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Illinois Health Facilities Services and Review Board

Attn: John P. Kniery, Administrator

525 West Jefferson Street, 2nd Floor

Springfield, IL 62761

Re: Mark Pucci Support Letter

Dear Mr. Kniery,

I am writing to express deep concern regarding Mr. Mark Pucci's letter of support for the closure of all inpatient obstetric services at Ascension Alexian Brothers, with the proposed transition to Ascension Saint Alexius Women and Children's Hospital.

I have been a registered nurse for 13 years — 10 of those as a labor and delivery nurse at Alexian Brothers — and a resident of Elk Grove Village since 1988. As someone with both professional expertise in obstetrics and a personal investment in the well-being of our community, I feel compelled to speak out against this letter of support and application from Ascension overall.

Having worked directly in labor and delivery, I know firsthand the complexity and high-risk nature of obstetric care. Per Ascension Interim CEO, Polly Davenport, it is "one of the most litigious areas of healthcare". Cook County ranks among the highest in both the state and the nation for obstetrics-related lawsuits including these allegation codes cited from the Illinois Department of Insurance 2023 Medical Professional Liability Claims Study (1): "Failure to Manage Pregnancy 510 – Improper Choice of Delivery Method 26 520 – Improperly Performed Vaginal Delivery 530 – Improperly Performed C-Section 540 – Delay in Delivery (Induction or Surgery) 550 – Failure to Obtain Consent/Lack of Informed Consent 555 – Improperly Managed Labor – Not Otherwise Classified 560 – Delay in Treatment of Fetal Distress (i.e., identified but treated in untimely manner) 570 – Retained Foreign Body/Vaginal/Uterine 575 – Abandonment 580 – Wrongful Life/Birth 590 – Obstetrics Related – Not Otherwise Classified".

This is not a service line that can be safely or ethically scaled back without consequence. According to Illinois birth equity initiatives via the Coordination and Collective Action: Illinois' Blueprint for Birth Equity (September 2025), one of the most effective ways to reduce maternal morbidity and mortality and such claims as above from being perused, is through *expansion* of access to obstetric care — not reduction. (2)

Mr. Pucci's letter speaks vaguely of "steep challenges" and the need for long-term sustainability, but I question how such sustainability can be pursued by cutting essential, life-saving services before even considering reductions in inflated executive compensation across the board nationally. Important to note from National Nurse's United report, "Ascension is the second-largest and wealthiest nonprofit and Catholic health system in the country. In fiscal year

2021, Ascension reported a net income of more than \$6.4 billion, and the system's CEO took home a compensation package worth more than \$13 million. Additionally, according to a 2022 Securities and Exchange Commission filing, Ascension runs an investment company that manages more than \$41 billion.” (3) Is reducing access to vital care truly the only option? We know as frontline healthcare workers that it is not, and recommendations from both providers and nursing to improve operations and revenue were chronically and deliberately ignored. It may be worth noting the Ascension Illinois Foundation benefits from financial donations provided by the board member himself through the Mark and Anita Pucci Foundation, hence his letter of support despite a severe knowledge gap in healthcare, especially obstetrics. (4)

The suggestion that care will remain unaffected as obstetric patients are redirected to an already overwhelmed emergency department is not only misguided — it borders on patient abandonment. Obstetric emergencies require rapid, specialized intervention by trained professionals. The idea that this level of care can be maintained while eliminating a dedicated labor and delivery unit is both dangerous and misleading.

It is also worth noting that Saint Alexius offers only one service that Alexian does not: a Level III NICU. In the application Alexian's available services are diminished and misinformation has been provided by stating the nursery is a Level I, which is inaccurate and misleading. Saint Alexius lacks the tenured and experienced nursing staff that Alexian currently maintains at their long-standing Level II status. Alexian Brothers not only benefits from stronger nurse retention, but also provides a more desirable work environment — a key factor in maintaining high-quality, consistent care.

Consolidating services under the guise of creating a “Center of Excellence” may sound appealing, but in practice, it will stretch staff thinner, lead to longer delays, and worsen an already strained system. The National Institutes of Health begs the question, “Are there Standards for Centers of Excellence?” and the results are: “We found that there is significant variability in the process for defining CoEs. There are also many operational challenges that hinder the success of a CoE program, including how patients access care at a CoE, the right geographical distribution of CoEs in a network, and coordinating care between the CoE and local providers.” (5) with a Conclusion of: “The lack of standardization for designating CoEs not only prevents CoEs from fully achieving their intended effects of signaling “excellent” hospitals, but also causes confusion for patients, employers and payers, which dilutes the meaning of the CoE label.” (5) Delayed labor inductions, frustrated providers, and worried patients are already present at Saint Alexius — increasing patient volume will only exacerbate these issues. While Saint Alexius may be expanding its NICU beds per IHFSRB project #E-007-25, one must ask:

Where will the mothers go? Why is this transition occurring now before either hospital is properly prepared?

Lastly, I'd like to address the suggestion that objections to this move are based on mere “convenience.” I urge you to consider that those with reliable transportation, childcare, and freedom of choice when it comes to healthcare access due to a privileged life may underestimate the very real barriers others face. For many patients, traveling even a few extra miles during active labor is not just an inconvenience — it is a threat to their very safety.

I ask that you seriously reconsider any support for this transition and advocate instead for a solution that protects maternal and newborn health, values frontline healthcare workers, and prioritizes true equity in access to care.

Sincerely,

Kaylyn Krolicki, BSN, RN
Labor and Delivery
Alexian Brothers Medical Center

References

- (1) Illinois Department of Insurance. (2023, January). *2023 Medical Professional Liability Closed Claims Study* (Closed claim data from Jan 1, 2015–Dec 31, 2020). <https://doi.illinois.gov/content/dam/soi/en/web/insurance/reports/reports/2023-Illinois-Department-of-Insurance-Medical-Professional-Liability-Closed-Claims-Study.pdf>
- (2) Illinois Department of Public Health. (2025, September). *Illinois' Blueprint for Birth Equity 2025: Coordination and collective action*. <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/life-stages-populations/maternal-child-family-health-services/maternal-health/blueprint-for-birth-equity-2025.pdf>
- (3) National Nurses Organizing Committee/National Nurses United. (2023, December 4). *Nurses in Texas and Kansas to strike, resisting Ascension union-busting tactics*. <https://www.nationalnursesunited.org/press/nurses-in-texas-and-kansas-to-strike-resisting-ascension-union-busting-tactics>
- (4) ProPublica. (2025, August 21). *Mark and Anita Pucci Family Foundation – Full filing* [Data set]. *Nonprofit Explorer*. <https://projects.propublica.org/nonprofits/organizations/810849664/202412979349100306/full>
- (5) Li, J., Burson, R. C., Clapp, J. T., & Fleisher, L. A. (2020). Centers of excellence: Are there standards? *Healthcare: The Journal of Delivery Science and Innovation*, 8(1), 100388. <https://doi.org/10.1016/j.hjdsi.2019.100388>