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HEALTH FACILITIES &
SERVICES REVIEW BOARD

Ms. Kathryn Olson
Chairperson
Health Facilities and Services Review Board
525 W. Jefferson Street
Springfield, Illinois 62761

RE: CON Application 13-076, Holy Cross Hospital

Dear Ms. Olson:

These comments are in opposition to CON application number 13 – 076 the establishment of a 50 bed AMI unit and Holy Cross hospital.

The comments focus primarily on the applicant's presentation of Service Demand, Impact on Service Providers, Need and Unnecessary Duplication of Services.

The Board's rules incorporate critical criteria pertaining to occupancy rates, time/distance calculations, and projected referrals. The target occupancy is just that. It is the average annual target or optimal occupancy rate -- not a maximum -- the expected level of performance a bed unit is to perform taking into account daily fluctuations. In the case of AMI, the board's target occupancy is 85%.

The Board's time/distance calculations been defined over time to allow for precision in the determination of impact on other providers, mal-distribution of services, and potential referrals among other things. In the Board's rules regarding impact on other facilities a 45 minute drive time standards. In terms of referrals in the case of AMI a 30 minute drive time is utilized in this application.

1. Inappropriate Referrals and Potential Double Counting

In examining the referral letters contained in this application we wish to bring to the Board's attention a number of problematic issues.

- On pages 55 and 113 of the application a total of 21 patients are said to be referred from Holy Cross Hospital to Holy Cross Hospital. Of course Holy Cross is the applicant without an existing AMI unit.
- A total of 25 patients are said to have been referred to Cook County/Stroger Hospital that would be referred to Holy Cross hospital if a unit were established. Stroger hospital DOES NOT have an AMI service.

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- 163 patients are shown to be referred to Holy Cross who are currently referred to Madden Mental Health Center. This State facility is a Chronic Mental Illness Facility, usually reserved for patients who may be unsuitable for private hospital accommodation due to criminal behavior, patients requiring long-term hospitalization or other problems not manageable by AMI facilities.
- Only 10 of 40 referrers are psychiatrists or psychologists who would normally have admitting privileges to an AMI unit. This group accounts for only 519 of the prospective referrals/admissions. The remaining physicians are made up of a variety of specialties including internal medicine, nephrology, trauma, cardiology, etc. It is suggested that the conventional practice for a non-mental health physician's referral of a patient in mental health crisis would be to the nearest emergency department with a psychiatric facility. This may be evidenced by many of the existing referrals being listing as to facilities as distant as Glen Oaks Hospital, Palos, St Elizabeth Hospital, Hartgrove Hospital, Weiss, Gottlieb Hospital and others. It may also include a number of patients already included in Mt. Sinai's Emergency Department count of psychiatric patients.
- On page 46 of the application the applicant states that they have documented 1,850 referrals from forty physicians plus 362 patients from Mt. Sinai Hospital's Emergency Department. However, within the referrals are 241 patients are already being referred from Mt. Sinai to Holy Cross Hospital, a potential double count.

2. Impact on other facilities

- It is the Boards stated policy that all AMI units should be operating at 85 percent occupancy. If this application is approved and referrals are realized as proposed, among the impacts will be:

	Referred Patients	Existing Occupancy	Projected Occupancy	Change in Occupancy
Thorek Hospital ¹	341	84.09%	52.71%	-37%
Mt Sinai Hospital¹	241	84.20%	75.02%	-11%
Little Company	105	52.30%	41.32%	-21%
St Bernard¹	129	81.90%	74.90%	-9%
Loretto ¹	75	53.20%	41.22%	-23%
St. Anthony¹	46	76.30%	74.11%	-3%

The financial impact on these and other hospitals, especially the Safety Net Hospital network in Chicago has been testified to elsewhere.

¹ Safety Net Hospital

3. Need and Unnecessary Duplication

Mental health services in terms of inpatient bed need is simply non-existent in the planning area for additional AMI beds. Four Planning Areas have been identified in the application as the predominate sources of referrals/admissions to the new unit. These are Planning Areas A-01, A-02, A-03, and A-04. According to the Board's March 13, 2014 Inventory update, these planning areas have collectively an excess of 305 AMI beds, including 76 beds in the applicant's planning area of A-03.

It is also important to note that within this dense and needy area of the City of Chicago and its near south suburbs there exist 32 hospitals with psychiatric or AMI units, with a total of 1,521 beds. Of these facilities only six or 19 percent of the AMI units meet or exceed the Board's targeted 85 percent occupancy.

There has been, rightfully so, much public attention highlighting the need for improved mental health resources and services in Illinois. But the major need is on the outpatient, not the inpatient venues of care. Inpatient utilization is expected to continue to decline as a function of the transformations in clinical practice redirecting psychiatric care to the outpatient setting in terms of day hospitalization, intensive outpatient care and other forms of outpatient treatment. It is here where the real need for expansion of critical resources exists, and the use of these resources in the expansion of beds is potentially misdirected for the population in need.

For all the above reasons, we are respectfully opposing this application for Certificate of Need.

Sincerely,

JSMA Healthcare



Jeffrey S. Mark
Principal