

Constantino, Mike

11-005

From: Joseph w. Hart [joseph.hart@seiuhcil.org]
Sent: Friday, May 06, 2011 6:25 PM
To: Constantino, Mike
Subject: Application 11-005, Touchette Regional Hospital
Attachments: SEIU Comment on 11-005 SAR.docx

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MAY 09 2011

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Dear Mr. Constantino,

SEIU HCII has reviewed the State Agency Report on Project # 11-005, Touchette Regional Hospital's plan to discontinue services at Kenneth Hall Regional Hospital and add twelve Acute Mental Illness beds at Touchette. I have attached our comments.

Thank you.

Sincerely,
-Joseph W. Hart
Research Associate
SEIU Healthcare Illinois Indiana
312-596-9634

We respectfully disagree with the State Agency Report that there is no shortage of Acute Mental Illness beds in the market area. The SAR states that other AMI-capable hospitals in the service area are under the 85% target utilization rate used by the State to establish need for service. This calculation is based up the average daily census of AMI patients as compared to the total number of CON authorized beds. While this is in keeping with the letter of state regulation, we find two issues with this calculation that renders it unsuitable for realities on the ground.

- Authorized, but unstaffed, beds serve no patients. While St. Elizabeth is allowed to add 11 further AMI beds to its unit without approval from the HFSRB, they have stated no intention to do so, and may have financial reasons for retaining the unit at the current size.
- The average daily census is just that – a snapshot of an average day, which may or may not be representative due to the large fluctuations in use of emergency services. It is the responsibility of HFSRB to insure that appropriate care is available in the market area even during times of peak hospital utilization. We have spoken in our previous comments of the grievous risk posed by not placing patients with Acute Mental Illness, to the health and dignity of the patients themselves, to untrained staff, and to other patients in the system. These risks cannot be accepted by the HFSRB on any day of the year, average or otherwise. Therefore we find the peak AMI census of a hospital a more valid measure of need in the system than the average census.

Using actual AMI beds and the peak census of market area hospitals, we find:

Facilities in the HSA11 Service Currently providing AMI Service						
Facility	City	Miles	Time	Beds	Peak Occupancy	Met Target Occupancy?
Kenneth Hall Regional Hospital	East St. Louis	5.46	11	25	100%	Yes
Gateway Regional Hospital	Granite City	7.15	13	100	100%	Yes
St Elizabeth Hospital	Belleville	12.8	21	36	83.4%	Yes*
Alton Memorial Hospital	Alton	30.41	38	20	50%	No
Total HAS 11				181	91.2%	Yes

*The addition of literally a single extra patient would push St. Elizabeth over the 85% line.

Therefore, there is in fact an effective shortage of AMI beds in the market area, even before removing Kenneth Hall from the system. While we admit that this is not the mathematical formula used by the state, we believe the actual testimony from other health providers in the area, including the "underutilized" Alton Memorial, in regards to overburdened AMI staff and lack of appropriate settings for the placement of emergency AMI patients (including 24-hour waits and placements to Springfield), would indicate that our analysis is more accurate in reelecting the situation on the ground.