

Hospital Monitor

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Orland won't get a hospital

Advocate, St. Francis to appeal proposals for area near I-80, LaGrange

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DAILY SOUTHTOWN

By Alice Hohl

Staff writer

Both hospitals proposed for the Orland Park-Tinley Park area were rejected Thursday by the Illinois Health Facilities Planning Board. Advocate Health Care and St. Francis Hospital in Blue Island both pledged to return to the board with revised applications.

Even with 60 days to revise and appeal, both sides said they anticipate problems addressing one of the board's root concerns.

The board, headed by former gubernatorial candidate Glenn Poshard, expressed concern a new hospital in Orland would cater to people who simply are unwilling to seek care at neighboring hospitals because they are uncomfortable in those communities.

Older hospitals such as South Suburban Hospital in Hazel Crest and St. James Hospital in Olympia Fields offer quality care within 15 to 20 minutes' drive, he said, but some discussion during the meeting centered on why southwest suburban residents won't travel to those towns.

Advocate and St. Francis pointed to statistics showing a third of the people in the area of the proposed hospitals leave the area — often heading to Chicago — for hospital care to avoid seeking care at nearby hospitals to the east.

When board members asked Advocate representatives why they didn't expand South Suburban Hospital instead of building new, Advocate CEO Jim Skogsbergh cited the Chicago area's traditional migration and neighborhood patterns.

"Chicago's history is one of local hospitals serving local communities," Skogsbergh said. "It's where their churches are. It's where their schools are.

"South Suburban serves a very different community."

But state board and staff said such statements sugarcoat racist behavior.

"One of the differences in the communities is that that community is predominantly African-American," said board member Susanna Lopatka.

Skogsbergh said Advocate has a long history of serving minority communities in the Chicago area, but said it is not up to the hospital to change patients' behaviors.

"There are a lot of invisible geographic boundaries in the area," Skogsbergh said, citing Cicero Avenue as a common boundary between communities.

State staff member David Carvalho suggested South Suburban Hospital should try to reach out to the more affluent, white communities to the west "to break those boundaries as part of your faith-based mission."

"It sounded like what you were saying is that Cicero Avenue is a societal boundary between white and black populations, and rather than trying to break that boundary, you are trying to respect that boundary," Carvalho said.

Carvalho's comments were met by applause from a large group of black residents protesting the Advocate application, led by representatives from the Service Employees International Union.

Skogsbergh said hospitals have to respect their patients' choice while serving all the patients.

Before voting down the Advocate project, Poshard explained the board's mission to hold down health costs everywhere by avoiding catering to specific communities.

"The last thing this board wants to do is penalize somebody because they live in an affluent community. But in an area that is affluent that has hospitals on the periphery but doesn't have one right in the community doesn't mean those people are not being served."

Poshard said if there were only one or two hospitals nearby, the decision might be different. But because five to six hospitals stand within a 30-minute drive, he would not support a new hospital. Poshard said in some downstate communities where patients must drive 50 to 60 miles for any kind of acute care, arguments about community boundaries would be scorned.

The board voted 4 to 0 against the Advocate proposal.

Board member Pamela Woodward of Orland Park did not attend the meeting, citing an undisclosed conflict of interest relating to her employer, investment company Morgan Stanley.

One of the protesters, Janette St. Julien of Richton Park, said she was "elated" the project got turned down. She believes a new hospital in Orland Park would pull paying patients away from South Suburban and Ingalls Memorial Hospital in Harvey, where she goes for care, and ultimately hurt those hospitals.

Similar concerns were voiced when St. Francis Hospital, known for its emphasis on charity care and support for community clinics in poor areas, presented its plan for an Orland Park hospital.

St. Francis CEO Colleen Kannaday said actual drive times and access to other hospitals don't always match up with the state's calculations.

"There is no good transportation," Kannaday said, citing a dearth of public transportation in the Orland area. She said that elderly patients often don't drive on expressways and main arteries, making it more difficult for them to travel to surrounding hospitals.

Kannaday also addressed the board's contention that there are too many empty hospital beds in the region, costing the system money.

"We know that a substantial number of licensed beds at surrounding hospitals do not exist," she said.

Hospitals are allowed to hold onto state licenses for beds even if they convert entire wings into office space. Kannaday said the board overestimates how long it would take and how much it would cost to convert back to clinical space to accommodate more patients.

The St. Francis plan proposes "de-licensing" 130 beds in Blue Island that are no longer used for patients in order to offset the Orland hospital beds, keeping the total beds in the region static.

"We are working to address what we see as a maldistribution," Kannaday said.

But board members were not sold.

"I still am not convinced the hospitals that serve the immediate area aren't serving it well," Poshard said.

Poshard said the board must consider what would happen to older hospitals if a new hospital drew paying, insured patients away — especially since the board cannot compel health care companies to build in poor areas.

"The other hospitals in the area state you are going to take the more affluent patients," Poshard said. "It's that mix (of insured patients and poor patients) that keeps most hospitals going today."

The St. Francis proposal also was rejected unanimously.

Also Thursday, a proposal by Adventist Health System for a hospital in Bolingbrook at Illinois Route 53 and Interstate 55 was approved by a 3-to-1 vote, while a proposal by Edward Hospital to build in Plainfield was rejected for the second and final time.

Lopatka was the lone vote against the Bolingbrook plan, saying she believed the problem of too many licensed hospital beds in the region applied to the Adventist proposal as well, even though the proposal is less expensive and pledges to serve more poor patients.

Representatives from St. Francis and Advocate said they could not comment on whether the approval of the Bolingbrook hospital would hurt their chances to gain approval on appeal.

Adventist officials said they hope to break ground before the first snowfall, and estimate finishing the hospital by early 2008.

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