

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

RECEIVED

JAN 30 2024

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**HEALTH FACILITIES &
SERVICES REVIEW BOARD****This Section must be completed for all projects.****Facility/Project Identification**

Facility Name:	Blessing Hospital Surgery Center a/k/a Blessing Surgery Center		
Street Address:	1100 Spring Street		
City and Zip Code:	Quincy, IL 62301		
County:	Adams	Health Service Area:	E-05 Health Planning Area: V

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

Exact Legal Name:	Blessing Hospital d/b/a Blessing Surgery Center a/k/a Blessing Hospital Surgery Center
Street Address:	1005 Broadway Street
City and Zip Code:	Quincy, IL 62301
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 South LaSalle Street
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Brian Canfield, MHA, MBA, MA, FACHE
CEO Street Address:	1005 Broadway Street
CEO City and Zip Code:	Quincy, IL 62301
CEO Telephone Number:	217/223-8400

Type of Ownership of Applicants

☒ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☐ 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:	348 Chicory Lane Buffalo Grove, IL 60089
Telephone Number:	312/969-4759
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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**

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

Exact Legal Name:	Blessing Corporate Services, Inc. d/b/a Blessing Health System
Street Address:	1005 Broadway Street
City and Zip Code:	Quincy, IL 62301
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 South LaSalle Street
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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 after permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**)

Name:	Diane Jacoby
Title:	Vice President and Chief Legal Officer
Company Name:	Blessing Health System
Address:	1005 Broadway Street Quincy, IL 62301
Telephone Number:	217/223-8400
E-mail Address:	diane.jacoby@blessinghealth.org
Fax Number:	

Site Ownership

(Provide this information for each applicable site)

Exact Legal Name of Site Owner:	Blessing Hospital
Address of Site Owner:	1005 Broadway Street Quincy, IL 62301
Street Address or Legal Description of the Site:	1100 Spring Street Quincy, IL 62301
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: Blessing Hospital	
Address: 1005 Broadway Street Quincy, IL 62301	
☒ Non-profit Corporation ☐ For-profit Corporation ☐ Limited Liability Company ☐ Other	☐ Partnership ☐ Governmental ☐ Sole Proprietorship
- 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>). **NOTE: A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.**

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☒ 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.

Blessing Hospital ASTC is a not-for-profit ASTC located on the Blessing Hospital campus, and connected to the hospital by a walkway. The current ASTC replaced an off-campus ASTC in 2021, contains four operating rooms and three procedure rooms, and is approved to provide fifteen HFSRB-designated surgical specialties.

The project addressed through this Certificate of Need application is limited to the addition of pain management as an approved specialty to be provided. **The current physical capacity of the ASTC, in terms of operating rooms, procedure rooms, pre-operative stations, and recovery stations will not be altered as a result of the proposed project; and the proposed project does not require any modernization, the acquisition of capitalized equipment, or the addition of staff.**

The proposed project is classified as "non-substantive", consistent with 77 IL Adm. Code 1110.40 because it does not meet the definition of a "substantive" project.

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 ☒ No Purchase Price: \$ _____ Fair Market Value: \$ _____
The project involves the establishment of a new facility or a new category of service ☐ Yes ☒ 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 \$ <u>none/minimal</u>

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:

☒ None or not applicable

☐ Preliminary

☐ Schematics

☐ Final Working

Anticipated project completion date (refer to Part 1130.140): 90 days following issuance of the requested CON Permit _____

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

Not Applicable

☐ 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

☐ 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?

☒ Cancer Registry

☒ APORS

☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

☒ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the departments or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Not Reviewable Space [i.e., non-clinical]: means an area for the benefit of the patients, visitors, staff, or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON-REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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 **Blessing Hospital d/b/a Blessing Surgery Center a/k/a Blessing Hospital Surgery Center** 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.

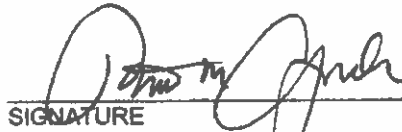

SIGNATURE

Brian T. Canfield, FACHE

Brian T. Canfield **President/CEO**

**Blessing Health System/
Blessing Hospital**

President and CEO

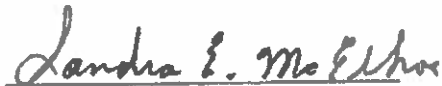

SIGNATURE

Patrick Gerveier

Vice President and Chief Financial Officer

Notarization:

Subscribed and sworn to before me
this 26th day of JANUARY, 2024



Signature of Notary

Seal

**OFFICIAL SEAL
SANDRA E. MCELHOE
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 2-26-25**

*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me
this 26th day of JANUARY, 2024



Signature of Notary

Seal

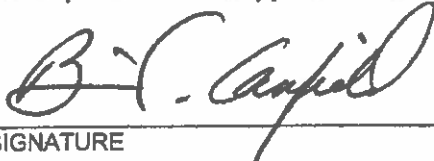
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- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist).
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

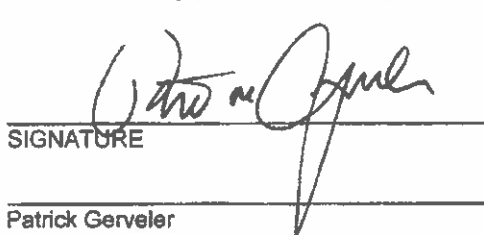
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SIGNATURE

Brian T. Canfield, FACHE

Brian T. Canfield **President/CEO**
Blessing Health System/
Blessing Hospital
 President and CEO



SIGNATURE

Patrick Gerveler

Vice President and Chief Financial Officer

Notarization:

Subscribed and sworn to before me
 this 26th day of January, 2024

Notarization:

Subscribed and sworn to before me
 this 26th day of January, 2024

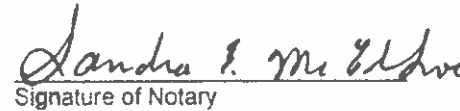


Signature of Notary

Seal

OFFICIAL SEAL
SANDRA E. MCELHOE
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 2-26-25

*Insert the EXACT legal name of the applicant



Signature of Notary

Seal

OFFICIAL SEAL
SANDRA E. MCELHOE
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 2-26-25

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, the proposed project does not involve any changes to the current size of the ASTC

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.

1. 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, the proposed project does not involve unfinished or shell space

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 18, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Not applicable, the proposed project does not involve unfinished or shell space

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.

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--proposed
☐ Physical Medicine and Rehabilitation
☒ 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 25, 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)

VII. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document those 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, variable or permanent interest rates over the debt time, 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 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

The proposed project does not involve any capitalized costs, and as such, this review criterion is not applicable.

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 35, 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.

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

The proposed project does not involve any capitalized costs or the incurring of any debt, and as such, this review criterion is not applicable.

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 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 Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. 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 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. SAFETY NET IMPACT STATEMENT

The proposed project is classified as “non-substantive”, and as such, this review criterion is not applicable.

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]:

The proposed project is classified as “non-substantive” and does not involve the discontinuation of a health care facility. As such, a Safety Net Statement is not required.

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 each community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all 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 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Blessing Hospital Surgery Center 2022 Payor Mix:

Private Insurance:	50.0%
Medicare	27.1%
Medicaid	19.5%
Other Public	1.9%
Private Payment	0.6%
Charity	0.1%

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.

Blessing Surgery Center

CHARITY CARE			
	2022	2021	2020
Net Patient Revenue	\$21,992,945	\$25,069,011	\$21,803,612
Amount of Charity Care (charges)	\$1,079,892	\$663,848	\$381,133
Cost of Charity Care	\$250,613	\$132,750	\$74,816

APPEND DOCUMENTATION AS ATTACHMENT 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

File Number

0047-718-4



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

BLESSING HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 29, 1873, ADOPTED THE ASSUMED NAME BLESSING HEALTH ON OCTOBER 06, 2022, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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 20TH day of DECEMBER A.D. 2023 .



Authentication #: 2335402680 verifiable until 12/20/2024

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas

SECRETARY OF STATE

ATTACHMENT 1

File Number

5295-745-1



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

BLESSING CORPORATE SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 30, 1982, ADOPTED THE ASSUMED NAME BLESSING HEALTH SYSTEM ON MARCH 01, 2005, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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 8TH day of JANUARY A.D. 2024 .

Authentication #: 2400801780 verifiable until 01/08/2025

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas

SECRETARY OF STATE

ATTACHMENT 1

SITE OWNERSHIP

With the signatures provided on the Certification pages of this Certificate of Need ("CON") application, the applicants attest that the Blessing Hospital Surgery Center site, that being 1100 Spring Street in Quincy, Illinois, is owned by Blessing Hospital.

File Number

0047-718-4



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

BLESSING HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 29, 1873, ADOPTED THE ASSUMED NAME BLESSING HEALTH ON OCTOBER 06, 2022, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

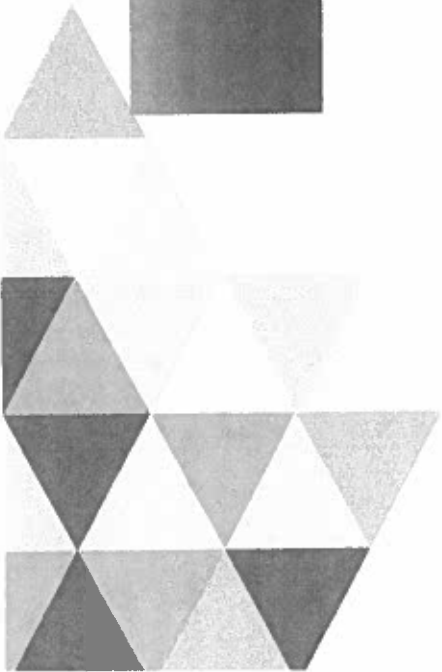
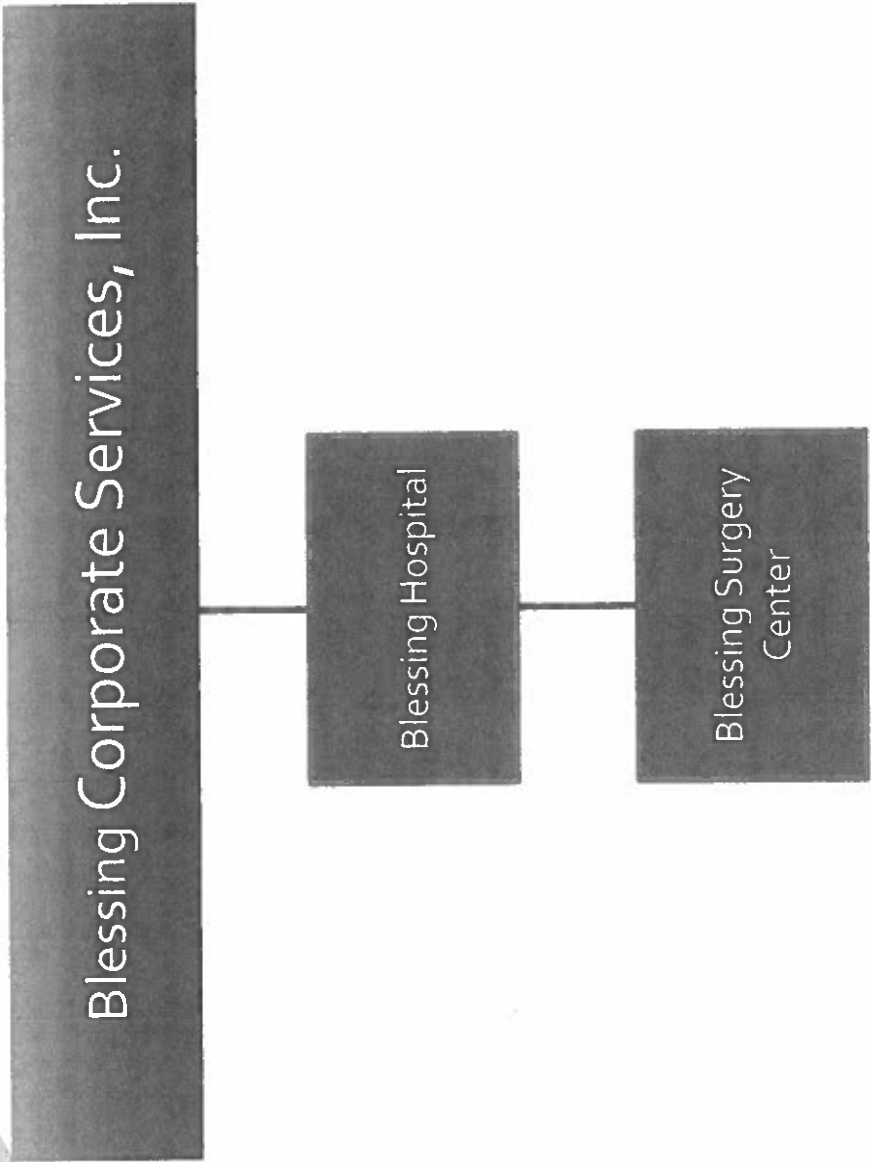


In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of DECEMBER A.D. 2023 .

Authentication #: 2335402680 verifiable until 12/20/2024
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 3



29

NOTE TO ORGANIZATIONAL RELATIONSHIPS

In addition to the Illinois entities identified in the provided organizational chart, applicant Blessing Corporate Services, Inc. holds a 50% (non-controlling) interest in Northeast Missouri Ambulatory Surgery Center, located in Hannibal, Missouri, approximately 22 miles from the applicant ASTC per TravelMath.

FLOOD PLAIN REQUIREMENTS and
HISTORIC RESOURCES PRESERVATION ACT REQUIREMENTS

The proposed project does not involve any new construction or modernization, and as such, these review criteria are not applicable to the project.

BACKGROUND OF THE APPLICANT

Applicant Blessing Corporate Services, Inc. ("BCS") owns and holds "final control" over three IDPH-licensed facilities in Illinois: Blessing Hospital and Blessing Surgery Center, which are located on Blessing Hospital's Quincy campus, as well as Illini Community Hospital in Pittsfield.

No individual corporate officers, directors, LLC members, partners, or owners of at least 5% of Blessing Hospital ASTC own and/or operate another licensed health care facility in Illinois.

With the signatures provided on the Certification pages of this Certificate of Need ("CON") application, the applicants attest that, to the best of their knowledge, no adverse actions have been taken against any Illinois health care facility owned and/or operated by either applicant, during the three years prior to the filing of this CON application. Further, with the signatures provided on the Certification pages of this CON application, 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 the records of nationally recognized accreditation organizations.



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HF129007

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.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE 10/31/2024	CATEGORY	I.D. NUMBER 7003240
Ambulatory Surgery Treatment Center		
Effective: 11/01/2023		

Blessing Surgery Center
1100 Spring Street
Quincy, IL 62301

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4422001 10M 3/22

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 10/31/2024

Lic Number 7003240

Date Printed 09/28/2023

Blessing Surgery Center

1100 Spring Street
Quincy, IL 62301

FEE RECEIPT NO.



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HF129007

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.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE 10/31/2024	CATEGORY	I.D. NUMBER 7003240
Ambulatory Surgery Treatment Center		
Effective: 11/01/2023		

Blessing Surgery Center
1100 Spring Street
Quincy, IL 62301

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4422001 10M 3/22

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 10/31/2024

Lic Number 7003240

Date Printed 09/28/2023

Validation Num 3707

Blessing Surgery Center

1100 Spring Street
Quincy, IL 62301

ATTACHMENT 11

FEE RECEIPT NO.

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE



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.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2024	General Hospital	0000141

Effective: 01/01/2024

Blessing Hospital
1005 Broadway St
PO BOX 7005
Quincy, IL 62301

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4422001 10M 372

Exp. Date 12/31/2024
Lic Number 0000141

Date Printed 10/23/2023

Blessing Hospital
1005 Broadway St
PO BOX 7005
Quincy, IL 62301

FEE RECEIPT NO.



May 19, 2023

Maureen Kahn
Chief Executive Officer
Blessing Hospital
1005 Broadway
Quincy, IL 62301

Program: Hospital
CCN: 140015
Survey Type: Medicare Recertification/DNV Reaccreditation
Certificate #: C611855
Survey Dates: April 11-13, 2023
Accreditation Decision: Full accreditation
Date Acceptable Plan of Correction Received: 5/5/2023
Method of Follow-up: Acceptable Plan of Correction,
Self- Attestation, Document Review
Effective Date of Accreditation: 6/8/2023
Expiration Date of Accreditation: 6/8/2026
Term of Accreditation: Three (3) years

Dear Ms. Kahn:

Pursuant to the authority granted to DNV Healthcare USA Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Blessing Hospital is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482) and awarded full accreditation for a three (3) year term effective on the date referenced above DNV Healthcare USA Inc. is recommending your organization for continued deemed status in the Medicare Program.

This accreditation is applicable to all facilities operating under the above-referenced CCN number at the following address(es):

→ Blessing Hospital - 1005 Broadway - Quincy, IL 62301
Blessing Health Hannibal - 100 Medical Drive – Hannibal, MO 63401
Brown Drug - 1121 Maine St. – Quincy, IL 62301
Denman Country Drug - 102 Prairie Mills Rd. – Golden, IL 62339
Illini Health Services (IHS) Pharmacy - 321 N. Monroe – Pittsfield, IL 62363
East Adams County Rural Health Clinic - 102 Prairie Mills Road – Golden, IL 62339
The Blessing Sleep Center - 1132 Broadway Bank of Quincy, Suite 150 – Quincy, IL 62305
→ Blessing Surgery Center - 1100 Spring – Quincy, IL 62305
Blessing Health Center - 927 Broadway – Quincy, IL 62501
Blessing Health Center 4800 - 4800 Main – Quincy, IL 62301
Blessing Bariatric Institute - 1107 College – Quincy, IL 62301
Pain Clinic - 910 Broadway St., Suite D – Quincy, IL 62305

This accreditation requires an annual survey and the organization's continual compliance with the DNVHC Accreditation Process. Failure to complete these actions or otherwise comply with your Management System Certification/Accreditation Agreement may result in a change in your organization's accreditation status.

Congratulations on this significant achievement.

Sincerely,

A handwritten signature in black ink, appearing to read "Kelly Proctor", with a large, stylized loop at the end.

Kelly Proctor

President

cc: CMS CO and CMS RO V (Chicago)



HEALTHCARE CERTIFICATE

Certificate no.:
C011855

Initial certification date:
08 June, 2017

Valid:
08 June, 2023 – 08 June, 2026

This is to certify that the management system of

Blessing Hospital

1005 Broadway, Quincy, IL, 62301, USA

has been found to comply with the requirements of the:

NIAHO® Hospital Accreditation Program

Pursuant to the authority granted to DNV Healthcare USA Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).

Place and date:
Cincinnati, OH, 12 May, 2023



For the issuing office:
DNV Healthcare USA Inc.
4435 Alcholtz Road, Suite 900, Cincinnati,
OH, 45245, USA



Kelly Proctor
Management Representative

Lack of fulfillment of conditions as set out in the Certification Agreement may render this Certificate invalid.
ACCREDITED UNIT: DNV Healthcare USA Inc., 4435 Alcholtz Road, Suite 900, Cincinnati, OH, 45245, USA - TEL: +1 513-847-8343. www.dnvhealthcare.com

ATTACHMENT 11

PURPOSE OF THE PROJECT

The proposed project is limited to the addition of pain management services to the specialties approved to be provided in an existing ASTC. As such, and particularly because pain management services are not currently provided in any area ASTC, the availability of the service will improve the health care and well-being of area residents.

The market area for the proposed project, and for the ASTC in general, is the HFSRB-identified geographic service area ("GSA"), which consists of the Illinois ZIP Code areas located within a 21-mile radius of the ASTC. Those ZIP Codes are identified below, and have a population of approximately 63,400 residents ("Searchbug").

62301	Quincy
62306	Quincy
62305	Quincy
62338	Fowler
62360	Payson
62359	Paloma
62376	Ursa
62351	Mendon
62325	Coatsburg
62365	Plainville
62347	Liberty
62348	Lima
62343	Hull
62320	Camp Point
62349	Loraine

The goal of the proposed project, aside from providing pain management services in a lower-cost setting than a hospital, and to do so in an IDPH-licensed facility, is to have the service

available to the community within sixty days of the granting of the Certificate of Need Permit sought through this application.

ALTERNATIVES

Due to the limited nature and goal of the proposed project, that being the addition of pain management as an approved specialty to be provided in an ASTC, the available alternatives are very few. Aside from the applicant ASTC, there is only one other ASTC in the HFSRB-identified geographic service area, which extends 21 miles from Quincy, and that ASTC is not approved to provide pain management services.

The applicant ASTC has the physical capacity to accommodate pain management, and the project, as being proposed, has minimal cost. Therefore, the only viable alternative to the proposed project is the establishment of an additional ASTC for the provision of pain management services. While that alternative would result in quality of care and accessibility being very similar to that of the proposed project, the capital cost as well as the (primarily staffing-related) operating costs associated with doing so make this alternative inferior to the proposed project.

SIZE OF PROJECT

The proposed project will not alter the physical size of the ASTC, which is 35,756 GSF, and consistent with the HFSRB's standards (please refer to the *State Board Staff Report* for Project #19-029).

DEPARTMENT/SERVICE	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC-having standards	7,300	14,850	(7,550)	YES
ASTC-total	35,756	N/A	N/A	N/A

PROJECT SERVICES UTILIZATION

The proposed project will not add any capacity to the ASTC.

The ASTC has four “general” Class C operating rooms (“ORs”), and current utilization exceeds the HFSRB’s utilization target of 1,500 hours of OR time (procedure + “turn-over” time), with 6,744 hours of OR time being utilized in 2022.

Conservatively, utilization for non-pain management cases is anticipated to remain at the 2022 level for the next two years; and consistent with the letter provided in ATTACHMENT 25, 150 pain management cases (utilizing approximately 80 hours and 90 hours of OR time annually during the first two years following the project’s completion) will be performed in the ASTC’s four operating rooms by the second year. As a result, the HFSRB’s utilization standard will be exceeded.

	PROJECTED UTILIZATION		STATE STANDARD	MET STANDARD?
	YEAR 1	YEAR 2		
4 ORs (hrs)	6,819	6,834	4,500+	YES

SERVICE TO GEOGRAPHIC SERVICE AREA RESIDENTS

The primary purpose of the proposed project is to provide pain management services in an IDPH-licensed facility, and to provide those services with a charge structure lower than hospitals. As noted elsewhere in this application, there are not currently any ASTCs in the HFSRB-designated geographic service area ("GSA") approved to offer pain management services.

The table on the following page identifies the ASTC's 2022 patient origin, as confirmation that 50%+ of the ASTC's patients reside in the GSA. The applicants do not anticipate any appreciable changes to the patient origin as a result of the proposed project.

Of note, and somewhat unique to this project, is that the ASTC is located only eight miles from the Missouri border. And, while the HFSRB-designated GSA extends 21 miles from the ASTC, by definition, the GSA is limited to Illinois. As one would anticipate, a sizable percentage of the ASTC's patient population resides in the areas of Missouri closest to the border and Quincy. During 2022, 13.3% of the ASTC's patients resided in either Lewis or Marion County, Missouri. As a result, during 2022, 63.8% of the ASTC's patients resided within the 21-mile radius, the "typical" GSA.

ASTC 2022 Patient Origin

	ZIP Code	County	Patients	%
GSA:	62301	ADAMS, IL	1186	23.4%
	62305	ADAMS, IL	838	16.5%
	62347	ADAMS, IL	83	1.6%
	62320	ADAMS, IL	82	1.6%
	62351	ADAMS, IL	80	1.6%
	62376	ADAMS, IL	70	1.4%
	62338	ADAMS, IL	67	1.3%
	62360	ADAMS, IL	57	1.1%
	62349	ADAMS, IL	37	0.7%
	62325	ADAMS, IL	20	0.4%
	62343	PIKE, IL	17	0.3%
	62365	ADAMS, IL	15	0.3%
	62306	ADAMS, IL	3	0.1%
	62359	ADAMS, IL	3	0.1%
	62348	ADAMS, IL	<u>2</u>	<u>0.0%</u>
			2560	50.5%
Illinois, non-				
GSA			1217	24.0%
Missouri			1149	22.7%
Iowa			116	2.3%
Other States & Unknown			28	<u>0.6%</u>
				100.0%

SERVICE DEMAND

Attached is a letter, consistent with Section 1110.235c.3.B, from Muhammad Sami Iqbal, MD, documenting his intent to refer approximately 150 pain management patients per year to the ASTC. Dr. Iqbal is a pain management specialist and anesthesiologist. The letter contains a ZIP code-specific patient origin analysis of Dr. Iqbal's 2023 pain management patients.



PO Box 7005 • Quincy, IL 62305 • 217.223.8400
 blessinghealth.org

TO: Illinois Health Facilities Planning Board
 525 W. Jefferson Street, Second Floor
 Springfield, Illinois 62761

This letter is being provided in response to Review Criterion 1110.1540(c), and in support of pain management as a specialty to be provided at Blessing Hospital ASTC, Quincy, Illinois.

During 2021-2023, I performed procedures on approximately the following number of patients in the hospital as identified below:

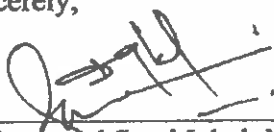
	<u>2021</u>	<u>2022</u>	<u>2023</u>
Blessing Hospital	4	94	169

I estimate that I will refer 150 patients to the proposed ASTC during the second 12-month period following the approval of pain management services.

Attached is a ZIP Code-specific patient origin analysis of my 2021, 2022 and 2023 patients.

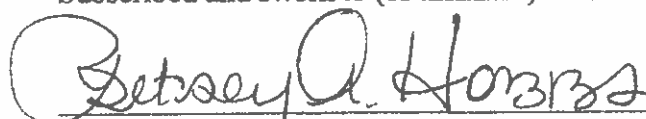
The information contained in this letter is true and correct, to the best of my information and knowledge, and has not been used in the support of another project.

Sincerely,

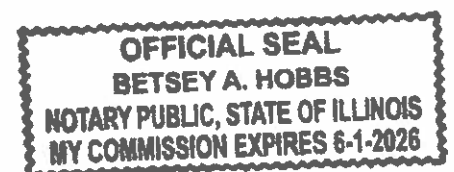

 Muhammad Sami Iqbal, M.D.

State of Illinois
 County of Adams

Subscribed and sworn to (or affirmed) before me on this 17th day of January 2024.


 Notary Signature

Commission expires 6/1/26



ATTACHMENT 25

DR. Muhammad Sami Iqbal
2023 Pain Management Patient Origin

[illegible]

DR. Muhammad Sami Iqbal
2023 Pain Management Patient Origin

62301	QUINCY	ADAMS, IL
62301	QUINCY	ADAMS, IL
62301	QUINCY	ADAMS, IL
62301	QUINCY	ADAMS, IL
62301	QUINCY	ADAMS, IL
62301	QUINCY	ADAMS, IL
62301	QUINCY	ADAMS, IL
62305	QUINCY	ADAMS, IL
62305	QUINCY	ADAMS, IL
62305	QUINCY	ADAMS, IL
62305	QUINCY	ADAMS, IL
62305	QUINCY	ADAMS, IL
62305	QUINCY	ADAMS, IL
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62305	QUINCY	ADAMS, IL
62305	QUINCY	ADAMS, IL
62305	QUINCY	ADAMS, IL
62305	QUINCY	ADAMS, IL
62305	QUINCY	ADAMS, IL
62305	QUINCY	ADAMS, IL
62305	QUINCY	ADAMS, IL
62313	BASCO	HANCOCK, IL
62313	BASCO	HANCOCK, IL
62313	BASCO	HANCOCK, IL
62320	CAMP POINT	ADAMS, IL
62321	CARTHAGE	HANCOCK, IL
62321	CARTHAGE	HANCOCK, IL
62323	CHAMBERSBURG PIKE,	IL
62324	CLAYTON	ADAMS, IL
62324	CLAYTON	ADAMS, IL
62325	COATSBURG	ADAMS, IL
62325	COATSBURG	ADAMS, IL

DR. Muhammad Sami Iqbal
2023 Pain Management Patient Origin

62338	FOWLER	ADAMS, IL
62338	FOWLER	ADAMS, IL
62339	GOLDEN	ADAMS, IL
62340	GRIGGSVILLE	PIKE, IL
62341	HAMILTON	HANCOCK, IL
62344	HUNTSVILLE	SCHUYLER, IL
62347	LIBERTY	ADAMS, IL
62347	LIBERTY	ADAMS, IL
62347	LIBERTY	ADAMS, IL
62347	LIBERTY	ADAMS, IL
62347	LIBERTY	ADAMS, IL
62349	LORAIN	ADAMS, IL
62351	MENDON	ADAMS, IL
62351	MENDON	ADAMS, IL
62354	NAUVOO	HANCOCK, IL
62355	NEBO	PIKE, IL
62355	NEBO	PIKE, IL
62358	NIOTA	HANCOCK, IL
62358	NIOTA	HANCOCK, IL
62358	NIOTA	HANCOCK, IL
62360	PAYSON	ADAMS, IL
62360	PAYSON	ADAMS, IL
62360	PAYSON	ADAMS, IL
62363	PITTSFIELD	PIKE, IL
62363	PITTSFIELD	PIKE, IL
62363	PITTSFIELD	PIKE, IL
62366	PLEASANT HILL	PIKE, IL
62366	PLEASANT HILL	PIKE, IL
62366	PLEASANT HILL	PIKE, IL
62367	PLYMOUTH	SCHUYLER, IL
62367	PLYMOUTH	SCHUYLER, IL
62367	PLYMOUTH	SCHUYLER, IL
62370	ROCKPORT	PIKE, IL
62370	ROCKPORT	PIKE, IL
62373	SUTTER	HANCOCK, IL
62373	SUTTER	HANCOCK, IL
62375	TIMEWELL	BROWN, IL
62375	TIMEWELL	BROWN, IL
62376	URSA	ADAMS, IL
62379	WARSAW	HANCOCK, IL
62379	WARSAW	HANCOCK, IL
62379	WARSAW	HANCOCK, IL
62379	WARSAW	HANCOCK, IL

DR. Muhammad Sami Iqbal
2023 Pain Management Patient Origin

62650	JACKSONVILLE	MORGAN, IL
62650	JACKSONVILLE	MORGAN, IL
63334	BOWLING GREEN PIKE,	MO
63401	HANNIBAL	RALLS, MO
63401	HANNIBAL	RALLS, MO
63401	HANNIBAL	RALLS, MO
63401	HANNIBAL	RALLS, MO
63401	HANNIBAL	RALLS, MO
63401	HANNIBAL	RALLS, MO
63401	HANNIBAL	RALLS, MO
63401	HANNIBAL	RALLS, MO
63401	HANNIBAL	RALLS, MO
63401	HANNIBAL	RALLS, MO
63435	CANTON	LEWIS, MO
63435	CANTON	LEWIS, MO
63435	CANTON	LEWIS, MO
63435	CANTON	LEWIS, MO
63440	EWING	MARION, MO
63440	EWING	MARION, MO
63440	EWING	MARION, MO
63441	FRANKFORD	PIKE, MO
63445	KAHOKA	CLARK, MO
63445	KAHOKA	CLARK, MO
63447	LA BELLE	LEWIS, MO
63452	LEWISTOWN	LEWIS, MO
63452	LEWISTOWN	LEWIS, MO
63454	MAYWOOD	MARION, MO
63454	MAYWOOD	MARION, MO
63454	MAYWOOD	MARION, MO
63454	MAYWOOD	MARION, MO
63459	NEW LONDON	RALLS, MO
63459	NEW LONDON	RALLS, MO
63459	NEW LONDON	RALLS, MO
63461	PALMYRA	MARION, MO
63461	PALMYRA	MARION, MO
63461	PALMYRA	MARION, MO
63463	PHILADELPHIA	MARION, MO
63465	REVERE	CLARK, MO
63465	REVERE	CLARK, MO
63472	WAYLAND	CLARK, MO
63548	LANCASTER	SCHUYLER, MO
63548	LANCASTER	SCHUYLER, MO

TREATMENT ROOM NEED ASSESSMENT

The project addressed in this CON application does not involve the addition of any operating rooms or procedure rooms, and the applicants fully anticipate that the HFSRB's utilization standard will be met in 2025.

The ASTC is approved for four operating rooms and three procedure rooms, and it is anticipated by the applicants that pain management procedures will be performed in the operating rooms. (The procedure rooms are designed and equipped as GI rooms). The applicants anticipate that sufficient operating room capacity exists to accommodate the projected volume of pain management cases.

During 2022, 3,188 surgeries were performed in the ASTC, consuming 6,744 hours of operating room time (including "turn-over"), and 1,264 hours of procedure room time were consumed.

It is projected that, in 2025, approximately 150 pain management procedures will be performed in the ASTC. For planning purposes, 0.61 hours of OR time are projected to be required for each pain management procedure to be performed, consistent with that experienced state-wide during 2021 (the last year for which applicable HFSRB data is available), resulting in approximately 90 incremental hours of OR utilization. Conservatively, non-pain management procedures and hours are anticipated to continue at the ASTC's 2022 level of 6,744 hours. With the projected incremental 90 hours of OR time being consumed for pain management cases, 6,834 hours of OR time (including "turn-over") are projected for 2025, therein exceeding the HFSRB's standard of 1,500 annual hours per OR.

SERVICE ACCESSIBILITY and
UNNECESSARY DUPLICATION/MALDISTRIBUTION

The proposed project is consistent with review criterion 1110.235.(c)(6), meeting the following condition: *“The ASTC services or specific types of procedures or operations that are components of an ASTC service are not currently available in the GSA, or that existing underutilized services in the GSA have restrictive admissions policies;”*.

The proposed project, which is very limited in scope, will not result in an unnecessary duplication of services because there are no other IDPH-licensed ASTCs in the HFSRB-designated geographic service area (“GSA”) approved to provide pain management services. As a result of the proposed project, area residents will no longer need to leave the GSA to receive the pain management services proposed to be provided in an IDPH-licensed facility, having a charge structure lower than that of a hospital. Therefore, the proposed project will improve accessibility for area residents.

There is one hospital in the GSA, which is Blessing Hospital. Quincy Medical Group, a physician group owned by DuPage County-based Duly Health and Care, was granted a Certificate of Need Permit in May 2022 for a small format hospital; however, that proposed facility has yet to be constructed. The population of the GSA (Illinois only), which extends 21 miles from the ASTC, is approximately 63,400 persons, per *Searchbug*. Because the purpose of the proposed project is to have the ability to provide selected procedures with a charge structure significantly lower than that of a hospital, and to do so in an IDPH-licensed setting, Blessing Hospital Surgery Center will be the only licensed facility in the GSA approved to do so. As a result, the proposed project will not result in a maldistribution of the proposed service. In addition, and because the proposed project does not involve the addition of any operating rooms or procedure rooms, the

project will neither add to nor subtract from the current distribution of operating and procedure rooms. As a result, the project will not result in a maldistribution of services.

The pain management procedures anticipated to be performed in the ASTC are currently being performed in Blessing Hospital's operating rooms, which are currently experiencing utilization below the HFSRB's utilization target level. Therefore, and because the existing ORs are not currently exceeding the utilization standard, the proposed project will not lower the utilization level of a hospital or an ASTC below that standard.

For the reasons identified above, the project will not result in a "maldistribution of services", and is consistent with review criterion 1110.235.(c)(7).

STAFFING

The ASTC is currently staffed with a total of thirty-eight employees, either on a full-time or part-time basis, a total of 33.3 FTEs, with all positions currently filled. In addition, the ASTC employs nine additional RNs and surgical technicians on a “per diem” basis, to supplement the FTEs identified above, as needed.

The ASTC is, and will continue to be staffed at a level consistent with licensure and applicable nationally recognized accreditation agencies. The ASTC does not typically experience difficulties in the recruitment of qualified individuals to fill positions that open from time to time, and that experience is not anticipated to change in the foreseeable future.

The proposed addition of pain management services will not require the hiring of any additional staff, though it should be noted that the staffing of the ASTC varies from time-to-time.

The ASTCs current medical director is Harsha V. Polavarapu, MD, and a copy of Dr. Polavarapu’s curriculum vitae is attached.

**CURRICULUM VITAE
HARSHA V POLAVARAPU MD**

ADDRESS

Work: Blessing Hospital
927 Broadway, Suite 302,
Quincy, IL 62301
Phone: 217.224.6423
Fax: 217.214.5819
Email: harsha.polavarapu@blessinghealthsystem.org

EDUCATION:

Medical School Bachelor of Medicine, Bachelor of Surgery 1998-2004
Rangaraya Medical College,
Kakinada, AP, India.

POST GRADUATE TRAINING:

Internship	Govt. General Hospital Hyderabad, AP, India	2002-2003
House Officer General Surgery	Dumfries & Galloway Royal Infirmary Scotland, UK	2004-2005
Senior House Officer General Surgery	Whittington Hospital London, UK	2005-2006
Research Fellow General Surgery	Govt. General Hospital Hyderabad, AP, India	2006-2007
Resident General Surgery	Abington Memorial Hospital Abington, PA	2007-2011
Chief Resident General Surgery	Abington Memorial Hospital Abington, PA	2011-2012
Clinical Fellow Colon & Rectal Surgery	Florida Hospital Orlando, FL	2012-2013

CERTIFICATIONS:

PLAB	General Medical Council, London	2004
MRCS	Royal College of Surgeons Membership Exams, cleared parts – 1 & 2	2004-2005
ECFMG	Certified	2006
General Surgery	American Board of Surgery Board Certified	2012
Colorectal Surgery	American Board of Colon & Rectal Surgery Board Certified	2015
CPE	American Association for Physician Leadership Certified Physician Executive	2017

LICENSES:

State Board of Medicine, Missouri	Active
State Board of Medicine, Illinois	Active
State Board of Medicine, Florida	Active

CURRENT APPOINTMENT:

Colon & Rectal Surgeon	Blessing Hospital Quincy, IL	2013-Current
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HONORS/AWARDS:

SIU PA Program, Preceptor of the Year Award Blessing Hospital, Quincy, IL	2016
Graduate Medical Education Resident Research Award Florida Hospital, Orlando, FL	2013
ASCRS Travel Grant Award Pennsylvania Society of Colorectal Surgery, PA	2012
Rosenfeld Surgical Scholar Abington Memorial Hospital, PA	2011
Selected for Surgical Leadership and Service Delegation Citizen Ambassador Program, Washington, DC	2011

Nursing Excellence Award Abington Memorial Hospital, PA	2009
--	------

PROFESSIONAL COURSES:

Basic Life Support	Valid until Feb 2019
Advanced Cardiac Life Support	Valid until Feb 2019
Advanced Trauma Life Support	Valid until Jun 2021

PROFESSIONAL SOCIETIES/ORGANIZATIONS:

American College of Surgeons	2010
American Hernia Society	2011
Society of American Gastrointestinal Endoscopic Surgeons	2011
American Society of Colon and Rectal Surgeons	2011

COMMITTEES:

Board of Trustees Blessing Hospital, Quincy, IL	2016-current
Physician Chair, Board of Trustees Blessing Physician services, Quincy, IL	2016-current
Chair, Department of Surgery Blessing Hospital, Quincy, IL	2018-current
Cancer Liaison Physician, Cancer Committee Blessing Hospital, Quincy, IL	2015-current
Vice-Chair, Department of Surgery Blessing Hospital, Quincy, IL	2016-2018
By-laws Committee Blessing Hospital, Quincy, IL	2016-2018
Research Review Committee Blessing Hospital, Quincy, IL	2013-2018
Clinical Advisory Board Blessing Physician services, Quincy, IL	2013-2015
ASCRS Healthcare Economics Committee American Society of Colon and Rectal Surgeons	2013-2015

Ad Hoc Reviewer <i>World Journal of Surgery</i>	2013-2015
Resident Reviewer <i>Annals of Surgery</i>	2011-2013
Resident Reviewer <i>Archives of Surgery</i>	2011-2013
Resident Reviewer <i>Annals of Vascular Surgery</i>	2011-2013
RAS-ACS Education Committee American College of Surgeons, IL	2012-2013
Graduate Medical Education Committee Florida Hospital, FL	2012-2013
Graduate Medical Education Committee Abington Memorial Hospital, PA	2011-2012
Institutional Review Board Abington Memorial Hospital, PA	2011-2012
Resident Advisory Committee Abington Memorial Hospital, PA	2007-2012

BIBLIOGRAPHY:**PRESENTATIONS**

1. **Polavarapu HV.** "Safety and efficacy of Losartan Versus Enalapril in Mild to Moderate Hypertension". Annual Conference, The Association of Physicians of India, Kakinada, India. Oct 2002.
2. **Polavarapu HV.** "Use and Abuse of Antibiotics". A.P Medical Conference, Hyderabad, India. Nov 2003.
3. **Polavarapu HV.** "Audit of Discharge Summaries and Importance of Discharge Reconciliation". Symposium, Interface between Primary and Secondary Care, Dumfries, Scotland. Dec 2004.
4. **Polavarapu HV, Ali I, Ward S.** "Acute Pain Management in Paediatric Emergency Department". Whittington Hospital, London, UK. Oct 2005.

5. **Polavarapu HV**. "Bleeding Scrotal Varices, a Rare Presentation of Varicocele". Whittington Hospital, London, UK. Jul 2006.
6. **Polavarapu HV**, Craig M, Hofmann M, Yuschak J. "Risk of Bleeding in Elderly Patients with Pelvic Fracture after Low-energy Injuries". Annual Scientific Session, American Geriatrics Society, Orlando, FL. May 2010.
7. **Polavarapu HV**, Craig M, Hofmann M, Yuschak J. Risk of bleeding in elderly patients with pelvic fracture after low-energy injuries. Multidisciplinary Trauma Conference, Abington Memorial Hospital, Abington, PA. Oct 2010.
8. **Polavarapu HV**, Pezzi C. "Rare Presentation of an Adrenocortical Carcinoma". Intracity Grand Rounds, The Philadelphia Academy of Surgery, Philadelphia, PA. Mar 2011.
9. **Polavarapu HV**, Antanavicius G, Bonanni F. "Prospective Non-randomized Study of Laparoscopic Adjustable Gastric Banding and Laparoscopic Sleeve Gastrectomy: Preliminary Results". Frederick A. Coller Surgical Society (University of Michigan) Annual Scientific Session, Napa Valley, CA. Oct 2011.
10. **Polavarapu HV**, Fassler SA, Newman S. "Role of Laparoscopic Lavage in Perforated Diverticulitis with Peritonitis". Pennsylvania Society of Colon and Rectal Surgeons, Philadelphia, PA. Jan 2012.
11. **Polavarapu HV**, Antanavicius G, Berumen SC, Qayyum F, Bonanni F. "Prospective Non-randomized Study of Laparoscopic Adjustable Gastric Banding and Laparoscopic Sleeve Gastrectomy". 12th Annual Minimally Invasive Surgical Symposium, Salt Lake City, UT. Feb 2012.
12. **Polavarapu HV**, Kulkarni N, Josloff R. "Incarcerated Inguinal Hernia Repair by Laparoscopic Total Abdominal Preperitoneal (TAPP) approach with Mesh", Video. 5th International Hernia Congress, New York, NY. Mar 2012.
13. Hale L, **Polavarapu HV**, Fassler SA. "Appendiceal Mucocoele with Synchronous Adenocarcinoma of Colon". Grand Rounds, Abington Memorial Hospital, PA. Apr 2012.
14. **Polavarapu HV**, Fassler SA. "Squamous Cell Carcinoma of the Anal Canal with Metachronous Adenocarcinoma of the Rectum". Grand Rounds, Abington Memorial Hospital, PA. Apr 2012.
15. **Polavarapu HV**, Kurian A, Josloff R. "Laparoscopic Ventral Hernia Repair in the Elderly: Does the Type of Hernia Matter?". The Philadelphia Academy of Surgery Conjoint Scientific Meeting with New York Surgical Society, Philadelphia, PA. Apr 2012.

16. **Polavarapu HV**, Weintraub WH, Kim SY, Zebley DM, Fassler SA. "Is Laparoscopy a Safe Option in Colostomy Reversal: Results of ACS NSQIP". Pennsylvania Society of Colon and Rectal Surgeons, Philadelphia, PA. May 2012.
17. **Polavarapu HV**, Boecker F, Zebley DM, Fassler SA. "Does a Structured Laparoendoscopic Curriculum for Residents Improve the Outcomes of Laparoscopic Colectomy? Study of 1250 Consecutive Patients". The American Society of Colon and Rectal Surgeons Annual Meeting, San Antonio, TX. Jun 2012.
18. Larach SW, **Polavarapu HV**. "Penetration of Laparoscopy in Colon and Rectal Surgery". 2012 Annual Coloproctology Meeting, Bogota, Columbia. Aug 2012.
19. Albert MR, **Polavarapu HV**. "Role of Robotics in Hindgut Surgery". Japanese Society of Endoscopic Surgery Annual Meeting, Osaka, Japan. Dec 2012.
20. **Polavarapu HV**, Atallah S, Albert MR, deBeche-Adams T, Nassif G, Larach SW. "Short Term Outcomes Comparing Laparoscopic Versus Robotic Colectomies". The Society of American Gastrointestinal and Endoscopic Surgeons Annual Meeting, Baltimore, MD. Apr 2013.
21. Nassif G, **Polavarapu HV**, Atallah S, Albert MR, deBeche-Adams T, Larach SW. "Application of The TAMIS Platform for Complete Pelvic Resection". The Society of American Gastrointestinal and Endoscopic Surgeons Annual Meeting, Baltimore, MD. Apr 2013.
22. **Polavarapu HV**, Pradenas S, Atallah S, Albert MR, deBeche-Adams T, Nassif G, Larach SW. "Long Term Outcomes of Rectocele Repairs Comparing Transperineal, Transanal, Stapled Transanal Rectal Resection and Transvaginal Approaches". The American Society of Colon and Rectal Surgeons Annual Meeting, Phoenix, AZ. Apr 2013.
23. Nassif G, **Polavarapu HV**, Atallah S, Albert MR, deBeche-Adams T, Larach SW. "TAMIS Total Mesorectal Excision for Distal Rectal Cancer: Early Experience With Short Term Outcomes". The American Society of Colon and Rectal Surgeons Annual Meeting, Phoenix, AZ. Apr 2013.

PUBLICATIONS

1. **Polavarapu HV**, Craig M, Hofmann M, Yuschak J. Risk of bleeding in elderly patients with pelvic fracture after low-energy injuries. [Abstr] *J Am Geriatr Soc* 2010;58:S236.

2. **Polavarapu HV**, Reyes JM, Anoaia EJ, Jubelirer RA. Massive penoscrotal hematoma and testicular ischemia from failed vascular closing device. *EJVES Extra* 21 (2011), pp. e29-e31.
3. **Polavarapu HV**, Reyes JM, Anoaia EJ, Jubelirer RA. Massive penoscrotal hematoma and testicular ischemia from failed vascular closing device. [Abstr] *European Journal of Vascular and Endovascular Surgery*.
4. **Polavarapu HV**, Kurian A, Myers VS, Antanavicius G. Intraoperative fetal monitoring, an invaluable tool in pregnant patients with internal hernia after gastric bypass and review of literature. *Surgery for Obesity and Related Diseases*. [PubMed.ID: 21546320]
5. **Polavarapu HV**, Fassler SA, Zebley MD. Intestinal nonrotation in an adult. *The Am Surg* 2011 Dec;77(12):260-1. [PubMed.ID: 22273188]
6. **Polavarapu HV**, Kurian A, Josloff R. Is Dexmedetomidine the agent of choice in the resection of Pheochromocytoma? *Am Surg* 2012 Mar;78(3):E127-8. [PMID:22524734]
7. **Polavarapu HV**, Kulkarni N, Josloff R. Incarcerated inguinal hernia repair by laparoscopic total abdominal preperitoneal (TAPP) approach with mesh. [Abstr] *Hernia*.
8. **Polavarapu HV**, Berumen SC, Edmonds P, Lim PS, Pezzi CM. Adrenocortical carcinoma: Complete surgical resection after 18 years. *World J Oncol* 2011 Dec;2(6):307-310.
9. **Polavarapu HV**, Kurian A, Josloff R. Laparoscopic ventral hernia repair in the elderly: Does the type of hernia matter? *Hernia* 2012 Aug;16(4):425-9. [PubMed.ID: 22273188]
10. Atallah S, Albert MR, deBeche-Adams T, Nassif G, **Polavarapu HV**, Larach SW. Transanal Minimally Invasive Surgery for Total Mesorectal Excision (TAMIS-TME): A stepwise description of the surgical technique with video demonstration. *Tech Coloproctol* 2013 Jun;17(3):321-5. [PubMed.ID: 23377536]
11. **Polavarapu HV**, Kulaylat AN, Sun S, Hamed O. 100 years of surgical education: The past, present, and future. *Bull Am Coll Surg*. 2013 Jul [PubMed.ID: 24010218]
12. Atallah S, Nassif G, **Polavarapu HV**, deBeche-Adams T, Ouyang J, Albert MR, Larach SW. Robotic-assisted transanal surgery for total mesorectal excision (RATS-TME): a description of a novel surgical approach with video demonstration. *Tech Coloproctol*. 2013 Aug;17(4):441-7. [PubMed.ID: 23801366]

TEXTBOOK CHAPTERS

1. Matthew Albert, **H. Polavarapu**. Right Hemicolectomy: Hand-Assisted Laparoscopic Surgery Technique, Operative Techniques in Colon and Rectal Surgery, Edited by Mulholland MW, Albo D, Dalman R, Hawn M, Hughes S, Sabel M, Lippincott Williams and Wilkins, 2014.
2. Sergio W. Larach, **H. Polavarapu**. Transanal Minimally Invasive Surgery (TAMIS), Advanced Techniques in Minimally Invasive and Robotic Colorectal Surgery, Edited by Bardakcioglu O, Springer, 2015.

CHARGE COMMITMENT AND ASSURANCES

With the signatures on the Certification page of this Certificate of Need ("CON") application, and consistent with Sections 1110.235(c)9 and 1110.235(c)10, the applicants attest that:

1. A peer review program that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for ASTC services exists at the ASTC.
2. If, and in those cases where outcomes do not meet or exceed the peer review program's standards, a quality improvement plan is initiated.
3. Pain management services proposed to be provided in the ASTC will be incorporated into the peer review program referenced above.
4. It is anticipated, and in part as a result of the addition of pain management services, within two years of the initiating of pain management services at the ASTC, the ASTC will meet or exceed the HFSRB's utilization standard, as identified in 77 Ill. Adm. Code 1100.
5. The facility-related charges associated with the provision of pain management services in the ASTC will not increase from those identified in the attached charge schedule for a period of a minimum of two years from the issuance of the CON Permit addressed in this application.

BLESSING SURGERY CENTER
MASTER CHARGE SCHEDULE—PAIN MANAGEMENT PROCEDURES

20610	\$9,466
25608	\$58,537
27096	\$11,548
62321	\$14,752
62323	\$10,804
63655	\$80,122
64454	\$20,011
64633	\$20,216
64635	\$19,567
64640	\$21,717
G0260	\$12,093

Status Active PolicyStat ID 15065241



Origination 11/2019
Last Approved 01/2024
Next Review 01/2025

Owner Katie Williams:
DIR, SURGERY
CENTER/GI
Document Blessing Surgery
Area Center
Applicability Blessing Hospital

Quality Assessment and Improvement Plan

Introduction

Through the Blessing Surgery Center (Center) Quality Assessment and Improvement Plan (Plan), the Center strives to deliver excellent patient care while continually improving and keeping patients safe from harm or unexpected adverse outcomes. This plan applies to the Center, including the GI procedure area, and applies to the full scope of clinical services provided by the Center. It addresses not only clinical quality but also administrative and cost-of-care performance. Concerning clinical quality, the Plan, through the processes described herein and the processes outlined in other Center policies, links peer review, quality improvement activities, infection prevention and safety, and risk management in an organized, systematic way. The Plan supports the overall Blessing Health System Quality Management Plan.

Quality Management Principles

The Center seeks to provide safe and evidence-based care through consistent commitment to the regulations provided by the Centers for Medicare and Medicaid Services (CMS), the State of Illinois, and other federal and state laws and regulations. In addition, we endorse quality initiatives recommended by the Centers for Disease Control and Prevention (CDC), the Leapfrog Group, the National Quality Forum, the Institute for Healthcare Improvement, Patient Safety Organization(s) and the local and state health departments, where appropriate. Further, we embrace proven quality improvement methodologies, such as Lean Six Sigma process improvement, and promote the tenets of continuous quality improvement.

This plan also addresses efforts to continually improve the organizational culture of safety at the Center. This includes hiring and developing employees who have a genuine, working commitment to patient safety. Each employee contributes to effective teamwork and communicates in a timely and effective manner when safety issues arise.

The following principles are the foundation of the Quality Management System: Customer Focus,

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Leadership, Engagement of People, Process Approach, Improvement, Evidence-Based Decision Making, Risk-Based Thinking, and Relationship Management.

Background

The Center reviews and analyzes key aspects of the organization and its stakeholders to determine strategic direction. This requires the identification of interested parties, issues, concerns, risks, and opportunities that impact the Center. The Center's leadership in partnership with the Medical Operations Committee (MOC) monitors and updates the structure of the organization as appropriate. They also revise the strategic objectives and strategies to support the mission and to ensure organizational sustainability.

Responsibility and Authority

The Board of Trustees, MOC, and Center leadership are committed to and accountable for the effectiveness of the Quality Assessment and Improvement Program; ensuring resources are available, promoting continual improvement, and ensuring this plan and objectives are in place and consistent with the goals of the organization. Because much of the Plan requires clinical expertise, physician representation in quality assessment and improvement activities and on the committees described below is considered an integral part of the Plan.

The Center quality structure is designed to ensure its processes are functioning at a high level and achieving excellent results demonstrated by outcomes. Refer to the Organizational Plan for the committee structure flowchart.

A. Board of Trustees

The Board of Trustees of the Center is ultimately responsible for ensuring the availability of appropriate resources and support systems for the effective operation of the quality improvement program, including performance improvement and risk management functions. The Board of Trustees has ultimate responsibility for patient safety and the delivery of quality health care at the Blessing Surgery Center. The Board of Trustees will annually approve and review the effectiveness of the quality improvement program and determine if the program's purposes and objectives are being met.

B. Medical Operations Committee (MOC)

The MOC is responsible for the following functions:

- approve the Blessing Surgery Center Quality Assessment and Improvement Plan
- approve the Infection Control Risk Assessment
- perform ongoing peer review, including the analysis of the results of peer review activities
- identification and reduction of medical errors

See Medical Operations Committee in the Organizational Plan

D. Performance Excellence Department

The Performance Excellence Department is responsible for the oversight of all patient safety, quality, and performance improvement initiatives and goals. The Performance Excellence Department collaborates with the Director to develop the annual Blessing Surgery Center Quality Assessment and Improvement Plan ensuring that it supports the goals of the Center and submits the plan to MOC for approval. The Performance Excellence Department responsibilities include the following:

1. Partner with and/or facilitate with Risk Management and the Center in conducting Root Cause Analysis (RCA), Failure Mode Effect Analysis (FMEA) and other process improvement initiatives.
2. Coordinates reporting on performance improvement activities, results and effectiveness and maintains an inventory of the performance improvement activities carried out
3. Provide support and assistance needed by departments and teams in carrying out their performance improvement responsibilities
4. Provide performance improvement education for the organization, which may include but not be limited to Lean Six Sigma

Customer Requirements

The Center adopts a patient-centered approach which ensures patient needs and expectations are determined and requirements are met to enhance customer engagement. Mechanisms used to define customer requirements include customer surveys, leadership rounding, meetings, letters, complaints/compliments, market-share analysis, community needs assessment, etc. The customer requirements considered when developing performance measures, setting priorities, and improving processes and services include:

- Safe
- Timely
- Effective
- Equitable
- Efficient
- Centered on the patient's needs and expectations

Continuous Quality Improvement

The Center monitors, measures, and analyzes key processes and takes action to achieve planned results. Performance Improvement efforts support the organization's commitment to evidence-based, patient-centered care to continually improve health outcomes and to reduce risk. Examples of improvement include correction, corrective action, continual improvement, breakthrough change, innovation, and re-organization.

A. Philosophy of Improvement

Effective patient safety and quality improvement is an interdisciplinary effort in which the medical staff, Center leadership, and front-line staff collaborate on improvement projects under the guidance of trained facilitators, when applicable. Patient safety initiatives and improvement teams are prioritized in accordance with the strategic goals of the organization. They require executive sponsorship, strong leadership, skilled facilitation, clearly stated and measurable outcome goals, process metrics, front-line staff involvement, defined roles and responsibilities of team members, the incorporation of Lean and Six Sigma improvement tools, current information regarding standards of care and evidence-based practice, continual staff education and communication, and ongoing monitoring of accurate measurements to ensure the sustainment of changes.

B. Performance Excellence Tools

The primary tools utilized for continuous quality improvement may include but are not limited to the following:

1. Lean is a series of methods and techniques primarily used to eliminate waste, reduce variation, and improve process efficiency.
2. Six Sigma is used to reduce the waste and variation in all processes leading to fewer errors, more reliability, improved engagement, and improved financial performance by employing a data-driven tool kit utilizing the DMAIC model.
3. Root Cause Analysis is a process for identifying the basic or causal factor that underlies variation in performance, including the occurrence or possible occurrence of a serious event.
4. Proactive risk assessment examines a process in detail including sequencing of events, actual and potential risks, and failure or points of vulnerability and that prioritizes, through a logical process, areas for improvement based on the actual or potential impact of care, treatment, or services provided. For example, Failure Modes Effect Analysis (FMEA) is a technique used to define, identify, prioritize, and eliminate known or potential failures, problems, and errors from the process or service before they reach the customer.
5. Cascading Goals are the framework used to promote the achievement of high-level organizational goals by sharing the metrics and responsibility for goal achievement with individuals at all levels of the organization from senior leadership to front-line staff.
6. Change Acceleration Process (CAP) is a series of methods and techniques used to facilitate organizational and cultural change. These methods have been developed by General Electric and are used as the underpinning of performance improvement. CAP focuses on ensuring acceptance and accountability for quality improvements leading to effective results for the organization.
7. Operational Rounding uses a Gemba board within the department as a tool for improving and communicating key improvements. The A3 structure uses the Lean philosophy to improve identified areas of opportunity. Outcomes are tracked to ensure sustainability of the improvements and the team routinely huddles around the board to ensure everyone is working toward the goal.

C. Lean Transformation

Blessing utilizes the principles of lean transformation as a management strategy focused on improving processes. Lean transformation involves distinguishing value-added steps from non-value added steps and eliminating waste to improve the efficiency of the process. Lean is embedded within the Care Vision Operational Rounding program using tools such as A3, Cause and Effect, 5 whys, and Action Plans. Operational Rounding also includes a routine follow-up with departments to ensure sustainability, a key concept of Lean.

D. Data Management

Measurement and Monitoring

Key management, clinical, and support process indicators and dashboards are used to measure process consistency, effectiveness, and the ability to meet customer requirements. Monitoring includes the use of internal audits, corrective action plan effectiveness indicators, and performance improvement data. Indicators are structured to produce statistically valid performance measures of the care and services provided with established benchmarks to best practice, industry standards, or performance-based targets. Most quality benchmarks are obtained from the Vizient Clinical Database (CDB). An Observed vs. Expected measure is used oftentimes to show results compared to a national benchmark.

Data Analysis

Evaluation of data results may include the analysis of process variations using run charts, statistical process control techniques, QI studies, and/or other tools to identify patterns/trends, undesirable outcomes, individual performance, and other significant variables based on nationally recognized standards and/or benchmarks. Results of the analysis determine conformance to objectives, the degree of meeting customer requirements, and the need for performance improvement. Documentation of the evaluation may include recommendations for performance improvement, actions to mitigate risk and address opportunities, redesign of the process, or a corrective action plan. Effectiveness of actions is evaluated and determined through ongoing data analysis.

Improvement Priorities

Opportunities are identified in several ways:

- Review of performance indicators and internal audit results
- Feedback from satisfaction surveys, including comments and actual conversations.
- Comparisons to industry trends
- Evidence-based practice recommendations
- Risk assessment results
- Evaluation of near misses and adverse events
- Regulatory/accreditation requirements and survey findings
- Changes in external and internal issues

Criteria used to prioritize issues:

- Identification of high-risk, high-volume, or problem-prone processes or functions
- Consider the incidence, prevalence, and severity of issues in these areas
- Effect on key process outcomes
- Alignment with strategic objectives and goals

Reference(s):

ISO 9001:2015 certification standards

All Revision Dates

01/2024, 01/2021, 11/2019

Approval Signatures

Step Description	Approver	Date
	Megan Parks: DOCUMENT CONTROL COORDINATOR [KD]	01/2024
Administrative Director	Lori Wilkey: ADM DIR SURG SVS/CANCER CNTR	01/2024
Director	Katie Williams: DIR, SURGERY CENTER/GI	01/2024

Applicability

Blessing Hospital

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