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August 3, 2011

RECEIVED

AUG 04 2011

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Via Email and Overnight Mail

Courtney Avery
Administrator
Illinois Health Facilities
& Services Review Board
525 W. Jefferson
Springfield, Illinois 62761

Re: *Temporary Suspension of Categories of Service at Oak Forest Hospital*

Dear Courtney:

I submitted the attached notice regarding the temporary suspension of certain services at Oak Forest Hospital effective June 1, 2011. On behalf of the Cook County Health & Hospitals System ("System"), this letter serves as a 30 day report as to the System's progress and status in addressing the need for temporary suspension of these services.

It is the System's continuing intent to secure the approval of the Illinois Health Facilities Services & Review Board ("IHFSRB") to discontinue Oak Forest Hospital. As you know, we submitted a new CON permit application seeking such approval; this application is tentatively scheduled to be considered at the August 16 IHFSRB meeting. The System anticipates the temporary suspension will remain in effect until the IHFSRB approves closure of Oak Forest Hospital, or until this matter is otherwise resolved.

As always, please do not hesitate to contact me with any questions or concerns.

Very truly yours,

HOLLAND & KNIGHT LLP

Anne M. Murphy

AMM/edj

cc: Frank Urso
Bill Bell
Randall L. Mark
#10518649_v1

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Anne M. Murphy
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May 31, 2011

Via Email and Overnight Mail

Courtney Avery
Administrator
Illinois Health Facilities
& Services Review Board
525 W. Jefferson
Springfield, Illinois 62761

Re: *Temporary Suspension of Categories of Service at Oak Forest Hospital*

Dear Courtney:

In accordance with Illinois Health Facilities & Service Review Board ("IHFSRB") Rule 1130.240(d), I am notifying you of the temporary suspension of comprehensive physical rehabilitation, long-term care and intensive care unit inpatient categories of service at Oak Forest Hospital effective June 1, 2011. This notice is being provided on behalf of Cook County Health & Hospitals System ("System").

There are currently no patients in the rehabilitation unit at the hospital, and no new patients will be admitted to that unit while the temporary suspension is in place.

The four (4) patients that historically have resided in the long-term care unit have been relocated to the medical/surgical unit. No new patients have been admitted to the long-term care unit since 2007.

There are currently no patients in the ICU, and no new patients will be admitted to that unit while the temporary suspension is in place. As you know, this ICU has been used primarily for telemetry monitoring.

These temporary suspensions are necessitated by immediate, severe clinical and non-clinical staffing shortages at Oak Forest Hospital, due to unanticipated and unprecedented difficulties in securing regulatory approval to discontinue inpatient operations at Oak Forest Hospital. The System strongly believes that patient safety is best served by temporarily suspending these services, in light of these extraordinary staffing shortages.

The May 10 decision by the IHFSRB appears to be the first time in the history of the Illinois CON process that a hospital closure permit application has been denied. This May 10 denial was accompanied by unprecedented procedural opportunities for opponents of the application to comment directly to the IHFSRB on the application. Neither the IHFSRB's denial on May 10, nor the procedural accommodations made to the application's opponents, could have been reasonably anticipated or foreseen by the System.

Accordingly, the System acted reasonably and in good faith when, in late 2010 and early 2011, it developed and relied upon a FY 2011 System budget that did not provide continued funding for inpatient services on the Oak Forest Campus after June 1, 2011. In order to implement this FY 2011 budget, the System was contractually obligated to provide advance layoff notices to the members of the several collective bargaining units in anticipation of the discontinuation of inpatient services at Oak Forest by June 1st. The resulting complex displacement processes that followed were initiated in a timely manner in anticipation of the June 1st date. During this process, a significant number of Oak Forest staff either elected to move into other positions within the System, as permitted under their contracts, or elected to retire or voluntarily resign. The net effect has been to leave the System with an extraordinary staffing shortage at Oak Forest Hospital as of June 1.

The System is simultaneously notifying the Illinois Department of Public Health of its intention to close Oak Forest Hospital immediately upon receiving approval from the IHFSRB to do so. The System intends to file a new CON permit application, no later than June 6, once again seeking such approval for closure of Oak Forest Hospital.

In the interim, Oak Forest Hospital will operate in accordance with hospital licensure standards and other applicable regulatory requirements. The System will continue to operate a 24/7 Standby Emergency Department at the hospital. In addition, the hospital will operate an immediate care clinic adjacent to the Standby ED, from 11 am to 11 pm 7 days per week.

Medical/surgical inpatient services will continue to be provided, but on a reduced basis. Notice of reduced medical/surgical inpatient services, in accordance with IHFSRB Rule 1130.240(c), will be submitted in separate correspondence.

The System will be taking a number of steps to assure appropriate hospital service delivery at Oak Forest Hospital during the interim period. The ten (10) existing long-term care and ventilator-dependent inpatients will continue to be treated at the hospital, as will the two (2) Department of Corrections inpatients. The Standby ED will continue to operate 24/7, and the immediate care clinic will supplement Standby ED services.

Patients presenting at the Standby ED in need of inpatient care will be transferred as appropriate to another area hospitals or to Stroger or Provident Hospitals. Notice of modified services will be provided to the community and to area hospitals. Finally, hospital representatives will coordinate with the regional EMS director, the local fire departments, and the System's contract ambulance provider.