

Constantino, Mike

From: Sharon Post [sharon.post@seiuhcil.org]
Sent: Tuesday, April 19, 2011 5:59 PM
To: Constantino, Mike
Subject: public comment on project #11-005
Attachments: SEIU HCII comment on 11-005.pdf

I have attached SEIU HCII's public comment on project #11-005, Touchette Regional Hospital's application to discontinue services at Kenneth Hall Regional Hospital.

Thank you.

Sharon Post
Research Coordinator
SEIU Healthcare Illinois/Indiana
312-596-9362



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Illinois
209 W. Jackson Blvd. Ste 200
Chicago, IL 60606
Phone: 312.980.9000
Fax: 312.939.8256

Indiana
1800 N. Meridian St. Ste 510
Indianapolis, IN 46202
Phone: 317.927.9691

www.seiuhc.org

April 19, 2011

Courtney Avery
Administrator
Illinois Health Facilities Services and Review Board
525 West Jefferson Street
Springfield, IL 62761

**Re: Touchette Regional Hospital
Application #11-005**

Dear Ms. Avery:

SEIU HCII has serious concerns about Touchette Regional's application to discontinue acute mental illness services at Kenneth Hall Hospital. Our concerns focus on three categories, which correspond to the criteria used by the Illinois Health Facilities Services and Review Board to judge applications for discontinuation of services. They are:

- Discontinuation of these services will create a demand for services that cannot be met by other area facilities (77 Ill. Admin. Code §1110.130(b)(3));
- Discontinuation of these services is not in the public interest (77 Ill. Admin. Code §1100.420 and § 1110.130(b)(4); and
- Discontinuation of these services will create hardships for area residents (77 Ill. Admin. Code §1110.130(b)(4)).

1) Closing Kenneth Hall creates demand for Acute Mental Illness services that cannot be met

Touchette intends to reduce its available number of Acute Mental Illness (AMI) beds from 39 to 12, all of which would be located at the Centreville campus. This would be a reversal of Touchette's prior agreement with this Board, where they agreed that AMI services should remain at Kenneth Hall. Touchette has stated in testimony that the "new unit will be more modern and up to date and should be able to accommodate the patient volume" according to their analysis¹. Given that, according to data collected by the State of

¹ Touchette Regional Hospital Application #11-005: Public Hearing Transcript Centreville 3/16/2011 22:2

which Touchette deems sufficient assurance to deem the closing safe⁴. However, St. Elizabeth's has already reached its utilization target, with as many as 30 of its 36 beds filled at peak patient load⁵. It seems unlikely that St. Elizabeth can also absorb over half the patient load of Kenneth Hall. St. Elizabeth, which we note has a relationship with Touchette's parent company, Southern Illinois Healthcare Foundation (SIHF)⁶, is also in the process of re-evaluating its presence in the area. While we take St. Elizabeth at its word that it does not intend to shutter entirely, its parent company has not ruled out significantly disinvesting from the hospital in favor of a new campus in O'Fallon⁷. Under these circumstances, the available capacity at St. Elizabeth cannot be relied upon, and could not be even if it were large enough to accommodate all patients displaced from Kenneth Hall.

Of the other two AMI-capable hospitals in the planning area, one, Alton Memorial, has already written to the Board of its difficulty in placing severely mentally ill patients in the area and expressing concern at Touchette's proposed reduction⁸. State data shows that Alton may have as few as 10 open AMI beds at a given time.⁹ Another hospital, Gateway Regional Medical, is already at full capacity¹⁰ and cannot accept more severely mentally ill patients without investing in an expansion of its facility. We note that Gateway is a for-profit entity and that the population currently served by Kenneth Hall is more heavily dependent on charity care¹¹ and Medicaid¹². As of this point, Gateway has not expressed any interest in making this investment for a population with limited ability to pay.

We are further concerned that the "peak census" numbers do not tell the entire story of AMI in the testing area, as other hospitals which lack AMI beds have made repeated unsuccessful attempts to place severely mentally ill patients admitted to the ER¹³, ultimately resorting to making placements as far away as Springfield. Patients with severe mental illness have been forced to wait in the ER for as long as 24 hours while the hospital scours Southern and Central Illinois for any open bed, impacting not only the health and dignity of the individual patient, but impairing care for all patients in the ER and endangering the safety of healthcare workers untrained to handle the special needs of patients with severe mental illness. Patients with severe mental illness often require more intensive monitoring by staff able to prevent self-harm or violence toward others until the patient can be placed in an appropriate setting. Boarding patients with emergent psychiatric stabilization needs in ERs that are not equipped with the staff or beds to provide for individuals with severe mental illness is an important public health challenge in the U.S. today. One ER physician (at a hospital lacking AMI beds) observed that the care and monitoring of two severely mentally ill patients delayed care for six patients waiting in triage¹⁴.

⁴ Touchette Regional Hospital Application #11-005: Page 158

⁵ Illinois Dept. of Public Health Data, 2009

⁶ SIHF's Primetime Clinic of Belleville operates on the St. Elizabeth campus.

⁷ Wucz, Scott. "St. Elizabeth's Hospital mum on site plans; Belleville, O'Fallon make pitches." *Belleville News-Democrat*. February 1, 2011.

⁸ Touchette Regional Hospital Application #11-005: Impact Letter Alton Memorial Hospital 1/10/2011

⁹ Illinois Dept. of Public Health Data, 2009

¹⁰ Ibid. Gateway memorial has 100 CON authorized beds for AMI use, and a peak AMI census of 100.

¹¹ Touchette Regional Hospital Application #11-005: Public Hearing Transcript Centreville 3/16/2011 22:24

¹² Touchette Regional Hospital Application #11-005: Page 208

¹³ Touchette Regional Hospital Application #11-005: Impact Letter St. Anthony's Health Center 1/6/2011

¹⁴ Gold, Jenny. "Mentally Ill Languish In Hospital Emergency Rooms." *NPR Morning Edition*. April 13, 2011.

The solution to this problem will require careful, thoughtful planning to accommodate patients with severe mental illness in the most appropriate settings while protecting workers and other patients in settings that aren't suitable. Shutting down AMI beds at Kenneth Hall does not contribute to such an intentional solution, and may foreclose strategies to slowly transition to a better system of care for the mentally ill by removing a resource that could be relied on in the interim.

Clearly the mental health system in Southern Illinois is badly strained. Now is not the time to make further cuts in the availability of inpatient psychiatric beds and acute mental illness services.

2) Discontinuation is NOT in the public interest

Another criterion the HFSRB uses to evaluate applications for discontinuations of services is that the discontinuation should be in the public interest. Public testimony on this proposed closing, with the exception of that of Touchette's own executives, has been universally negative¹⁵. It beggars belief that, were this action truly in the best interests of the community, that Touchette could not find a single advocate from the community to support it. Further, we already have some sense of the impact that closing Kenneth Hall will have on the community, as Touchette has not waited for the approval of this board before beginning to close down. In spite of their prior (2008) agreement with this Board that they would maintain AMI and emergency services at the Kenneth Hall campus, they have sought no replacement for their retiring psychiatrist, and are refusing psychiatric transfers from St. Anthony. Likewise, Touchette admits to telling ambulance services to divert to more "appropriate settings"¹⁶ as it is "transitioning" the ER to a more urgent-care focus¹⁷. While the ER would generally be outside the jurisdiction of HFSRB, Touchette is obligated by a previous CON decision by the predecessor agency, the IHFPB, to maintain a comprehensive level of emergency service¹⁸. Negotiating with EMS providers to divert emergency patients with severe needs directly violated the letter of this agreement, as well as the IHFPB's intention to maintain basic hospital services in the East St. Louis community. Given that the definition of "comprehensive" emergency service includes having physicians in every major specialty and sub-specialty immediately available for consultation¹⁹, we cannot accept that this was merely an effort by Kenneth Hall to find more "appropriate settings" – if Touchette had been following its agreement with the Board, Kenneth Hall would *be* an appropriate setting of care. Furthermore, it renders hollow Touchette's story of a hospital so under-utilized as to be no longer worth the overhead to maintain it – we would expect any hospital subjected to such deliberate disinvestment from their parent company to be in similar straits. Rather than attempt to convince the citizens of East St. Louis that the elimination of the city's remaining hospital is in their interest, Touchette has been shutting down Kenneth Hall without their consent, hoping to present the HFSRB with a *fait accompli*.

¹⁵ Based on Touchette Regional Hospital Application #11-005 Public Hearings at both East St. Louis and Centreville

¹⁶ Touchette Regional Hospital Application #11-005: Public Hearing Transcript East St. Louis 3/16/2011 21:14

¹⁷ Touchette Regional Hospital Application #11-005: Public Hearing Transcript Centreville 3/16/2011 24:24

¹⁸ Illinois Health Facilities Planning Board Permit Letter/Project #07-105 5/01/2008

¹⁹ Illinois JCAR Title 77 Section 518.2020b

The results of Touchette's disengagement from Kenneth Hall have been previously noted in the testimony from St. Anthony, noting their difficulty in placing severely mentally ill patients, as well as from Memorial Hospital noting a ten percent increase in demand in emergency services there²⁰. Already, at least one area hospital (Gateway Memorial) is occasionally placing its ER on bypass due to heavy load²¹.

3) Discontinuation will create hardships for area residents

Losing the only hospital would be a burden on any community, but this will be especially true for one such as East St. Louis, which faces dramatically higher rates of asthma, diabetes, depression, and obesity than the national average. The community's unmet healthcare needs are made even more acute by many residents' lack of access to health insurance, as demonstrated by the exceptionally high number of "self-pay" patients at Kenneth Hall. These economic challenges are now exacerbated by a continuing pattern of disinvestment and withdrawal to wealthier suburban and exurban communities by health providers – not only this application, but the aforementioned transition of St. Elizabeth to an O'Fallon campus and a partial move by Memorial Hospital in Belleville to Shiloh²². While Touchette's application will portray this closing as adding a mere five minutes' delay to the treatment needs of East St. Louis residents, (a number quadrupled if the active train line separating the city from Centreville is busy²³.) the creation of a health care desert in the central city will most certainly result in worse health outcomes and more prematurely ended lives for East St. Louis residents. Furthermore, removing any beds from the already overburdened hospital network in Southern Illinois will severely impair the treatment of *all* area residents seeking emergency care.

Please deny this permit.

Sincerely,



Keith Kelleher
President, SEIU Healthcare Illinois/Indiana

²⁰ Touchette Regional Hospital Application #11-005: Impact Letter Memorial Hospital 1/07/2011

²¹ IDPH "Report Card", 2009

²² Bernhard, Blythe. "Memorial Hospital in Belleville plans a new hospital in Shiloh." *St. Louis Post-Dispatch*. 4/01/2011

²³ Smith, Carolyn P. "Kenneth Hall Hospital to lose final beds; only ER will remain." *Belleville News-Democrat*. February 8, 2011.