ottawa

III. POSITION (*Circle appropriate position)*

SUPPORT OPPOSE NEUTRAL

This form must be returned to John Kniery at **john.kniery@illinois.gov** or **217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

Public Hearing Statement – Mayor Robert Hasty, City of Ottawa

Good Afternoon. My name is Robert Hasty, and I serve as Mayor of the City of Ottawa.

At a recent meeting, OSF CEO Bob Sehring told members of our council and selected community representatives that it should be accepted—without question—that all ICU beds will be relocated to Peru. He went further, stating that *should it be determined* that more ICU beds are needed in the future, those would also be added to Peru. Ottawa, we were told, would never again have ICU beds.

The phrase that struck me—and frankly troubled me—was: *"should it be determined."* Who determines that? Based on what data? And when? Because we are already transferring ICU patients out of Ottawa due to lack of beds.

At the same time, OSF is pursuing a Certificate of Need extension regarding medical-surgical beds in Ottawa. While they debate whether 12 or 20 beds are "sufficient," the daily consensus is that more than 30 are needed, consistently. And that number is *not* decreasing—even as Peru expands.

So I ask again: when does the tipping point come? When is transferring ICU patients too often considered too much?

OSF has stated that their reasoning for these consolidations is to "pool resources"—specifically, doctors. If that's true, and if this is about serving the *region*, then we need to broaden the conversation. I'm no longer speaking only for Ottawa. I'm speaking for everyone along the I-80 corridor—Princeton, Spring Valley, Peru, LaSalle, Mendota, Utica, Marseilles, and Streator.

If the goal is to centralize care for regional efficiency, then why isn't OSF moving ICU beds and critical staff *into* Peru from Rockford or Peoria, where resources are deeper? Why is the burden always on smaller communities to sacrifice access?

Given the current track record of this merger and reallocation of services thus far—knowing that seven ICU beds sit unused in Mendota and Princeton, and that Peru's ICU beds will open the same month OSF seeks to decommission Ottawa's—I believe it would be reckless to move forward at this point.

The sensible course of action is to defer this request until OSF can—*in their own words*—better assess the situation once Peru is fully operational.

Therefore, I respectfully ask the Board to vote **NO** on the request to decommission ICU beds in Ottawa.

Thank you.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) JOHN FISHER

City MARSEILLES State IL Zip 61341

Contact Phone Number

815/795-5213

Contact E-Mail Address

fisherj@mtco.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CONCERNED CITIZEN

III. POSITION (*Circle appropriate position)*

SUPPORT OPPOSE NEUTRAL

This form must be returned to John Kniery at **john.kniery@illinois.gov** or **217-785-4111 (fax)** or **525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

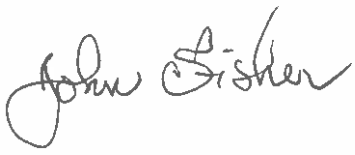
Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

My Name is John Fisher and I live in Marseilles.

I just want to remind The Board of OSF that you have had a mission statement hanging in several parts of the hospital in Ottawa that reads as follows:

In the Spirit of Christ and the example of Francis of Assisi, the Mission of OSF Health Care is to Serve Persons with the Greatest Care and Love in a Community that celebrates the Gift of Life.

It certainly feels that you have forgotten those words.



NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) John Armstrong

City Ottawa State IL Zip 61350

Contact Phone Number

815 508 8625

Contact E-Mail Address

j.b.hawks44@gmail.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CHO

III. POSITION (*Circle appropriate position*)

SUPPORT OPPOSE NEUTRAL

This form must be returned to John Kniery at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761 at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) RICHARD SCHWARZBACH

City OTTAWA State IL Zip 61350

Contact Phone Number

815 252 8128

Contact E-Mail Address

BYRDHOUSE200@GMAIL.COM

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (*Circle appropriate position)*

SUPPORT OPPOSE NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Ruth Capsel

City Seneca State IL Zip 61360

Contact Phone Number

815 357-8468

Contact E-Mail Address

capsel@sbcglobal.net

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Self

III. POSITION (*Circle appropriate position)*

SUPPORT (OPPOSE) NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

Ruth Capsel

360 Richards

Seneca

My husband and I live in Seneca. We have utilized Ottawa hospitals our entire life.

Had there not been an obstetric unit in Ottawa, our children may very well have been delivered in our car. Our first child was delivered 1 ½ hours after the first contraction; and, our 2nd, 45 minutes from start to delivery. In fact, the ob nurses delivered her. The dr. who was "covering" for my family physician who was on vacation, evidently didn't believe the info he was given. I was very fortunate to have excellent ob nurses on hand. Obviously had I been forced to go to Peru, the outcome for both, could have been disastrous.

While my experiences may not be the norm, they did indeed happen.

We have also had to utilize the er on 2 occasions of my husband having food lodged in his esophagus. The first time, a gastroenterologist came in from Streator to remove the blockage. The 2nd time, we were not so fortunate. Ottawa did not have a specialist that would come in! The only affiliated gi person would come in for scheduled procedures! We were forced to go to Peoria to have treatment. That ended up waiting for transportation for several hours and then being admitted, rather than seeing anyone. A horrible experience.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Susan Tuttle

City Streator State IL Zip 61364

Contact Phone Number

815-780-7881

Contact E-Mail Address

susanjason8578@gmail.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

_____

_____

_____

_____

III. POSITION (*Circle appropriate position)*

SUPPORT (OPPOSE) NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Valery Calvetti

City Ottawa State IL Zip 61350

Contact Phone Number 815-488-4121

Contact E-Mail Address valerycalvetti@gmail.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Self

III. POSITION (*Circle appropriate position*)

SUPPORT (OPPOSE) NEUTRAL

This form must be returned to John Kniery at **john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

Project 25-013
OSF St. Elizabeth
Ottawa

6/10/2025
OSF IS NOT the Hub for Ottawa IL
It Is Not the Regional Model of Care

Transportation out of OSF St. Elizabeth:

- **Average Ambulance cost for BLS (Basic Life Support) base rate $3,600 with escalating cost of ALS (Advanced Life Support) plus c. $25 per loaded mile – LaSalle County has a lower base rate**

There are five Level II Trauma Hospitals and two Level I Trauma Hospitals all closer than OSF (St. James Bloomington is a Level 2 @78.6 miles)

1. **Morris -- 23.5 miles** (has a cardiac cath lab)

----- **and the following are also Magnet Hospitals----**

2. **Northwestern Valley West -- 27.5 miles** (homeward healing short term rehab following hospitalization) - Sandwich
3. **Rush Copley -- 40.8 miles** (Level II Trauma – OR/Lab 24/7) - Aurora
4. **St. Joseph -- 42.8 miles** (Level II Trauma) – Joliet
5. **Northwestern Kishwaukee -- 45.7 miles** (Level II Trauma) Dekalb
6. **Edward Hospital/Endeavor Health -- 58.6 miles** (Level II Trauma) – Naperville
7. **Silver Cross -- 51.1 miles** (Level II Trauma – A Top 100 Hospital) New Lenox
8. **Advocate Christ Hospital --73.9 miles** – (Level I Trauma -- and is one of the major referral hospitals in the Midwest for specialties,
9. **Loyola – 74.3 miles** (Level I Trauma -- comprehensive and high-quality trauma care nationally recognized burn center) Maywood

---

10. OSF Peoria – 78.6 miles – (Level I Trauma)
11. OSF Bloomington – 78.6 miles (Trauma Level II)
12. OSF Rockford – 80.0 miles (Level I Trauma)

----------4 to 7 more miles ----------

13. **University of Chicago – 83.7 miles** (Level I Trauma) Chicago
14. **Northwestern University – 83.9 miles**
15. **Advocate Lutheran General -- 85.3 miles** (Level I Trauma) Park Ridge
16. **Advocate Illinois Masonic** – 86.4 miles (Level I Trauma) Chicago

Valery Calvetti

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Paul Youngstrum

City Ottawa State IL Zip 61350

Contact Phone Number

815 993-3536

Contact E-Mail Address

Paul.Youngstrum@yahoo.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

individual

III. POSITION (*Circle appropriate position*)

SUPPORT OPPOSE NEUTRAL

This form must be returned to John Kniery **at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) Justine Larabee

City Ottawa State IL Zip 61350

Contact Phone Number

815-250-4959

Contact E-Mail Address

justinelarabee@gmail.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Concerned citizen

III. POSITION (*Circle appropriate position*)

SUPPORT OPPOSE NEUTRAL

This form must be returned to John Kniery at **john.kniery@illinois.gov** or **217-785-4111 (fax)** or **525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.

Ryan, Sharie

From: Justine Larabee <justinelarabee@gmail.com>
Sent: Tuesday, June 10, 2025 4:57 PM
To: Ryan, Sharie
Subject: [External] OSF Opposition of Proposed Plan — Justine Nicole Larabee

Hi. I'm Xavier's mom.

On Easter weekend, just after midnight Saturday, I learned that my 18-year-old son was in critical condition. When I arrived at Saint Elizabeth, Xavier was incoherent—unable to speak or open his eyes. He had 8 seizures, his BP was 40/10, and his heart rate was over 180. I was told he was within an hour of his heart exploding.

Xavier's troponin levels, which measure heart damage. Under .08 is normal, and anything over .1 is considered critical-his was .958

Despite the cardiac distress, OSF had no cardiologist on site, no cardiac imaging on weekends. They said they would send the transfer request to Peoria and Rockford with an average 2-3 day wait time. I demanded he be transferred to Loyola, and was told the request was submitted.

8 hours later, I learned it hadn't been sent.

I asked for a patient advocate—none was provided. I demanded to talk to the admin team—they refused. Only after I said my attorney would be arrive in 20 minutes did they finally send the request to Loyola. It was approved in under an hour.

According to Joint Commission policy, hospitals must follow up with patients within 7 days. I received nothing. Not a call. Not a letter. No accountability.

Xavier survived because I pushed the system—and because Loyola was equipped when OSF was not.

Please don't let them take more from our community. Please pour all of this energy back into strengthening our award winning hospital instead of taking services away. Our lives—and our kids' lives—depend on it.

If this is all greed—which it seems to be—How much will you lose in malpractice lawsuits because of the deaths?

Thank you.

Sincerely,
Justine Nicole Larabee

NUMBER: _____

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: OSF St. Elizabeth Medical Center

Project Number: #25-013

I. IDENTIFICATION

Name (*Please Print*) AMAR DAVE MD

City Ottawa State IL Zip 61350

Contact Phone Number

815-579-3910

Contact E-Mail Address

drukhiram@gmail.com

II. REPRESENTATION

(*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Self: on behalf of Community.

III. POSITION (*Circle appropriate position*)

SUPPORT OPPOSE NEUTRAL

This form must be returned to John Kniery at **john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761** at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.