

January 28<sup>th</sup>, 2019

Ms. Courtney R. Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson, 2nd Floor  
Springfield, IL 62761

**RECEIVED**

JAN 31 2019

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Re: Opposition to CON 18-042, Quincy Medical Group Surgery Center in Quincy, Illinois

Dear Ms. Avery:

My name is Warren Eugene Hagan M.D. I am an active surgical staff member at the existing Blessing surgical center, and have been for 2.5 years. I utilize the surgical center frequently, (and I have been granted block time status due to this frequent useage.) I do however, like most of the surgeons utilize the main Operating Rooms in the Blessing Hospital as well. I often assign the location of my surgery based upon three things: The likelihood of the patient requiring overnight hospitalization for pain control and/ or nausea management. Second, the availability of a first surgical assisting technician. The duration is surgery is greatly shortened, and the technical ease of performance is enhanced by the assistance of a First Surgical Assistant. These 1<sup>st</sup> surgical assistances are not currently available in the surgery center. And thirdly, the capacity to perform a "frozen section" pathological examination of tissue at the time of surgical removal. This real time pathological clearance of margins is not available within the surgical center.

In my scheduled block time IN THE HOSPITAL, I schedule the order usually in the order of difficulty and expected length of time. And the first surgical assists are available to me for these difficult cases. And as the technical challenge of the surgical procedure is reduced, the surgical assistant is released to help other cases. If there is any potential "block time" remaining to be utilized at the hospital, then I fill this remaining balance of block time with healthier, less technically tedious, quicker and rapid recovery cases. These "schedule filler" cases keep my surgical flow in one location and allows continuous room turnover as I complete a full day of OR time. The lesser filler cases are in effect shifted from the surgical center to the hospital operating room schedules for convenience and efficiency. This in turn vacates a large number of "potential surgical center" cases.

And this is true for many of the surgeons of general surgery, orthopedic surgery, urology, plastic surgery and podiatry.

Considering the three above mentioned considerations, my frequent need for the surgery center is reduced. Nonetheless, in my many years here in Quincy, I have rarely found incidences when I can not schedule cases at the surgical center. In fact, on that rare case when the scheduling time was

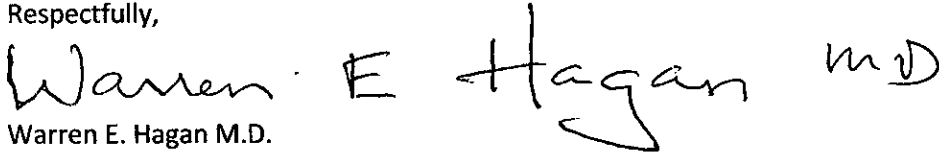
unavailable, the case could be scheduled *in every case* either at the surgery center, or at the hospital operating room on a Same day short stay discharge status the following day. This is due to the high of availability of "open unscheduled available OR time" at short notice. This is due to the low utilization rate of the surgery center being in the 48—52%. percentage

The CON application has mentioned that there is not enough surgical time currently available. It specifically states that many surgeons have requested longer week day hours until 6 pm and on Saturdays. In my experience, many surgeons want to start cases after they finish their office hours around 3-4:30 pm for their own "catch up convenience without office cancellation" But to my knowledge there have never been any significant requests to the Operation Room Supervising committee to extend the SURGERY CENTER hours to Saturdays, or to extend the evening hours of operation on weekdays.

Furthermore, having joined the Surgery Center staff 2.5 years ago, I have not had problems in getting allocation of "designated block time". Furthermore I have seen many other new surgeons who have gained surgical privileges after my arrival who also have been granted ample block time. Furthermore, the operational oversight of the current surgical center, as well as the predominance of the Surgical Committee which manages "block scheduling" at the surgery center are controlled by employees and surgeons of Quincy Medical Center. AS such I feel this CON's petition that claims a shortage of available OR time could have been remedied more appropriate by addressing and analyzing the data rather than fabricating a "manufactured shortage of time".

I respectfully ask that the Health Facilities and Services Review Board deny CON application 18-042  
Thank you for your consideration.]

Respectfully,

A handwritten signature in black ink that reads "Warren E Hagan MD". The signature is written in a cursive style with a large, sweeping "W" and "H".

Warren E. Hagan M.D.

Member, Blessing Healthsystems Department of Surgery  
Member, American Society of Plastic Surgeons

25 year prior member of The American College of Surgeons (currently inactive)

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