STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST, SPRINGFIELD, ILLINOIS 62761 •(217) 782-3516 FAX: (217) 785-4111

DOCKET NO: H-09	BOARD MEETING: March 12, 2024	PROJECT NO: 23-047	PROJECT COST: Original: $10,000
FACILITY NAME: O'Fallon Surgical Center		CITY: O'Fallon	
TYPE OF PROJECT: Non-Substantive			HSA: XI

PROJECT DESCRIPTION: The Applicants (O'Fallon Surgical Center, LLC and Haris Assets, LLC) propose to add neurology surgical services (Neurology) to an existing ambulatory surgical treatment center located at 741 Insight Avenue, O'Fallon, Illinois. Project costs total $10,000 and the expected completion date is December 31, 2023.

Information regarding this Application for Permit can be found at this link: **https://hfsrb.illinois.gov/projects/project.23-047-ofallon-surgery-center.html**

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The Applicants (O'Fallon Surgical Center, LLC and Haris Assets, LLC) propose to add neurology surgical services to an existing ambulatory surgical treatment center (ASTC) located at 741 Insight Avenue, O'Fallon, Illinois. The estimated project cost is $10,000. The project's expected completion date is December 31, 2023.
- The ASTC has one operating room (OR), one-non-sterile procedure room, one examination room and two Stage I and two Stage II recovery stations. The ASTC is approved to provide the following surgical services: ophthalmology, gastroenterology, pain management and podiatry.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The project is before the State Board because the project proposes the addition of a surgical specialty.

PUBLIC HEARING/COMMENT:

- A public hearing was offered but was not requested. Letters of support have been received no opposition letters were submitted regarding this project.

SUMMARY:

- This ASTC was approved as Permit #19-025. This permit authorized the discontinuation of an ASTC in Belleville and the establishment of an ASTC in O'Fallon, Illinois to provide gastroenterology services. The application for Project #19-025 stated that 1,200 gastroenterology cases would be performed for each of the first two years after project completion (see page 69 of the Application for Permit #19-025). No gastro procedures were performed at O'Fallon Surgery Center in 2022. Additionally, the application indicated that between 22% and 27% of the patients who would utilize the ASTC would be Medicaid patients (Application for Permit #19-025 page 75). In 2022 no Medicaid or Charity care patients were provided service at O'Fallon Surgery Center (See Table Seven and Table Eight at the end of this report).
- The Applicants state the purpose of this project is to improve access to neurological surgery to residents of the geographical service area (GSA) and to increase utilization at the ASTC, which currently has capacity. According to the Applicants, many Illinois residents living in the metropolitan St. Louis area travel to St. Louis for appointments with specialists. Of the cases identified in the physician referral letter (Appendix 1 of the Application to Permit), 74 cases were Illinois residents traveling to Missouri for Neurology procedures. According to the Applicants, the cases identified in the physician referral letter are associated with outpatient procedures that are currently being performed in the ASTCs in St. Louis and Festus Missouri.
- The Applicants addressed a total of 21 criteria and were not compliant with the following:

Criterion	Non-Compliant
77 ILAC 1110.120 (b) – Projected Utilization	The Applicants state the ASTC's annual utilization will improve to be closer to the State Board's utilization standard. O'Fallon Surgery Center performed 1,676 procedures (or 699 surgical hours) in 2022. The referring physician Dr. Yazdi anticipates referring 74 Neurology cases to O'Fallon Surgery Center within the first year after project completion. However, only 25 of the cases were accepted because they were performed in an ASTC. Based upon the state average for hours per case (1.72 hours), the Applicants are estimating 43

Criterion	Non-Compliant
	additional surgical hours, including prep and cleanup, in the first year after project completion. Should the 43 surgical hours materialize the Surgery Center will not meet the State Board's requirement. The Applicants have not met the requirements of this criterion.
77 ILAC 1110.235 (5) – Treatment Room Need Assessment	The facility has one OR and one non-sterile procedure room and reported 699 surgical hours (1,676 procedures) in 2022. The Applicants anticipate an additional 25 referrals (43 surgical hours) to the ASTC with this project. Based on this utilization, the Applicants cannot justify the two rooms. The Applicants have not met the requirements of this criterion.
77 ILAC 110.235 (c)(6) - Service Accessibility	There are existing providers (hospitals) in the 17-mile GSA that currently provide neurology surgical services **(see Table Three).**
77 ILAC 110.235 (c)(7) - Unnecessary Duplication of Service	It appears the neurology surgeries proposed by the Applicants can be accomplished at existing underutilized facilities in the GSA that currently provide this service.

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STATE BOARD STAFF REPORT

Project #23-047

O'Fallon Surgical Center

APPLICATION / SUMMARY	
Applicant(s)	O'Fallon Surgical Center, LLC and Haris Assets, LLC
Facility Name	O'Fallon Surgical Center
Location	741 Insight Avenue, O'Fallon
Permit Holder	O'Fallon Surgical Center, LLC
Owner of Site	Haris Assets, LLC
Application Received	May 22, 2023
Application Deemed Complete	May 30, 2023
Anticipated Completion Date	December 31, 2023
Review Period Ends	July 29, 2023
Review Period Extended by the State Board Staff?	No
Can the Applicant request a deferral?	Yes

I. Project Description

The Applicants (O'Fallon Surgical Center, LLC and Haris Assets, LLC) propose to add neurology surgical services to an existing ambulatory surgical treatment center (ASTC) located at 741 Insight Avenue, O'Fallon, Illinois. The estimated project cost is $10,000. The project's expected completion date is December 31, 2023.

II. Summary of Findings

A. State Board Staff finds the proposed project is **not** in conformance with all relevant provisions of Part 1110 (77 Ill. Adm. Code 1110).

B. State Board Staff finds the proposed project is in conformance with all relevant provisions of Part 1120 (77 Ill. Adm. Code 1120).

III. General Information

The Applicants (O'Fallon Surgical Center, LLC and Haris Assets, LLC) state the ASTC is the only facility under their ownership / operational control. In addition, the applicants Chief Executive Officer (Shakeel Ahmed, M.D.) also reports owning and operating MetroEast Endoscopic Surgery Center located in Fairview Heights, Illinois. This project is subject to Part 1110 and Part 1120 review. Financial commitment will occur after permit issuance.

IV. Project Uses and Sources of Funds

The Applicants are funding this project in its entirety with cash and securities amounting to $10,000, and the entirety of these project costs are attributed to the purchase of moveable and other equipment (see Table Three).

TABLE THREE Project Costs and Sources of Funds				
Uses of Funds	Reviewable	Non-Reviewable	Total	Percent Of Total
Movable or Other Equipment	$10,000	$0.00	$10,000	100%
TOTAL USE OF FUNDS	$10,000	$0.00	$10,000	100.00%
Source of Funds				
Cash & Securities	$10,000	$0.00	$10,000	100%
TOTAL SOURCE OF FUNDS	$10,000	$0.00	$10,000	100.00%

V. Background of the Applicant, Safety Net Impact Statement, Purpose of the Project

A. Criterion 1110.110 (a) – Background of the Applicant
B. Criterion 1110.110 (b) – Purpose of the Project
C. Criterion 1110.110 (c) – Safety Net Impact Statement
D. Criterion 1110.110 (d) – Alternatives to the Project

A) Background of the Applicant

The Applicants certified that there have been no adverse action taking against any facility owned and/or operated by the Applicants during the three years prior to filing of the application. The Applicants also certify there have been no individuals cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. The Applicants permit the Illinois Health Facilities and Services Review Board (HFSRB) and Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to, official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

B) Purpose of the Project

The Applicants state the purpose of this project is to improve access to Neurology surgery to residents of the GSA and to increase utilization at the ASTC, which currently has capacity.

C) Safety Net Impact Statement

This is a non-substantive project, so a safety net impact statement is not required. The Applicants did not provide charity care to patients at the ASTC for three years prior to filing this application (see Table Two above).

D) Alternatives to the Project

The Applicants considered three alternatives to the proposed project.

1) Status Quo/Do Nothing (no cost)

The Applicants considered continuing with the provision of gastroenterology, ophthalmology, and pain management services, but realized the continuing absence of podiatry for patients in the service area. Pursuit of this option would perpetuate the need for patients to travel out of state for services, most likely provided in a hospital setting. This option was rejected.

2) Utilize Other Health Care Facilities (no cost)

The Applicants deemed this alternative infeasible, due to the continued absence of podiatric surgical services in the service area, and the need for patients to travel out of state to receive said services. The Applicants note the surgical center is more conveniently located for Illinois residents to receive surgical care, and a higher quality/lower cost alternative to care when compared to current offerings. Lastly, the proposed addition of podiatric surgery will increase utilization at the surgery center.

3) Add Podiatry to the Existing ASTC (Cost $10,000)

The Applicants deemed this alternative as most feasible, due to the excess capacity at the existing ASTC, and the need to provide said services in a more accessible, higher quality, and lower cost setting. This option also provides greatest value, as it does not involve new construction or modernization. The only expense will be for clinical equipment.

VI. Size of the Project, Projected Utilization

Criterion 1110.120 (a) – Size of the Project
Criterion 1110.120 (b) – Projected Utilization

A) Size of the Project

The Applicants are not proposing new construction or modernization for this project. The current spatial configuration for this facility is 2,200 GSF, which is within the State standard of 2,750 GSF for an ASTC.

B) Projected Utilization

To document compliance with this criterion the applicant shall document that, by the end of the second year of operation, the annual utilization of the clinical service areas or equipment shall meet or exceed the utilization standards specified in Appendix B. The number of years projected shall not exceed the number of historical years documented.

The State Board standard for operating procedure rooms is 1,500 hours annually.

The Applicants state the ASTC's annual utilization will improve to be closer to the State Board's utilization standard. O'Fallon Surgery Center performed 1,676 procedures (or 699 surgical hours) in 2022. The referring physician Dr. Yazdi anticipates referring 74 Neurology cases to O'Fallon Surgery Center within the first year after project completion. However, only 25 of the cases were accepted because they were performed in an ASTC. Based upon the state average for hours per case (1.72 hours), the Applicants are estimating 43 additional surgical hours, including prep and cleanup, in the first year after project completion. Should the 43 surgical hours materialize the Surgery Center will not meet the State Board's requirement. The Applicants have not met the requirements of this criterion.

VIII. Non-Hospital Based Ambulatory Surgical Treatment Center Services

PROJECT TYPE	REQUIRED REVIEW CRITERIA		
Establishment of ASTC Facility or Additional ASTC Service	(c)(2)(B)(i) & (ii)	–	Service to GSA Residents
	(c)(3)(A) & (B) or (C)	–	Service Demand – Establishment
	(c)(5)(A) & (B)	–	Treatment Room Need Assessment
	(c)(6)	–	Service Accessibility
	(c)(7)(A) through (C)	–	Unnecessary Duplication/ Maldistribution
	(c)(8)(A) & (B)	–	Staffing
	(c)(9)	–	Charge Commitment
	(c)(10)(A) & (B)	–	Assurances

A) Formula Calculation

As stated in 77 Ill. Adm. Code 1100.640(d), no need determination for the number of ASTCs and the number of surgical/treatment rooms in a GSA has been established. Need is established pursuant to the applicable review criteria of this Part.

B) Service to Geographic Service Area Residents

The Applicants shall document that the primary purpose of the project will be to provide necessary health care to the residents of the GSA in which the proposed project will be physically located.

i) The Applicants shall provide a list of zip code areas (in total or in part) that comprise the GSA. The GSA is the area consisting of all zip code areas that are located within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the project's site.

ii) ii) The Applicants shall provide patient origin information by zip code for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the GSA. Patient origin information shall be based upon the patient's legal residence (other than a health care facility) for the last 6 months immediately prior to admission.

The established radii for a facility located in St. Clair County is 17 miles (per 77 Ill. Adm. Code 1100.510(d)(2)). The Applicants identified 35 zip codes in this GSA with a population of approximately 412,000 residents. The Applicants identified patients by zip code of residence for the latest 12-month period. Of the 74 patients the Applicants provided as referrals, the entirety resided within these 35-zip codes (see Application for Permit pages 49-52).

C) Service Demand –Additional ASTC Service

*The applicant shall document that the proposed project is necessary to accommodate **the service demand** experienced annually by the applicant, over the latest 2-year period, as evidenced by historical and projected referrals.*

The Applicants state this project is necessary to bring Neurology surgical services to the metro east St. Louis area and increase utilization at the ASTC. The Applicants note the 74 cases performed by the referring physician in the past year were performed out of state (Missouri), with all coming from ASTCs located in St. Louis and Festus Missouri. The proposed 74 procedures will provide 127 additional surgical hours to the utilization for the ASTC.

Dr. Yazdi's (the referring physician) is proposing to refer 74 patients to the ASTC. Of the 74 patients 49 are office-based procedures and were not accepted resulting in the referral of 25 patients to the O'Fallon Surgical Center.

TABLE FOUR
Location of Referring Physician patients

		Historical	Proposed Referrals
Apollo ASC	St. Louis, Mo	4	2
Elite ASC	St. Louis, Mo	18	9
Office-based surgery	Festus, Mo	97	49
Twin Cities ASC	Festus, Mo	30	15
Total Cases		**149**	**74**

D) Treatment Room Need Assessment

A) The applicant shall document that the proposed number of surgical/treatment rooms for each ASTC service is necessary to service the projected patient volume. The number of rooms shall be justified based upon an annual minimum utilization of 1,500 hours of use per room, as established in 77 Ill. Adm. Code 1100.
B) For each ASTC service, the applicant shall provide the number of patient treatments/sessions, the average time (including setup and cleanup time) per patient treatment/session, and the methodology used to establish the average time per patient treatment/session (e.g., experienced historical caseload data, industry norms or special studies).

The facility has one OR and one non-sterile procedure room and reported 699 surgical hours (1,676 procedures) in 2022. The Applicants anticipate an additional 25 referrals (43 surgical hours) to the ASTC with this project. Based on this utilization, the Applicants cannot justify the two rooms. The Applicants have not met the requirements of this criterion.

E) Service Accessibility

The proposed ASTC services being established or added are necessary to improve access for residents of the GSA. The Applicant shall document <u>that at least one</u> of the following conditions exists in the GSA:

A) There are no other IDPH-licensed ASTCs within the identified GSA of the proposed project.

B) The other IDPH-licensed ASTC and hospital surgical/treatment rooms used for those ASTC services proposed by the project within the identified GSA are utilized at or above the utilization level specified in 77 Ill. Adm. Code 1100.

C) The ASTC services or specific types of procedures or operations that are components of an ASTC service are not currently available in the GSA or that existing underutilized services in the GSA have restrictive admission policies.

D) The proposed project is a cooperative venture sponsored by 2 or more persons, at least one of which operates an existing hospital. Documentation shall provide evidence that:

i) The existing hospital is currently providing outpatient services to the population of the subject GSA.

ii) The existing hospital has sufficient historical workload to justify the number of surgical/treatment rooms at the existing hospital and at the proposed ASTC, based upon the treatment room utilization standard specified in 77 Ill. Adm. Code 1100.

iii) The existing hospital agrees not to increase its surgical/treatment room capacity until the proposed project's surgical/treatment rooms are operating at or above the utilization rate specified in 77 Ill. Adm. Code 1100 for a period of at least 12 consecutive months; and

iv) The proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.

There is one ASTC (MetroEast Endoscopy Center) located within the 17-mile GSA (see Table Five). This facility has been approved for gastroenterology and ophthalmology services. This ASTC is owned by Dr. Ahmed (one of the members of O'Fallon Surgery Center). Neurology Surgery service is available at hospitals within the GSA. As shown in Table Five, all but one of the hospitals are not meeting the State Board's standard for utilization. In addition, the proposed project is not a cooperative venture with a hospital.

TABLE FIVE

Hospitals and ASTCs Located In the GSA

Facility	City	Facility Type	Distance (in miles) from Applicants' Facility	Rooms	Surgical Hours	Utilization
HSHS St. Elizabeth's Hospital	O'Fallon	Hospital	0.8	15	25,132	89.36%
Memorial Hospital East	Shiloh	Hospital	2	6	4,738	42.12%
MetroEast Endoscopy Center	Fairview Heights	ASTC	4.5	1	1,164	62.08%
Memorial Hospital	Belleville	Hospital	7.8	33	12,261	19.82%
Touchette Regional Hospital	Centreville	Hospital	13.6	6	777	6.91%
Anderson Hospital	Maryville	Hospital	14.3	9	10,244	60.71%

TABLE FIVE						
Hospitals and ASTCs Located In the GSA						
Facility	City	Facility Type	Distance (in miles) from Applicants' Facility	Rooms	Surgical Hours	Utilization
1. Utilization data obtained from Annual hospital and ASTC Annual Surveys 2. MetroEast approved to provide Gastroenterology and Ophthalmology.						

In response to this criterion, the Applicants note the proposed project will enhance access to Neurology surgical services in the GSA by providing a less costly, more efficient, and convenient alternative than the hospital inpatient/outpatient departments. According to the Applicants by offering this service, O'Fallon Surgical Center will avail its patient base to enhanced ASTC services with easier access, shorter wait times, and better overall patient experiences. The Applicants state clinicians will realize easier scheduling times, efficiencies with faster turnaround time for ORs, and a reduced risk of exposure to nosocomial[1] infections that are prevalent in hospital settings. The Applicants note that these efficiencies will ultimately result in more time being spent with patients, resulting in improvements in the quality of care. Access to Neurology surgical services is available as all hospitals within the GSA provide this service. In addition, four of the five hospitals do not meet the State Board's utilization. As a result, the Applicants have not met the requirements of this criterion.

F) Unnecessary Duplication/Maldistribution

A) The Applicants shall document that the project will not result in an unnecessary duplication. The Applicants shall provide the following information for the proposed GSA zip code areas identified in subsection (c)(2)(B)(i):
i) the total population of the GSA (based upon the most recent population numbers available for the State of Illinois); and
ii) the names and locations of all existing or approved health care facilities located within the GSA that provide the ASTC services that are proposed by the project.
B) The Applicants shall document that the project will not result in maldistribution of services. Maldistribution exists when the GSA has an excess supply of facilities and ASTC services characterized by such factors as, but not limited to:
i) a ratio of surgical/treatment rooms to population that exceeds one and one-half times the State average.
ii) historical utilization (for the latest 12-month period prior to submission of the application) for existing surgical/treatment rooms for the ASTC services proposed by the project that are below the utilization standard specified in 77 Ill. Adm. Code 1100; or
iii) insufficient population to provide the volume or caseload necessary to utilize the surgical/treatment rooms proposed by the project at or above utilization standards specified in 77 Ill. Adm. Code 1100.
C) The Applicants shall document that, within 24 months after project completion, the proposed project:

[1] Nosocomial originating or taking place in a hospital, acquired in a hospital, especially in reference to an infection.

i) will not lower the utilization of other area providers below the utilization standards specified in 77 Ill. Adm. Code 1100; and
ii) will not lower, to a further extent, the utilization of other GSA facilities that are currently (during the latest 12-month period) operating below the utilization standards.

The Applicants note the proposed project will not result in maldistribution of services, based on the ratio of surgical rooms to population (see Table Five). The Applicants identified five hospitals and one ASTC in their application, as shown in Table Four above. The hospitals within the GSA provide Neurology surgical services. It appears Neurology surgical services can be accomplished at the existing facilities currently providing the service in the GSA.

The Applicants state the expansion of services at the ASTC will not result in a maldistribution of services due to an excess of underutilized surgical suites in the GSA. Table Five illustrates the ratio of population to operating/procedure rooms.

TABLE SIX
Ratio of Surgery / Treatment Rooms to Population

	Population	OR/Procedure Rooms	Rooms to Population	Standard Met?
GSA	412,277	94	1:4,386	Yes
State of Illinois	12,671,821	2,639	1:4,802	

G) Staffing

A) Staffing Availability

The Applicants shall document that relevant clinical and professional staffing needs for the proposed project were considered and that the staffing requirements of licensure and The Joint Commission or other nationally recognized accrediting bodies can be met. In addition, the Applicants shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

B) Medical Director

It is recommended that the procedures to be performed for each ASTC service are under the direction of a physician who is board certified or board eligible by the appropriate professional standards organization or entity that credentials or certifies the health care worker for competency in that category of service.

According to the Applicants, the facility is currently staffed in accordance with all IDPH and Medicare Requirements.

H) Charge Commitment

In order to meet the objectives of the Act, which are to improve the financial ability of the public to obtain necessary health services; and to establish an orderly and comprehensive health care delivery system that will guarantee the availability of quality health care to the general public; and cost containment and support for safety net services must continue to be central tenets of the Certificate of Need process [20 ILCS 3960/2], the Applicants shall submit the following:

A) a statement of all charges, except for any professional fee (physician charge); and
B) a commitment that these charges will not increase, at a minimum, for the first 2 years of operation unless a permit is first obtained pursuant to 77 Ill. Adm. Code 1130.310(a).

The Applicants provided the necessary attestation as required by this criterion (see Page 59 of the Application for Permit).

I) Assurances

A) The Applicants shall attest that a peer review program exists or will be implemented that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for the ASTC services, and if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated.
B) The Applicants shall document that, in the second year of operation after the project completion date, the annual utilization of the surgical/treatment rooms will meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100. Documentation shall include, but not be limited to, historical utilization trends, population growth, expansion of professional staff or programs (demonstrated by signed contracts with additional physicians) and the provision of new procedures that would increase utilization.

The Applicants provided the necessary attestation as required by this criterion (see Page 60 of the Application for Permit).

IX. Financial Viability and Economic Feasibility

A. Criterion 1120.120 – Availability of Funds
B. Criterion 1120.130 – Financial Viability
C. Criterion 1120.140(a) – Reasonableness of Debt Financing
D. Criterion 1120.140(b) – Terms of Debt Financing
E. Criterion 1120.140(c) – Reasonableness of Project Costs

The Applicants will fund this project in its entirety with cash of $10,000, which will be allocated for the purchase of surgical room equipment. The State Board standard for Moveable Equipment costs is $551,212 per surgical room. It appears the Applicants have met the requirements of this criterion.

F) Criterion 1120.140(d) – Direct Operating Costs
G) Criterion 1120.140(e) – Total Effect of the Project on Capital Costs

Direct operating expenses for 2025, the second year after project completion, are calculated at $350.00 per procedure/visit. The total effect of the project on capital costs is estimated at $60.61 per visit/procedure. The State Board does not have standards for these costs.

TABLE SEVEN **Historical Utilization** Number of Cases and Hours Physicians Surgical Center/O'Fallon Surgical Center 2019-2022					
Year	2019*	2020*	2021	2022	Average
Pain Management					
Cases	60	0	0	0	15
Hours	35	0	0	0	9
Ophthalmology					
Cases	0	0	516	1,676	1,096
Hours	0	0	215	699	457
Gastrointestinal					
Cases	1	6	109	0	38.6
Hours	1	22	40.5	0	21.1
Total					
Cases	61	6	625	1,676	592
Hours	36	22	255.5	699	254
* Known as Physicians Surgical Center- name was changed to O'Fallon Surgical Center in 2020.					

TABLE EIGHT Number of Patients by Payor Source						
	2019	2020	2021	2022	Average Number of Patients	Percentage Based Upon Average Number of Patients
Medicaid	3	3	46	0	13	2%
Medicare	23	59	363	984	357	58%
Other Public	1	1	21	38	15	2%
Insurance	12	40	195	645	223	36%
Private Pay	1	1	0	9	3	0%
Charity Care	1	0	0	0	0	0%
TOTALS	41	104	625	1676	612	100%