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HEALTH FACILITIES &
SERVICES REVIEW BOARD

Mr. Michael Constantino
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Project No. 13-076, Holy Cross Hospital Chicago

Dear Mr. Constantino:

I am counsel for an unincorporated association known as STEP UP—Sinai To Enforce and Perform Unmet Promises. Along with other interested parties, STEP UP has requested that there be a public hearing in this matter, and that public hearing is presently scheduled for Tuesday, March 4, 2014 at 5:00 p.m. at Marquette Park Fieldhouse located at 6734 S. Kedzie Avenue, Chicago, Illinois.

I understand that the hearing will be conducted by staff of the Health Facilities and Services Review Board pursuant to the Illinois Health Facilities Planning Act and is open to relevant verbal comments from the public. Either I or some other representative of STEP UP will be present.

In the meantime, here are my and STEP UP's thoughts regarding Holy Cross's Application, which, in our opinion, fails to comply with the governing regulations set forth in the Application.

1. Holy Cross's Attachment 13 is inadequate on its face and does not comply with the criteria set forth on Page 13 of the Application. Attachment 13 does NOT provide cost estimates for the various alternatives, instead claiming that the alternatives were "dismissed" either due to "lack of space" or "capital costs" which are nowhere analyzed.

2. Attachment 15 contains estimates of physicians, and the directors of the Mt. Sinai and Holy Cross Emergency Rooms, of how much they would utilize a new AMI facility at Holy Cross Hospital. Attachment 15 is in some respects the key document in the Application, since many of the other attachments refer back to Attachment 15. But Attachment 15 raises almost as many questions as it answers, including the following:

A. Most if not all of the physicians submitting statements are clearly affiliated with the Mt. Sinai system. The statements are uniform in format, and almost all were notarized by Rosa Arelleno, an Executive Assistant at Mt. Sinai.

B. A number of these physicians claim (pp. 50, 55, 57, 59, 78, 79, 83, 85, 90, 97, 99, 104, 112) that they would transfer psychiatric patients from Mt. Sinai Hospital to the proposed Holy Cross AMI facility

C. The Director of the Mt. Sinai Emergency Room (we can't make out the signature) says (pp. 121-122) that a total of 1,937 patients were seen at the Mt. Sinai ER and were admitted for inpatient psychiatric care. 1,506 of those patients were admitted to Mt. Sinai, and 416 referred out to other facilities. He says that if Holy Cross has an inpatient psychiatric unit, then Holy Cross will be the primary referral site. He does NOT say that the Mt. Sinai was unsuccessful at placing these patients.

D. These facts raise a couple of questions:

i. How much double-counting is going on between the Mt. Sinai-affiliated physicians and the Mt. Sinai ER Director?

ii. Mt. Sinai is outside the relevant planning area for this Application, so what possible relevance does Mt. Sinai have here?

iii. There are no data presented as to WHY patients are referred away from Mt. Sinai to other AMI facilities. If a Mt. Sinai AMI bed is unavailable when a psych patient is in the emergency room, is it because the bed is filled, or is it that the bed is unavailable due to other causes, for example to a staffing, maintenance or other management issue that might be better addressed than by building a new AMI facility at Holy Cross?

3. Attachment 16, required per the regulation quoted on page 16, is missing.

4. Attachment 17 (p. 124) appears to be nonresponsive to the regulation quoted on page 16.

5. Attachment 22b1 (p. 125) admits there is an excess of AMI beds in the planning area, but claims that the calculated excess is "contradicted by the difficulty" in securing an open bed. *No data or even anecdotal evidence are submitted to back up this claim, which is perhaps the most important claim made in the entire Application.*

6. Attachment 22b1 lists 5 hospitals with AMI facilities in the Planning Area: Jackson Park Hospital, Mercy Hospital, Roseland Community Hospital, South Shore Hospital, and St. Bernard Hospital. But the evidence submitted in this Application documents little attempt to refer patients to these 5 hospitals. *Remarkably, there is not a single statement from anybody affiliated with any hospital in the planning area regarding a need for more AMI beds in the planning area.*

Attachment 15 certainly does not demonstrate any need for a new AMI facility in the planning area in addition to these 5 hospitals. The physicians' statements in Attachment 15 (pp. 48—117) show only five physicians who refer to St. Bernard Hospital (pp. 51, 74, 75, 100, 104) and one who refers to Jackson Park Hospital (p. 106), and none to the other 3 hospitals in the planning area. The Director of the Holy Cross ER says that the Holy Cross ER sent 49 patients out of 513 to Jackson Park (p. 118) and none to the other 4 hospitals in the planning area—in other words, only 9% of patients were referred to hospitals within the planning area. The Director of the Mt. Sinai ER says that out of 416 patients referred to other hospitals, the Mt. Sinai ER sent 9 patients to Jackson Park, two patients to Mercy and a single patient to St. Bernard—in other words, the Mt. Sinai ER sent 3% of patients to AMI facilities in the planning area. (p. 121).

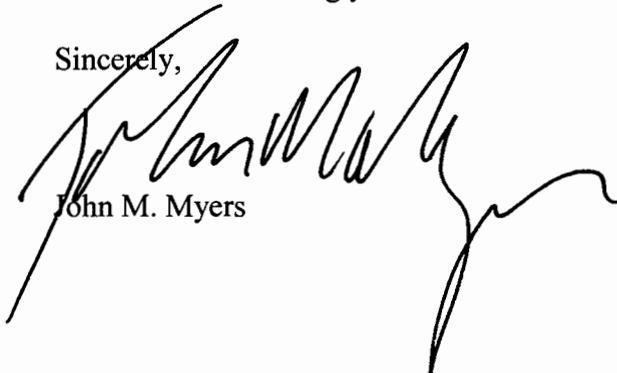
If anything, Attachment 15 suggests that for whatever reason, the available surplus beds in the planning area are being bypassed in favor of referrals to beds outside the planning area.

7. In Attachment 22b5 (p. 129) the Application talks about how three of the largest AMI providers in Chicago won't accept referrals of the population to be served by Holy Cross (older patients on Medicaid). However, none of these providers are in the planning area noted in Attachment 22b1, so the relevance of these providers to the Application is not readily apparent. We also note that these three hospitals, according to Google Maps, are 14.2, 10.4 and 9.7 miles away from Holy Cross.

8. The regulation quoted on page 18 of the Application requires demonstration of availability of funds. The Application says that there are \$7,781,000 in cash and securities available for the project—and appends a financial report as of June, 2012 and dated September 27, 2012 as evidence of this fact. We find it curious that there is no more recent financial statement submitted in support of the Application—there should have been one available in September, 2013.

Thank you for your attention, and I look forward to meeting you on March 4.

Sincerely,



John M. Myers

cc: Rachel Dvorken