

North Carolina Department of Health and Human Services Division of Health Service Regulation Certificate of Need Section

2704 Mail Service Center • Raleigh, North Carolina 27699-2704 http://www.ncdhhs.gov/dhsr/

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March 19, 2012

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Susan Myrick, RN Program Coordinator, Cardiovascular & Pulmonary Rehabilitation Vidant Edgecombe Hospital 111 Hospital Drive Tarboro, North Carolina 27886

No Review / Vidant Edgecombe Hospital / Purchase Cardiovascular Monitoring System for RE:

and Operate Cardiovascular Rehabilitation Program / Edgecombe County

FID #923247

Dear Ms. Myrick:

The Certificate of Need (CON) Section received your letters of October 5, 2010 and August 11, 2010 regarding the above referenced proposal. Based on the CON law in effect on the date of this response to your request, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Certificate of Need Section. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

In addition, you should contact the Construction Section, DHSR to determine if they have any requirements for development of the proposed project. Please contact the CON Section if you have any questions. Also, in all future correspondence you should reference the Facility I.D.# (FID) if the facility is licensed.

Sincerely,

ane Rhoe-Jones

Project Analyst

Certificate of Need Section

Medical Facilities Planning, DHSR





Jose

March 9, 2012

Department of Health and Human Services Attention: Ms. Rhoe-Jones Project Anaylst/Certificate of Need 2704 Mail Service Center Raleigh, NC 27699-2704

Dear Ms. Rhoe-Jones,

Vidant Edgecombe Hospital would very much like to expand our outpatient services by incorporating a Cardiovascular Rehabilitation program. This program is designed to increase quality of life and decrease mortality and morbidity in patients with cardiovascular diseases through exercise, education, stress management, nutritional counseling and controlling cardiovascular disease risk factors. This letter serves as a request for determination as to whether this proposal requires a certificate of need.

This program will offer supervised exercise sessions in the existing outpatient rehabilitation gymnasium three times per week for a minimum of twelve sessions up to thirty six sessions. The cardiovascular rehabilitation participants will utilize all existing exercise equipment within the hospital's outpatient gymnasium. This program will be offered under the hospital license.

Candidates for the Cardiovascular program may include but is not limited to those with stable angina, coronary artery disease, peripheral artery disease, congestive heart failure, cardiomyopathy, post myocardial infarction and heart valve replacement or repair.

The program will begin with two classes with a maximum of eight patients per class. The number of classes may increase at a later date depending on number of referrals, eligibility and willingness of patients to participate in cardiovascular rehabilitation.

Our staff will consist of a Medical Director, Registered Nurse, Respiratory Care Practitioner and Exercise Physiologist; all which are licensed or certified in the state of North Carolina.

Capital expense in the amount of \$37, 585.00 has been utilized to purchase a cardiovascular monitoring system to allow for early detection of exercise induced complications in the cardiovascular patient. This is the total amount of capital expenditure used in preparation for this program.

Thank you for you assistance in this matter.

Sincerely,

Susan L Myrick, RN Program Coordinator

Cardiovascular and Pulmonary Rehabilitation

1. Myrick, RN

(252)641-8668

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