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: June 2, 2026	PROJECT NO: 26-004	PROJECT COST:
FACILITY NAME: Center for Health Ambulatory Surgery Center II	CITY: Peoria	Original: $2,103,660
TYPE OF PROJECT: Substantive		HSA: II

PROJECT DESCRIPTION: This Certificate of Need Permit Application is being submitted to establish the Center for Health Ambulatory Surgery Center II, a 2-room limited specialty ASTC at 303 William Kumpf Blvd, Peoria, IL. The Applicants are the Center for Health Ambulatory Surgery Center II, the Center for Health Ambulatory Surgery Center, LLC, and OSF Healthcare System. The cost of the project is approximately $2.1 million, and the expected completion is September 30, 2026.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- This Certificate of Need Permit Application is being submitted to establish the Center for Health Ambulatory Surgery Center II, a 2-room limited specialty ASTC at 303 William Kumpf Blvd, Peoria, IL. The Applicants are the Center for Health Ambulatory Surgery Center II, the Center for Health Ambulatory Surgery Center, LLC, and OSF Healthcare System. The cost of the project is approximately $2.1 million, and the expected completion is on September 30, 2026.

BACKGROUND

- In February 2018, OSF Healthcare System d/b/a Saint Francis Medical Center and Center for Health Ambulatory Surgery Center, LLC were approved to purchase Musculoskeletal Surgery Center, LLC ("MSC") for $3.95 million. MSC was renamed the Center for Health Ambulatory Surgery Center II.
- During 2020 through 2022, according to the Applicants, the facility was used sparingly due to the healthcare emergency (i.e., COVID-19 pandemic). The facility underwent an accreditation survey with The Joint Commission and was re-accredited on August 20, 2020. The last date the site was utilized was in July 2022.
- On April 25, 2023, The Joint Commission presented for survey, which included deemed status.[1] At the time of the survey, the ASTC had no patients scheduled for surgery, and the survey could not proceed. The Joint Commission accreditation was withdrawn due to the eligibility requirements.[2] not met, and The Joint Commission notified the Centers for Medicare & Medicaid Services (CMS). If an Ambulatory Surgical Treatment Center (ASTC) in Illinois fails to meet or maintain "deemed status," the ASTC falls under the direct jurisdiction of the Illinois Department of Public Health ("IDPH") for both State Licensure and Medicare Certification.
- The Applicants had renewed the ASTC license on June 1, 2023, and on June 1, 2024.
- On August 21, 2024, the Center for Health Ambulatory Surgery Center II informed IDPH and the State Board that the facility had suspended services in July 2022 pending a maintenance and renovation project. The failure to notify the State Board of the temporary suspension of service resulted in the State Board entering into a Settlement Agreement with the facility and requiring it to provide monthly updates on the suspension's status.
- Once IDPH was notified of the suspension, IDPH issued a provisional license effective December 16, 2024[3] with an expiration date of May 31, 2025, for the ASTC to complete the renovation project. The facility failed to renew its license on June 1, 2025.
- Once the facility was no longer licensed, the Applicants were required to prove the need for the ASTC, the financial viability of the Applicants, and the economic feasibility of the project by submitting a certificate of need application to establish the ASTC. The proposed facility cannot be licensed before approval of the State Board.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The project is before the State Board because the project proposes the establishment of a health care facility.

[1] Deemed status in healthcare is a designation granted by the Centers for Medicare & Medicaid Services (CMS) to facilities that have received accreditation from approved national organizations (The Joint Commission). This certification confirms the facility meets or exceeds Medicare safety standards, allowing it to participate in Medicare and Medicaid without undergoing a separate state survey. The Joint Commission does an onsite survey every three years.

[2] See the end of this report for Joint Commission eligibility requirements.

[3] A provisional license issued by the **Illinois Department of Public Health (IDPH)** is a temporary, limited-duration credential that allows an individual or facility to operate while finalizing full certification requirements or undergoing a mandatory observation period.

PURPOSE OF THE PROJECT:

- The Applicants state that the purpose of this project is to establish an ASTC.

PUBLIC HEARING/COMMENT:

- No public hearing was requested, and the State Board received no letters of support or opposition.

SUMMARY:

- This Project proposes establishing an ambulatory surgery treatment center in Peoria, Illinois. As stated, the Applicants seek approval to establish a 2-room ASTC in Peoria, Illinois, to provide gastroenterology services. No other alternatives were considered.
- The Applicants state **justification** for re-establishing the Center for Health Ambulatory Surgery Treatment Center II is based on Board-Certified Gastroenterologists scheduling outpatient GI procedures at the proposed ASTC site. These outpatient GI procedures are currently scheduled at OSF St. Francis Medical Center. OSF Healthcare d/b/a OSF Saint Francis Medical Center is the majority owner of the Center for Health Ambulatory Surgery Center, LLC, which operates and manages the Kumpf site. The relocation of GI procedures within the OSF System, given existing physical resources/sites, intends to utilize unexploited assets to accommodate existing outpatient GI procedures/utilization. Based upon the most current information the State Board has, OSF St. Francis Hospital's surgery department is operating at over 100% utilization.
- The Applicants provided three referral letters from physicians (who are employed by OSF St. Francis Medical Center) that included prior case volume and hours provided at OSF Saint Francis Medical Center in Peoria since 2022. The Applicants intend to transfer cases that the three physicians previously performed at the Medical Center to the proposed ASTC. The Applicants estimate they will transfer 2,600 cases to the proposed ASTC two years after project completion (2028).
- The Applicants addressed 21 criteria and have not met the following:

Criterion	Reasons for Non-Compliance
77 Ill. Adm. Code 1110.120(b) – Projected Utilization (77 Ill. Code 1110.235(c)(5)(A) & (B)- Treatment Room Need Assessment	If the project is approved, the Applicants estimate 2,600 cases by the second year after project completion, with an estimated 50 minutes per procedure, for a total of 2,118 hours (2,600 cases x 50 minutes = 130,000 minutes ÷ 60 minutes = 2,118 hours). The State Board standard is 1,500 hours per room or 80%. 2,118 hours / (2 rooms x 1,875 hours = 3,750 hours) = 58%. The Applicants have not met the requirements of this criterion. **Staff Note:** An Ambulatory Surgical Treatment Center (ASTC) often requires two operating rooms (ORs) to increase physician efficiency, meet regulatory utilization standards, or expand into new surgical specialties. The most common reason for two rooms is to allow a surgeon to rotate between them. In a single room, a surgeon must wait for the staff to clean the room and for the next patient to be anesthetized. With two rooms, the surgeon finishes the critical part of one case and moves immediately to the next room, where the next patient is already prepped. High-volume specialties can double their daily case capacity by using two rooms. This setup allows nursing teams to focus on room turnover in one suite while the surgeon is actively

Criterion	Reasons for Non-Compliance
	operating in the other. Hospitals often partner with ASTCs to move low-acuity cases out of the main hospital. A two-room setup is often the minimum viable size for such a partnership.
(77 Ill. Code 1110.235(c)(7) – Unnecessary Duplication of Service	**A)** As can be seen in Table Six, all the ASTCs within the 17-mile radius and three of the four hospitals are not operating at the 80% target utilization. **B)** The ratio of operating/procedure rooms in the 17-mile GSA is 1.5 times the ratio of operating/procedure rooms in the State of Illinois. There is currently an excess of surgery procedure rooms in this geographical service area.

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STATE BOARD STAFF REPORT
Project 26-004
Center of Health Ambulatory Surgery Center II

APPLICATION/SUMMARY CHRONOLOGY	
Applicant(s)	Center of Health Ambulatory Surgery Center II, the Center for Health Ambulatory Center, LLC, and OSF Healthcare System
Facility Name	Center of Health Ambulatory Surgery Center II
Location	303 N. William Kumpf Blvd. 2nd Floor
Permit Holder	Center of Health Ambulatory Surgery Center II, the Center for Health Ambulatory Center, LLC, and OSF Healthcare System
Operating Entity/Licensee	Center of Health Ambulatory Surgery Center II
Owner of Site	Cullinan Properties, LTD
Application Received	January 20, 2026
Application Deemed Complete	January 30, 2026
Anticipated Completion Date	Upon Permit Issuance
Review Period Ends	May 30, 2026
Review Period Extended by the State Board Staff?	No
Can the Applicant request a deferral?	Yes

I. Project Description

This Certificate of Need Permit Application is being submitted to establish the Center for Health Ambulatory Surgery Center II, a 2-room limited specialty ASTC at 303 William Kumpf Blvd, Peoria, IL. The Applicants are the Center for Health Ambulatory Surgery Center II, the Center for Health Ambulatory Surgery Center, LLC, and OSF Healthcare System. The cost of the project is approximately $2.1 million, and the expected completion is on September 30, 2026.

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 are the Center of Health Ambulatory Surgery Center II, the Center for Health Ambulatory Center, LLC, and OSF Healthcare System. The facility is located at 303 N. William Kumpf Blvd: 2nd Floor, Peoria, Illinois. Financial Commitment will be due at the time of permit issuance. This Application for Permit is subject to review under Part 1110 and Part 1120.

IV. Ownership

On February 27, 2018, the State Board approved a change of ownership of Musculoskeletal Surgery Center, LLC., now known as the Center for Health Ambulatory Surgery Center II. The Center for Health Ambulatory Surgery Center II is part of a joint venture (The Center for Health Ambulatory Surgery Center, LLC) among OSF Healthcare System, d/b/a OSF Saint Francis Medical Center, Peoria, the majority owner, and other minority members. OSF Saint Francis Medical Center currently owns 56.5%, Musculoskeletal Surgery Center LLC (MSC) owns 15%, and others own 28.5% of the limited liability company. See Table One.

TABLE ONE
Ownership of The Center for Health Ambulatory Surgery Center, LLC

OSF	56.50%
Musculoskeletal Surgery Center	15.00%
Illinois Eye Center	13.75%
Mike Gootee	1.45%
Sonu Dhillon	1.18%
Fitzhenry Volmar	1.18%
Srinivas Puli	1.18%
Nikhil Kalva	1.18%
Daniel Martin	1.18%
Jason Bill	1.18%
Imran Balouch	1.18%
Center for Health ASC LLC	1.03%
Jubilee Phan	0.50%
Chandler Wilfong	0.50%
Ben Getz	0.50%
Jennifer Kim	0.50%
James Klemens	0.50%
Hethal Patel	0.50%
C. Reddy	0.50%
Will Johnson	0.50%
Total	**100.00%**

V. Health Service Area

The proposed ASTC is in Health Service Area II, which includes the Illinois Counties of Bureau, Fulton, Henderson, Knox, LaSalle, Marshall, McDonough, Peoria, Putnam, Stark, Tazewell, Warren, and Woodford. The State Board estimates a 1.76% population decrease in this service area from 2025 through 2030, from 644,500 to 633,180 residents.

There are five ASTCs currently licensed in this ASTC service area. The geographical service area for this project is 17 miles. All the facilities listed below are within a 17-mile radius. See Table Two below.

TABLE TWO
ASTCs within a 17-mile radius
2025 Data

Ambulatory Surgical Treatment Center	City	Rooms	Cases	Hours	Usage	Surgical Specialty
Center For Health Ambulatory Surgery Center, LLC	Peoria	6	7,042	5,766	51.25%	General Surgery, OB/GYN, Ophthalmology, Orthopedics, Otolaryngology, Plastic, Podiatry, Urology
Central Illinois Endoscopy Center	Peoria	3	7,025	3,812.40	67.78%	Endoscopy
Peoria Ambulatory Surgery Center	Peoria	1	2,975	2,240.50	119.49%	Plastic
Renal Intervention Center, LLC.	Morton	2	1,440	2,308	61.55%	Vascular Access Surgery
Springfield Clinic	Peoria	5	1,471	1,712	18.26%	General Surgery, Gastro, OB/GYN, Plastic, Podiatry, Urology

V. Project Details

The Applicants propose establishing a single-specialty ASTC at 303 North William Kumpf Boulevard, Peoria, Illinois. The facility will have two procedure rooms and five pre- and post-recovery stations. The facility is housed in a 5,394-BGSF leased space. The Applicants are proposing to provide gastroenterology services at this facility.

VI. Project Uses and Sources of Funds

During the temporary suspension of the ASTC, the Applicants performed a needed modernization. The modernization included electrical, mechanical, plumbing, and medical gas upgrades, as well as a new air-handling unit. The cost of the modernization was $1,652,661, which was below the State Board's Capital Expenditure Minimum of $4,640,230. The Fair Market Value of the Lease of the proposed ASTC is approximately $2.1 million.

TABLE THREE
Project Uses and Sources of Funds

Uses	Clinical	Non-Clinical	Total
FMV of Lease	$2,103,660	$0	$2,103,660
Total	$2,103,660	$0	$2,103,660
Source			
FMV of Lease	$2,103,660	$0	$2,103,660
Total	$2,103,660	$0	$2,103,660

VI. Background of the Applicant, Purpose of Project, Safety Net Impact Statement, and Alternatives − Information Requirements

A) Background of Applicant – Review Criteria

1) An applicant must demonstrate that it is fit, willing, and able, and has the qualifications, background, *and character to adequately provide a proper standard of health care service for the community.* [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed health care facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within 3 years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by that person or entity (see 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest", and "principal shareholder").

The Center for Health Ambulatory Surgery Center, LLC is a joint venture among OSF Healthcare System, d/b/a OSF Saint Francis Medical Center, Peoria (which is the majority owner), and other minority members.

The Center for Health Ambulatory Surgery Center, LLC, in conjunction with OSF Healthcare System, was approved to purchase the assets and liabilities of Musculoskeletal Surgery Center, LLC, a two-room limited specialty ASTC located at 303William Kumpf Blvd, Peoria, IL, and change the ownership and control of the licensed ASTC in February 2018. This limited specialty ASTC was renamed The Center for Health Ambulatory Surgery Center II, the subject of this certificate of need. Subsequently, the Center for Health Ambulatory Surgery Center, LLC, operated two ASTCs in Peoria, Illinois.

Center for Health Ambulatory Surgery Center I
8800 North State Route 91, Peoria, Illinois

Center for Health Ambulatory Surgery Center II
303 North William Kumpf Blvd. (2nd Floor), Peoria, Illinois

OSF Healthcare System is the legal entity that owns, controls, and holds a majority interest in the proposed surgery center. OSF Healthcare System owns 17 hospitals in Illinois.[4] The table below shows the hospitals, their bed numbers, and their star ratings.

The Applicants have attested that no adverse action as defined by the State Board has occurred within the past three years. It appears that the Applicants are fit, willing, and able

[4] OSF Healthcare Saint Francis Medical Center has a two-star overall rating on the Medicare Care Compare website. A two-star overall rating on the Medicare Care Compare website demonstrates that a hospital's performance is below the national average across a variety of quality measures. A 2-star rating indicates that the hospital performed worse than most other hospitals in the U.S. on the specific measures evaluated by the Centers for Medicare & Medicaid Services (CMS). The rating is a summary of about 50 individual quality measures across five key areas: mortality, safety of care, readmission, patient experience, and timely and effective care. In this system, a 3-star rating is considered "average," meaning the hospital performs about the same as most others nationwide. CMS notes that a 1- or 2-star rating does not necessarily mean a hospital provides poor care; it simply means their measured performance fell below the national median for that period. Hospital Type: Some data suggest that teaching hospitals and "safety-net" hospitals, which often treat patients with more complex medical needs, frequently receive lower star ratings (1, 2, or 3 stars). (Source: CMS)

to provide, and have the qualifications, background, and character to deliver adequately, a proper standard of health care services for the community.

TABLE FOUR
OSF-owned hospitals in Illinois

Hospital	City	Beds	Star Rating	Leap Frog Safety Rating (1)
OSF HealthCare Saint Anthony's Health Center	Alton	49	3	A
OSF HealthCare St. Joseph Medical Center	Bloomington	152	1	A
OSF HealthCare St. Mary Medical Center	Galesburg	83	2	A
OSF HealthCare Saint Luke Medical Center	Kewanee	25	5	A
OSF HealthCare Saint Elizabeth Medical Center	Ottawa	80	4	A
OSF HealthCare Saint Elizabeth Medical Center	Peru	64	4	A
OSF HealthCare Saint James	Pontiac	38	3	A
OSF HealthCare Little Company of Mary Medical Center	Evergreen Park	274	2	B
OSF HealthCare Sacred Heart Medical Center	Danville	174	2	C
OSF HealthCare Saint Francis Medical Center	Peoria	662	2	C
OSF HealthCare Saint Anthony Medical Center	Rockford	241	2	C
OSF HealthCare Sacred Heart Medical Center	Urbana	65	3	C
OSF Health Care Saint Katharine Medical Center	Dixon	80	2	NA
OSF HealthCare Saint Paul Medical Center	Mendota	25	CAH	NA
OSF HealthCare Holy Family Medical Center	Monmouth	23	CAH	NA
OSF HealthCare Divine Mercy Continuing Care	Peoria	47	NA	NA
OSF HealthCare Saint Clare Medical Center	Princeton	25	CAH	NA

1. The Leapfrog Hospital Safety Grade is a **letter grade (A, B, C, D, or F)** that rates how safe a hospital is for its patients. Unlike other ratings that focus on how well a surgery went or the food quality, Leapfrog focuses strictly on **medical errors, accidents, injuries, and infections.** Leapfrog evaluates over 30 national performance measures. Does the hospital have a system to prevent medication errors? Are there enough specialized doctors in the ICU? How strictly does the staff follow hygiene rules? Rates of MRSA, C. diff, or surgical site infections. How often are foreign objects left in patients or wrong-site surgeries performed? Prevalence of dangerous blood clots or pressure sores (bedsores). Grades are released every Spring and Fall to reflect current data. (Source: LeapFrog)
2. NA- Not available.

B) Purpose of the Project – Information Requirements

1) The applicant shall address the purpose of the project, i.e., identify the issues or problems that the project is proposing to address or solve. Information to be provided should include, but is not limited to, identification of existing problems or issues that need to be addressed, as applicable and appropriate for the project.

C) Safety Net Impact Statement – Information Requirements

All health care facilities, except skilled and intermediate long-term care facilities licensed under the Nursing Home Care Act, shall provide a safety net impact statement, which shall be filed with an application for a substantive project (see Section 1110.40). *Safety net services are provided by health care providers or organizations that deliver health care to people with barriers to mainstream health care due to lack of insurance, inability to pay, special needs, ethnic or cultural characteristics, or geographic isolation*. [20 ILCS 3960/5.4]

D) Alternatives to the Proposed Project – Information Requirements

The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served.

This Project proposes establishing an ambulatory surgery treatment center in Peoria, Illinois. A safety net impact statement has been provided and is included at the end of this report. As stated, the Applicant's purpose is to establish an ASTC. No other alternatives were considered.

VII. Project Size and Projected Utilization

A) 77 Ill. Adm. Code 1110.120 (a) – Size of Project
B) 77 Ill. Adm. Code 1110.120 (b) – Project Utilization

A) Size of the Project

The Applicants are proposing 5,394 BGSF for the proposed ASTC. The State Board Standard is 2,750 BGSF or 5,500 BGSF. The Applicants have met the State Board's requirements.

B) Projected Utilization

If the project is approved, the Applicants estimate 2,600 cases by the second year after project completion, with an estimated 50 minutes per procedure, for a total of 2,118 hours (2,600 cases x 50 minutes = 130,000 minutes ÷ 60 minutes = 2,118 hours). The State Board standard is 1,500 hours per room or 80%. 2,118 hours / (2 rooms x 1,875 hours = 3,750 hours) = 58%. The Applicants have not met the requirements of this criterion.

Staff Note:
An Ambulatory Surgical Treatment Center (ASTC) often requires two operating rooms (ORs) to increase physician efficiency, meet regulatory utilization standards, or expand into new surgical specialties. The most common reason for two rooms is to allow a surgeon to rotate between them. In a single room, a surgeon must wait for the staff to clean the room and for the next patient to be anesthetized. With two rooms, the surgeon finishes the critical part of one case and moves immediately to the next room, where the next patient is already prepped. High-volume specialties can double their daily case capacity by using two rooms. This setup allows nursing teams to focus on room turnover in one suite while the surgeon is actively operating in the other. Hospitals often partner with ASTCs to move low-acuity cases out of the main hospital. A two-room setup is often the minimum viable size for such a partnership.

VIII. Establishment of ASTC

Establishment of ASTC	
77 Ill. Code 1110.235(c)(2)(B)(i) & (ii)	Service to GSA Residents
77 Ill. Code 1110.235(c)(3)(A) & (B) or (C)	Service Demand − Establishment
77 Ill. Code 1110.235(c)(5)(A) & (B)	Treatment Room Need Assessment
77 Ill. Code 1110.235(c)(6)	Service Accessibility
77 Ill. Code 1110.235(c)(7)(A) through (C)	Unnecessary Duplication Maldistribution
77 Ill. Code 1110.235(c)(8)(A) & (B)	Staffing
77 Ill. Code 1110.235(c)(9)	Charge Commitment
77 Ill. Code 1110.235(c)(10)(A) & (B)	Assurances

A) Formula Calculation

As stated in 77 Ill. Adm. Code 1100, no formula is needed for the determination of the number of ASTCs, and the number of surgical/treatment rooms in a geographic service area has been established. Need shall be 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 geographic service area (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) 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 Applicants provided three referral letters from physicians who performed procedures at OSF Saint Francis Medical Center in Peoria since 2022. The Applicants intend to transfer cases previously performed at the Medical Center to the proposed ASTC. They are estimating performing 2,600 cases two years after project completion (2028).

Patient origin information was provided as required, and it appears that 50% of the proposed cases would come from within a 17-mile radius. Table Eight at the end of this report provides data on ZIP codes, cities, and patients. The Applicants have met the requirements for service to residents of the geographic area.

TABLE FIVE
Physician Historical Referrals by zip code and city in the 17-mile GSA

Zip Code	City	Patient Count	Zip Code	City	Patient Count
61571	Washington	524	61536	Hanna City	62
61614	Peoria	498	61528	Edwards	60
61554	Pekin	460	61547	Mapleton	55
61604	Peoria	439	61610	Creve Coeur	55
61615	Peoria	429	61517	Brimfield	54
61611	East Peoria	409	61568	Tremont	52
61550	Morton	365	61606	Peoria	51
61548	Metamora	256	61535	Groveland	33
61525	Dunlap	234	61533	Glasford	27
61603	Peoria	225	61602	Peoria	16
61523	Chillicothe	224	61733	Deer Creek	15
61605	Peoria	183	61564	South Pekin	13
61607	Bartonville	173	61569	Trivoli	12
61616	Peoria Heights	88	61539	Kingston Mines	4
			61552	Mossville	2
				Total	5,018

C) Service Demand – Establishment of an ASTC Facility or Additional ASTC Service

The Applicants shall document that the proposed project is necessary to meet the Applicants' annual service demand over the past 2 years, as evidenced by historical and projected referrals. The Applicants shall document the information required by subsection (c)(3) and either subsection (c)(3)(B) or (C):

A) Historical Referrals

The Applicants shall provide physician referral letters that attest to the physician's total number of treatments for each ASTC service that has been referred to existing IDPH-licensed ASTCs or hospitals located in the GSA during the 12 months before submission of the application. 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 each of the last 2 years.

B) Projected Service Demand

The Applicants 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 submission of the application.
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's 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 applicant's historical 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.

Applicants must demonstrate that the proposed project is necessary to meet the established demand. Applicants must provide a projection of patient volume for each service, substantiated by historical and projected patient referrals from licensed hospitals or ASTCs, not from private, office-based practices.

The Applicants provided three referral letters from physicians that included prior case volume and hours provided at OSF Saint Francis Medical Center in Peoria since 2022. The Applicants intend to transfer cases that the three physicians previously performed at the Medical Center to the proposed ASTC. The Applicants estimate they will transfer 2,600 cases to the proposed ASTC two years after project completion (2028).

Applicants Response

The included notarized physician letters clearly indicate their past cases and case hours for the period 2022 through 2025. These letters also indicate their respective commitment to schedule a significant number of their current cases and procedures at the re-established Center for Health Ambulatory Surgery Center II, located at the Kumpf Boulevard site. Thus, service demand currently exists and does not require referrals to justify re-establishment.

TABLE SIX Physician Referral Letters Cases and Hours								
Physician	**Balouch**		**Martin**		**Kalva**		**Total**	
Year	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**
2022	1,739	1,476	1,377	1,121	1,346	1,158	4,462	3,755
2023	2,096	1,745	1,657	1,314	1,746	1,416	5,499	4,474
2024	2,284	1,889	1,957	1,538	1,545	1,221	5,786	4,648
2025	2,219	1,855	1,864	1,429	1,676	1,333	5,759	4,618
4-Year Ave	2,085	1,741	1,714	1,351	1,578	1,282	5,377	4,374
Proposed 2028	850	708	900	720	850	690	2,600	2,118

D) Treatment Room Need Assessment – Review Criterion

A) The Applicants 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 on an annual minimum utilization of 1,500 hours per room, as established in 77 Ill. Adm. Code 1100.

B) For each ASTC service, the Applicants 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 Applicants propose two operating rooms for performing gastro procedures. The Applicants have stated that the surgery center will perform 2,600 procedures, each lasting approximately 50 minutes, within two years after project completion. The projected volume does not justify the two proposed rooms.

Applicants Response

The included physician attestation letters provide historical as well as forecasted utilization of a re- established Kumpf site ASTC. These notarized commitment letters specify the required criteria for data, including GI procedure room setup time, procedure time, and cleanup time (defined as case time by the IHFSRB). In aggregate, the letters justify utilization in support of the existing 2-procedure room ASTC. The methodology was based on historical caseload data from experienced sources, deemed comparable to published Illinois data.

E) Service Accessibility

The proposed ASTC services being established or added are necessary to improve access for GSA residents. The Applicants 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 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.

This proposed project is considered a cooperative venture with a hospital. The applicants have met one of the four criteria for service accessibility.

The State Board defines service accessibility as geographic access to necessary healthcare for residents within a specific area, such as a planning or service area, or a geographical service area. The State Board requires Applicants for new or expanded services to demonstrate that their project is needed and will increase access, particularly for underserved populations.

Applicants Response
Justification for re-establishing CFH Ambulatory Surgery Treatment Center II is based on certain Board-Certified Gastroenterologists scheduling outpatient GI procedures at the Kumpf ASTC site. These outpatient GI procedures are currently scheduled at OSF Healthcare, St. Francis Medical Center. OSF Healthcare d/b/a OSF Saint Francis Medical Center is the majority owner of the CFH, which operates and manages the Kumpf site. The relocation of GI procedures within the OSF System, given existing physical resources/sites, intends to utilize unexploited assets to accommodate existing outpatient GI procedures/utilization.

TABLE SEVEN
Healthcare Facilities within a 17-mile radius

ASTC	City	Rooms	Cases	Hours	Usage	Specialties
Center For Health Ambulatory Surgery Center, LLC	Peoria	6	7,042	5,766	51.25%	General Surgery, OB/GYN, Ophthalmology, Orthopedics, Otolaryngology, Plastic, Podiatry, Urology
Central Illinois Endoscopy Center	Peoria	3	7,025	3,812	67.78%	Endoscopy
Peoria Ambulatory Surgery Center	Peoria	1	2,975	2,240	119.49%	Plastic
Renal Intervention Center, LLC.	Morton	2	1,440	2,308	61.55%	Vascular Access Surgery
Springfield Clinic	Peoria	5	1,471	1,712	18.26%	General Surgery, Gastro, OB/GYN, Plastic, Podiatry, Urology
Hospitals	**City**	**Rooms**	**Cases**	**Hours**	**Usage**	
OSF Saint Francis Medical Center	Peoria	37	23,628	75,146	108.32%	
Carle Health Methodist Hospital	Peoria	17	9,405	13,649	42.82%	
Carle Health Proctor Hospital	Peoria	16	9,191	10,443	34.81%	
Carle Health Pekin Hospital	Pekin	8	2,867	1,464	9.76%	

F) Unnecessary Duplication/Maldistribution − Review Criterion

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 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 before 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 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 Illinois Health Facilities and Services Review Board (HFSRB) defines unnecessary duplication of service by measuring the utilization rate of existing services within a specified travel radius of a proposed new facility. If existing facilities were operating below the board's target occupancy rate, a new facility would be seen as an unnecessary duplication of services.

State Board Staff Notes: The Mission of the State Board is to promote the orderly economic development of healthcare facilities that avoid unnecessary duplication. Unnecessary duplication of services can increase overall healthcare costs. Underutilized facilities can drive up prices as they compete for a limited number of patients to cover their operating expenses. New centers must demonstrate a clear need beyond existing capacity.

A) As can be seen in the Table above, all the ASTCs within the 17-mile radius and three of the four hospitals are not operating at the 80% target utilization.

B) There are approximately 2,756 operating procedure rooms in the State of Illinois. There are 95 operating procedure rooms in the geographical service area. The population of the State of Illinois is approximately 12,778,100. The population in the geographical service area is estimated at 644,500 residents.

The ratio of operating/procedure rooms per 1,000 population in the State of Illinois is 0.216. The ratio of operating/procedure rooms to 1,000 population in the 17-mile GSA is .1474. The ratio of operating/procedure rooms in the 17-mile GSA is 1.5 times the ratio of operating/procedure rooms in the State of Illinois.

C) The Applicants state that the proposed ASTC should not lower the utilization of other area providers below the established 80% standard. According to the Applicants, the impact on other ASTCs is expected to be minimal.

Applicants Response

A.) The Kumpf *site* ASTC was an approved ASTC. Due to circumstances beyond its control, it suspended scheduling procedures and outpatient surgical services, and advised the IHFSRB of its Temporary Suspension of Services status, in accordance with their rules. Subsequent circumstances resulted in an excessive elapsed time, leading the IHFSRB to require the re-establishment of the subject ASTC. Hence, the underlying purpose of this CON Permit Application. Given that this ASTC was approved previously, it is justified by realigning certain outpatient GI cases/procedures within the OSF Healthcare System and by utilizing existing market-based assets. It also does not contemplate creating new space or procedure rooms, thereby avoiding unnecessary duplication.

B.) Again, given the subject 2 outpatient procedure room ASTC exists, and there is no associated facility development or related capitalized project cost, by definition, there is no maldistribution. No new capacity is being proposed within the market.

C. Justification for the subject ASTC re-establishment is based on distributing existing outpatient GI cases, and associated case time, within the OSF Healthcare System (reference the physician attestation letters). Thus, there is no anticipated impact on other GSA-located facilities.

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 for licensure and for 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 to be performed for each ASTC service be 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.

The Applicants state that ASTC will be governed, managed, and operated by the Center for Health Ambulatory Surgery Center, LLC. The proposed ASTC will be a single-specialty outpatient GI Procedure Center.

The Applicants state that the relevant clinical and professional staff include approximately 13 FTEs. These positions are necessary to meet IDPH licensing requirements, Joint Commission Accreditation Standards, and the staffing levels required to support expected utilization of GI procedures. The Applicants note that, because the Center for Health Ambulatory Surgery Center II will not open until mid-to-late 2026, and given the required CON and subsequent IDPH licensing to reopen, it is premature to recruit and secure representative letters of interest or completed employment applications from prospective staff.

The current staffing plan includes six Registered Nurses. One Registered Nurse will be the Lead RN and will manage daily nursing operations, oversee staff, ensure policy compliance, and provide direct patient care during procedures. The other five Registered Nurses will be assessing, assisting gastroenterologists during endoscopic procedures, monitoring vital signs, managing sedation, administering medications, managing post-procedure care, and providing patient education. There will be one nurse staffed in each outpatient GI procedure room, two nurses staffed in the prep-post areas, and one lead "float" nurse. In addition, the Center for Health ASTC II will have five full-time and two part-time Endoscopy Technicians who will prepare rooms, sterilize and maintain endoscopic equipment, assist physicians during procedures by managing instruments and collecting samples, and handle patient care tasks while ensuring strict infection control and inventory management.

B.) Medical Director

The Gastroenterologists credentialed to perform the outpatient GI Procedures at the Kumpf Boulevard site are, and will be in the future, Board Certified. The Medical Director for this ASTC is Dr. Edwin Chan.

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 pursuant to 77 Ill. Adm. Code 1130.310(a).

A list of the relevant CPT codes, procedures, and charges for the proposed ASTC has been provided in a separate letter to the State Board. The Applicants confirm that it will not increase these charges for at least 24 months after project completion.

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 assurance.

IX. Financial Viability and Economic Feasibility

A) 77 Ill. Code 1120.120 - Availability of Funds
B) 77 Ill. Code 1120.130 – Financial Viability
C) 77 Ill. Code 1120.140 (a) – Reasonableness of Financing arrangements
D) 77 Ill. Code 1120.140 (b) – Terms of Debt Financing
E) 77 Ill. Code 1120.140 (c) – Reasonableness of Project Costs
F) 77 Ill. Code 1120.140 (d) – Direct Operating Costs
G) 77 Ill. Code 1120.140 (e) – Effect of the Project on Capital Costs

A) Availability of Funds
B) Financial Viability
C) Reasonableness of Financing Arrangements

OSF Healthcare is the majority owner of the Center for Health Ambulatory Surgery Center, LLC. OSF HealthCare currently holds an A+ bond rating from Fitch Ratings, which was recently affirmed in March 2026 with a Stable outlook. Fitch states the current A+ rating reflects the system's strong market position and financial resilience. OSF is the distinct leader in its core primary service area around Peoria, Illinois. Financial reserves remain robust, with approximately 205 days of cash on hand as of late 2025. Capital spending is considered manageable, and the system has no near-term plans for new debt issuance. Margins remained flat for fiscal year 2025 due to higher-than-expected payor denials. Population growth in many of OSF's key Illinois service areas is stagnant or declining. While a leader in Peoria, OSF faces significant competition in markets such as Rockford and the Chicago South Suburbs. Fitch upgraded OSF from A to A+ in April 2022 and has maintained that level since then. OSF HealthCare reported total net revenue of $5.3 billion for fiscal year 2025 (FY25), which ended September 30. While revenue grew, core profitability metrics remained flat due to challenges with payor denials and increased accounts receivable reserves. Because of the A+ bond rating, the Applicants have successfully addressed these three criteria.

D) Terms of Debt Financing

There is no debt associated with this project.

E) Reasonableness of Project Costs

The Fair Market Value of the Lease is $2,103,660. The State Board does not have standards for these costs.

F) Direct Operating Costs
G) Effect of the Project on Capital Costs

The State Board does not have an equivalent patient-day standard for ASTCs.

Safety Net Impact Statement

The Applicants stated:
The Center for Health Ambulatory Surgery Center II (ASTC II) is an existing non-hospital-based ambulatory surgery facility that suspended services several years ago due to COVID-19 utilization impacts. Subsequently, the Review Board determined that a newly approved CON Permit was required to relicense this facility and resume services. The co-applicants for this CON Permit Application are well-established healthcare providers serving patients from the community and the region. Hence, this response is based on their respective historical commitments to providing Safety Net Services. As you know, the CON Permit Application included a table profiling historical Safety Net quantitative data.

The following narrative responds to the three (3) questions posed in Section X.
1.) To the best of the Applicant's knowledge, re-establishing ASTC II will not have a material impact on any other healthcare providers or on patient access to essential safety net services within the community or the region. The Co-Applicants will continue to provide patient access consistently with their historical practices.
2.) To the best of the Applicant's knowledge, re-establishing ASTC II will not have an impact on any other healthcare providers or healthcare systems regarding cross-subsidizing safety net services. The Co-Applicants will maintain their historical healthcare services and their respective policies and practices in this regard.
3.) This question is "not applicable" because no services or healthcare facilities are being "discontinued".

TABLE EIGHT
Charity and Medicaid Information

Charity (of patients)	2019	2020	2021	2022	2023	2024
Outpatient	0	0	0	2	1	8
Total	0	0	0	2	1	8
Charity (cost in dollars)						
Outpatient	0	0	0	$1,487	$4,700	$6,187
Total	0	0	0	$1,487	$4,700	$6,187
MEDICAID						
Medicaid (for patients)						
Outpatient	0	0	0	70	115	110
Total	0	0	0	70	115	110
Medicaid (revenue)						
Outpatient	0	0	0	$41,530	$85,558	$624,659
Total	0	0	0	$41,530	$85,558	$614,659
Total Number of Patients	55	20	0	26	0	0

Joint Commission Accreditation

To be eligible for Joint Commission accreditation as an Ambulatory Surgical Center (ASC) or Ambulatory Surgical Treatment Center (ASTC), an organization must meet specific foundational, operational, and volume-based criteria. The organization must satisfy several structural and legal requirements to apply:

- Must be in the U.S. or its territories (or operated by the U.S. government abroad).
- Must hold a valid facility license or registration to conduct its services, as required by law.
- Must operate exclusively for providing surgical services to patients not requiring hospitalization, with stays not exceeding 24 hours.
- Must have a clear leadership structure and identify those responsible for governance and care.
- All tests and treatments must be ordered by a licensed independent practitioner per state and federal laws.

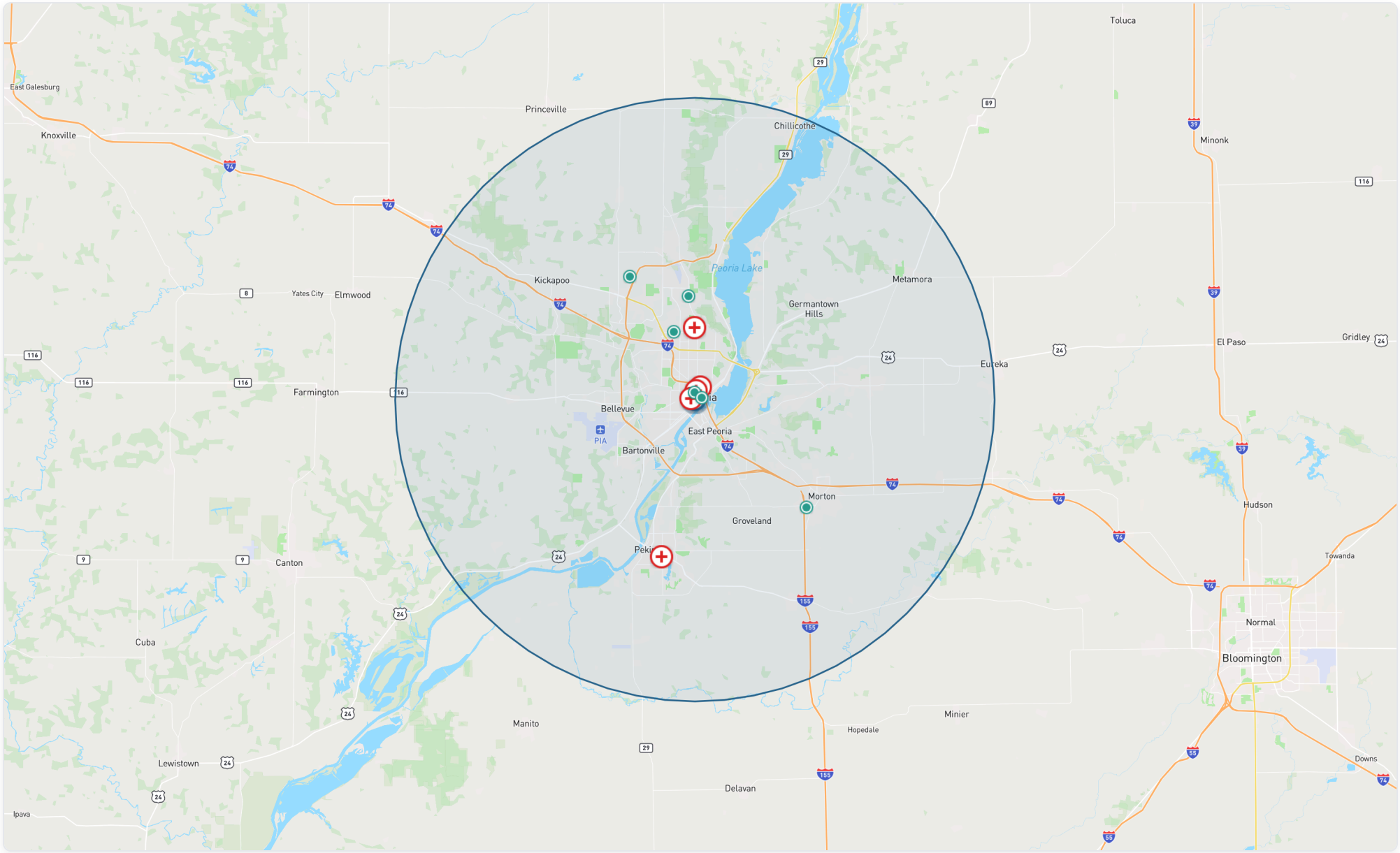
For initial accreditation or reaccreditation, centers must meet specific minimums:

- The facility must have served at least 10 patients before the survey.
- There must be at least 2 active patients on-site during the survey (ideally on Day 1).
- Surveyors must observe at least two surgical procedures, including one in its entirety.
- If the facility is also seeking Medicare Certification, additional federal requirements apply:
- Must have an agreement with the Centers for Medicare & Medicaid Services (CMS).
- Must have an electronic Statement of Conditions (ESOC) ready, addressing the physical plant and fire safety (NFPA 101/99 codes).
- Must provide lists of surgical cases from the 6 months before the survey and any patient transfers or deaths from the previous 12 months.
- Must have active programs for infection control, radiation safety, and medication management.
- Accredited organizations are expected to demonstrate continuous improvement:
- Must show evidence of continuously assessing and improving care quality, reviewed by qualified clinicians.
- On-site surveys typically occur every three years and are unannounced.
- Organizations must report profile changes within 30 days and permit on-site evaluations for safety concerns. Source: https://www.jointcommission.org/en-us

Radius Analysis Report

Geographic inventory of licensed hospital facilities within statutory radius

CENTER POINT	COUNTY	CLASSIFICATION	STATUTORY RADIUS	HSA	HPA
40.6916°N, 89.5964°W	Peoria	Mid-size County (17-mile radius)	17 miles	2 - Peoria	C-01



Data sourced from 2024 Annual Hospital Survey. For planning purposes only.

Facilities Within 17-Mile Radius of Peoria County (5 Hospitals, 6 ASTCs)

#	Type	Facility Name	City	Dist	M-S	ICU	OB	PED	NICU	AMI	REH	Total
1	Hosp	Greater Peoria Specialty Hospital LLC - DBA OSF Healthcare Divine Mercy Continuing Care Hosp	Peoria	0.2	—	—	—	—	—	—	29	**47**
2	ASTC	Center for Health Ambulatory Surgery Center II	Peoria	0.4	—	—	—	—	—	—	—	**—**
3	ASTC	Central Illinois Endoscopy Center, LLC	Peoria	0.4	—	—	—	—	—	—	—	**—**
4	Hosp	The Methodist Medical Center of Illinois - DBA Carle Health Methodist Hospital	Peoria	0.5	168	26	22	6	—	59	—	**281**
5	Hosp	Saint Francis Medical Center	Peoria	0.8	419	91	52	40	40	—	—	**642**
6	ASTC	Soderstrom Dermatology Center,S.C. - DBA Peoria Ambulatory Surgery Center	Peoria	4.0	—	—	—	—	—	—	—	**—**
7	Hosp	Proctor Hospital - DBA Carle Health Proctor Hospital	Peoria	4.1	96	12	—	—	—	18	20	**146**
8	ASTC	Springfield Clinic, LLP	Peoria	5.9	—	—	—	—	—	—	—	**—**
9	ASTC	Center for Health Ambulatory Surgery Center, LLC	Peoria	7.9	—	—	—	—	—	—	—	**—**
10	ASTC	Renal Intervention Center, LLC	Morton	8.8	—	—	—	—	—	—	—	**—**
11	Hosp	Pekin Memorial Hospital - DBA Carle Health Pekin Hospital	Pekin	9.1	77	8	—	—	—	—	—	**85**
			TOTAL (5 Hosp, 6 ASTC)		**760**	**137**	**74**	**46**	**40**	**77**	**49**	**1,201**

Beds shown are authorized beds per 2024 HFSRB Annual Hospital Survey.

Health Planning Area (HPA) C-01

Peoria Metro

Bed Category	Authorized	Need	Gap	% of Need
Med-Surg/Pediatric	851	578	+273	147.2%
Obstetrics	74	36	+38	205.6%
Intensive Care Unit	142	142	0	100.0%
TOTAL	**1,067**	**756**	**+311**	**141.1%**

Health Service Area (HSA) 2

Peoria

Bed Category	Authorized	Need	Gap	% of Need
Rehabilitation	49	40	+9	122.5%
Acute Mental Illness	103	86	+17	119.8%
TOTAL	**152**	**126**	**+26**	**120.6%**

Methodology Notes

→ **Statutory Radius:** Per 77 Ill. Adm. Code 1100, radius is determined by county classification: 10 miles (Metro - Cook, DuPage, Kane, Lake, Will), 17 miles (Mid-size counties), 21 miles (Rural counties).

→ **Gap Analysis:** Positive values (+) indicate surplus; parentheses indicate shortage. Need calculated per State Health Plan formulas.

→ **Data Source:** 2024 Annual Hospital Survey responses submitted to HFSRB.

47,436	4	3	39,508	7,928
TOTAL SURGICAL CASES	HOSPITALS	ASTCS	HOSPITAL CASES	ASTC CASES

Volume by Surgical Specialty

Within 17-mile radius of Peoria County

Surgical Specialty	Hospitals	ASTCs	Total Cases
Orthopedic	11,577	0	**11,577**
General	9,613	0	**9,613**
OPHTHALMOLOGY	0	4,558	**4,558**
Ophthalmology	3,746	0	**3,746**
Urology	2,969	0	**2,969**
Otolaryngology	2,887	0	**2,887**
OB/GYN	2,366	167	**2,533**
Neurosurgery	2,383	0	**2,383**

Top Facilities by Volume

Ranked by total surgical cases (2024)

#	Facility	Type	Cases
1	Saint Francis Medical Center	Hosp	**21,951**
2	Proctor Hospital - DBA Carle Health Proctor Hospital	Hosp	**9,723**
3	Center for Health Ambulatory Surgery Center, LLC	ASTC	**7,738**
4	The Methodist Medical Center of Illinois - DBA Carle ...	Hosp	**6,137**
5	Pekin Memorial Hospital - DBA Carle Health Pekin H...	Hosp	**1,697**
6	Springfield Clinic, LLP	ASTC	**118**
7	Soderstrom Dermatology Center,S.C. - DBA Peoria ...	ASTC	**72**

Data Notes

Hospital Cases: Combined inpatient and outpatient surgical cases from 2024 Hospital Annual Survey.
ASTC Cases: Class C operating room cases (general/regional anesthesia) from 2024 ASTC Annual Survey.
Specialties: 14 standard surgical specialty categories tracked by HFSRB for both facility types.