

Frequently Asked Questions

OSF HealthCare plans new Ottawa hospital

Updated September 2024

As part of an ongoing commitment to transform, preserve and sustain evolving health care along the entire I-80 corridor, OSF HealthCare plans to build a new inpatient hospital in Ottawa. The hospital will be built across the street from the current OSF HealthCare Saint Elizabeth Medical Center, south of East Norris Drive (Route 6) on a vacant plot of OSF-owned land.

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Q: Has OSF deferred its application to the state for a new Ottawa hospital? **UPDATED******

A: Yes, OSF requested a deferral with the Illinois Health Facilities and Services Review Board (HFSRB) until spring 2025 to give additional time for city officials to review a proposed enhanced plan. OSF presented the enhanced plan to Ottawa Mayor Hasty in June, but the City Council has yet to take the issue up. OSF has asked that the council pass a resolution in support of the enhanced plan.

Q: What is included in the enhanced plan?

A: The enhanced plan includes adding eight more medical/surgical beds in Ottawa and a second procedure room, bringing the total of med/surg beds to 20 at the newly constructed hospital. Four of those eight additional beds would be used for intermediate care – a higher level of care than med/surg, allowing more patients to remain in Ottawa. This would be a brand-new service for Ottawa. The revised plan would also mean an additional investment of approximately \$14 million (on top of the \$139 million detailed in the certificated of need application).

Q: What if Ottawa city officials don't support the enhanced plan?

A: If Ottawa officials do not lend support to the enhanced plan, OSF will need to decide next steps for the hospital there. OSF believes the regional health care model as originally presented is the most sustainable and efficient way to ensure all residents in the state's C-02 service area have access to quality health care.

Q: Is OSF moving forward with its application for Peru?

A: Yes, OSF went before the HFSRB on August 8 to present its plans for Peru. The state gave its approval for Peru plans.

Q: IF OSF has deferred Ottawa, why move forward with Peru?

A: Time is of the essence. Our work in January with HFSRB and IDPH staff enabled us to keep the authorized beds and services in the state inventory as we re-opened different clinical services in phases.

In April, OSF reinstated Emergency Department services with inpatient medical beds and ancillary services. Re-opening the closed hospital was an important milestone in our serving this region.

In June, we moved into phase two by opening outpatient services and expanding to 12 inpatient medical beds. Residents are now able to access a range of outpatient diagnostic services at the West Street campus in Peru including X-ray, mammography, CT scans, MRI scans and ultrasounds, lab tests, outpatient infusions and EKGs. The addition of the seven medical/surgical beds and four ICU beds requested in this permit application is an important part of what is needed next at Peru.

All along, our goal has been to preserve and sustain access to high-quality, local health care not only for the residents of Peru and Spring Valley but for the entire region. The Peru campus is centrally located within the state's C-02 planning area and is best suited for all residents as we considered the new regional model for health care in this area.

General

Q: Why is OSF moving to this regional model?

A: In 2020, OSF began addressing significant infrastructure needs at OSF Saint Elizabeth in Ottawa. We looked to build a replacement hospital in the I-80 area and an ambulatory footprint in Peru.

Then in 2023, St. Margaret's Health closed hospitals in Peru and Spring Valley in January and June, respectively. At that time, OSF reviewed all the inpatient and outpatient needs for the entire I-80 service area. OSF considered the future health care needs of these communities to create a regional health care delivery system where all have access to the care and services they need.

Q: Why not keep the hospital license for Ottawa and Peru separate?

A: From a regulatory standpoint, it was simpler and more cost effective to maintain them on one license.

Q: What impact will this have on nursing home and long-term care facilities?

A: There should not be any impact on nursing home and long-term care facilities.

Q: How can a critical access hospital have 25 beds while the proposed Ottawa hospital only has 12 medical/surgical beds?

A: We are not comparing the same things. Critical access hospitals (CAHs) can have up to 25 beds. We consider Peru and Ottawa to have 57 medical/surgical beds. We believe those combined with the beds in Princeton and Mendota – which are CAHs – will serve the overall needs. And if the enhanced plan OSF has proposed to Ottawa officials receives support, there will be an additional eight med/surg beds added with four of those providing a brand-new service of intermediate care.

Q: Is the goal for Ottawa to become an outpatient department of the Peru inpatient hospital?

A: Peru and Ottawa are hospital campuses under one license. The region will have inpatient services close by for all communities should they need them. The Intensive Care Unit (ICU) and obstetrics (OB) will be centralized to the "middle" of the region to be easily accessible to all within our regional service area.

Q: How will hospice and end-of-life care be impacted in Ottawa? Doesn't Ottawa provide inpatient hospice care?

A: There will be no changes in hospice and end-of-life care. OSF Saint Elizabeth – and all OSF hospitals – work with OSF Hospice to ensure hospital care is provided for hospice patients when needed.

Q: What will be the specialties of doctors staffed in Ottawa?

A: The specialties will remain the same – Emergency Department (ED) physicians and hospitalists, primary care, OB/GYN, orthopedics, gastrointestinal (GI), psychiatry, cardiology and others.

Q: Are there concerns about accommodating the care needs associated with Skydive Chicago?

A: No. Individuals associated with Skydive Chicago activities who require care will continue to come to the Emergency Department in Ottawa as they do now.

Q: Will Peru be the only birthing unit within three counties?

A: Yes. Peru will be the centralized birthing center serving all OSF hospitals in the region.

Q: Why were the correct deeds not filed with the certificate of need permit application?

A: The deed statements included in the permit application are not for the new hospital site that is owned by OSF, but other properties owned by OSF. This was an oversight and is being addressed by the OSF Facilities Management & Construction division with filing of a correct deed statement.

Q: How confident are you that you will find quality hospitalists and nurses when recruiting for only 12 inpatient beds?

A: We currently have an excellent hospitalist group, InCompass Health, that we contract with. We will continue using the same high-quality providers at the new facility. We will also utilize our current Mission Partners (nurses, patient care techs, etc.) at the new facility. If the enhanced plan OSF has proposed to Ottawa officials receives support, there will be an additional eight med/surg beds added with four of those providing a brand-new service of intermediate care, which will be a recruitment draw.

Q: If Ottawa is comparable in size or even smaller than Mendota, do you foresee using empty beds as swing beds?

A: OSF HealthCare Saint Paul Medical Center already has swing beds available as part of their inpatient beds. We do not anticipate having swing beds at OSF Saint Elizabeth in Ottawa. The inpatient beds will be used for acute care patients.

Q: What are current trends in inpatient care, such as length-of-stay and which diagnoses actually require hospital admission?

A: The length-of-stay for inpatients at OSF Saint Elizabeth from 2019 through 2023 has remained fairly consistent with a slight increase of 0.4 days.

A diagnosis alone does not determine the level of care needed. It depends on several factors, including lab results, medications needed, treatments required and overall acuity of the patient. Some of the top diagnoses we see for inpatients include, but are not limited to, sepsis, psychoses, heart failure, respiratory infections, infectious and parasitic diseases, gastrointestinal hemorrhage, orthopedic fractures and major small and large bowel obstructions or resections.

Q: Is there a drawing or rendering of the new hospital?

A: There is not one available at this time. OSF has contracted with an architect to begin the design of the new hospital.

Q: Why do critical access hospitals have more beds than Ottawa will have under the proposed model?

A: While critical access hospitals (CAHs) may have more beds than the proposed Ottawa facility, the fact is those CAHs have more beds than necessary given their patient volume. They may have a bed capacity of 25, but their daily census might be five or seven patients. OSF has several CAHs with more beds than we need, and that's indicative of increasing ambulatory care or one-day procedures. Patients today generally don't require long hospital stays, and that's a good thing.

Q: How will NICU care be impacted under this model?

A: There will be no changes in the neonatal intensive care that newborns who require it receive. Today, our census of newborns in the NICU at OSF HealthCare Children's Hospital of Illinois runs 40 to 50, with the majority requiring ventilators. That highly specialized care doesn't exist anywhere in the I-80 region. The Peoria-based highly specialized care will not be impacted and will continue to be there for not only all OSF hospitals, but any hospital in the service area OSF Children's Hospital serves.

Q: Will there be a bed shortage in the region with the elimination of ICU and reduction of medical/surgical beds in Ottawa?

A: No, there will not be a bed shortage. The move of the ICU from Ottawa to Peru, with the addition of four ICU beds in Peru, results in a total of 15 ICU beds in planning area C-02 (covering three counties and two townships in Stark County). The state has calculated a need for 14 ICU beds in this area, indicating that our capacity is sufficient. Our planning even shows that 14 ICU beds will more than meet the demand.

Regarding medical/surgical beds: In 2022, before the closure of Peru and Spring Valley, the total average daily census (ADC) for med/surg patients at these hospitals and Ottawa was 46.4. With 57 med/surg beds available (12 in Ottawa and 45 in Peru), this capacity is more than adequate. If the enhanced plan OSF has proposed to Ottawa officials receives support, there will be an additional eight med/surg beds added with four of those providing a brand-new service of intermediate care.

Additionally, while the state calculates a need for 124 med/surg beds in C-02, our internal tracking indicates that our combined total of 100 beds (57 at our facilities, 22 at OSF Saint Clare and 21 at OSF Saint Paul) is sufficient to meet the region's needs.

Employment and Jobs

Q: How many people were employed at OSF Saint Elizabeth in Ottawa prior to the acquisition of the Peru hospital?

A: Currently in Ottawa, there are 1,077 Mission Partners employed at the hospital and other locations, and this includes those hired from St. Margaret's Health. We anticipate approximately half of these Mission Partners will remain in Ottawa. **While no jobs are being eliminated, some may be moving to Peru.**

Q: How many will be employed full time in Ottawa after the integration of the regional service model?

A: As stated above, we currently have 1,077 Mission Partners in Ottawa. But at this time, we don't know how many of them will be full time or part time after the integration.

Q: How many employees will be splitting time between Ottawa and Peru?

A: See the above. In addition, the two hospital campuses will create the opportunity for flexibility for Mission Partners.

Q: What if a Mission Partner who worked in Ottawa now has to travel to Peru for their job. Will OSF cover that cost?

A: OSF only covers travel costs that are addressed in the travel policy. If someone's job is moved to Peru, the Mission Partner would be responsible for the cost of their commute.

Q: Who will staff the med/surg unit in Ottawa in the future – hospitalists or mid-level providers?

A: We anticipate the continued use of a physician-led hospitalist model.

Q: Why is staffing such an issue?

A: Despite our proximity to Chicago and the south suburbs, recruiting highly qualified and highly trained physicians to our community remains a significant challenge. This reflects broader issues within the health care industry, particularly the difficulty of attracting physicians to smaller communities.

For certain specialties, there are on-call expectations to support hospital-based services, such as surgery and OB/GYN. These requirements necessitate that physicians live within a certain distance from the hospital and be available on weekends and holidays, impacting their work-life balance. Nowadays, physicians often request to work only one weekend a month or less, necessitating the hiring of more physicians to maintain coverage.

The regional hospital model helps by reducing the number of hospitals a physician must cover while on call. Despite these challenges, OSF is committed to adapting and sustaining high-quality care in our community. Our dedication remains steadfast, even as the landscape of health care evolves.

Finances

Q: What is the financial situation for OSF Saint Elizabeth? Is this regional model strictly a financial move?

A: As a regional health care provider, OSF Saint Elizabeth delivers a comprehensive range of services, including hospital care, urgent care, physician offices and digital care. These services come with added expenses, resulting in a margin that is above breakeven. This modest margin is crucial as it allows us to reinvest in new technology, equipment and other essential improvements, ensuring we continue to provide high-quality care.

The regional model is not solely a financial move but a strategic approach to sustain and enhance the quality of care we offer. By consolidating resources and optimizing our operations, we can better serve our community while maintaining financial stability.

Q: How was the \$28 million in Foundation money from Ottawa Regional Hospital used?

A: In accordance with the Affiliation Agreement, \$12.5 million was placed into the Foundation. In addition, OSF has spent \$30 million in routine capital improvements and special projects over the last 10 years. We have had several special projects, including those listed below:

Expansion of radiation oncology/PET CT: \$3,225,000

Transportation Center: \$660,000

Faith Community Nursing : \$100,000 (not used yet)

Emergency Department/ICU expansion: \$8,000,000 (will be utilized for new ED)

Educational Assistance Program: \$100,000

Community Education Endowment: \$500,000

YMCA: \$2,000,000

In addition, we have proposed spending \$138 million to build a new hospital, per our filing with the state.

Q: What is the cost to integrate Epic in Peru?

A: The anticipated cost for integrating Epic, along with the operational support needed, is estimated to be about \$4 million. This total includes the expenses related to setting up the equipment, software and services for all prospective locations.

Q: Were there any bids/construction quotes beyond that from Pointcore, an OSF subsidiary?

A: No. Pointcore Construction serves as the representative for OSF and fulfills the role of general contractor on OSF projects. It is used for all pre-construction cost estimates following industry best practices.

Q: Did OSF downgrade its Medicare coverage?

A: We have made no changes regarding Medicare coverage.

Q: If Ottawa is planned as the oncology hub, who are the specialists and subspecialists that will be present in the clinic? What new equipment and/or facilities can be expected? What strategic partnerships will enhance care in the region?

A: We currently partner with Illinois CancerCare at Fox River Cancer Center in Ottawa where they provide medical oncology and hematology services. OSF Saint Elizabeth complements this by offering radiation oncology and PET CT services at the same center. This collaborative approach ensures that Fox River Cancer Center remains the hub for cancer services in the region.

Additionally, the OSF HealthCare Cancer Institute in Peoria is continually expanding its capabilities and services throughout the OSF Ministry. This includes the growth of cancer navigation, nutrition and social work services, providing comprehensive support for cancer patients.

As the OSF Cancer Institute research portfolio expands over the next few years, we aim to offer clinical trials in Ottawa focused on cancer screening, prevention and therapeutic treatments. This will enable more patients to receive advanced care closer to home.

Ottawa's connection to subspecialty care in both Rockford and Peoria will continue to benefit the community as these programs also expand their subspecialty services. Through these strategic

partnerships and ongoing investments in new equipment and facilities, we are committed to enhancing the quality and accessibility of cancer care in the region.

Surgical Services

Q: Why is the surgery department planned for Ottawa reduced in size by 60% (five operating rooms today vs. two planned for the new hospital)?

A: The decision to reduce the number of operating rooms in Ottawa from five to two is based on the overall regional volumes and the availability of new operating rooms in Peru. This regional distribution of resources ensures that we can meet surgical demand efficiently across the area.

The new surgical department in Ottawa is designed following the Ambulatory Surgery Center (ASC) model, which emphasizes efficiency and superior patient experience. This model is preferred by physicians for its streamlined processes and patient-centered approach, allowing us to provide high-quality surgical care in a more focused and efficient setting.

Q: Why invest in a surgery center and then reduce inpatient surgical bed capacity?

A: Because today, more and more surgeries do not require an overnight stay, and patients are discharged the same day as their surgeries.

Q: What surgical volumes are projected for Ottawa?

A: This projection is available in the [Certificate of Need](#) application, but it's anticipated Ottawa would receive 700 referrals annually. There would be a combined 3,202 referrals for both campuses.

Q: Will the Mako Robotic System stay with orthopedics in Ottawa?

A: This is currently unknown. The decision will be made after consulting with our orthopedic surgeons. The Mako Robotic System was a new addition to services in the past year.

Q: Will surgery services in Ottawa be billed as an ambulatory surgery center or as a hospital outpatient department? Which is a higher charge?

A: Today, there will be no changes in the way surgeries are billed at either Peru or Ottawa as they are both hospital-based surgery departments.

Q: Will emergency surgery be conducted in Ottawa or transferred out?

A: It depends. They will be conducted in Ottawa if there is availability. The surgical on-call team will be located in Peru. After-hour surgeries and surgeries needed over the weekend will be done in Peru.

Q: What kind of procedures will be available in future-state Ottawa?

A: Orthopedics, GI, urology, ENT and general surgical procedures will continue.

Behavioral Health

Q: Why is there an emphasis on behavioral health care?

A: Behavioral health care is a critical area where OSF has taken a compassionate and proactive approach. There is a significant need for inpatient behavioral health services both nationally and in Illinois. The U.S. is severely under-resourced in terms of beds, staffing and overall mental health care infrastructure.

As health care providers, we must improve access and quality of care for these patients. Many individuals currently must travel five to seven hours away from home to receive the necessary treatment. Once admitted, they often stay in the hospital for extended periods ranging from 15 to 30 days, making it challenging for their families to support them.

By focusing on behavioral health care in Ottawa, we aim to reduce the travel burden for patients and their families, ensuring they can receive the care they need closer to home. This strategic emphasis allows us to better serve our community and address a critical gap in mental health services.

Q: The Behavioral Health unit is the only area that OSF has planned for growth in Ottawa. It is one of five acute mental illness (AMI) units in a 13-county area, and OSF has said an additional 400 patients will be served. Please explain.

A: Almost 400 patients from the AMI planning area that includes Ottawa had to seek care from other AMI providers across the state. In addition, in the past two years, 1,224 patients with behavioral health needs in Ottawa were transferred to other hospitals as we could not accommodate them. We expect to keep more patients going forward.

Q: Why are the behavioral health beds only planned for Ottawa?

A: OSF Saint Elizabeth – Ottawa is currently licensed for 26 behavioral health beds, a service that has been essential for the community and surrounding areas. By building a new hospital in Ottawa, we can maintain this critical service while upgrading to all private rooms and enhancing patient comfort and care quality. This continuity ensures that we meet the ongoing demand for behavioral health services in the region, providing consistent and accessible care for those in need.

Q: What discharge processes are in place for behavioral health patients?

A: The same discharge process used today will be used in the future. Discharge planning begins at admission as part of the patient's overall treatment plan. Once a discharge date is determined, Case Management and Therapy work to link the patient with services, medication and resources they will need after their hospital stay. The process includes developing a safety plan with the patient and their family to ensure the patient continues to receive the care and support they need.

Q: Won't the planned influx of patients likely fill more of the 12 med/surg beds as they must have medical clearance prior to admittance?

A: Medical clearance is obtained in the Emergency Department based on basic labs and tests. Very few patients need to go to med/surg prior to admission. If they do need a med/surg bed, the time is relatively short and is usually due to waiting on clearance from poison control.

Q: Some behavioral health patients require detox in an ICU, but there is not one planned for Ottawa. How will these patients be managed?

A: If a patient is in a situation where ICU services are necessary, they can take comfort in knowing that our medical team is fully equipped and prepared to provide them with the highest level of care and

attention in the ICU closest to them. Their well-being and recovery are our top priorities, and we are committed to ensuring that they receive the specialized care and support they need during this time.

Q: Isn't it true that more patients are admitted for stroke, heart attack and respiratory issues than behavioral health needs?

A: Actually, no. In Fiscal Year 2023, more than 1,050 patients were admitted for behavioral health needs compared to 540 admissions for stroke, heart attack and respiratory issues.

Emergency Department and ICU

Q: What's the difference between emergency care and trauma care, and how do those designations impact Ottawa and Peru?

A: The difference between emergency care and trauma care designations is significant. Emergency departments must have board-certified emergency medicine physicians and nurses trained in various critical scenarios, including pediatric resuscitation, emergency deliveries and adult critical care. Decisions to transfer patients, such as mothers, pediatric patients or burn patients, are based on the availability of specialized services and clinicians.

Trauma care designation, on the other hand, is defined by the Illinois Department of Public Health and the American College of Surgeons. At OSF, we adhere strictly to these distinctions. Trauma care involves specialized facilities and protocols to manage severe and life-threatening injuries, ensuring patients receive the highest level of care available.

Regardless of whether a trauma (such as a rock-climbing or sky-diving accident) occurs in Ottawa or Peru, patients are triaged in the same way. Those requiring advanced trauma care are transferred to specialized facilities equipped to handle critical cases. This process ensures that patients receive the best possible care whether they are in Ottawa, Peru or another location. This protocol has been in place for years and will continue to be followed.

Q: How will the size and staffing of the current ED compare to the proposed new hospital ED, and will there be any ED services that are currently available that will be lost?

A: There will be no loss in any ED services in Ottawa. The new Ottawa ED will be larger and have a much better layout and workflow than the current ED. Staffing will be consistent with our patient volumes, just as we currently staff.

Q: By reducing or eliminating ICU beds, isn't the goal to move patients to Peoria and Rockford?

A: No. In fact, the regional plan calls for eight ICU beds, which is more than the five beds OSF Saint Elizabeth currently has, to be able to keep patients closer to home. If the enhanced plan OSF has proposed to Ottawa officials receives support, there will be an additional eight med/surg beds added with four of those providing a brand-new service of intermediate care, which will allow more patients to stay in their community.

While the thought may be that this model is all about sending patients to Peoria or Rockford, that is not the case. Peoria and Rockford benefit by patients staying in their communities.

The volume of critical patients must be enough to support the doctors, advanced practice providers and nurses who specialize in the services required in an ICU. You cannot do that with two ICU beds, or even four or six.

Q: At what indication does a patient require ICU level of care?

A: There are several criteria, which are based on medications, treatments, acuity of patient and co-morbidities. Every patient is unique and assessed based on their particular complexity.

Transportation and Transfers

Q: If someone is transported to the ED in Ottawa and must be transferred to Peru for inpatient care, who is responsible for the cost of the ambulance transport to Peru?

A: OSF will cover the cost of the ambulance transport from Ottawa to Peru as it is a transfer from one department to another within the same hospital.

Q: Will emergency patients needing ICU-level care be transferred?

A: Yes, they will be transferred to receive the level of care they require.

Q: If my loved one is transferred from Ottawa to Peru, will OSF provide transportation for me and my family to visit them?

A: OSF would not provide transportation in this case. However, we can put family members in touch with community resources that can assist with transportation needs.

Q: What if my loved one needs to be transferred elsewhere, like Peoria. Who covers that cost?

A: Just like today, transports to Peoria or anywhere else would be billed by the transporting company to the patient's insurance. With the exception of Life Flight helicopters, OSF does not own transportation services used in this region.

Q: Will nursing home patients in Ottawa have to travel farther if needing emergency/hospital care?

A: No, they will go to the nearest emergency department. We will always try to keep patients as close to home as possible for any hospital care.

Q: Will there be a heavy reliance on Ottawa police and fire for security and patient transfers?

A: No. If emergency medical care is needed, emergency responders will continue to bring patients to the Emergency Department as they do today. However, for patient transfers between facilities, we utilize a contracted service, not Ottawa police or fire. Additionally, OSF HealthCare employs its own security team for OSF Saint Elizabeth, which is available 24/7. We are also open to expanding our security team based on feedback from local law enforcement.

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