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January 21, 2010

Dear Chairman Gelder and the Illinois Nursing Home Safety Task Force:

On behalf of our 200 member hospitals and health systems, the Illinois Hospital Association wishes to respond to the Nursing Home Safety Task Force's Preliminary Recommendations, issued January 14, 2010. We also welcome any opportunity to speak about our concerns before the Task Force.

Specifically, Recommendation I.6 requires hospitals to initiate the criminal background check on patients being discharged to nursing homes. While IHA understands the Task Force's desire for timely initiation of a criminal background check, the Task Force must understand the effect this recommendation will have on timely discharges from hospital beds ("acute care beds") to nursing home beds ("skilled care beds.") Delayed discharges directly impact hospital emergency department overcrowding. Delayed discharges deny other patients, in need of those beds, appropriate services.

Hospitals already report significant challenges in finding nursing homes willing to accept patients with known felony backgrounds. In one case, a patient's medical condition rendered him immobile, but no nursing home in Illinois would accept him because he was a sex offender. In another case, five nursing homes refused to take a 79 year old man with a criminal history. The man was eventually discharged to a nursing home outside his community, far from his family support. These patients needed skilled care beds, but they languished in expensive acute care beds because there was no facility willing to accept them. Medicare and other third party payors do not pay for hospital care when it is no longer "medically necessary," so in these cases, and others similar to them, the hospitals absorbed the costs of housing these individuals beyond their need for hospitalization. If a patient no longer needs to be hospitalized, that patient should be discharged to a more appropriate and less costly setting.

Hospitals are authorized to have, and staff, only a specific number of acute care beds, which they cannot exceed. Patients remaining in acute care beds, who should be discharged, cause the "boarding" of patients, in need of those beds, in the emergency department, until a bed becomes available. In a 2008 report by the American College of Emergency Physicians, ACEP stated that "the clearest cause of (ED) crowding is the boarding of admitted patients." These are patients who should be admitted to acute care beds, but no beds are available.

While Recommendation I.6 might speed up the criminal history check, the unintended consequences of Recommendation I.6 has implications for the whole health care delivery system in Illinois. Furthermore, it displaces the problem the Task Force seeks to address, from nursing homes to hospitals.

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We urge the Task Force to focus its recommendations on a systems approach to the problems created by mixing our vulnerable elderly and disabled population with felony offenders, when both are in need of skilled care services. Nursing homes should be equipped to provide adequate and appropriate mental health services, when this level of care is necessary, to meet the needs of their residents. At a minimum, Illinois should endeavor to provide supportive housing, and wrap around services, for persons with mental health issues, including case management, along with a services structure to support their recovery.

The Illinois Hospital Association appreciates the good work of the Illinois Nursing Home Safety Task Force. We thank you for this opportunity to provide the hospital perspective on the broader implications of the Task Force's preliminary recommendations.

Sincerely,

Howard A. Peters III
Senior Vice President
Illinois Hospital Association