ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Massac County Surgery Center, LLC		
Street Address:	1811 East 5th Street		
City and Zip Code:	Metropolis, IL 62960		
County: Massac	Health Service Area: 127	Health Planning Area: V	

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	Massac County Surgery Center, LLC
Street Address:	1811 East 5th Street
City and Zip Code:	Metropolis, IL 62960
Name of Registered Agent:	James Locke
Registered Agent Street Address:	1811 East 5th Street
Registered Agent City and Zip Code:	Metropolis, IL 62960
Name of Chief Executive Officer:	James Locke
CEO Street Address:	200 Clint Hill Drive
CEO City and Zip Code:	Paducah, KY 42001
CEO Telephone Number:	270/450-7092

Type of Ownership of Applicants

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
X	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

Additional Contact [Person who is also authorized to discuss the application for permit]

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

/

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Massac County Surgery Center, LLC			
Street Address:	1811 East 5th Street			
City and Zip Code:	Metropolis, IL 62960			
County:	Massac	Health Service Area:	127	Health Planning Area: V

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	OIWK Holdings, LLC
Street Address:	510 Lincoln Drive
City and Zip Code:	Herrin, IL 62948
Name of Registered Agent:	James Locke
Registered Agent Street Address:	510 Lincoln Drive
Registered Agent City and Zip Code:	Herrin, IL 62948
Name of Chief Executive Officer:	James Locke
CEO Street Address:	510 Lincoln Drive
CEO City and Zip Code:	Herrin, IL 62948
CEO Telephone Number:	918/997-6800

Type of Ownership of Applicants

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
X	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

Additional Contact [Person who is also authorized to discuss the application for permit]

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**]

Name:	James Locke
Title:	CEO
Company Name:	The Orthopaedic Institute of Western Kentucky
Address:	200 Clint Hill Drive Paducah, KY 42001
Telephone Number:	270/450-7092
E-mail Address:	jlocke@orthopedicinstitute.com
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Massac County Surgery Center, LLC
Address of Site Owner:	1811 East 5th Street Metropolis, IL 62960

Street Address or Legal Description of the Site: 1811 East 5th Street Metropolis, IL 62960

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.

APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name:	Massac County Surgery Center, LLC
Address:	1811 East 5th Street Metropolis, IL 62960

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
X	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (**http://www.hfsrb.illinois.gov**).

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

☐ Substantive

X Non-substantive

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Massac County Surgery Center ("MCSC") is an IDPH-licensed ambulatory surgical treatment center ("ASTC") approved to provide orthopaedic surgery, podiatric surgery, and pain management services. Through this CON application, the applicants are seeking permission to add plastic surgery as an approved service.

The ASTC is located in Metropolis, Illinois, in the extreme southeastern part of the State, across the Ohio River from Kentucky. MASC a is the only ASTC and Massac Memorial Hospital (MMH"), also located in Metropolis, is the only hospital within the HFSRB's 21-mile radius geographic service area ("GSA"). A plastic surgeon relocated from Missouri to Paducah, Kentucky (approximately 12 miles from MMH and MCSC) in 2021, and is desirous of performing outpatient plastic surgery procedures at MASC. Plastic surgery had not been performed at MMH (or in the GSA) for, at minimum, the past five years.

This is a non-substantive project because it is not proposing the establishment of a new licensed health care facility or IDPH-designated category of service, the replacement of a licensed health care facility, or the discontinuation of a licensed health care facility or IDPH-designated category of service.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$0**	**$0**	**$0**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$0**	**$0**	**$0**

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Related Project Costs
Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project ☐ Yes X No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes X No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ _____.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

X None or not applicable ☐ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): ___June 30, 2022_____

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
X Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:
X Cancer Registry
APORS—not applicable
X All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
All reports regarding outstanding permits –not applicable
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Massac County Surgery Center, LLC* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Spencer Romine
PRINTED NAME

member
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 5 day of November

Signature of Notary

Seal

SIGNATURE

Brian Kain M.D.
PRINTED NAME

President - member
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 5 day of November

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of OIWK Holdings, LLC* **in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.**

SIGNATURE

Spencer Romine
PRINTED NAME

Member
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 5 day of November

Signature of Notary

Seal

ROMA BRUCE NOTARY PUBLIC STATE AT LARGE KENTUCKY

SIGNATURE

Brian Kain
PRINTED NAME

President - Member
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 5 day of November

Signature of Notary

Seal

ROMA BRUCE NOTARY PUBLIC STATE AT LARGE KENTUCKY

*Insert the EXACT legal name of the applicant

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

    a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.

    b. A certified listing of each applicant, identifying those individuals that have been 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. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.

    c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.

    d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.

    e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.

4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant can submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

1) Identify **ALL** the alternatives to the proposed project:

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost;

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

not applicable—no space being added or modernized

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:

   a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.

   c. The project involves the conversion of existing space that results in excess square footage.

   d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

not applicable---no shell space in project

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.

2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.

3. Evidence that the shell space is being constructed due to:
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.

4. Provide:
   a. Historical utilization for the area for the latest five-year period for which data is available; and
   b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.

2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and

3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

G. Non-Hospital Based Ambulatory Surgery

Applicants proposing to establish, expand and/or modernize the Non-Hospital Based Ambulatory Surgery category of service must submit the following information.

ASTC Service
☐ **Cardiovascular**
☐ **Colon and Rectal Surgery**
☐ **Dermatology**
☐ **General Dentistry**
☐ **General Surgery**
☐ **Gastroenterology**
☐ **Neurological Surgery**
☐ **Nuclear Medicine**
☐ **Obstetrics/Gynecology**
☐ **Ophthalmology**
☐ **Oral/Maxillofacial Surgery**
☐ **Orthopedic Surgery**
☐ **Otolaryngology**
☐ **Pain Management**
☐ **Physical Medicine and Rehabilitation**
X **Plastic Surgery**
☐ **Podiatric Surgery**
☐ **Radiology**
☐ **Thoracic Surgery**
☐ **Urology**
☐ **Other**_____

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	
1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	
1110.235(c)(8) – Staffing	X	X

1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X

APPEND DOCUMENTATION AS ATTACHMENT 24 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections DO NOT need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

VI. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable **[Indicate the dollar amount to be provided from the following sources]:**

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
		1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
		2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
		1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
		2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
		3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
		4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital

	improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions. e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent; f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt; g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$0	**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT 33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII. 1120.130 - FINANCIAL VIABILITY

NOT APPLICABLE, NO CAPITALIZED PROJECT COSTS

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All the project's capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII.1120.140 - ECONOMIC FEASIBILITY

NOT APPLICABLE, NO CAPITALIZED PROJECT COSTS

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

   A) A portion or all the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

   B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. SAFETY NET IMPACT STATEMENT

NOT APPLICABLE, NONSUBSTANTIVE PROJECT

SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, ***including the impact on racial and health care disparities in the community,*** to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 37.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			

MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 39.

CHARITY CARE			
	2018	2019	2020
Net Patient Revenue	$6,754,912	$7,859,631	$7,176,004
Amount of Charity Care (charges)	$0	$0	$0
Cost of Charity Care	$0	$0	$0

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is located in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: see page 1

2. Project Location:
   see page 1

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (https://msc.fema.gov/portal/home) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the ***Go To NFHL Viewer*** tab above the map. You can print a copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

   If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA:
Yes____ No ____

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN?

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.
If the determination is being made by a local official, please complete the following:

FIRM Panel Number:_____ Effective Date:_____

Name of Official:_____ Title: _____

Business/Agency:_____ Address:

(City) (State) (ZIP Code) (Telephone Number)

Signature:_____ Date:

NOTE: This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428

#21-034

File Number 0435580-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

OIWK HOLDINGS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 23, 2013, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 11TH *day of* OCTOBER *A.D.* 2021 .

Authentication #: 2128401194 verifiable until 10/11/2022
Authenticate at: http://www.ilsos.gov

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

#21-034

File Number 0434415-4

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MASSAC COUNTY SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 05, 2013, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 11TH *day of* OCTOBER *A.D.* 2021 .

Authentication #: 2128401186 verifiable until 10/11/2022
Authenticate at: http://www.ilsos.gov

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

SITE OWNERSHIP

With the signatures on the Certification pages of this Certificate of Need application, the applicants attest to the fact that 1811 East Fifth Street in Metropolis, Illinois, the site of Massac County Surgery Center, is owned by Massac County Surgery Center, LLC.

ATTACHMENT 2

#21-034

File Number 0434415-4

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MASSAC COUNTY SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 05, 2013, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

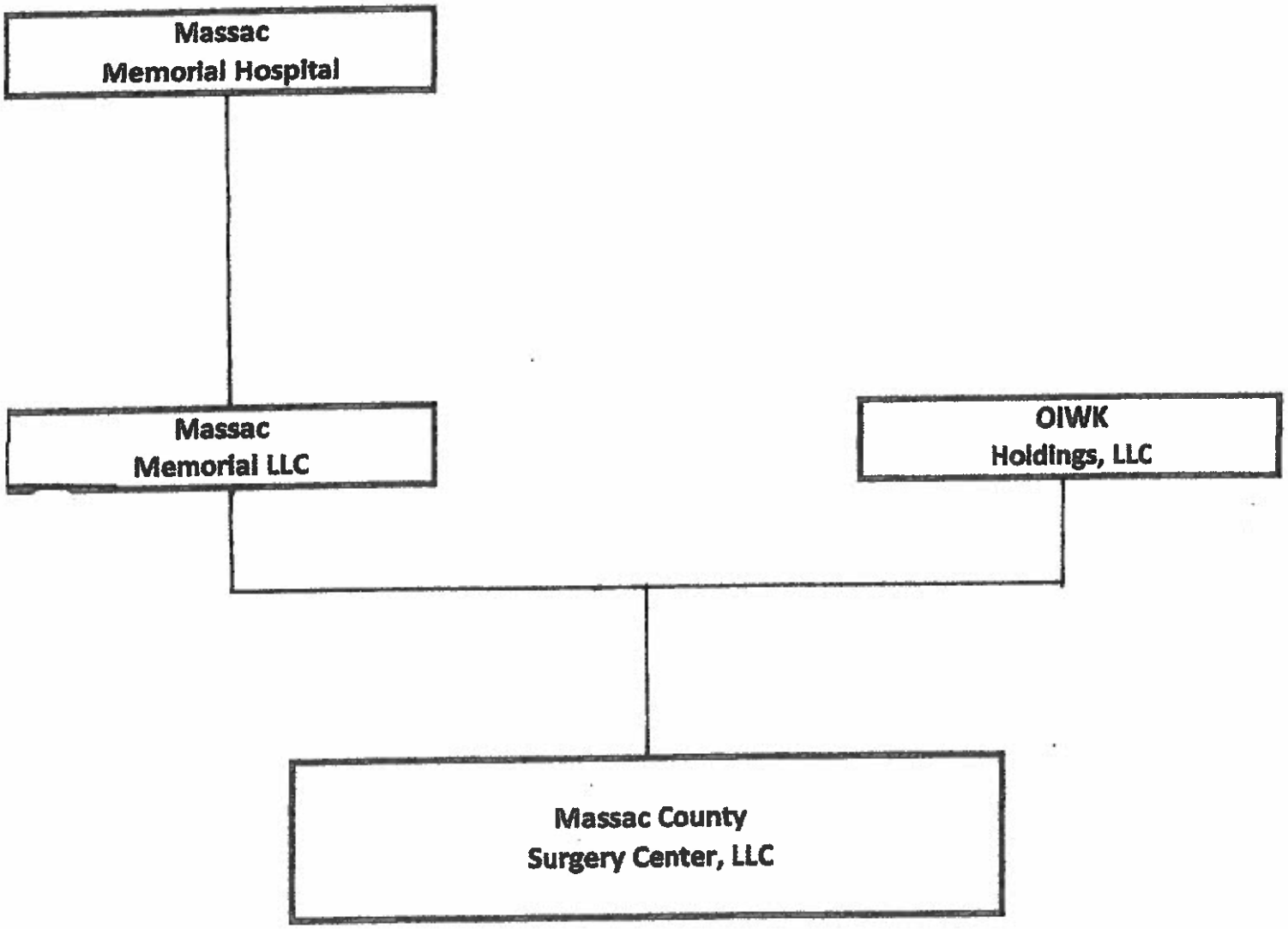
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 11TH *day of* OCTOBER *A.D.* 2021 .

Authentication #: 2128401186 verifiable until 10/11/2022
Authenticate at: http://www.ilsos.gov

Jesse White
SECRETARY OF STATE

ATTACHMENT 3

ORGANIZATIONAL CHART



FLOOD PLAIN REQUIREMENTS

With the signatures provided on the Certification pages of this Certificate of Need application, the applicants confirm that the project addressed thorough this Certificate of Need application, that being the addition of plastic surgery as a surgical specialty as an approved specialty to an ASTC located at 1811 East Fifth Street in Metropolis, Illinois, is in compliance with the requirements of Executive Order #2006-5. A map confirming such, and provided by FEMA is attached.

ATTACHMENT 5

National Flood Hazard Layer FIRMette

FEMA

88°42'15"W 37°10'1"N

88°41'38"W 37°9'32"N

0 250 500 1,000 1,500 2,000 Feet

1:6,000

Basemap: USGS National Map: Orthoimagery. Data refreshed October 2020

Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS
- Without Base Flood Elevation (BFE) Zone A, V, A99
- With BFE or Depth Zone AE, AO, AH, VE, AR
- Regulatory Floodway

OTHER AREAS OF FLOOD HAZARD
- 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
- Future Conditions 1% Annual Chance Flood Hazard Zone X
- Area with Reduced Flood Risk due to Levee. See Notes. Zone X
- Area with Flood Risk due to Levee Zone D

OTHER AREAS
- NO SCREEN Area of Minimal Flood Hazard Zone X
- Effective LOMRs
- Area of Undetermined Flood Hazard Zone D

GENERAL STRUCTURES
- Channel, Culvert, or Storm Sewer
- Levee, Dike, or Floodwall

OTHER FEATURES
- 20.2 / 17.5 Cross Sections with 1% Annual Chance / Water Surface Elevation
- Coastal Transect
- Base Flood Elevation Line (BFE)
- Limit of Study
- Jurisdiction Boundary
- Coastal Transect Baseline
- Profile Baseline
- Hydrographic Feature

MAP PANELS
- Digital Data Available
- No Digital Data Available
- Unmapped

N

The pin displayed on the map is an approximate point selected by the user and does not represer an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 10/11/2021 at 11:29 AM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

#21-034

HISTORIC PRESERVATION REQUIREMENTS

The proposed project does not involve any new construction or modernization to the existing structure or demolition, and as such, the requirements of this section are not applicable.

BACKGROUND

MASSAC County Surgery Center, LLC is owned by OIWK Holdings, LLC and Massac Memorial LLC. OIWK Holdings, LLC has "control" of the ASTC as a result of its 65.34% ownership of MASSAC County Surgery Center, LLC, with Massac Hospital LLC Holding the remainder of the ASTC ownership. The surgeons with ownership interests in OIWK Holdings, LLC are all members of Southern Orthopedic Associates, S. C. Southern Orthopedics operates with two divisions: one located in Herrin, Illinois and one located in Paducah, Kentucky. The physician investors in OIWK Holdings, LLC practice through the Paducah division. Surgeons practicing in the Herrin division have a 66% ownership interest in Southern Illinois Orthopedic Center, an IDPH-licensed ASTC, located in Herrin. Southern Illinois Healthcare Services has a 34% ownership interest in that ASTC.

With the signatures provided on the Certification pages of this Certificate of Need ("CON") application, each of the applicants attest that, to the best of their knowledge, no adverse action has been taken against any Illinois health care facility owned and/or operated by them, during the three years prior to the filing of this CON application. Further, with the signatures provided on the Certification pages of this Certificate of Need ("CON") application, each of the applicants authorize the Health Facilities and Services Review Board and the Illinois Department of Public Health access to any documents which it finds necessary to verify any information submitted, including, but not limited to official records of IDPH or other State agencies, and records of nationally recognized accreditation organizations.

Massac County Surgery Center Ownership

- 65.34 OIWK Holdings LLC 4787 Alben Barkley Drive, Paducah Ky 42001
  - Brandon Strenge MD 8.17%
  - Brian Kern MD 8.17%
  - William Adams DPM 8.17%
  - Jason Patton MD 8.17%
  - Spencer Romine MD 8.17%
  - Ryan Beck MD 8.17%
  - Shiraz Patel MD 8.17%
  - F. Thane DeWeese MD 8.17%

- 34.66 Massac Hospital LLC 28 Chick Street, Metropolis, Illinois 62960

HF 122090

Illinois Department of PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/15/2022		7003200

Ambulatory Surgery Treatment Center

Effective: 02/16/2021

Massac County Surgery Center LLC
dba The Orthopaedic Institute Surgey Center
1811 E 5th St

Metropolis, IL 62960

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 02/15/2022

Lic Number 7003200

Date Printed 01/21/2021

Massac County Surgery Center LLC
dba The Orthopaedic Institute Surgey
1811 E 5th St
Metropolis, IL 62960-3107

FEE RECEIPT NO.

ATTACHMENT 11

AAAHC
ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

ACCREDITATION NOTIFICATION

November 12, 2019

Organization #	113387	**Program Type**	Ambulatory Surgery Center
Decision Recipient	Ms. Melanie Russell, BSN,RN	**CCN**	14C0001166
Organization Name	Massac County Surgery Center LLC dba The Orthopaedic Institute Surgery Center		
Address	1811 E 5th St		
City | State | Zip	Metropolis	IL	62960

Dear Massac County Surgery Center LLC dba The Orthopaedic Institute Surgery Center,

As an ambulatory surgery center (ASC) that has undergone the AAAHC/Medicare Deemed Status Survey, your ASC has demonstrated its compliance with the AAAHC Standards and all Medicare Conditions for Coverage (CfC).

Survey Date	9/10/2019-9/11/2019	**Deficiency Level**	Condition
Type of Survey	Re-accreditation/Medicare Deemed Status	**Condition-level CFR citation(s)**	416.44 416.51
Acceptable PoC Received	10/11/2019	**Correction Method**	Follow up Survey, Plan of Action, Document Review, Self Attestation

If applicable, Medicare Follow-Up Survey

Survey Date	10/25/2019	**Deficiency Level**	None
Type of Survey	**Medicare Follow-up**		
Acceptable PoC Received	N/A	**Correction Method**	None

Congratulations!

The AAAHC Accreditation Committee recommends your ASC for participation in the Medicare Deemed Status program. The Centers for Medicare and Medicaid Services (CMS) has the final authority to determine participation and effective dates in Medicare Deemed Status in accordance with the regulations at 42 CFR 489.13.

Accreditation Type	Full Accreditation	**Recommend Medicare Deemed Status**	Yes
Accreditation Term Begins	10/28/2019	**Accreditation Term Expires**	10/27/2022

Special CC: **CMS CO - Baltimore**
CMS RO V – Chicago

Accreditation Renewal Code: 86056740113387

Next Steps

1. Leadership and staff of your ASC should take time to thoroughly review your Survey Report and Plan of Correction (PoC).
   - Subsequent surveys by AAAHC will seek evidence that deficiencies from this survey were addressed within the timeframes of your PoC.
   - The Summary Table provides an overview of compliance for each chapter applicable to your organization.
2. AAAHC requires **notification of any changes** within your organization in accordance with policies and procedures in the front section of the *Accreditation Handbook*. Visit the AAAHC website "I want to" section and select "Notify AAAHC of a change in my organization" and follow instructions.
3. AAAHC Standards, policies and procedures are reviewed and revised on an ongoing basis. You are invited to participate in the review through the periodic public comment process. Your organization will be notified when the proposed changes are available for review. You may also check the AAAHC website for details.
4. Accredited ASCs are required to maintain operations in compliance with the current AAAHC policies and Standards, which include the CMS Conditions for Coverage. Updates are published in the AAAHC *Handbooks*. Any mid-year updates are announced and posted to the AAAHC website, www.aaahc.org.
5. In order to ensure uninterrupted accreditation, your ASC should submit the *Application for Survey* approximately five months prior to the expiration of your term of accreditation. In states for which accreditation is mandated by law, the *Application* should be submitted six months in advance to ensure adequate time for review and scheduling the survey.
   NOTE: You will need the Accreditation Renewal Code found above to submit your renewal application.

Additional Information

Throughout your term of accreditation, AAAHC will communicate announcements via e-mail to the primary contact for your organization. Please be sure to notify us (notifycqa@aaahc.org) should this individual or his/her contact information change.

If you have questions or comments about the accreditation process, please contact AAAHC Accreditation Services at 847.853.6060. We look forward to continuing to partner with you to deliver safe, high-quality health care.

PURPOSE OF PROJECT

The purpose of the proposed project is to provide area residents access to a site for reconstructive and cosmetic plastic surgery services, having a charge structure lower than that of the only hospital in the geographic service area ("GSA"), thereby reducing the need for patients seeking these services to leave the GSA, primarily to Kentucky for treatment. There are currently no IDPH-licensed ASTCs in the GSA, other than the applicant facility. As a result, the approval and implementation of the proposed project will improve the health care and well-being of the southeastern Illinois population to be served.

For purposes of planning, the project's planning area is consistent with the HFSRB-defined GSA, which includes fourteen ZIP Code areas and approximately 100,000 people. (Note: The GSA, per HFSRB practices, is confined to that portion of Illinois located within 21 miles of the ASTC, and does not extend into Kentucky.) The ZIP Code areas included in the GSA are identified in the table below.

ZIP Code	Primary Community	State
62960	METROPOLIS	IL
62953	JOPPA	IL
62943	GRANTSBURG	IL
62938	GOLCONDA	IL
62910	BROOKPORT	IL
62908	BELKNAP	IL
62956	KARNAK	IL
62941	GRAND CHAIN	IL
62985	SIMPSON	IL
62995	VIENNA	IL
62923	CYPRESS	IL
62909	BOLES	IL
62928	EDDYVILLE	IL
62973	PERKS	IL

The goal of the project addressed in this Certificate of Need application is to initiate the provision of plastic surgery services at Massac County Surgery Center within sixty days of the HFSRB's approval for the ASTC to do so.

ALTERNATIVES

Given the limited purpose of the project, that being to provide area residents access to plastic surgery services in a setting with a lower charge structure than the geographic service area's ("GSA's") only hospital, and therein greatly reducing the need for Illinois residents to leave the state for care; and given the fact that there are no other ASTCs in the GSA, there are no reasonable alternatives to the proposed project.

SIZE OF PROJECT

Massac County Surgery Center consists of three Class C operating rooms, four Stage 1 recovery stations, and two Stage 2 recovery stations, in a total 11,550 DGSF. No space will be added to the ASTC or modernized as a result of the project addressed in this Certificate of Need application.

PROJECT SERVICES UTILIZATION

Massac County Surgery Center ("MCSC") has three operating rooms, is currently operating at the HFSRB's target utilization level of 1,500 annual hours per operating room (rounded up), and is fully anticipated to continue operating in excess of the HFSRB's utilization target, following the completion of the proposed project. Specifically, during 2019, 3,344 hours of operating room time were utilized; and during 2020 (despite the impact of the COVID-19 pandemic on ASTC utilization nationwide) 3,252 hours were utilized.

The plastic surgeon proposing to perform cases at MCSC, Dr. Daniel Verbist, has recently moved to the area, with his practice still very much in a growth phase. However, regardless of the number of cases performed by Dr. Verbist at MCSC, based on the ASTC's documented historical utilization, the ASTC will continue to operate at the HFSRB's target utilization level.

Dr. Verbist, per his letter contained in ATTACHMENT 24c3, anticipates referring approximately 150 surgical cases to MCSC, annually by 2023. Using the 2020 HSA V average amount of ASTC operating room time consumed per plastic surgery procedure, 1.67 hours, utilization is projected to increase by approximately 250 hours, annually, resulting in approximately 3,581 hours (3,252+250) of operating room time being consumed in 2023.

	PROJECTED UTILIZATION			
	YEAR 1	YEAR 2	STATE STANDARD	MET STANDARD?
OR hours	3,452	3,502	3,001+	YES

ATTACHMENT 15

SERVICE TO GEOGRAPHIC SERVICE AREA RESIDENTS

Metropolis is located in southeastern Illinois, on the Ohio River, across the river from Kentucky. The ASTC's geographic service area ("GSA") per the HFSRB definition, includes only those ZIP Code areas located within 21 miles of the ASTC, and in Illinois. In actuality, a major portion of the population residing within 21 miles of the ASTC live in western Kentucky. As a result, and primarily because most of the area's specialty surgeons have their primary offices in the greater Paducah, Kentucky area, historically, the vast majority of patients referred to the ASTC are Kentucky residents, rather than residents of the HFSRB-defined GSA.

Because of the geographic distribution of persons living within 21 miles of the ASTC, one would not anticipate a majority of the ASTCs patients to be Illinois residents living within 21 miles of the ASTC. Rather, per Searchbug, the GSA's (Illinois) population is 23,049; while the population of Kentucky residents living within 21 miles of the ASTC is 76,142.

Also contributing greatly to the anticipation that a majority of the ASTC's future patients will not reside in the HFSRB-defined GSA is the fact that the plastic surgeon anticipated to refer patients to the ASTC having his office in Paducah. As such, it is anticipated that the patient origin will remain very similar to the ASTC's 2019 patient origin; that being approximately 90% of the patients residing outside of the HFSRB-defined GSA.

The table on the following page identifies the ASTC's 2019 patient origin.

		Patients	%
HFSRB-defined GSA:			
62960	Metropolis, IL	106	
62910	Brookport, IL	22	
62995	Vienna, IL	16	
62941	Grand Chain, IL	6	
62956	Karnak, IL	5	
62908	Belknap, IL	5	
62943	Grantsburg, IL	3	
62953	Joppa, IL	2	
62985	Simpson, IL	2	
62928	Eddyville, IL	1	
62938	Golconda, IL	1	
		169	9.55%
Illinois-other		91	5.14%
Kentucky		1,478	83.50%
Tennessee		30	1.69%
Other/Unknown		2	0.11%
		1,770	100.00%

ATTACHMENT 24c2

SERVICE DEMAND

During 2020 3,252 hours, and during 2019 3,344 hours of operating room time were used Massac County Surgery Center ("MCSC"), which has three operating rooms. As such, historical utilization "supports" the three operating rooms; and cases to be added as a result of the initiating of plastic surgery services are unnecessary to confirm demand. The proposed project does not involve the addition of any operating rooms.

Plastic surgery services are to be provided by Dr. Daniel Verbist, who moved his practice from Columbia, Missouri to Paducah, Kentucky earlier this year, and began performing surgery in Paducah in July. Attached is a letter from Dr. Verbist, documenting the volume of cases he performed in Columbia in 2018 and 2019 (2020 data was not provided due to the impact of the COVID-19 pandemic on utilization and demand), as well as a patient origin analysis of the cases performed by Dr. Verbist between July 1 and October 15, 2021 in Paducah. Access to 2018 and 2019 patient origin data is not available. During Dr. Verbist's first 3½ months of practice in Paducah, Dr. Verbist performed procedures on 48 patients, 27 of which resided within 21 miles of MCSC. Six of the 27 referenced patients were Illinois residents (four residing in the HFSRB-designated GSA), with each of those patients traveling to Kentucky for their surgery.

Name (print): Daniel Verbist, MD

Specialty: Plastic Surgery

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of Massac County Surgery Center's plans to add plastic surgery as a specialty to be provided at the ASTC.

During 2019 and 2020 I performed procedures on approximately the following numbers of patients in the hospitals or licensed ASTCs identified below.

	2019	2020
University of Missouri Hospital	20	35
UM Women's and Children's Hospital	12	20
Missouri Orthopedic Institute	60	200
TOTAL	92	255

I estimate that I will refer 150 patients to Massac County Surgery Center during the second year following the receipt of the requested Certificate of Need Permit.

Attached is a ZIP Code-specific patient origin analysis of my 2019 and 2020 patients.

(I no longer have access to this data)

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,

Notarized:

Maria W. Crockett
12-15-21

ATTACHMENT 24c3&4

City, State	Zip Code	Place of Service
Wickliffe, KY	42087	Paducah Plastic and Reconstructive Surgery
Paducah, KY	42001	Paducah Plastic and Reconstructive Surgery
Paducah, KY	42001	Paducah Plastic and Reconstructive Surgery
Burna, KY	42028	Paducah Plastic and Reconstructive Surgery
Paducah, KY	42001	Paducah Plastic and Reconstructive Surgery
Dresden, TN	38225	Paducah Plastic and Reconstructive Surgery
Paducah, KY	42003	Paducah Plastic and Reconstructive Surgery
Paducah, KY	42003	Paducah Plastic and Reconstructive Surgery
Murray, KY	42071	Paducah Plastic and Reconstructive Surgery
Harrisburg, IL	62946	Paducah Plastic and Reconstructive Surgery
Paducah, KY	42003	Paducah Plastic and Reconstructive Surgery
West Paducah, KY	42086	Paducah Plastic and Reconstructive Surgery
Burna, KY	42028	Paducah Plastic and Reconstructive Surgery
Benton, KY	42025	Baptist Health-Paducah
Symsonia, KY	42082	Baptist Health-Paducah
Paducah, KY	42001	Baptist Health-Paducah
South Fulton, TN	38257	Baptist Health-Paducah
Marion, KY	42064	Baptist Health-Paducah
Dresden, TN	38225	Baptist Health-Paducah
Benton, KY	42025	Baptist Health-Paducah
Benton, KY	42025	Baptist Health-Paducah
Benton, KY	42025	Baptist Health-Paducah
Paducah, KY	42003	Baptist Health-Paducah
Paducah, KY	42003	Baptist Health-Paducah
Metropolis, IL	62960	Baptist Health-Paducah
Paducah, KY	42001	Baptist Health-Paducah
Paducah, KY	42003	Baptist Health-Paducah
Paducah, KY	42003	Baptist Health-Paducah
Paducah, KY	42003	Baptist Health-Paducah
Paducah, KY	42001	Baptist Health-Paducah
West Paducah, KY	42086	Baptist Health-Paducah
Metropolis, IL	62960	Baptist Health-Paducah
Paducah, KY	42001	Baptist Health-Paducah
Paducah, KY	42003	Baptist Health-Paducah
Mayfield, KY	42066	Baptist Health-Paducah
Benton, KY	42025	Baptist Health-Paducah
Kirksey, KY	42054	Baptist Health-Paducah
Princeton, KY	42445	Baptist Health-Paducah
Metropolis, IL	62960	Baptist Health-Paducah
Grand Rivers, KY	42045	Baptist Health-Paducah
Carterville, IL	62918	Baptist Health-Paducah
West Paducah, KY	42086	Baptist Health-Paducah
Ledbetter, KY	42058	Baptist Health-Paducah
Paducah, KY	42001	Baptist Health-Paducah
Metropolis, IL	62960	Baptist Health-Paducah
Calvert City, KY	42029	Baptist Health-Paducah

ATTACHMENT 24c3&4

La Center, KY	42056	Baptist Health-Paducah
Hickory, KY	42051	Baptist Health-Paducah

TREATMENT ROOM NEED ASSESSMENT

Massac County Surgery Center ("MCSC") currently has three operating rooms (and no procedure rooms), and the proposed project does not involve the addition of operating rooms or procedure rooms. As identified in ATTACHMENT 24c3&4, in both 2019 and 2020, the ASTC "justified" its three operating rooms. The letter provided by Dr. Daniel Verbist projects 150 annual plastic surgery cases to be performed at MCSC.during the second year following the approval of the proposed project. During 2020, plastic surgery cases performed in ASTCs in HSA V utilized an average of 1.67 hours, suggesting that Dr. Verbist's practice would require approximately 250 annual hours of operating room time. As such, the three operating rooms provided at MCSC can accommodate the anticipated caseload; and when combined with the ASTC's historical utilization, the three existing/proposed operating rooms are necessary to service the projected patient volume.

SERVICE ACCESSIBILITY

The addition of plastic surgery as a specialty approved to be provided at Massac County Surgery Center ("MCSC") is necessary to improve access for residents of the geographic service area ("GSA"). Currently Massac Memorial Hospital ("MMH") is the only hospital in the GSA and MCSC is the only ASTC in the GSA. Only a minimal number of plastic surgery cases were performed during the third quarter of 2021at MMH, with the charges for those cases, consistent with that of other hospitals, being higher than the charge structure identified in ATTACHMENT 24c9, which is similar to that typically utilized by ASTCs. As a result, area residents do not have access to plastic surgery services having a typical ASTC charge structure within the HFSRB-defined GSA.

In addition, MCSC was established and continues to be a joint venture, with the hospital, through a related entity, having a 34.66% ownership interest in MCSC, consistent with the applicable requirements of Section 1110.235.c.6.

UNNECESSARY DUPLICATION/MALDISTRIBUTION

The proposed project, because of its limited scope and the fact that the project does not involve the addition of operating rooms or procedure rooms, will not cause an unnecessary duplication or maldistribution of ASTCs, hospitals, or operating rooms.

The population of the geographic service area ("GSA") identified in ATTACHMENT 12, per SearchBug, is 28,500.

Within the GSA, there are two providers of surgical services, Massac County Surgery Center (the applicant) with three operating rooms, and Massac Memorial Hospital, with three operating rooms and one (gastroenterology) procedure room, a total of 7 operating rooms/procedure rooms, or one room per 4,071 GSA residents. Both of the above-referenced facilities are located in Metropolis.

State-wide, per 2020 *Profile* data, there are 1,798 operating rooms and 703 procedure rooms in licensed hospitals or ASTCs, a total of 2,501. The IDPH population projection for the state is 13,129,233; resulting in one room per 5,250 residents. With the distribution of operating and procedure rooms state-wide being nearly three times that of the GSA, a maldistribution currently exists and will not be caused or exacerbated by the proposed project.

Plastic surgery services, having a charge structure similar to most ASTCs, are currently not accessible within the GSA. A minimal number of plastic surgery procedures have recently begun to be performed at Massac Memorial Hospital. The hospital, however, holds a 34.66% ownership share in the ASTC, and has historically provided a very limited amount of surgery and

gastroenterology procedures (a total of 474 cases in 2020), and the proposed addition of plastic surgery as an approved specialty to be provided at MCSC will have a negligible impact on the hospital's ability to operate at the HFSRB's target utilization level.

STAFFING

Massac County Surgery Center operates consistent with licensure and AAAHC applicable staffing-related standards, and the applicants do not anticipate a need to add staff as a result of the proposed project.

Attached is a CV for the ASTC's Medical Director.

ATTACHMENT 24c8

800 S PARK AVE • SPRINGFIELD, IL 62704
PHONE (217)793-1880 • E-MAIL bkern@siumed.edu

BRIAN KERN, M.D.

OBJECTIVE

To practice sports medicine, general orthopaedics, arthroscopy and reconstructive surgery as well as provide on-field coverage for high school and college athletes.

EDUCATION

8/2008-7/2009
Southern California Orthopaedic Institute (SCOI) Fellowship in Sports Medicine, Arthroscopy, and Reconstructive Surgery (Van Nuys, Ca)

- Passed Part I examination of the American Board of Orthopaedic Surgery -- 90th percentile

7/2003-6/2008
Southern Illinois University School of Medicine and Affiliated Hospitals Orthopaedic Surgery Residency Program (Springfield, IL)

- Selected to attend The AOA Resident Leadership Forum
- OITE 2006 – 189 (92nd percentile)
- OITE 2005 – 186 (82nd percentile)
- OITE 2004 – 178 (95th percentile)
- OITE 2003 – 146 (89th percentile)
- USMLE Step 3 – 213

8/1999-5/2003
Southern Illinois University School of Medicine (Springfield, IL)

- Honors Neurology
- Illinois General Assembly Scholarship Recipient
- Surgery Interest Group
- USMLE Step 2 – 237
- USMLE Step 1 – 232

8/1998-5/1999
Saint Louis University Graduate Program (Saint Louis, MO)
Participated in a PhD program in Biomedical Sciences as part of my preparation for medical school.

8/1994 - 12/1997
Saint Louis University (Saint Louis, MO)

- Bachelors of Arts in Biology
- Recipient of scholarship to pitch Division I Baseball
- Finished senior season ranked in top ten in nation for strike outs per 9 innings
- Conference USA Pitcher of the Week

ATTACHMENT 24c8

8/1992 – 5/1994
Rend Lake Community College (Ina, IL)

- Associates of Science Degree
- Phi Beta Kappa Honor Society
- Junior College Academic All-American for Baseball/Basketball
- Male Athlete of the Year
- All-Conference Baseball

EMPLOYMENT

1/2000 – 1/2008 (planned date of honorable discharge)
Illinois Army National Guard

- Captain
- Top 10% Officer Basic Course
- Illinois Military Attendance Ribbon
- Army Achievement Medal
- Army Service Ribbon

5/1999 – 8/1999
Rend Lake Golf Course (Ina, IL)
Grounds crew/ maintenance worker

6/1996 – 3/1998
Oakland Athletics – Minor League Baseball Pitcher

- Dave Stewart Community Service Player of the Year 1996

1986-1994
Family owned cattle/ grain farm

RESEARCH

"Total Knee Arthroplasty with Cemented NexGen Legacy Posterior Stabilized (LPS) versus the NexGen Cruciate Retaining (CR) Implants: A Prospective Evaluation"
Brian Kern, M.D., Rita Trammell, Ph.D., and D. Gordon Allan, M.D.
Presented as a poster at the 4th Annual SIU School of Medicine Research Symposium 2005

"Effect of Cement Viscosity on Cement Mantle in the Total Knee Arthroplasty"
Brian Kern, M.D., Manish Paliwal, Ph.D., D. Gordon Allan, M.D.
Presented as a poster at the 5th Annual SIU School of Medicine Research Symposium 2007

HOBBIES AND INTERESTS

- Spending time with family and traveling
- Outdoor activities, skiing and boating
- Baseball, basketball, football and golf

- Racquetball and bowling
- Running and weight lifting

REFERENCES

- **D. Gordon Allan, M.D., F.R.C.S., F.A.C.S.**
  Associate Professor and Chair, Division of Orthopaedics and Rehabilitation
  Department of Surgery, Southern Illinois University School of Medicine
  P. O. Box 19679
  Springfield, IL 62704-9679
  Phone: 217-545-8865
  E-mail: gallan@siumed.edu

- **Per Freitag, PhD, M.D., F.A.C.S.**
  Associate Professor, Division of Orthopaedics and Rehabilitation
  Department of Surgery, Southern Illinois University School of Medicine
  P.O. Box 19679
  Springfield, IL 62794-9679
  Phone: 217-545-8865
  E-mail: pfreitag@siumed.edu

- **Osarentin Idusuyi, M.D.**
  Associate Professor, Division of Orthopaedics and Rehabilitation
  Department of Surgery, Southern Illinois University School of Medicine
  P.O. Box 19679
  Springfield, IL 62794-9679
  Phone: 217-545-8865
  E-mail: oidusuyi@siumed.edu

- **Diane Hillard-Sembell, M.D.**
  Springfield Clinic Orthopaedics
  800 North 1st Street
  Springfield, IL 62702
  Phone: 217-528-7541

- **Rodney J. Herrin, M.D.**
  Orthopaedic Center of Illinois
  Clinical Instructor, Division of Orthopaedics and Rehabilitation, Southern Illinois University School of Medicine
  3136 Old Jacksonville Road, Suite 150
  Springfield, IL 62704
  Phone: (877)862-0624

ATTACHMENT 24c8

CHARGE COMMITMENT

Attached is a listing of the plastic surgery CPT codes and associated charges for cases covered by insurance, as well as the time-based fee schedule for non-medically necessary (typically cosmetic) cases that could potentially be performed in the ASTC.

With the signatures on the Certification pages of this Certificate of Need application, the applicants attest that the charges, as identified on the following pages, will not increase for, at minimum, the ASTC's first two years of providing plastic surgery services, unless a Permit is first obtained pursuant to 77 Ill. Adm. Code 1130.312(a).

Plastic Surgery Fee Schedule---Medically Necessary Cases Covered by Insurance

11400	$906.32	12011	$149.86
11401	$1,233.00	12013	$399.59
11402	$906.32	12014	$536.63
11403	$1,507.95	12015	$536.63
11404	$2,640.00	12016	$1,333.80
11406	$2,640.00	12017	$1,333.80
11420	$1,507.95	12018	$1,333.80
11421	$1,507.95	12020	$1,242.00
11422	$1,507.95	12021	$995.00
11423	$3,344.98	12031	$802.00
11424	$3,344.98	12032	$353.33
11426	$4,444.32	12034	$1,333.80
11426	$4,444.32	12035	$1,333.80
11440	$906.32	12036	$1,364.00
11441	$906.32	12037	$6,854.00
11442	$1,507.95	12041	$740.00
11443	$1,507.95	12042	$802.00
11444	$1,507.95	12044	$1,364.00
11446	$4,444.32	12045	$1,333.80
11450	$4,444.32	12046	$1,333.80
11451	$4,444.32	12047	$1,752.53
11462	$4,444.32	12051	$353.33
11463	$4,444.32	12052	$353.33
11470	$4,444.32	12053	$353.33
11471	$4,444.32	12054	$1,333.80
11600	$906.32	12055	$1,333.80
11601	$906.32	12056	$1,333.80
11602	$906.32	12057	$1,333.80
11603	$1,507.95	13100	$1,333.80
11604	$1,507.95	13101	$1,686.10
11604	$1,507.95	13102	$933.40
11606	$3,344.98	13120	$1,333.80
11620	$1,513.00	13121	$1,725.00
11621	$906.32	13122	$937.00

ATTACHMENT 24c9

11622	$1,513.00	13131	$1,333.80
11623	$3,344.98	13132	$1,686.10
11624	$2,640.00	13133	$933.40
11626	$4,444.32	13151	$1,686.10
11640	$1,507.95	13152	$1,686.10
11641	$1,507.95	13153	$1,686.10
11642	$1,507.95	13160	$3,907.00
11643	$1,507.95	14060	$3,108.47
11644	$3,344.98	19318	$8,194.81
11646	$4,444.32	19357	$11,365.74
12001	$149.86	19361	$6,500.00
12002	$149.86	19364	$2,116.82
12004	$149.86	19380	$8,387.57
12005	$1,285.00	21365	$4,825.76
12006	$1,285.00	21461	$8,460.63
12007	$1,364.00	21470	$8,460.63

Cosmetic Surgery Fee Schedule---cases not covered by insurance

Time (in minutes)	ASC Fee	Anesthesia Fee	Total Fee
0-30	$1,000	$300	$1,300
31-45	$1,225	$350	$1,575
46-60	$1,450	$400	$1,850
61-75	$1,675	$450	$2,125
76-90	$1,900	$500	$2,400
91-105	$1,795	$550	$2,345
106-120	$2,020	$600	$2,620
121-135	$2,170	$650	$2,820
136-150	$2,320	$700	$3,020
151-165	$2,400	$750	$3,150
166-180	$2,770	$800	$3,570
181-195	$2,920	$850	$3,770
196-210	$3,070	$900	$3,970
211-225	$3,220	$950	$4,170
226-240	$3,370	$1,000	$4,370
241-255	$3,520	$1,050	$4,570
256-270	$3,670	$1,100	$4,770
271-285	$3,820	$1,150	$4,970
286-300	$3,970	$1,200	$5,170
301-315	$4,120	$1,250	$5,370
316-330	$4,270	$1,300	$5,570
331-345	$4,420	$1,350	$5,770
346-360	$4,570	$1,400	$5,970
Ea Additional ¼ Hour over 6	$225	$50	$275

1. **For cosmetic cases only** – The ASC case time is calculated as "Patient In Room Time" to "Patient Out of Room Time". The Anesthesia case time is calculated as "Anesthesia start time in pre-op" to "Patient transfer to PACU".
2. **For cosmetic/insurance combination cases** – cosmetic time is calculated as defined above in #1 for the cosmetic portion(s) only.
4. The above rate includes all surgery related drugs, supplies, equipment, CRNA, anesthesiologist, and other associated facility expenses **except for the separately billed items and services on the following page.**
5. The above rate does NOT include the surgeon, pathologist, and/or radiology fees; office visits or any other required follow-up care, whether such care was anticipated or unanticipated.

LD

Orthopaedic Institute Surgery Center *1811 E. 5th Street, Metropolis, IL 62960*	*Policy/Procedure*
Category: **QUALITY AND RISK MANAGEMENT**	Page 1 of 10
Subject: **Quality Management Plan** Policy #: **1500**	

Quality Assurance-Performance Improvement & Risk Management Plan

2021

Purpose

The purpose of the Performance Improvement Plan is to assure quality, improve organizational performance and to proactively reduce risks to the patients, family, visitors and staff of OISC through a systematic interdisciplinary approach. Quality assessment and performance improvement activities are based on Orthopaedic Institute (OISC) Surgery Center's mission statement and regulatory requirements for ambulatory surgery centers. The program is designed to reflect performance of all departments and services and is focused on improving outcomes, assuring safety and reducing medical errors. The OISC Board of Directors is committed to providing the resources necessary to delegating responsibility for the program and to act upon information in order to assure the success of the program.

The performance improvement activities are incorporated into the activities of all staff throughout the surgery center, are focused on client needs and expectations and address the processes necessary to meet those needs and expectations. Individuals involved in a medical/health care adverse outcome error, or near miss are not subjected to blame or retribution; they are involved in the process of analyzing the adverse outcomes and near misses and participate in identifying strategies to improve processes and systems to reduce risks and recurrences of these events. The PI process includes ongoing collection; aggregation and analysis of both clinical and operational data as it relates to patient care and organizational performance, in order accomplish the following goals:

- To identify opportunities to improve outcomes
- To reduce risks to patients
- To provide for safety
- To develop and implement action plans to resolve problems
- To improve individual staff competencies.

Strategic Initiative

The objectives of the PI program at OISC include the following:

- To assure direction, accountability, and coordination of all quality assessment, performance improvement, and risk management activities.
- Improve customer satisfaction

- Create a patient safe climate of healthcare.
- To centralize the handling of all QA and PI data generated by OISC.
- To collect measurable data about high risk, high volume and/or problem prone surgical procedures.
- To use data to monitor performance.
- To systematically aggregate and analyze data.
- To identify and analyze undesirable trends in performance.
- To use data to make changes that improves performance, provides for patient safety and reduces the risk of sentinel events.
- To define and implement processes to identify and manage sentinel events.
- To develop a proactive program for identifying and reducing unanticipated adverse events and safety risks to patients.
- To document and report QA/PI activities and findings to the PAC and Board of Directors.

Organizational Framework

The Governing Board
The Governing Board of Directors has the ultimate responsibility for performance improvement. To fulfill the commitment to performance improvement, the Board delegates the responsibility for developing, implementing and maintaining performance improvement activities to administration, management, medical staff and employees. The Board recognizes that performance improvement is a continuous, never-ending process; therefore, they will provide the necessary resources to carry out this philosophy. Through the development of strategic initiatives, the Board provides direction for the organization's improvement activities.

Managers
Managers are responsible for ongoing performance improvement activities. Many of these activities will interface with various departments, with medical staff, and community. It is critical that the managers foster an environment of collaboration with both internal and external customers.

Employees
The role of the individual employee is critical to the success of a performance improvement initiative. Quality is everyone's responsibility. All employees must believe that every process can be improved and feel empowered to fix and prevent problems, as well as contribute to improvement efforts. Any employee or medical staff member is encouraged to make suggestions for performance improvement.

Orthopaedic Institute Surgery Center *1811 E. 5th Street, Metropolis, IL 62960*	*Policy/Procedure*
Category: **QUALITY AND RISK MANAGEMENT**	Page 3 of 10
Subject: **Quality Management Plan** Policy #: **1500**	

Performance Improvement Priorities

Performance improvement priorities are determined annually. Priority consideration is given to:

1. The vision, key strategic planning initiatives
2. Key stakeholder feedback
3. High volume activities
4. High risk activities or processes which place patients at risk if not performed well
5. Problem prone activities
6. High-cost activities
7. Sentinel/near miss events or sentinel event alerts
8. High organizational impact
9. Patient Safety issues

Because OISC is sensitive to the ever- changing needs of the organization, priorities may be changed or re-prioritized due to:

1. Identified needs from data collection and analysis
2. Unanticipated adverse occurrences affecting patients
3. Changing regulatory requirements
4. Significant needs of patients and/or staff
5. Processes identified as error prone or high-risk regarding patient safety
6. Criteria to institute a proactive risk assessment (i.e., sentinel alerts, information in professional journals)
7. Changes in the environment of care
8. Changes in the community

Scope of the Program

The performance improvement program collects data in the following areas:

1. OISC Staff opinions and perceptions
2. OISC Patients' perceptions of care and services.
3. Risk Management, Utilization Management and Quality Control.
4. Infection Control, Surveillance and Reporting.

5. Individual employee performance and competency.
6. High Risk Clinical situations.
7. Post Op phone calls
8. Patient satisfaction surveys
9. Communication with physician's staff

Goals and Methods of Meeting the Goals of the PI Program

1. **OISC Staff**
   a. Goal: To gain active participation of the OISC staff in the form of:
      i. Opinions and needs
      ii. Perceptions of risks to individuals and suggestions for improving patient safety, and
      iii. Staff willingness to report unanticipated adverse events
      iv. To create an environment of personal ownership and customer care
      v. To attract, train and retain outstanding employees.
   b. Method:
      i. Monthly or Quarterly
         - Staff Meetings or informal interviews
            - To discuss adverse events and identifying alternative better practices.
            - To evaluate processes
            - To educate and inform
            - To encourage open communication
            - Measure employee attendance at staff meetings
            - To evaluate departmental specific processes
            - To problem solve
            - To identify areas for improvement
         - Quarterly PAC Meetings
            - To ensure staff participation and input in quality, safety, and infection control
            - To reinforce the structure of OISC staff / committee / governing board

      ii. Annually
         - Employee performance review
      iii. Orientation

- Standardized employee orientation plan
  - To educate new employees in policies and procedures
  - To assess new employee competency

iv. As Needed
- Exit Interviews
  - To identify areas needing improvement
- Sentinel Event Reporting Policy and Root Cause Analysis of sentinel events

2. OISC Patients and Customer Service

a. Goal: To collect data from patients re: the perception of care, treatment, and services of patients to include the following:
   i. Specific needs and expectations.
   ii. How well OISC meets the needs and expectations.
   iii. How the organization can improve safety
   iv. The effectiveness of pain management when applicable.

b. Method:
   i. Patient Satisfaction Surveys
   ii. 24-72 hour post op phone calls attempted next 1-2 business days. These calls evaluate the patient's immediate post op experience, identify necessary interventions, and give feedback regarding their experience at OISC.
   iii. Case Cancellation Monitor– identify reasons for last minute case cancellations and areas for improving the pre op patient preparation process.
   iv. Pre-Assessment Nurse Screening Process- Identifies individual patient needs and allows for the development of patient specific plan of care.

3. Performance in High Risk Processes

a. Goal #1: To collect data that measures the performance of the following potentially high- risk processes including:
   i. Medication Management
   ii. Pediatric Patients
   iii. Operative Procedures that place patients at risk.
   iv. Anesthesia complaints

b. Method: Consistent and systematic reporting of variances in performance and identify trends or patterns, report to PAC and Board and develop an intervention in the case of recurrent problems:
   i. Medication Variances
      1. Omissions

2. Delays
3. Medication errors
4. Adverse drug reactions

ii. Procedure Variances
1. Unplanned procedure
2. Unplanned transfers / hospital admissions
3. PACU stays greater than 4 hours due to clinical complications

iii. Narcotic Audits

iv. SCIP (Surgical Care Infection Protocol)
a. Ongoing monitoring of antibiotic timeliness
b. Diabetics
c. Hair Removal
d. Normothermia

c. Goal #2: To improve the accuracy of Patient Identification via the use of:
i. At least two (2) patient identifiers prior to the administration of medication, IV's, or any procedure.
ii. Prior to the start of any surgical or invasive procedure, conduct a time out to confirm the correct patient, correct procedure and site, using active communication technique.

d. Method:
i. At the time of registration at OISC, patient's identification is verified by picture ID, name and birthdate. Adult patient is banded.
ii. Surgical Site is verified with the patient and marked on the correct site pre-operatively
iii. Site Verification and "Time Out" Policy
iv. Medical Record Audit to monitor documentation of:
1. "Time Out"
2. Surgical Site verification processes
3. Correct Consent for surgery
4. Completed admission database and H & P
5. Physician signature and documentation
6. Medication reconciliation

e. Goal #3: To improve the effectiveness of communication among caregivers by
i. Standardizing the abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms and symbols not to use.

ii. Implementing a standardized "hand off" approach to communication.

f. Method:

i. Standardized abbreviations, acronyms and symbols are used at OISC.

g. Goal #4: To improve the safety of using medications

h. Method:

i. There are no concentrated electrolytes in OISC .

ii. Drug concentrations are standardized.

iii. Annually the list of all look-alike/sound-alike drugs used at OISC is reviewed

iv. All medications and medication containers (on or off the sterile field in peri-operative or procedural setting) must be labeled.

v. Nurse obtains a thorough medication history as possible. The nurse, CRNA or physician reviews the patient's current regimen for contraindications or interactions with treatment planned for patient during an encounter.

vi. Follows policy on safe-handling of medications.

i. Goal #5: Monitor the functioning of the emergency nurse call bell system

j. Method: Emergency Call System is tested and monitored monthly to test for the proper functioning and timely response to clinical alarms throughout the patient care areas.

k. Goal #6: Reduce the risk of health care-acquired infections

i. OISC will be in compliance with the CMS, AAAHC, CDC, APIC and AAMI standards.

ii. All identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection

l. Method: Infection Control Plan

i. Pre-Operative Timeliness Monitor for antibiotics administered in pre-op.

ii. Total Surveillance of Post Op Infections.

iii. Individual report for all identified cases of post op infection

iv. Identify, report, and investigate trends and patterns.

v. Daily testing of biological in the sterile processing department.

vi. Hand-washing Policy and Procedure - Audits to measure compliance

vii. Infection monitoring from each surgeon / staff

viii. Postoperative phone call next 1-3 business days.

ix. Communication with clinic staff

x. Annual staff training

m. Goal #7: Accurately and completely reconcile medications across the continuum of care.
   i. The list of patients' current medications is documented in the medical record at the time of the Pre-Assessment phone call to the patient, or at the time of admission to the Pre-Op area if unable to complete beforehand.
   ii. In the event the patient is transferred to another facility rather than discharged home the MED REC FORM is communicated to the next provider.
   iii. The patient's medications are reconciled at both admission and upon discharge from the facility.

n. Method: Medical record audit above to monitor compliance

o. Goal #8: Reduce the risk of surgical fires
   i. Staff are educated on fire risk assessment and the timeout includes the fire risk score and prevention.

p. Method:
   i. Quarterly fire drills-
   ii. Annual in-service on fire safety

4. Risk Management, Utilization Management and Quality Control

a. Goal: To integrate relevant information from these areas into OISC performance improvement initiatives

b. Method:
   i. Consistent use of the Quality Referral reporting method to document incidents and to identify trends.
      1. Intervention by management with voluntary reporting encouraged and promoted for a non-punitive culture.
      2. Quarterly reporting to the Physician Advisory Committee and to the Board of Directors.
   ii. Staffing Plans and Monthly evaluation of staffing effectiveness
      1. Overtime rates
      2. Employee Turnover rates
      3. Staffing vacancy Rates
   iii. Quarterly Safety Committee Meetings (incorporated into PAC) to review information submitted re: compliance with safety standards:
      1. Biomedical Equipment
      2. Employee Health / OSHA
      3. Fire Safety

4. Employee Mandatory Competencies
5. Infection Control
6. Environment of Care and Life Safety
7. Emergency Management
8. Security Management
9. Hazardous Materials
10. Corporate Compliance
11. Regulatory Compliance

5. Medical Necessity of Surgical Procedures

a. Goal: To collect data on an ongoing basis about the medical necessity of surgical procedures

b. Method: OISC conducts quarterly Peer Review audits of surgical records to screen for the appropriateness of surgical procedures. It is to ensure objectivity and to permit record screening by non-physician personnel. Medical records that do not meet criteria, i.e. information is not found to support the need for surgery from the following sources:
   i. History and Physical
   ii. Diagnostic Studies
   iii. Pathology reports from tissue samples

c. Results of the Peer Review are reported to the PAC. The Physician Advisory Committee reviews the records with variances. The individual physician is contacted and required to provide supportive evidence. The additional information is reported to the OISC and determination is made as to whether the surgery meets the criteria for being medically necessary. If the record doesn't support the need for surgery, the PAC will pursue corrective action according to the OISC bylaws

6. Individual Employee Performance and Competency

a. Goal: To monitor employee performance and competence to assure safe practice and compliance with expectation of the job description

b. Method:
   i. Standardized employee orientation in all departments.
   ii. Orientation competency checklists

   iii. Annual Performance Evaluation and review of job description
   iv. Annual system, department and unit specific mandatory competencies.

Orthopaedic Institute Surgery Center *1811 E. 5th Street, Metropolis, IL 62960*	*Policy/Procedure*
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7. **High Risk Process**
   a. Goal: To analyze high-risk processes and procedures which have potential for risk to patient safety? Clinical focus will be the patients receiving Spine surgery and Total Joint surgery
   b. Method:
      i. Monitor response to care given according to the clinical practice guidelines
      ii. Evaluate post operative complication rate
      iii. Trace the processes used in surgery to identify areas of risk.
      iv. Redesign processes to decrease risks as indicated
      v. Implement and test the success of new processes.
      vi. Monitor effectiveness of the new processes.

Orthopaedic Institute Surgery Center

2021 Work Plan for Infection Control and Quality Improvement

Indicator	Responsibility	Purpose	Measures and Actions	Goal/Standard/Benchmark	Data Source	Timeline				Comments
Quality Planning						Q1	Q2	Q3	Q4	
Compliance with Illinois ASC regulations and CMS Conditions for Coverage	OISC DON, SMP, Quality and Infection Control nurses	Remain compliant with state and federal regulations, specifically, ASC	DON will review standards on an annual and on an as needed basis to ensure insure compliance. Education provided to staff as needed.	Regulatory Compliance	Illinois administrative Code and CMS COP's	X	X	X	X	
Compliance with CDC Covid 19 guidelines and IDPH Covid 19 guidelines	OISC DON, Quality and Infection Control nurses, staff	Remain compliant with state and federal regulations, provide safe environment for employees and patients	DON and Infection Control Nurse will monitor the CDC and IDPH websites for ASC specific guidelines r/t patient testing, employee testing and employee return to work following exposure and Covid 19 infection.	Regulatory Compliance	IDPH and CDC	x	x	x	x	OISC Pandemic Plan is a fluid document and will be updated
Annual Work Plan	Quality and IC RN's and DON	Outline the planning, monitoring and improvement activities for the year.	Work plan completed per review of CMS standards of care and AAAHC with approval by the governing board	Regulatory Compliance.	Various sources including benchmarking data, patient satisfaction results, unusual occurrence data, risk management data and IC data .	X				New studies will be implemented through out the year as deemed necessary.
Review of Policies and Procedures	clinical staff	Assure that policy and procedures are updated to reflect current performance parameters	Policies are reviewed every 2 years and as needed. Staff review policies on an annual basis.	100% policy manual review.	Validation thru staff competency checklist.	X	X			All managers and staff will be expected to review all policy manuals before February of each year. Validation of policy review will be noted per all members . All new policies and/or significant changes will be approved per the Physician Advisory Committte and Governing board.

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2021 Work Plan for Infection Control and Quality Improvement

Indicator	Responsibility	Purpose	Measures and Actions	Goal/Standard/Benchmark	Data Source	Timeline				Comments
Employee Education	Managers	Comprehensive training and education to facilitate and promote the commitment to quality of care and service	1. Online education for clinical and nonclinical modules application thru HealthStream. 2. Department specific education provided at staff meetings as needed.	Staff participation of all employees is at 100% participation per year, related to mandated education needs. Staff maintain competencies in their assigned area's and meet criteria for state licenses	Staff Meeting Minutes, Staff Competency Checklists, Documentation from employee if education received from outside sources (ie-conferences)	X	X	X	X	
Compliance with all mandated reporting requirements	DON	Ensure ongoing full reimbursement increases with CMS and seek to improve services as appropriate.	1.Claim based submission for Medicare requirements (g-codes). 2. NHSN, Quality Net submissions as required.	Submission for all measures by deadlines and on every claim.	CDC, Quality Net, NHSN	X	x	x	x	
Quality Indicator Monitoring										
Track monthly infections related to incision sites	Quality and IC RN's	Track, trend and analyze to prevent and minimize infections.	1. Infection rate 2. Follow up on all patients with a surgical site infection - per chart review, patient interview and data from MD's	1. Remain below the national benchmark for infections. 2. Analyze and report any trends in correlation of any infections.	Infection Control Survey information from surgeons, information from admitting hospitals, and information obtained from patients.	X	X	X	X	

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2021 Work Plan for Infection Control and Quality Improvement

Indicator	Responsibility	Purpose	Measures and Actions	Goal/Standard/Benchmark	Data Source	Timeline			Comments
Track the quality codes that are reported thru quality net.	OR staff RN's, Quality RN and DON	Track, trend and analyze data to assess any areas for improvement in quality of care provided to patients.	1. Number of patients transferred or admitted to hospital within 72 hours of ASC procedure. 2. Patient falls while at the ASC. 3. Patient Burns 4. Prophylactic antibiotics initiated within 60 minutes of Incisional time. 5. Wrong site, wrong side, wrong implant, wrong procedure, wrong patient.	National ASC Benchmark Data, Management Company Benchmark data	Chart Review, Transfer Records, Physician documentation, Patient Satisfaction survey information and post op phone call information	X	X	X	
Track monthly ED visits, and complications	Quality RN	Track, trend and analyze data to assess any areas for improvement in quality of care provided to patients.	1. ED visits and 2. reported complications	Monitor for any trends that would give consideration for process changes or quality improvement projects.	Patient phone calls and communication with clinic staff	x	x	x	

Orthopaedic Institute Surgery Center

2021 Work Plan for Infection Control and Quality Improvement

Indicator	Responsibility	Purpose	Measures and Actions	Goal/Standard/Benchmark	Data Source	Timeline				Comments
Patient, Visitor, Physician, Employee Unusual Occurrences	Employee Health RN, Quality RN, IC RN and DON	Track and trend all unusual occurrences related to patients, employees and visitors.	Anything anyone finds unusual or worth trending can be captured here; falls, errors, mishaps in the facility, employee injuries, needle sticks, not wearing personal protective equipment. Staff should feel safe reporting any safety concerns.	Monitor for any trends that would give consideration for process changes or quality improvement projects.	Occurrence Forms, Occupational health/employee health nurse reports, Chart Reviews	X	X	X	X	
Patient Satisfaction	Quality RN and DON	Maintain patient satisfaction for care received at OISC	Monthly and quarterly evaluation of patient satisfaction surveys 1. Confidence in care received 2. Recommend Facility	1. 96% 2. 96%	Patient Satisfaction Surveys from Symphony	X	X	X	X	All patients receive a satisfaction survey via email notification or paper if requested on discharge from the facility. All patients are encouraged to complete during the follow up phone call process. Clinical managers follow up on comments as deemed necessary related to negative comments or potential issues.

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Orthopaedic Institute Surgery Center

2021 Work Plan for Infection Control and Quality Improvement

Indicator	Responsibility	Purpose	Measures and Actions	Goal/Standard/Benchmark	Data Source	Timeline				Comments
Pharmacy Monitoring	Consulting Pharmacist and DON	Maintain appropriateness of the formulary and the medications adminstered and stored at OISC as a review and assessment to insure no medication diversion is occurring as well as safe practices due with regard to outdates, package integrity, etc.	Quarterly check of all specified processes, outdates, integrity and administration of meds is completed by the consulting pharmacist. All staff are required to check meds prior to infusion or administration for vial integrity, outdates and sterility of needle and syringe.	Monthly monitoring, 100% appropriateness	Consulting Pharmacist audit forms, staff visual checks prior to administration and monthly outdate checks by staff.	X	X	X	X	
Compliance with regulations for complete and accurate patient medical records, within 30 days of patient visit	DON and Registration Staff, Quality Nurse and Clinical Staff	To maintain optimal, quality patient care and reimbursement of services provided.	Charts are reviewed on a daily basis. Charts are returned to providers for signatures as necessary.	Ensure medical records are completed within 30 days of procedure.	Daily Medical Records review	X	X	X	X	Visual Audits are completed each day on 100% of all charts to ensure compliance.
Contracted Services										
All Contracted Services	Manager, Lead team members	Assure that all contracted services are maintaining quality standards and following appropriate guidelines.	Documented evidence of quality measures will be kept on file for all contracted services.	Documented evidence of quality will be kept on file for all contracted services annually.	All contracted vendor services are contacted for documentation.	X	X	X	X	

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Orthopaedic Institute Surgery Center

2021 Work Plan for Infection Control and Quality Improvement

Indicator	Responsibility	Purpose	Measures and Actions	Goal/Standard/Benchmark	Data Source	Timeline				Comments
Radiation Services	OISC DON, Radiology Techs, Radiation Safety CST	To keep people within the facility safe during the use of radiation equipment	1. X-ray aprons and thyroid shields are checked annually for density and safety appropriateness as well as quarterly for visual deformities 2. Dosimeter's are monitored and reported as needed for all staff	Regulatory Compliance with IEMA	OISC has a quarterly review by the PAC . DON provides data related to preventative maintenance of equipment and radiology exposure of staff. All aprons are scanned to determine safety and that they are without cracks every year.	X				
Benchmarking										
Internal and external benchmarking	QI RN, SMP	To assure that patients are provided high quality service, and assess areas which need improvement and validate area's of excellence at the Minnetonka ASC.	Quarterly submission of necessary data to SMP and ASCA for benchmarking figures.	To consistently be a top performer in the SMP system 95% or higher, related to QI/Infection Control and Financial performance. Score in the 76th to100 percentile group in the majority of the categories.	Quarterly benchmarking data, chart reviews, patient satisfaction results, physician surveys	X	X	X	X	
High Volume, High Risk or Quality Improvement Projects										
Allergic reaction to noted Allergies	All Clinical Staff	To ensure that all staff are aware of allergic reactions to noted medication allergies. Not noted previous.	Review all allergies charted and new docuementation noted on chart related to reaction of pt allergies	Established new charting protocol and education related to charting appropriateness related to patient allergies. 100% of all reviewed charts will have data noted on chart	Medical record review and MED REC Form will note reactions	X	X	X	X	

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Orthopaedic Institute Surgery Center

2021 Work Plan for Infection Control and Quality Improvement

Indicator	Responsibility	Purpose	Measures and Actions	Goal/Standard/Benchmark	Data Source	Timeline				Comments
Patient Education Process and preop teaching and assessment	Pre-op Nursing staff	Provide consistent data to patients prior to surgery to promote highest quality care for the best patient outcome.	Create a standard assessment and patient criteria(established by Anesthesia) to ensure that all assessments are completed prior to admission to the ASC and not found to be without labs or abnormal glucose and NPO statuses in preop . Data will be reported to the QI and Governing Board.	1. Less cancellations after the admission process. 2. Patients will arrive at facility with knowledge of criteria to help them obtain the best results from planned surgery. Less than 5% of all admitted patients will be canceled after admission.	Anesthesia criteria, preop/preadmission assessment.	X	X	X	X	Staff are monitoring all cancelled cases to determine which service needs to provide better education and what items are causing cancellation prior to procedure after admission in the ASC. Will increase patient satisfaction and improve staff utilization related to assignments.
Infection Control										
To assess rate of post procedure infections, defined as healthcare associated infections in the ASC setting	Infection Control RN, DON	To decrease the number of surgical site infections	Track and analyze surgical site infections at OISC for any activity in care provided that could potentially increase the risk of a surgical site infection.	SSI will be less than 1%, and less than other facilities in the SMP system and nationally	Surgical Site Infection Information provided by surgeons and their staff as well as follow up patient phone calls.	X	X	X	X	
Compliance with CDC, APIC, AORN Infection Control Guidelines	DON, IC RN and QI RN	Remain compliant with CDC infection control guidelines to remain compliant with CMS infection control guidelines.	Continuous review of literature and updates	Regulatory Compliance	1. Infection rates 2. Observational audits 3. Literature Review	X	X	X	X	Infection Control RN will initiate APIC membership and attend national meeting at least every 2 years

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Orthopaedic Institute Surgery Center

2021 Work Plan for Infection Control and Quality Improvement

Indicator	Responsibility	Purpose	Measures and Actions	Goal/Standard/Benchmark	Data Source	Timeline				Comments
Immediate Use Steam Sterilization	SP tech and DON	Immediate use steam sterilization will be used in absolutely necessary situations.	Statistics will be maintained and presented quarterly to management. Additional equipment purchase will be analyzed with trends that are noted.	ANSI/AAMI Standards, AORN Standards.	Immediate Use Steam Sterilization log.	X	X	X	X	Information will be tracked by items required to be immediately sterilized. IF any specialty notes additional requirements, new instrument purchase will be reviewed.
Environmental Cleaning Audits	IC RN, Designated Clinical RNs	To ensure proper daily environmental cleaning.	Spot checks related to cleaning needs will be completed to ensure continued cleaning compliance	1. Environmental cleaning audits will be conducted each week in the operating room and perianesthesia. 2. Observation method of services will be performed as needed.		X	X	X	X	This is not in place yet !
Hand Hygiene compliance	IC RN, designated staff	To ensure that all staff and surgeons continue to demonstrate postiive hand hygiene and decrease potential for spread of disease	Monthly audits will be completed and compiled quarterly related to visual hand hygiene practices.	On going visual audit with data reported to staff and to the PAC. Data will be benchmarked in house and by other SMP facilities and national standards . Facility will benchmark a 95% compliance rate and will maintian higher compliance than national rate and within 1% of SMP benchmark	Spread sheet of data collection	X	X	X	X	Staff will monitor on a weekly and ongoing process via visual audits.

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Orthopaedic Institute Surgery Center

2021 Work Plan for Infection Control and Quality Improvement

Indicator	Responsibility	Purpose	Measures and Actions	Goal/Standard/Benchmark	Data Source	Timeline				Comments
Infectious Material Handling	All clinical Staff, SPD staff	To ensure that all staff and surgeons understand the potential threats related to infectious materials and what is needed to handle the material or transport in a manner which is safe to parties	Annual education related to Universal precautions and safe handling of tissue and/or instruments	Annual education related to universal precautions and specimen handling will be completed by all clinical staff. Highly infectous patients will not be treated at the ASC as per pateint selection criteria. In the event an infectious paitent appears at the ASC - the patient will be isolated according to contagious patient policy. All specimens will be handled with established universal precautions, specimen transport will also adhere to universal precautions and transport will be completed with the use of a biohazard specimen container and bag.	Healthstream education, Universal precautions policy, Hand Hygiene and glove use will be implemented as in universal precautions. Specimen policy, The Preadmission patient assessment and patient selection criteria will be utilized to avoid performing procedures on highly contagious patients. SPD policies address the handling of contaminated and potentialy infectious instruements	X	X	X	X	

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After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

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Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by FedEX

November 8, 2021

Ms. Courtney Avery
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

Dear Ms. Avery:

Enclosed please find two copies of a Certificate of Need ("CON") application filed on behalf of Massac County Surgery Center, LLC and OIWK, LLC addressing the addition of a surgical specialty to be provided at Massac County Surgery Center.

The application is accompanied with a check, in the amount of $2,500.00, as a filing fee.

Should any additional information be required, please do not hesitate to contact me.

Sincerely,

Jacob M. Axel
President

enclosures

675 North Court, Suite 210
Palatine, Illinois 60067

Phone (847) 776-7101