



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

	BOARD MEETING: November 18, 2025	PROJECT NO: 25-023	PROJECT COST: Original: \$50,000
FACILITY NAME: Illinois Bone & Spine Institute		CITY: Elmhurst	
TYPE OF PROJECT: Non-Substantive			HSA: VII

PROJECT DESCRIPTION: The Applicant (Illinois Back & Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute) proposes to add two new categories of service to an existing ambulatory surgical treatment center located at 300 West Butterfield Road, Elmhurst, Illinois. There are no project costs associated with this project, and the expected completion date is December 31, 2025.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The Applicant (Illinois Back & Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute) proposes to add Podiatric and General surgical services to an ambulatory surgical treatment center at 300 West Butterfield Road, Elmhurst, Illinois. There are no project costs, and the expected completion date is December 31, 2025.
- The ASTC is currently classified as Limited-Specialty, providing Orthopedic and Pain Management services. The Surgery Center has one operating room (OR), three Stage I recovery stations, and one Stage II recovery station. The ASTC is currently approved for Orthopedic and Pain Management surgical services.
- The Applicant notes that no planned modernization or construction will occur, and there are no project costs to disclose.

BACKGROUND

- In July 2018, the State Board approved the establishment of the Illinois Back & Neck Institute to establish an Ambulatory Surgery Treatment Center (ASTC) in Elmhurst. The ASTC would be classified as a limited specialty, providing Orthopedic and Pain Management services in its one-room ASTC. In August 2021, the facility project was deemed complete and was licensed through IDPH, under license #7003238. The ASTC continues to operate as a limited specialty ASTC, and through this application (#25-023), seeks to reclassify as a multi-specialty ASTC, providing services in Orthopedic, Pain Management, Podiatry, and General Surgery.

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. The State Board has received no letters of support or opposition.

SUMMARY:

- The Applicant states the proposed project will enhance access to specialized outpatient surgical services for residents of the defined 10-mile service area, improve utilization at the existing ASTC, and address unmet patient needs. This project will also support the health and well-being of the service area population by providing access to a broader range of surgical services in a low-cost/low-risk setting. The Applicant alludes to a direct correlation between Orthopedic and Podiatric surgical services, noting that the addition of Podiatric surgery will allow physicians to perform a broader range of surgical services while remaining compliant with their service certifications. It is commonly stated that Orthopedic and Podiatric services intertwine, resulting in physicians performing unauthorized procedures, based on the facility's certification(s). This will alleviate any possible unauthorized procedures from being performed at this facility. The Applicant also notes that the expanded General Surgery and Podiatric certifications will allow practicing clinicians to utilize more minimally invasive surgical techniques, which are widely known to reduce post-operative pain, decrease the risk of infection, and shorten overall recovery times.
- The Applicants addressed a total of 21 criteria and were not compliant with the following:

Criterion	Non-Compliant
77 Ill. Adm. Code 1110.235 (c)(6) – Service Accessibility	The Applicants could not meet one of the four qualifying factors for this criterion.
77 Ill. Adm. Code 1110.235 (c)(7) - Unnecessary Duplication/Maldistribution	Of the 18 ASTCs in the 10-mile GSA, only 3 (16.6%) are operating at or in excess of the State standard. Of the remaining 15 ASTCs, 10 currently provide the proposed surgical services and can accommodate the proposed surgical volume by the Applicant. (See Table 5)



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STATE BOARD STAFF REPORT

Project #25-023

Illinois Bone & Spine Institute

APPLICATION / SUMMARY	
Applicant(s)	Illinois Back & Neck Institute, PLLC, d/b/a Illinois Bone & Spine Institute
Facility Name	Illinois Bone & Spine Institute
Location	300 West Butterfield Road, Elmhurst, Illinois
Permit Holder	Illinois Back & Neck Institute, PLLC, d/b/a Illinois Bone & Spine Institute
Owner of Site	Menaj, LLC
Application Received	June 5, 2025
Application Deemed Complete	June 9, 2025
Anticipated Completion Date	December 31, 2025
Review Period Ends	November 6, 2025
Received Intent to Deny	No
Review Period Extended by the State Board Staff?	No
Can the Applicant request a deferral?	Yes

I. Project Description

The Applicant (Illinois Back & Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute) proposes the addition of Podiatry and General Surgery to an existing limited-specialty ambulatory surgical treatment center (ASTC) located at 300 West Butterfield Road, Elmhurst, Illinois. There are no costs related to this project, and the expected completion date is December 31, 2025.

II. Summary of Findings

- A. State Board Staff finds the proposed project does **not** conform to 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 Applicant is Illinois Back & Neck Institute PLLC, d/b/a Illinois Bone & Spine Institute. The licensee is Illinois Back & Neck Institute, PLLC, doing business as Illinois Bone & Spine Institute, and the site owner is Menaj, LLC. This non-substantive project is subject to a Part 1110 review. There are no project costs, which makes Part 1120 review inapplicable.

IV. Health Service Area

The ASTC is located in Health Service Area VII, which encompasses the metropolitan areas of Cook and DuPage counties. HAS-VII contains 54 zip codes and has a population of approximately 1,354,675 residents.

V. Project Uses and Sources of Funds

The Applicant notes that there will be no construction/modification, or equipment purchases, and no reported project costs.

VI. 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

An applicant must demonstrate that they are fit, willing, and able, and have the qualifications, background, and character to provide a proper standard of health care service to *the community*. [20 ILCS 3960/6]

The Applicant is Illinois Back & Neck Institute PLLC, d/b/a Illinois Bone & Spine Institute. Dr. Neema Bayran, M.D, wholly owns Illinois Back & Neck Institute. The Applicant certifies that 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 Applicant provided 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 different states, when applicable; and the records of nationally recognized accreditation organizations.

B) Purpose of the Project

The applicant shall document that the project will provide health services that improve the healthcare or well-being of the population to be served in the market area. The applicant shall define the planning area, market area, or other relevant area according to their definition.

The Applicant states that this provides two additional surgical services (General Surgery/Podiatry) to an existing ASTC that currently provides Orthopedic and Pain Management surgical services. The Applicant notes the similarity in procedures when comparing podiatry and Orthopedics and observes that the addition of Podiatry will enable physicians to perform more comprehensive surgeries when the situation arises, thereby sparing patients from having to undergo separate procedures in different locations. The Applicant also notes that these requested services will enable the facility and its clinicians to perform more minimally

invasive procedures, which are known to reduce post-operative pain, decrease the risk of infection, and shorten recovery times, allowing patients to return to their daily activities in a shorter timeframe.

C) Safety Net Impact Statement

This is a non-substantive project; a safety net impact statement is unnecessary. Table One below documents the percentage/payor mix of patients treated at the existing ASTC in CY 2022. The Applicant reports treating 11 Medicaid patients in 2022, resulting in \$154,294 in Medicaid revenue for that year. The facility is currently contracted with United Healthcare, Aetna, and Cigna, including Aetna's Medicaid Managed Care product. The facility is in discussions to contract with Blue Cross Blue Shield (including their Medicaid managed care product) and CountyCare.

TABLE ONE Patient Base Payor Mix for 2022 Illinois Bone & Spine Institute	
Payor Name	% of Patients Treated at Facility
Private Insurance	50%
Worker's Compensation	23%
Medicare	23%
Medicaid MCO	3%
Charity Care	1%

D) Alternatives to the Project

The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the healthcare needs of the population it will serve.

The Applicants considered two alternatives to the proposed project.

1) Status Quo/Do Nothing (no cost)

The primary purpose of this project is to improve access to General Surgery and Podiatric surgical services. According to the Applicants, this alternative would not address these goals, as it would result in patients not being able to receive comprehensive surgical care due to regulatory constraints. The Applicant states that doing nothing would not increase utilization at the Bone & Spine Institute, would delay treatment for patients, and disrupt the continuity of care at the ASTC. This alternative was rejected.

2) Utilize Other Health Care Facilities (no cost)

The Applicants deemed this alternative infeasible because many of the ASTCs in the 10-mile service area do not offer the specific categories of services provided through IBSI, and even fewer have the established relationships or the capacity to accommodate IBSI patients. The Applicant notes that outsourcing surgical services is disruptive to the patient care experience and compromises quality of care, especially when specialized musculoskeletal services/therapies are involved.

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 applicant shall document that the physical space proposed for the project is necessary and appropriate. The proposed square footage cannot deviate from the square footage range indicated in Appendix B or exceed the square footage standard in Appendix B if the standard is a single number, unless square footage can be justified by documenting, as described in subsection (a)(2).

The Applicant proposes to establish one surgical suite in 2,737 square feet of clinical space (Complying with the State standard of 2,750 square feet), and no new construction/modernization is proposed as part of this project. The Applicant has met the requirements of this criterion.

B) Projected Utilization

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

The State Board standard for operating procedure rooms is 1,500 hours annually. The Applicant states that the ASTC's 2024 historical annual utilization was 1,103 hours, which is compliant with the State standard for one OR/Procedure room and is a partial number of services projected to be provided in the second year after project completion. The Applicant supplied three physician referral letters, attesting to the provision of 816 additional surgical hours (See Table Three). This, combined with the existing 1,103 hours, will increase surgery utilization to 102.5%, which is well above the 80% target occupancy.

TABLE TWO Historical Utilization Illinois Bone & Spine Institute			
Service	Avg. Time/Procedure (minutes)	# of Procedures	Hours
Orthopedic	70	384	448
Spine	85	252	357
Pain Management	40	447	298
TOTAL/AVERAGE	65 min. Avg.	1,083	1,103

TABLE THREE Projected Utilization from Physician Referral Sources Illinois Bone & Spine Institute			
Physician/Service	Avg. Time/Procedure (minutes)	# of Procedures	Hours
Dr. Hook / Podiatry	1.88 hrs./113 min.	115	216.2
Dr. Gracias / Gen. Surgery	1.4 hrs./84 min.	100	140
Dr. Alianello / Podiatry	1.88 hrs./113 min.	245	460.6
TOTAL		460	816.8

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) Service to Geographic Service Area Residents

The Applicants shall document that the project's primary purpose 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 comprises all zip code areas within the established radii outlined in 77 Ill.—Adm. Code 1100.510(d) of the project's site.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 on the patient's legal residence (excluding a healthcare facility) for the 6 months immediately preceding admission.

The established radii for a facility located in HSA-VII is 10 miles (per 77 Ill. Adm. Code 1100.510(d)(2)). The Applicant identified 23 zip codes within the 10-mile GSA, which has a population of approximately 432,659 residents. The Applicant attested that the majority of the patients treated by the ASTC in the past year were from the 10-mile GSA. The Applicants have addressed this criterion.

B) 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 last 2-year period, as evidenced by historical and projected referrals. The applicant shall document the information required by subsection (c)(3) and either subsection (c)(3)(B) or (C):

A) Historical Referrals

The applicant shall provide physician referral letters that attest to the physician's total number of treatments for each ASTC service referred to existing IDPH-licensed ASTCs or hospitals in the GSA during the 12 months before application submission. The documentation of physician referrals shall include the following information:

- i) Patient origin by zip code of residence.
- ii) Name and specialty of referring physician.
- iii) Name and location of the recipient hospital or ASTC; and
- iv) Number of referrals to other facilities for each proposed ASTC service for the last 2 years.

B) Projected Service Demand

The applicant shall provide the following documentation:

- i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing IDPH-licensed ASTCs, or hospitals located in the GSA, during the 12 months before application submission.
- ii) Documentation demonstrating that the projected patient volume, as evidenced by the physician referral letters, **is from within the GSA defined under subsection (c)(2)(B).**
- iii) An estimated number of treatments the physician will refer annually to the applicant facility within 24 months after project completion. The anticipated number of referrals cannot exceed the physician's experienced caseload. The percentage of projected referrals used to justify the proposed establishment cannot exceed the historical percentage of applicant market share within 24 months after project completion.
- iv) Referrals to health care providers other than IDPH-licensed ASTCs or hospitals will not be included in determining projected patient volume.
- v) Each physician referral letter shall contain the notarized signature, the typed or printed name, the office address, and the specialty of the physician; and
- vi) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

The Applicant states this project is necessary to enhance access to specialized outpatient surgical services, increase utilization at the ASTC, and help address unmet patient needs in the general service area (GSA). The Applicant is proposing 460 additional referrals (816 hours) to the Surgery Center (Table Three). The Board Staff accepted all historical and projected referrals as they came from Illinois licensed healthcare facilities. The Applicants estimated 1.72 hours per procedure, including prep and cleanup, or approximately 816 hours. In 2024, the Surgery Center reported 1,103 hours (See Table Two), which equates to a 58.8% utilization rate. The additional 816 hours will bring the Surgery Center's hours to 1,919, and the projected occupancy to 100% which exceeds the State Board's standard of 80%.

TABLE FOUR		
Historical/Projected Referrals to IBJI		
Physician/Specialty/Historic Referrals	Historical	Projected to ASTC
Dr. Alianello Podiatry		245
Rush Oak Park Hospital	269	
Rush University Medical Center.	47	
Dr. Gracias General Surgery		100
Palos Hospital	352	
Dr. Hook Podiatry		115
Advocate Lutheran General Hospital	9	
Advocate Condell Medical Center	9	
Advocate Surgery Center	100	
Greater Chicago Center For Advanced Surgery	14	
North Suburban Pain & Spine	53	
Northwest Community Hospital	8	
TOTAL	861	460 referrals /816 hrs.
Avg. Time per procedure: 1.72 hrs./103.3 minutes		

The Applicants must document that the proposed project is necessary to accommodate the service demand it has experienced annually over the last two years, as evidenced by historical and projected referrals. The Board Staff has

identified sufficient service demand as required by this criterion. Historically, the ASTC operated at 58.8% utilization in 2024. Based on the referral letters in Table Four, an additional 460 referrals/816 surgery hours will elevate the ASTC utilization to 100%, which exceeds the State standard for this criterion.

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 Operating room. Based on the projected utilization, the Applicant proposes 460 patient referrals accounting for 816 surgical hours, which satisfies the utilization requirements for this ASTC. The Applicant anticipates increased utilization in the future with hopes for future expansion. The Applicant has 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 that at least one 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 those existing, underutilized services in the GSA have restrictive admission policies.

D) The proposed project is a cooperative venture sponsored by two or more persons, at least one of whom is operating 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 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 operate at or above the utilization rate specified in 77 Ill. Adm. Code 1100 for 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.

As Table Five shows, there are eighteen ASTCs in the 10-mile GSA, with eleven of these facilities providing the surgical services that the applicant proposes to add to their ASTC. The Applicant has not met one of the conditions of this criterion, resulting in a negative finding.

TABLE FIVE Hospitals/ASTC in the 10-Mile GSA				
ASTCs				
Facility	City	Distance (miles)	Services	Utilization in 2024
Elmhurst Outpatient Surgery Center 4 ORs 4 procedure	Elmhurst	1.3	Gastroenterology General Surgery Laser Eye Surgery Neurological Ophthalmology Orthopedic Otolaryngology Pain Management Plastic Surgery Urology	32.8%
Ortho Tec Surgery Center 1 OR	Elmhurst	.2	Orthopedic Podiatry	N/A
Loyola Surgery Center 3 ORs	Oakbrook Terrace	2.8	General Surgery Neurological Orthopedic Otolaryngology Pain Management Podiatry	82.6%
Rush Oak Brook Surgery Center 6/3	Oak Brook	2.8 miles	Gastroenterology General Surgery Neurological Orthopedic Otolaryngology Pain Management Plastic Surgery Podiatry	52%
The Oak Brook Surgical Centre 5 ORs	Oak Brook	3.2 miles	General Surgery OB/Gynecology Ophthalmology Orthopedic Pain Management, Plastic Surgery, Podiatry Urology	13.6%
Children's Outpatient Services at Westchester 3 ORs	Westchester	4.2 miles	Dermatology Gastroenterology General Surgery Neurological Ophthalmology Oral/Maxillofacial Orthopedic Otolaryngology Pain Management Plastic Surgery Urology	71.1%
DMG Surgical Center* 8/3	Lombard	4.2 miles	General Surgery OB/Gynecology Ophthalmology Neurological Oral/Maxillofacial	63.4%

			Orthopedic Otolaryngology Pain Management Plastic Surgery Podiatry Urology	
Loyola University ASTC 8 ORs	Maywood	6.8 miles	Gastroenterology General Surgery Neurological OB/Gynecology Ophthalmology Oral/Maxillofacial Orthopedic Otolaryngology Pain Management Plastic Surgery Podiatry Urology	69.3%
Innovia Surgery Center 2/1	Wood Dale	8 miles	OB/Gynecology	11.4%
Hinsdale Surgical Center 4/1	Hinsdale	5.2 miles	Laser Eye Surgery O/B Gynecology Ophthalmology Oral/Maxillofacial Orthopedic Otolaryngology Pain Management Plastic Surgery Podiatry Urology	44.9%
River Forest Surgery Center 2 ORs	River Forest	7.6 miles	Laser Eye Surgery, Ophthalmology, Plastic Surgery	59.5%
Chicago Prostate Cancer Surgery Center 4 ORs	Westmont	6 miles	Orthopedic Podiatry	92.3%
Salt Creek Surgery Center 4 ORs	Westmont	5.6 miles	Orthopedic Pain Management Podiatry	65.9%
Chicago Vascular ASC 3 Procedure	Westmont	6.1 miles	ESRD Fistula/Port Management	100%
Ambulatory Surgery Center of Downers Grove 3 ORs/1Procedure	Downers Grove	6.9 miles	OB/Gynecology Urology	29.5%
Midwest Center for Day Surgery 5 ORs	Downers Grove	6.3 miles	Gastroenterology Neurological Ophthalmology Otolaryngology Pain Management Plastic Surgery Podiatry	28.4%
Elmwood Park Same Day Surgery 3 ORs	Elmwood Park	9.2 miles	Neurological Orthopedic Pain Management	7.6%

Advanced Ambulatory Surgical Treatment Center 3 ORs	Chicago	10 miles	Cardiovascular Dermatology Gastroenterology General Surgery Neurological OB/Gynecology Ophthalmology Oral/Maxillofacial Orthopedic Pain Management Plastic Surgery Podiatry Thoracic Urology	22.6%
*ASTC serves a Specialized Population exclusively				

F) Unnecessary Duplication/Maldistribution

A) The Applicants shall document that the project will not result in 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 healthcare facilities within the GSA that provide the ASTC services 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 a population that exceeds one and one-half times the State average.
- ii) historical utilization (for the latest 12-month period before application submission) for existing surgical/treatment rooms for the ASTC services proposed by the project, 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 the utilization standards specified in 77 Ill. Adm. Code 1100.

C) The Applicants shall document that, within 24 months after project completion, the proposed project:

- 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 that the proposed project will not result in the maldistribution of services based on the ratio of surgical rooms to population (see Table Six). The Applicants identified eighteen ASTCs in their application, as shown in Table Five above. Of these ATSCs within the GSA, six provide general surgical services, and ten provide Podiatric surgical services. Of the eighteen facilities identified in Table Five, three exceed the 80% operational standard for ASTCs, and the proposed

services could be accommodated at the underutilized facilities in the GSA (See Table Five).

Table Six illustrates the ratio of population to operating/procedure rooms.

TABLE SIX				
The ratio of Surgery / Treatment Rooms to Population				
	Population	OR/Procedure Rooms	Rooms to Population	Standard Met?
GSA	432,659	84	1:5,150	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 employment applications, or a narrative explanation of how the proposed staffing will be achieved.

B) Medical Director

It is recommended that the procedures for each ASTC service be directed by 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. The Applicant has identified Dr. Neema Bayran, M.D., as Medical Director.

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

H) Charge Commitment

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 under 77 Ill. Adm. Code 1130.310(a).

The Applicants provided the necessary attestation as required by this criterion (see Pages 89-121 of the Application for Permit).

I) Assurances

A) The Applicants shall attest that a peer review program exists or will be implemented to evaluate whether patient outcomes are consistent with quality standards established by professional organizations for the ASTC services. A quality improvement plan will be initiated if the outcomes do not meet or exceed the established standards.

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 122 of the Application for Permit).

IX. Financial Viability and Economic Feasibility

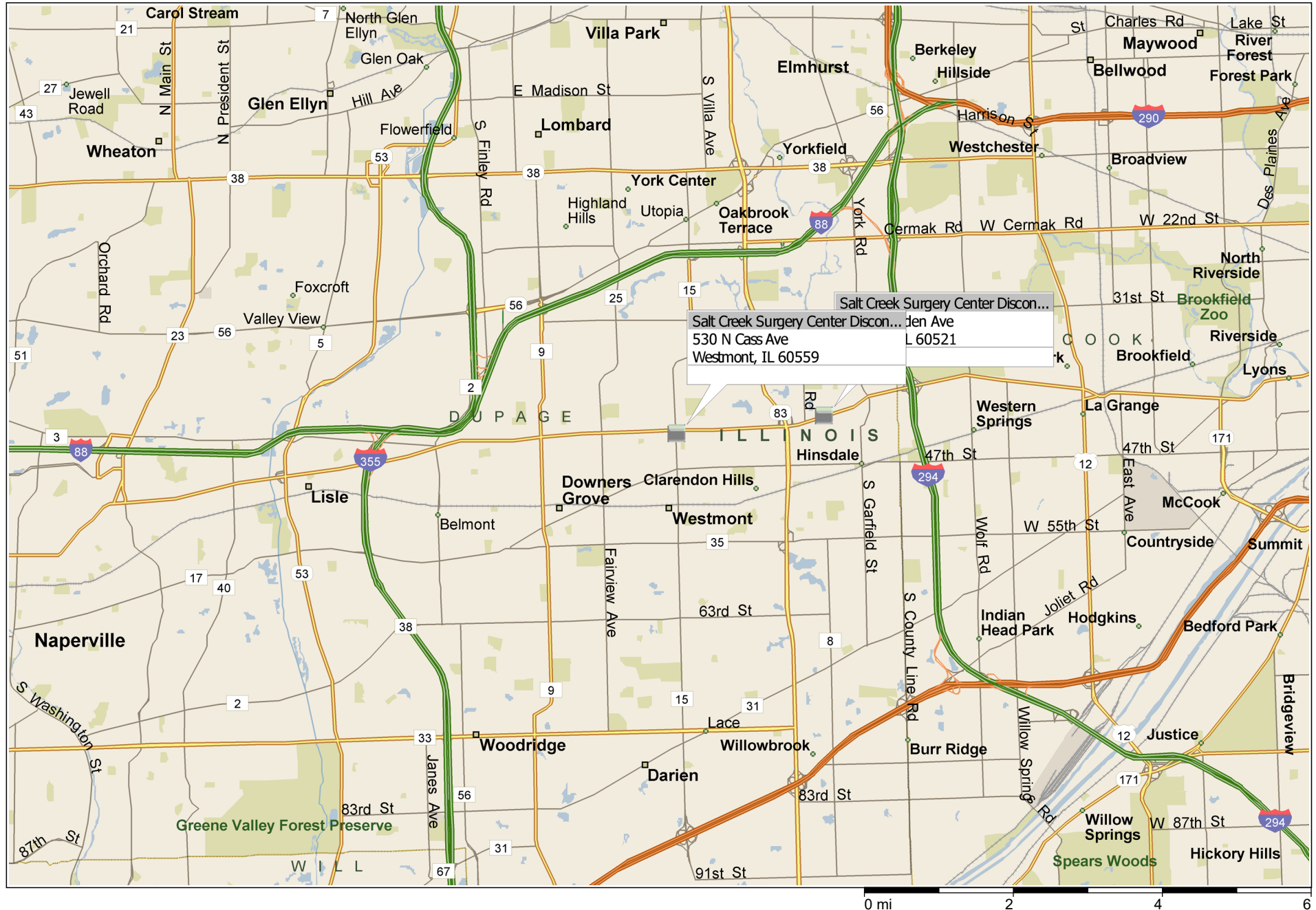
- A. Criterion 1120.120 – Availability of Funds**
- B. Criterion 1120.130 – Financial Viability**
- C. Criterion 1120.140(a) – Reasonableness of Debt Financing**
- D. Criterion 1120.140(b) – Terms of Debt Financing**
- E. Criterion 1120.140(c) – Reasonableness of Project Costs**

The Applicant notes the proposed project will not entail any construction, renovation, or equipment purchases and reports no project costs. It appears the criteria listed above are inapplicable to this project.

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

The Applicant reports no capital costs or expenses for this project, and this criterion is inapplicable.

25-032 Salt Creek Surgery Center Discontinuation - Westmont



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