



North Carolina Department of Health and Human Services  
Division of Health Service Regulation

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS

Drexdal Pratt  
Division Director

May 15, 2014

Barbara Freedy  
Director, Certificate of Need  
3600 Country Club Road, Suite 201  
Winston-Salem, NC 27104

**Exempt from Review**

Facility: Novant Health Presbyterian Medical Center (NHPMC)  
Project Description: Renovate and expand existing sterile processing department in the hospital  
County: Mecklenburg  
FID #: 943501

Dear Ms. Freedy:

In response to your letter of May 6, 2014, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(g). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

However, you need to contact the Construction and Acute and Home Care Licensure and Certification Sections of the Division of Health Service Regulation to determine if they have any requirements for development of the proposed project.

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.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,  
*Fatimah Wilson*  
Fatimah Wilson  
Project Analyst

*Martha J. Frisone*  
Martha J. Frisone, Interim Chief  
Certificate of Need Section

cc: Construction Section, DHSR  
Acute and Home Care Licensure and Certification Section, DHSR



**Certificate of Need Section**

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-733-8139

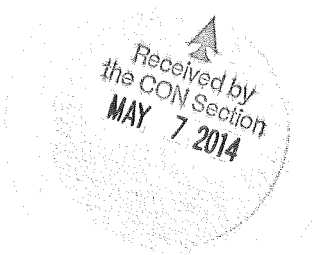
Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

An Equal Opportunity/ Affirmative Action Employer



fw



May 6, 2014

Fatimah Wilson, Project Analyst  
Certificate of Need Section  
NC Department of Health and Human Services  
Division of Health Service Regulation (DHSR)  
809 Ruggles Drive  
Raleigh, North Carolina 27603

2085 Frontis Plaza Boulevard  
Winston-Salem, NC 27103

RE: Notice of Exempt Capital Expenditures Pursuant to NCGS § 131E-184(g) for Novant Health Presbyterian Medical Center (NHPMC) Proposal to Renovate and Expand Existing Sterile Processing Department in the Hospital; Health Service Area III (Mecklenburg County)

Dear Ms. Wilson:

This letter and its supporting attachments are to provide prior written notice pursuant to NCGS. § 131E-184(g) of NHPMC's proposal to incur a capital expenditure in excess of \$2 million to renovate and expand its existing Sterile Processing Department on the main campus of the hospital. NHPMC's proposed project is exempt from Certificate of Need (CON) review by the CON Section for the reasons set forth in this letter.

NHPMC is an existing licensed acute care hospital located in Charlotte, North Carolina, Mecklenburg County. The address for NHPMC is 200 Hawthorne Lane, Charlotte, NC 28204. See a copy of the NHPMC current North Carolina acute care hospital license at **Attachment A**. NHPMC is seeking to renovate and expand the space in the hospital for the Sterile Processing Department and to purchase and install new sterile processing equipment. Today, Sterile Processing is located on the 2<sup>nd</sup> floor at NHPMC and will be located on the same floor after the renovation and expansion is complete. See the line drawing and site plan in **Attachment B**. The Sterile Processing Department plays a key role in supporting surgical and endoscopy services at NHPMC, and the department is overdue for an expansion and update. Please refer to **Attachment F**, the affidavit of NHPMC's President, Harry Smith, for more details on the Sterile Processing Department.

The estimated total capital cost for this project is \$5,300,000 and includes construction, renovation, and the purchase and installation of new sterile processing equipment, as well as updates to the HVAC, plumbing and fire protection systems that support the NHPMC Sterile Processing Department. An equipment list for this project is found in **Attachment D**. The Architect's (McCulloch England) and General Contractor's (Rodgers Builders, Inc.) estimate of construction costs (materials and labor), fees, and contingencies for this project are included in

**Attachment E.** See **Attachment C** for a copy of the Proposed Total Project Capital Cost sheet.

Pursuant to NCGS § 131E-184(g), the Certificate of Need Section “shall exempt from review any capital expenditure that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)(b)” if the following three conditions are met:

1. The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus;
2. The capital expenditure does not result in a change in bed capacity or the addition of a health service facility or any other new institutional health service; and
3. The licensed health service facility proposing to incur the capital expenditure provides prior written notice and supporting documentation to the Certificate of Need Section.

The term “Main Campus” is defined in NCGS § 131E-176(14n) as:

“Main Campus” means all of the following for purposes of NCGS § 131E-184(f) and (g) only:

- (a) The site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building.
- (b) Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.”

The proposed renovations at NHPMC meet the three conditions set forth above for exemption from Certificate of Need review.

First, the sole purpose of the capital expenditure is to renovate and update a portion of an existing health service facility on its main campus in Charlotte, NC. NHPMC and its campus have been in the same location since 1918 and the renovations are to take place on the 2<sup>nd</sup> Floor of the existing hospital. The location on Hawthorne Lane is the “main campus” for NHPMC as it is “the site of the main building from which NHPMC “provides clinical patient services and exercises financial and administrative control over the entire facility.” As such, the renovations meet the conditions set forth above for exemption for CON review and meet the requirements of a main campus in NCGS § 131E-176(14n).

Second, NHPMC is currently licensed for 539 acute care beds as indicated on its 2014 Hospital License Renewal Application (LRA) included as **Attachment G**. The proposed project pertains to renovation, expansion, and re-equipping Sterile

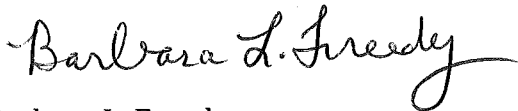
Processing services which support the delivery of surgical and endoscopy services at NHPMC. This project will not result in an increase or change in bed capacity once complete. Furthermore, the proposed renovation of the existing Sterile Processing Department will not result in the addition of a health service facility or any other "new institutional health service." Therefore, the proposed renovations at NHPMC meet the condition set forth above, as well as the requirements in NCGS § 131E-176(9b), which defines the term "health service facility" and NCGS § 131E-176(16), which defines the term "new institutional health services."

Third, this letter constitutes the required prior written notice.

-This exemption request includes an affidavit signed by Harry Smith, the President of NHPMC to confirm that NHPMC operates under a North Carolina acute care hospital license and that the President of NHPMC exercises financial and administrative control over the entire NHPMC facility. This is further illustrated by the CV and job description for the NHPMC President. See **Attachment F** for the affidavit, job description, and CV.

Given the importance of this project to NHPMC, we would like to begin the renovation and expansion of the space for Sterile Processing Department and the installation of new sterile processing equipment as quickly as possible. We would appreciate your prompt, written confirmation that this project is exempt from Certificate of Need review. If you have any questions or need additional information, please do not hesitate to contact me at (336) 718 -4483.

Sincerely,



Barbara L. Freedy  
Novant Health, Inc.  
Director, Certificate of Need

CC: Martha Frisone, Interim CON Chief  
Joe Fiorenza, NHPMC  
Joy Greear, NHPMC  
Randy Bivens, NHPMC

*File: NHPMC Sterile Processing Exemption RequestFINAL.04.2014.docx*

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

*Effective March 22, 2014, this license is issued to*

*The Presbyterian Hospital*

*to operate a hospital known as*

*Novant Health Presbyterian Medical Center*

*located in Charlotte, North Carolina, Mecklenburg County.*

*This license is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall remain  
in effect until amended by the issuing agency.*

*Facility ID: 943501*

*License Number: H0010*

**Bed Capacity: 702**

*General Acute 603, Psych 75, Hospice 8,  
Nursing: 16*

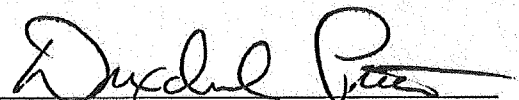
Dedicated Inpatient Surgical Operating Rooms: 6  
Dedicated Ambulatory Surgical Operating Rooms: 6  
Shared Surgical Operating Rooms: 34  
Dedicated Endoscopy Rooms: 9

*\* 539 at NHPHC + 64 at NHCCH*

Authorized by:



Secretary, N.C. Department of Health and  
Human Services



Director, Division of Health Service Regulation



North Carolina Department of Health and Human Services  
Division of Health Service Regulation

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS

Drexdal Pratt, Director

March 21, 2014

\*AMENDED 3/26/14

Mr. Harry Smith, CEO  
Novant Health Presbyterian Medical Center  
P O Box 33549  
Charlotte, NC 28233

RE: Consolidation of 2 Hospitals (Novant Presbyterian and Novant Charlotte Ortho)  
Con#: F-8765-11 License # H0010 Terminate: H0251  
Effective: March 22, 2014

Dear Mr. Smith:

A new license is enclosed which reflects the following change:

From	To:
General Acute Beds: *539	General Acute Beds: 603
Psychiatric Beds: 75	Psychiatric Beds: 75
Hospice Beds: 8	Hospice Beds: 8
Skilled Nursing Beds: 0	Skilled Nursing Beds: 16
Shared Operating Rooms: 22	Shared Operating Rooms: 34

This license is issued pursuant to Chapter 131E-75 et seq., Hospital Licensure Act. The new license should be posted in a public area.

Notice of Right to Appeal. You have the right to appeal this decision pursuant to the provisions of Article 3 of Chapter 150B of the North Carolina General Statutes. In order to preserve this right, you must file a petition for contested case hearing in the Office of Administrative Hearings. Your petition must be received by the Office of Administrative Hearings no later than thirty days after the date on which this letter was mailed to you. For complete instructions on the filing of a petition, you may write or call the Office of Administrative Hearings at the following address and telephone number:

Office of Administrative Hearings  
424 North Blount Street  
Post Office Drawer 27447  
Raleigh, NC 27611-7447 - Telephone (919) 733-0926



Acute and Home Care Licensure and Certification Section

<http://www.ncdhhs.gov/dhsr/>

Phone: (919) 855-4620 v Fax: (919) 715-3073

Mailing Address: 2712 Mail Service Center • Raleigh, North Carolina 27699-2712

Location: 1205 Umstead Drive (Lineberger Building) v Dorothea Dix Hospital Campus v Raleigh, N.C. 27603

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Mr. Harry Smith  
March 21, 2014  
Page Two

If you file a petition for contested case hearing, you must also serve a copy of the petition on the Department of Health and Human Services. You may serve the Department by mailing a copy of your petition to Emery E. Milliken, General Counsel, at the following address: Department of Health and Human Services, Office of Legal Affairs, Adams Building, Room 111, 2005 Mail Service Center, Raleigh, NC 27699-2005.

We will notify the appropriate agencies by copy of this letter. Please contact our office if there are any questions about this process.

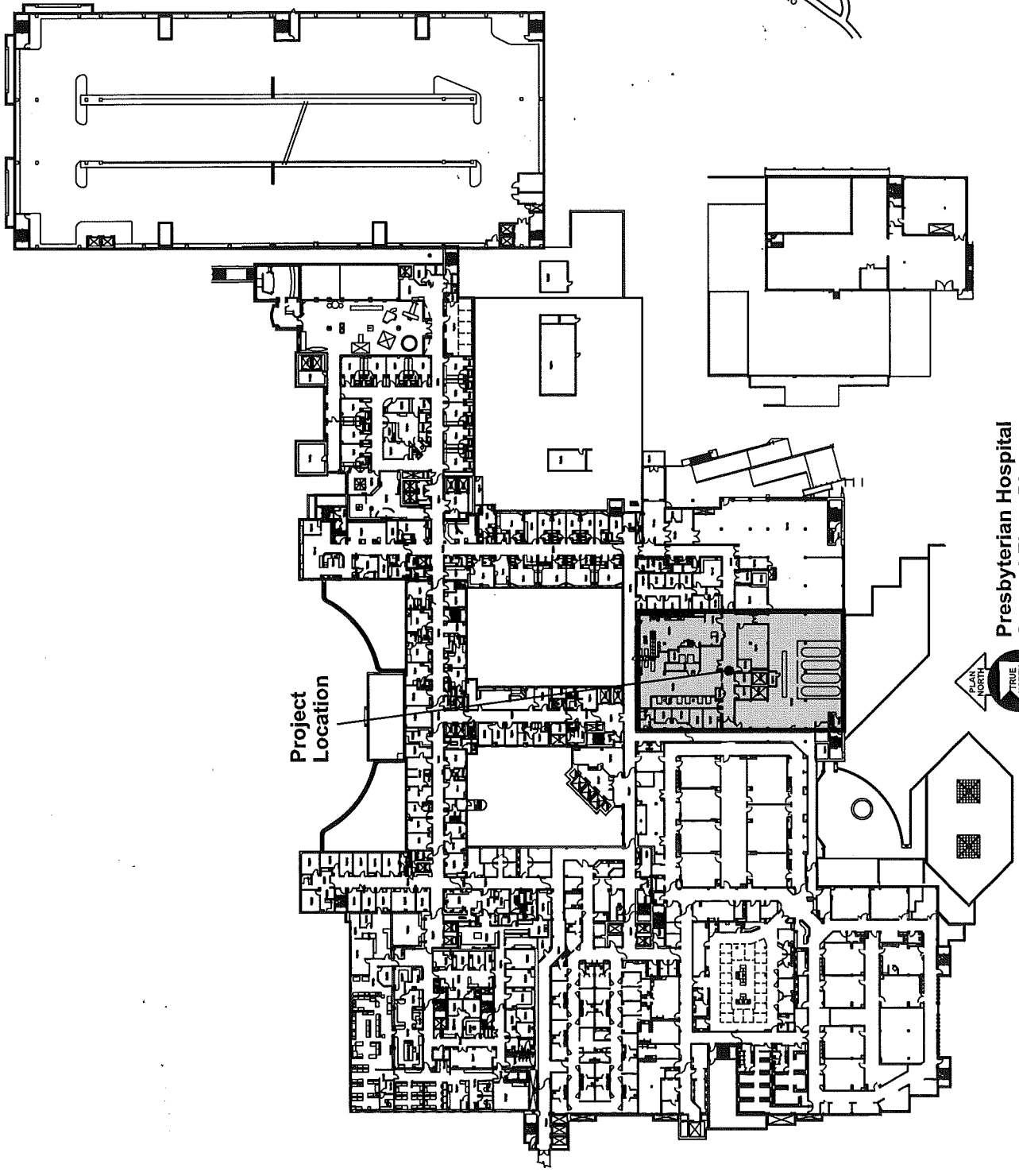
Sincerely,

*AZZIE CONLEY*

Azzie Conley, RN  
Acute and Home Care  
Licensure and Certification Section

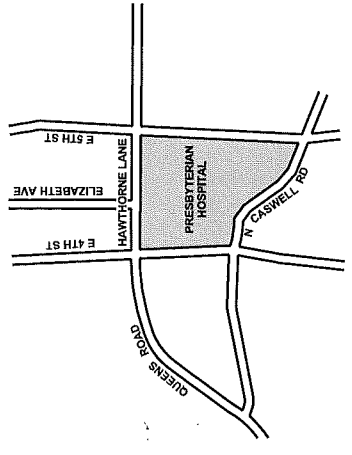
Enclosure

Cc: Construction Section Chief  
CON Section Chief  
Medical Fac. Planning  
DMA



Project Location

Presbyterian Hospital  
Second Floor Plan

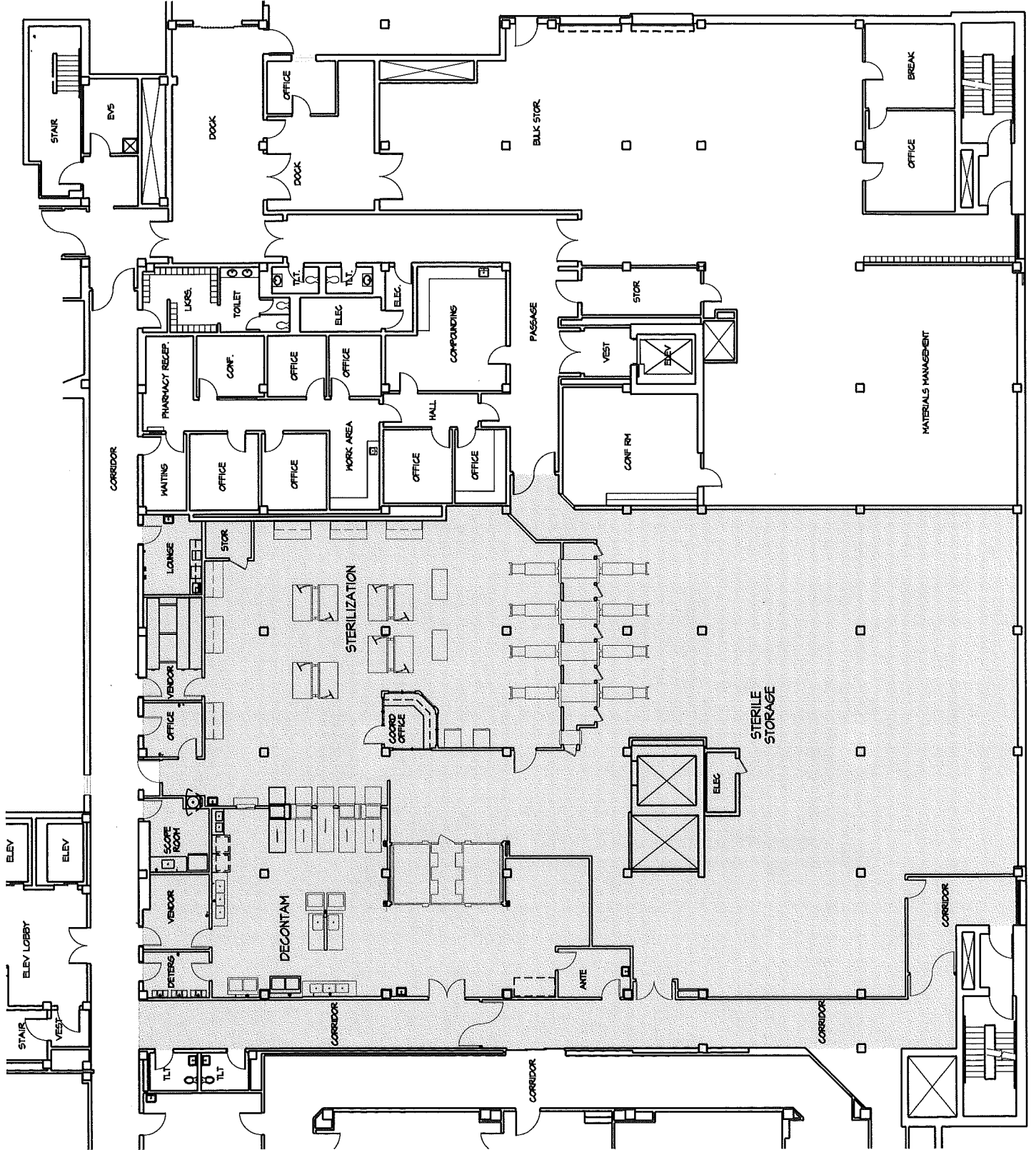


Area Map



# ATTACHMENT B

Proposed  
Sterile  
Processing  
Department  
Expansion  
Novant Health  
Presbyterian  
Medical Center



PROPOSED TOTAL CAPITAL COST OF PROJECT

Project Name: Sterile Processing Department Expansion
Provider/Company: Novant Health Presbyterian Medical Center

Table with 2 columns: Description and Amount. Rows include Site Costs (A), Construction Contract (B), and Miscellaneous Project Costs (C). Total Capital Cost of Project is \$5,300,000.00.

I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

Signature of Licensed Architect or Engineer: [Handwritten Signature]

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

Signature of Office Authorized to Represent Provider/Company: [Handwritten Signature] Title of Officer: SVP/COO

+ = See ATTACHMENT D
\* = See ATTACHMENT E

**Novant Health**  
**NH PH SPD (16 OR Suites) 12CONS003682111**  
**Item Summary**



= GPO Contract     = My Org Contract

ID#	Alt ID# Item ID#	Qty F/I	Description Model	Manufacturer Name Vendor Name (Vendor #)	Manufacturer Name (Mfr #) Vendor Name (Vendor #)	Funding Source Budget Name	Item Status Arch Code Custom Code	Unit Cost	Options Cost	Cost	Item Tax	Opt. Tax	Price Type	Ext. Cost
C-232851	7023317	1 O/O	Allowance, Accessories Freight for SPD	STERIS Corporation (BF644) STERIS Corporation (BF644)		Project Unassigned Unassigned	Purchased 3-Movable, Non-Elect Unassigned	47,887.87		47,887.87	0.00	0.00	Quote	47,887.87
6532-000		1 O/V	Allowance, Instrument Tracking	STERIS Corporation () STERIS Corporation ()		Project Unassigned Unassigned	Released 4-Instruments Unassigned	0.00		0.00	0.00	0.00	Quote	0.00
5830-028		54 O/O	Cart, Case, Medium (40-49in wide) MPH08LCS35 (48W x 29D x 39H)	Medline Industries Inc. (MPH08LCS35) Medline Industries Inc. (MPH08LCS35)		Project Unassigned Unassigned	Draft (New) 3-Movable, Non-Elect Unassigned	5,533.00		5,533.00	0.00	0.00	Vendor	298,782.00
6017-026		100 O/O	Cart, Supply, Chrome, 72 inch Quickwire QWP5277C	InnerSpace - Datel (QWP5277C) InnerSpace - Datel (QWP5277C)		Project Unassigned Unassigned	Draft (New) 3-Movable, Non-Elect Unassigned	383.00		383.00	0.00	0.00	Vendor	38,300.00
7756-003		1 O/V	Compressor, Air, Rotary Scroll Rotary Scroll Air Compressor-5HP/208V Duplex	STERIS Corporation (AX8410000000000009) STERIS Corporation (AX8410000000000009)		Project Unassigned Unassigned	Draft (New) 1-Fixed Unassigned	17,699.00		17,699.00	0.00	0.00	Vendor	17,699.00
C-232833		6 O/C	Countertop, Instrument Processing Instrument Processing (S/S, R/L ends) CG7700500188	STERIS Corporation (CG77006002) STERIS Corporation (CG77006002)		Project Unassigned Unassigned	Released 1-Fixed Unassigned	3,553.87		3,553.87	0.00	0.00	Quote	21,323.22
C-234572	7023317	6 O/C	Countertop, Instrument Processing CG75 Custom Unit	STERIS Corporation (CG77006002) STERIS Corporation (CG77006002)		Project Unassigned Unassigned	Purchased 1-Fixed Unassigned	5,279.46		5,279.46	0.00	0.00	Quote	31,676.76
6254-006	7023317	1 O/C	Pass-thru, Window Assembly 444 Rack Return Passthrough [FD241]	STERIS Corporation (FD24100) STERIS Corporation (FD24100)		Project Unassigned Unassigned	Purchased 1-Fixed Unassigned	2,867.37		2,867.37	0.00	0.00	Quote	2,867.37
C-232830	7023317	2 O/O	Rack, Allowance CGENGREQD Rack Station (Custom Case Work)	STERIS Corporation (TBD) STERIS Corporation (TBD)		Project Unassigned Unassigned	Purchased 1-Fixed Unassigned	9,447.46		9,447.46	0.00	0.00	Quote	18,894.92
BB556CS	7023317	1 O/V	Services, Installation Installation Charges for SPD	STERIS Corporation () STERIS Corporation ()		Project Unassigned Unassigned	Purchased 3-Movable, Non-Elect Unassigned	89,943.00		89,943.00	0.00	0.00	Quote	89,943.00
C-232829	7023317	2 O/C	Sink, Clean-up Workstation (3-sink) CCPS3110835 106" Triple Bay SS Clean- Up Sink	STERIS Corporation (CG84001003) STERIS Corporation (CG84001003)		Project Unassigned Unassigned	Purchased 1-Fixed Unassigned	6,859.92		6,859.92	0.00	0.00	Quote	13,719.84
4389-013		2 O/O	Sterilizer, Hydrogen Peroxide Amsco V-PRO max (Cabinet)	STERIS Corporation (VP300021) STERIS Corporation (VP300021)		Project Unassigned Unassigned	Released 2-Movable, Elect Unassigned	130,129.46		130,129.46	0.00	0.00	Quote	260,258.92

ATTACHMENT D

**Novant Health  
NH PH SPD (16 OR Suites) 12CONS003682111**

**Item Summary**

☐ = GPO Contract ☐ = My Org Contract

ID#	Alt ID# Item ID#	Qty F/I	Description Model	Manufacturer Name (Mfr #) Vendor Name (Vendor #)	Funding Source Budget Name	Item Status Arch Code Custom Code	Unit Cost Options Cost	Item Tax Opt. Tax	Price Type Ext. Cost
6479-097	7023317	4	Sterilizer, Steam, Recessed O/C Evolution HC1500 26x37.5x66 DD HNG 480V	STERIS Corporation (UE06113200001) STERIS Corporation (UE06113200001)	Project Unassigned Unassigned	Purchased 1-Fixed Unassigned	138,093.99	0.00	Quote 552,375.96
6479-155	C232835 7023317	1	Sterilizer, Steam, Recessed O/C AmSCO 400 20x20x38 Prevac Recessed (2 Dri/2Wall)	STERIS Corporation (SR0202310021) STERIS Corporation (SR0202310021)	Project Unassigned Unassigned	Purchased 1-Fixed Unassigned	52,604.68	0.00	Quote 52,604.68
5917-049	7023317	8	Table, Instrument, Assembly O/O ErgoStat CG55 Prep and Pack (Electric Deluxe)	STERIS Corporation (CG55) STERIS Corporation (CG55)	Project Unassigned Unassigned	Purchased 3-Movable, Non-Elect Unassigned	4,045.96	0.00	Quote 32,367.68
4561-015	7023317	2	Ultrasonic Cleaner, Floor O/C Caviwave (20 gal/208V)	STERIS Corporation (CR12) STERIS Corporation (CR12)	Project Unassigned Unassigned	Purchased 1-Fixed Unassigned	24,360.46	0.00	Quote 48,720.92
4565-001	7023317	1	Ultrasonic Cleaner, Rinser / Dryer O/C Caviwave Pro Sonic Console (Left-Right)	STERIS Corporation (CRP217LR) STERIS Corporation (CRP217LR)	Project Unassigned Unassigned	Draft (New) 1-Fixed Unassigned	110,493.00	0.00	Estimate 110,493.00
C-232831	7023317	2	Washer / Disinfecter, Cart, Pass-Thru, Pit O/C Mounted Vision 1327 (480V), FY030011 Instrument Cycle/ FD322 Container Rack	STERIS Corporation (FW05202) STERIS Corporation (FW05202)	Project Unassigned Unassigned	Purchased 1-Fixed Unassigned	162,778.51	0.00	Quote 325,557.02
C-232848	7023317	4	Washer / Disinfecter, Conveyor, Load & O/V Unload SCS-L-017 / SCSSL018 Single Load/Double Unload	STERIS Corporation (SCSL016) STERIS Corporation (SCSL016)	Project Unassigned Unassigned	Purchased 1-Fixed Unassigned	19,574.56	0.00	Quote 78,298.24
C-232850	7023317	1	Washer / Disinfecter, Conveyor, Return O/V Line SCS-L-004 SCS Automated Return Line (4 modules) w/door	STERIS Corporation (SCS-L-002) STERIS Corporation (SCS-L-002)	Project Unassigned Unassigned	Purchased 1-Fixed Unassigned	34,047.46	0.00	Quote 34,047.46
C-232832	7023317	3	Washer / Disinfecter, Steam O/C AMSCO 5052 Single Chamber 480V, Double Door, Pass Thru	STERIS Corporation (FH14042) STERIS Corporation (FH14042)	Project Unassigned Unassigned	Purchased 1-Fixed Unassigned	73,555.09	0.00	Quote 220,665.27
7278-012	7023317	2	Water Treatment System, O/C Washer/Disinfecter/Sterilizer RO2 Reverse Osmosis w/Deionizer & 55 Gal Tank	AmeriWater (00HC-2046)	Project Unassigned Unassigned	Released 1-Fixed Unassigned	17,743.08	0.00	Quote 35,486.16

**Grand Total : 2,331,989.29\***

**\*Rows (13)+(14) on ATTACHMENT C  
Capital Cost of Project Form**

Corporate Design & Construction

TASK ORDER

AIA B201 – 2007- STANDARD FORM OF ARCHITECT'S SERVICES: DESIGN AND CONSTRUCTION CONTRACT ADMINISTRATION

Date: 3/27/2014  
(INSERT DATE)

Architect: McCulloch England Associates Architects  
(INSERT NAME OF FIRM, LEGAL STATUS, ADDRESS, AND OTHER INFORMATION)

Project: Sterile Processing Department Expansion 10-2051  
(INSERT NOVANT PROJECT NAME AND PROJECT NUMBER)

Sterile Processing Department Expansion H1234  
(INSERT ARCHITECT'S NAME AND PROJECT NUMBER)

This Task Order provides supplemental information to the Novant Health Master Agreement, dated 6/15/2009 (INSERT DATE OF SIGNED MASTER AGREEMENT), for the specific project described above:

**Section 1.1** The project consists of the renovation of approximately 12,700 square feet on the second floor. The budget for the building construction as prepared by Rodgers Builders is \$2,330,531.00. The architects will employ Charlotte Engineers, LLP for Mechanical, Plumbing and Electrical Engineering services. The owner's representative is Randy Bivens. (INSERT DETAILS OF THE PROJECTS PROGRAM, NAMES OF OWNER'S CONTRACTORS OR CONSULTANTS, ARCHITECT'S CONSULTANTS, OWNER'S BUDGET, AUTHORIZED REPRESENTATIVES, ANTICIPATED PROCUREMENT METHOD AND ANY OTHER RELEVANT INFORMATION)

**Section 1.2.1** Commencement of construction date: 5/26/2014 (est) (INSERT DATE)

**Section 1.2.2** Substantial Completion date: 3/31/2015 (est) (INSERT DATE)

**Section 2.2.6** The Architect does not (DOES / DOES NOT) need to provide an estimate of the cost of the work in accordance with section 5.3.

**Section 2.3.2** The Architect shall update the estimate of the cost of the Work (DEPENDING ON THE ANSWER TO 2.2.6)

**Section 2.4.3** The Architect will (WILL / WILL NOT) be required to provide a complete project manual for this project.

**Section 2.4.4** The Architect shall update the estimate of the cost of the Work \_\_\_\_\_ (DEPENDING ON THE ANSWER TO 2.2.6)

**Section 2.6.1.3** The Architect shall be required to provide all closeout documentation as required by Novant Health Policy.

**Section 2.6.6.5** The Architect shall participate in a one-year Warranty Walk-thru to evaluate the condition of the Project and shall provide a report to the Novant Project Manager as to the general condition of the Project, 11 months after occupancy. Specific items to be addressed are: any obvious signs of vandalism, any signs of excessive wear, and any reports (from Plant Engineering, Clinical or Maintenance Staff) of

excessive needs for warranty repair or specific difficulty with any of the project specified items.

**Section 3.1** The Architect shall be responsible for the following as Additional Services  
(STRIKE THOSE THAT DO NOT APPLY)


<del>Programming</del>	<del>Detailed Post-Occupancy Evaluation</del>
<del>Multiple preliminary designs</del>	<del>Facility Support Services (B240-2007)</del>
<del>Measured drawings</del>	<del>Tenant related services</del>
<del>Existing facility surveys</del>	<del>Coordination of Owner's consultants</del>
<del>Site Evaluation and Planning (B-203-2007)</del>	<del>(during design)</del>
<del>Building Information Modeling</del>	<del>Telecommunication/data design</del>
<del>Civil Engineering</del>	<del>Security Evaluation and Planning (B-206-2007)</del>
<del>Landscape Design</del>	<del>Commissioning (B214-2007)</del>
<del>Architectural Interior Design (B252-2007)</del>	<del>Extensive environmentally responsible design</del>
<del>Value Analysis (B204-2007)</del>	<del>LEED Certification (B214-2007)</del>
<del>Detailed Cost Estimating</del>	<del>Furniture, Furnishings, and Equipment Design (B253-2007)</del>
<del>On-site project representation</del>	
<del>Conformed construction documents</del>	
<del>As-designed record drawings</del>	
<del>As-constructed record drawings</del>	

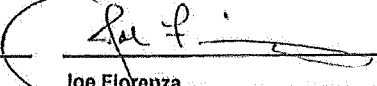

**Section 3.3.3.2** Number of site visits during construction to be included in the base service for this project is 20 (INSERT NUMBER).

**Section 6.1** Compensation shall be stipulated in the Task Order Accompanying document B102 with respect to this agreement.

**Section 6.2** Compensation for the Additional Services listed in section 3.1 shall be included (SELECT EITHER THE STIPULATED SUM OF \$X.00 OR AN HOURLY FEE NOT TO EXCEED \$X.00).

**Section 6.2** Compensation for the Additional Services that arise during the course of the project shall be hourly fees not to exceed an amount agreed to in writing prior to undertaking the task.

McCulloch England Associates Architects            3/27/2014  
Firm Name      Authorized Signature      Date

Novant Health            4/2/14        
Joe Eloyanza      \_\_\_\_\_  
Director, Facilities Planning      \_\_\_\_\_  
Authorized Signatures      Date

McCULLOCH  
ENGLAND  
ASSOCIATES  
ARCHITECTS

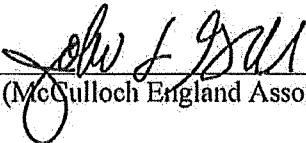
Presbyterian Healthcare Construction Management

A & E Proposal Form

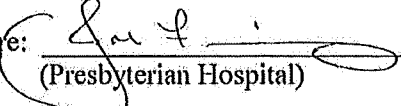

Project Name: Sterile Processing Department Renovation  
Project Description: Expansion and Renovations to Second Floor Sterile Processing Department  
Project Number: H-1234

Fee/Schedule Proposal

Date of Proposal: 3/27/2014  
Construction Budget: \$2,330,501  
Architectural/Engineering Fee: \$185,000  
Total: \$185,000  
Exclusions: Printing Costs  
Estimated Schedule for Completion of Drawings: 5/2/2014  
Project Manager: Jack Gill

Signature:  Date: 3/27/2014  
(McCulloch England Associates Architect)

Approval

Signature:  Date: 4/2/14   
(Presbyterian Hospital)

Novant Project No. 10-2051 CM Name: Randy Bivens

cc: Marylew Kings-Mason

# ATTACHMENT E

## Rodgers Charlotte, North Carolina

### Renovation Summary

Presbyterian Hospital  
Central Sterile Renovation  
Charlotte, NC  
Conceptual Budget Update  
March 5, 2014

New Construction		SQFT
Renovation	12,941	SQFT
Canopies, 1/2 Areas	0	SQFT
<b>TOTAL</b>	<b>12,941</b>	<b>SQFT</b>

ITEM OF WORK	ITEM COST	TOTAL COST	COST/SQ T	% OF TOTAL
<b>02 - Sitework</b>		<b>\$104,175</b>	<b>\$8.05</b>	<b>4.47%</b>
02000 - Building Demolition	\$104,175		\$8.05	4.47%
02050 - Site Preparation and Demolition			\$0.00	0.00%
02200 - Building Excavation			\$0.00	0.00%
02300 - Special Foundations			\$0.00	0.00%
02500 - Site Utilities			\$0.00	0.00%
02600 - Paving & Surfacing			\$0.00	0.00%
02700 - Site Improvements & Furnishings			\$0.00	0.00%
02800 - Landscaping & Irrigation			\$0.00	0.00%
<b>03 - Concrete</b>		<b>\$0</b>	<b>\$0.00</b>	<b>0.00%</b>
03000 - Cast-in-Place Concrete	\$0		\$0.00	0.00%
03400 - Precast Concrete			\$0.00	0.00%
03500 - Lightweight Insulating Concrete			\$0.00	0.00%
<b>04 - Masonry</b>		<b>\$30,782</b>	<b>\$2.38</b>	<b>1.32%</b>
04000 - Masonry	\$30,782		\$2.38	1.32%
04400 - Exterior Stone / Cast Stone			\$0.00	0.00%
<b>05 - Metals</b>		<b>\$97,151</b>	<b>\$7.51</b>	<b>4.17%</b>
05000 - Structural Steel			\$0.00	0.00%
05500 - Miscellaneous and Ornamental Metals	\$97,151		\$7.51	4.17%
<b>06 - Wood &amp; Plastic</b>		<b>\$64,161</b>	<b>\$4.96</b>	<b>2.75%</b>
06000 - Rough Carpentry	\$5,823		\$0.45	0.25%
06200 - Finish Carpentry			\$0.00	0.00%
06400 - Casework / Millwork	\$58,338		\$4.51	2.50%
<b>07 - Thermal &amp; Moisture Protection</b>		<b>\$5,823</b>	<b>\$0.45</b>	<b>0.25%</b>
07000 - Waterproofing & Dampproofing			\$0.00	0.00%
07200 - Insulation			\$0.00	0.00%
07250 - Fireproofing			\$0.00	0.00%
07400 - Metal Panels			\$0.00	0.00%
07500 - Roofing			\$0.00	0.00%
07800 - Skylights			\$0.00	0.00%
07900 - Caulking and Sealants	\$5,823		\$0.45	0.25%
<b>08 - Doors &amp; Window</b>		<b>\$42,313</b>	<b>\$3.27</b>	<b>1.82%</b>
08000 - Hollow Metal Doors and Frames	\$6,660		\$0.51	0.29%
08200 - Wood Doors	\$12,973		\$1.00	0.56%
08300 - Special Doors			\$0.00	0.00%
08700 - Finish Hardware	\$22,680		\$1.75	0.97%
08780 - Automatic Entrances & Door Operators	\$0		\$0.00	0.00%
08800 - Glass and Glazing	\$0		\$0.00	0.00%
<b>09 - Finishes</b>		<b>\$330,218</b>	<b>\$25.52</b>	<b>14.17%</b>
09100 - Stucco / E.I.F.S. / Plaster			\$0.00	0.00%
09250 - Gypsum Drywall	\$73,682		\$5.69	3.16%
09310 - Hard Tile / Terrazzo / Stone	\$4,491		\$0.35	0.19%
09500 - Acoustical Treatment	\$41,452		\$3.20	1.78%
09550 - Floor Covering	\$186,469		\$14.41	8.00%
09900 - Painting and Wall Covering	\$24,124		\$1.86	1.04%
<b>10 - Specialties</b>		<b>\$3,888</b>	<b>\$0.30</b>	<b>0.17%</b>



10000 - Specialties	\$3,888		\$0.30	0.17%
<b>11 - Equipment</b>		<b>\$0</b>	<b>\$0.00</b>	<b>0.00%</b>
11000 - Equipment	\$0		\$0.00	0.00%
<b>12 - Furnishings</b>		<b>\$0</b>	<b>\$0.00</b>	<b>0.00%</b>
12000 - Furnishings			\$0.00	0.00%
<b>13 - Special Construction</b>		<b>\$0</b>	<b>\$0.00</b>	<b>0.00%</b>
13000 - Special Construction	\$0		\$0.00	0.00%
<b>14 - Conveying Systems</b>		<b>\$0</b>	<b>\$0.00</b>	<b>0.00%</b>
14000 - Elevators	\$0		\$0.00	0.00%
14500 - Pneumatic Tube Systems	\$0		\$0.00	0.00%
<b>15 - Mechanical Systems</b>		<b>\$580,144</b>	<b>\$44.83</b>	<b>24.89%</b>
15000 - Mechanical HVAC Systems	\$290,525		\$22.45	12.47%
15600 - Mechanical Plumbing Systems	\$233,973		\$18.08	10.04%
15800 - Fire Protection Systems	\$55,646		\$4.30	2.39%
<b>16 - Electrical Systems</b>		<b>\$404,730</b>	<b>\$31.27</b>	<b>17.37%</b>
16000 - Electrical Systems	\$404,730		\$31.27	17.37%
<b>18 - General Costs</b>		<b>\$273,168</b>	<b>\$21.11</b>	<b>11.72%</b>
01000 - General Conditions	\$273,168		\$21.11	11.72%
<b>Subtotal</b>		<b>\$1,936,554</b>	<b>\$149.64</b>	<b>83.10%</b>
60100 - Subcontractor Bonds 1.50%		\$24,951	\$1.93	0.00%
60200 - General Liability Insurance 0.70%		\$16,314	\$1.26	0.00%
60300 - Builders Risk Insurance 0.25%		\$5,826	\$0.45	0.00%
70000 - Construction Contingency 3.00%		\$58,845	\$4.55	0.00%
70000 - Preconstruction Contingency 8.00%		\$156,920	\$12.13	0.00%
70000 - Design Contingency 3.00%		\$58,845	\$4.55	0.00%
70000 - Escalation Contingency 0.00%		\$0	\$0.00	0.00%
70000 - IT Cost 0.40%		\$9,322	\$0.72	0.00%
70000 - Building Permit 0.25%		\$5,826	\$0.45	0.00%
70000 - Bond 0.00%		N/A		
80000 - Fee 2.45%		\$57,097	\$4.41	0.00%
<b>Total</b>		<b>\$2,330,501</b>	<b>\$180.09</b>	<b>100.00%</b>

## AFFIDAVIT OF HARRY L. SMITH

1. My name is Harry Smith. I am a resident of the State of North Carolina. I am over the age of 18 and I am competent to make this affidavit. The facts stated in this affidavit are true of my own personal knowledge, and if called to testify, I would so testify.
2. I am the President of Novant Health Presbyterian Medical Center (NHPMC) in Charlotte, North Carolina, as well as President of the Novant Health Greater Charlotte Market. As such, I am very familiar with NHPMC and its operations. My responsibilities include administrative and financial oversight for NHPMC. **Attachment 1** to the affidavit is a copy of my CV.
3. NHPMC is a North Carolina licensed acute care hospital located at 200 Hawthorne Lane in Charlotte, North Carolina. NHPMC has been in this location since 1918. The facility initially opened in 1903 as Presbyterian Hospital and the facility existed at several sites in uptown Charlotte before establishing a home on its 20-acre campus in 1918. 200 Hawthorne Lane is the main campus of NHPMC.
4. The NHPMC Sterile Processing Department is located on the 2<sup>nd</sup> Floor at NHPMC and has not been significantly expanded or modernized for many years. NHPMC is proposing to modernize, renovate and expand the NHPMC Sterile Processing square footage and to replace and add new sterile processing equipment. The estimated capital cost for this project is \$5.3 Million.
5. Sterile Processing is an essential hospital function that performs cleaning and sterilization of surgical instruments, medical devices, and equipment for subsequent use by healthcare providers in hospital operating rooms and also for other aseptic procedural areas, such as cardiac catheterization, wound stitching, and bandaging in the hospital. The Sterile Processing work flow consists of three working areas within the department. The first is the decontamination area. This consists of cleaning and decontamination of previously used surgical instrumentation/equipment first manually with an Enzymatic detergent, then through an automated washer/disinfector with enzymatic detergent and lubrication, hence deeming the instrumentation/equipment safe to handle. The second area, Prep and Pack, is used to reassemble surgical/procedural instrument sets to prepare for sterilization. These are assembled in rigid containers, sterilization wrap, or paper peel pouches. Once prepared, the product is ready for the sterilization process which will be sterilized by using high temperature steam, low temperature gas plasma, or Eto (gas) sterilization. Once dry and cooled to room temperature, the sterile products are transported to the third area of the department, known as the sterile storage area, in which certain temperature (<75\*) and humidity (<70%) factors are maintained for safe storage and handling for sterilized instrumentation/equipment to be used on future surgical patients.

6. NHPMC's location at 200 Hawthorne Lane is the main building of NHPMC. This is the facility site address listed on page 1 of the NHPMC 2014 Annual Hospital Licensure Renewal Application. NHPMC's location at 200 Hawthorne Lane is also the location from which NHPMC, as a "licensed health service facility" provides clinical patient services and from which financial and administrative control is exercised. Although NHPMC is part of the Novant Health system, each hospital within the Novant Health system is responsible for its own finances and administration.
7. I can also confirm that (i) the sole purpose of this capital expenditure is to renovate, expand, and update equipment for the NHPMC Sterile Processing program; and (ii) the capital expenditure for this project does not result in a change of bed capacity, the addition of a health service facility, or any other new institutional health service as defined in the Certificate of Need law.

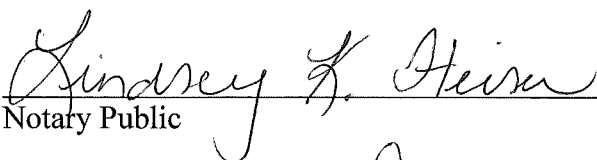
  
\_\_\_\_\_  
Harry L. Smith, President, Novant Health Presbyterian Medical Center

STATE OF NORTH CAROLINA

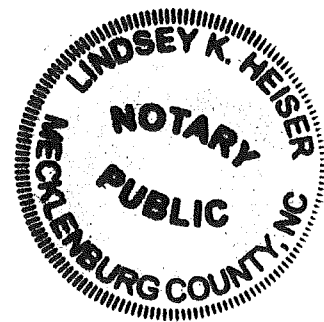
COUNTY OF MECKLENBURG

Subscribed and sworn to before me

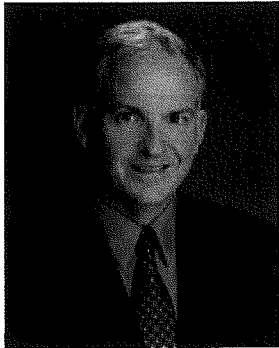
This 24<sup>th</sup> day of April 2014

  
\_\_\_\_\_  
Notary Public

My Commission Expires: December 16, 2017



*File: SterileProcessingNHPMCSmithAffidavitFINAL.2014.docx*



## **Harry L. Smith, Jr. Named President of Presbyterian Medical Center and the Greater Charlotte Market**

Harry L. Smith, Jr. joined Novant Health as the president of Presbyterian Medical Center and the Greater Charlotte Market on November 12, 2012.

Harry was selected following an extensive nationwide search to fill this role and will relocate from Indiana. He has more than 25 years' experience in healthcare.

Most recently, Harry served as president and CEO of Deaconess Hospital – part of Deaconess Health System headquartered in Evansville, IND. Over the six years he served in this role, Harry was responsible for three acute care hospitals totaling 541 beds with an average daily census of 370 and \$646.7 million net operating revenue.

Harry has a strong track record in establishing positive working relationships with physicians in community hospital and academic settings. He is an evidence/fact-based decision maker and places a high priority on being a visible, collaborative leader. These strengths made him the right choice for Novant Health.

Harry has also served as a president and senior administrative officer at Sisters of Charity Hospital in Buffalo, NY; and executive vice president and chief operating officer at Northtowns Hospitals in Buffalo, Kenmore, and Cheektowaga, NY. He has also held leadership positions at Geisinger Health System in Pennsylvania and Barnes Healthcare System in Missouri.

Harry has a bachelor of science in biology and a master of hospital and healthcare administration from the University of Minnesota.

North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Acute and Home Care Licensure and Certification Section  
1205 Umstead Drive, 2712 Mail Service Center  
Raleigh, North Carolina 27699-2712  
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only  
License # H0010 Medicare # 340053  
Computer: 943501  
PC \_\_\_\_\_ Date \_\_\_\_\_  
License Fee: \$11,635.00

**2014  
HOSPITAL LICENSE  
RENEWAL APPLICATION**

Legal Identity of Applicant: The Presbyterian Hospital  
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As  
(d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: Novant Health Presbyterian Medical Center  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_

Facility Mailing Address: P O Box 33549  
Charlotte, NC 28233-3549

Facility Site Address: 200 Hawthorne Ln  
Charlotte, NC 28204

County: Mecklenburg  
Telephone: (704)384-4000  
Fax: (704)384-4296

Administrator/Director: Harry Smith Jr  
Title: President & CEO  
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Harry Smith Jr Title: President  
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:  
Name: Melissa Masterton Telephone: 704-384-9800  
E-Mail: mfmasterton@novanthealth.org

Primary National Provider Identifier (NPI) registered at NPPES 1881047204

If facility has more than one "Primary" NPI, please provide \_\_\_\_\_

For questions regarding NPI contact Azzie Conley at (919) 855-4646.

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."

All responses should pertain to October 1, 2012 through September 30, 2013.

**Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)**

List Name(s) of facilities:	Address:	Type of Business / Service:
Novant Health Midtown Outpatient Surgery Center	1918 Randolph Rd Suite 740 Charlotte NC 28204	OP SURGERY CENTER
Novant Health Charlotte Outpatient Surgery	1800 E. 4th Street Charlotte NC 28204	OP SURGERY CENTER

**Please attach a separate sheet for additional listings** *see next page.*

**Ownership Disclosure** (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

Owner: The Presbyterian Hospital  
 Street/Box: 200 Hawthorne Lane  
 City: Charlotte State: NC Zip: 28204  
 Telephone: (704)384-4000 Fax: (704)384-4296  
 CEO: Carl S. Armato

Is your facility part of a Health System? [i.e., are there other hospitals, offsite emergency departments, ambulatory surgical facilities, nursing homes, home health agencies, etc. owned by your hospital, a parent company or a related entity?]  Yes  No

If 'Yes', name of Health System\*: NOVANT HEALTH INC.

\* (please attach a list of NC facilities that are part of your Health System)

If 'Yes', name of CEO: CARL ARMATO

- a. Legal entity is:  For Profit  Not For Profit
- b. Legal entity is:  Corporation  LLP  Partnership  
 Proprietorship  LLC  Government Unit
- c. Does the above entity (partnership, corporation, etc.) **LEASE** the building from which services are offered?  Yes  No

If "YES", name of building owner:

Novant Health, Inc.

2. Is the business operated under a management contract?  Yes  No

If 'Yes', name and address of the management company.

Name: \_\_\_\_\_  
 Street/Box: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_

Novant Health Imaging Museum  
2900 Randolph Rd  
Charlotte NC 28211

Novant Health Imaging University  
8401 Medical Plaza Drive Suite 100  
Charlotte NC 28277

Novant Health Mobile MRI Imaging LLC  
119 Brookstown Ave Suite 202  
Winston Salem NC 27101

All responses should pertain to October 1, 2012 through September 30, 2013.

**Ownership Disclosure continued...**

3. Vice President of Nursing and Patient Care Services:

Elizabeth Steger

4. Director of Planning:

Lara Berger

**Facility Data**

A. **Reporting Period** All responses should pertain to the period **October 1, 2012 to September 30, 2013.**

B. **General Information** (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	26,714	
b. Discharges from Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	27,102	
c. Average Daily Census: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	375.3	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No ✓
If 'Yes', what is the current number of licensed beds?	622	
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:	—	
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	3835	

**C. Designation and Accreditation**

- Are you a designated trauma center? \_\_\_ Yes ( \_\_\_ Designated Level #) ✓ No
- Are you a critical access hospital (CAH)? \_\_\_ Yes ✓ No
- Are you a long term care hospital (LTCH)? \_\_\_ Yes ✓ No
- Is this facility TJC accredited? ✓ Yes ~~\_\_\_~~ No Expiration Date: 8/9/14
- Is this facility DNV accredited? \_\_\_ Yes ✓ No Expiration Date: \_\_\_\_\_
- Is this facility AOA accredited? \_\_\_ Yes ✓ No Expiration Date: \_\_\_\_\_
- Are you a Medicare deemed provider? ✓ Yes \_\_\_ No



All responses should pertain to October 1, 2012 through September 30, 2013.

**D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)**

**[Please provide a Beds by Service (p. 4) for each hospital campus (see G.S. 131E-176(2c))]**

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

<b>Licensed Acute Care (provide details below)</b>	<b>Licensed Beds as of September 30, 2013</b>	<b>Staffed Beds as of September 30, 2013</b>	<b>Annual Census Inpt. Days of Care</b>
<i>Campus</i> _____			
<b>Intensive Care Units</b>			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac	13	13	3388
c. Cardiovascular Surgery	6	6	829
d. Medical/Surgical	15	15	3,886
e. Neonatal Beds Level IV ** (Not Normal Newborn)	38	36	**15,627
f. Pediatric	8	8	866
g. Respiratory Pulmonary			
h. Other (List) <i>ICU NURD</i>	6	6	1727
<b>Other Units</b>			
i. Gynecology	22	22	3059
j. Medical/Surgical ***	295	269	***72,046
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	73	73	18,543
n. Oncology	30	30	8,738
o. Orthopedics			
p. Pediatric	33	30	7,063
q. Other (List)			
<b>Total General Acute Care Beds/Days (a through q)</b>	<b>539</b>	<b>508</b>	<b>130,972</b>
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	8	8	2217
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	75	72	18,879
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
<b>10. Totals (1 through 9)</b>	<b>622</b>	<b>588</b>	<b>158,068</b>

\* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.

\*\* Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)

\*\*\* Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

All responses should pertain to October 1, 2012 through September 30, 2013.

**D. Beds by Service (Inpatient) continued N/A**

Number of Swing Beds *	
Number of Skilled Nursing days in Swing Beds	
Number of unlicensed observation beds	

\* means a hospital designated as a swing-bed hospital by CMS (Centers for Medicare & Medicaid Services)

**E. Reimbursement Source** (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a - q total on p. 4)	Emergency Visits (total should be the same as F.3.b. on p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 9)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 9)
Self Pay/Indigent/Charity	5,243	21,876	2,001	45	381
Medicare & Medicare Managed Care	57,024	17,510	21,572	467	5,407
Medicaid	30,070	31,275	8,732	776	1,997
Commercial Insurance	39,855	18,138	26,186	2799	7,470
Managed Care	1,359	862	1,086	1,031	305
Other (Specify)	2821	1,719	1,531	1,554	284
<b>TOTAL</b>	<b>136,972</b>	<b>91,380</b>	<b>61,108</b>	<b>7272</b>	<b>15,844</b>

Other: Other Government  
 Other  
 workers compensation

**F. Services and Facilities**

**1. Obstetrics**

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	3,173
b. Live births (Cesarean Section)	1,960
c. Stillbirths	44

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	16
f. Delivery Rooms - LDRP (include Item "D.1.m" on Page 4)	0
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	60

**2. Abortion Services**

Number of procedures per Year

4

All responses should pertain to October 1, 2012 through September 30, 2013.

**3. Emergency Department Services** (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 66. Of this total, how many are:

a.1. # Trauma Rooms 6

a.2 # Fast Track Rooms 5

a.3 # Urgent Care Rooms —

b. Total Number of ED visits for reporting period: 91,380

c. Total Number of admits from the ED for reporting period: 17,084

d. Total Number of Urgent Care visits for reporting period: 29,540

e. Does your ED provide services 24 hours a day 7 days per week?  Yes  No  
 If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week?  Yes  No  
 If no, specify days/hours physician is on duty:

**4. Medical Air Transport:** Owned or leased air ambulance service:

a. Does the facility operate an air ambulance service?  Yes  No

b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

**5. Pathology and Medical Lab** (Check whether or not service is provided)

a. Blood Bank/Transfusion Services  Yes  No

b. Histopathology Laboratory  Yes  No

c. HIV Laboratory Testing  Yes  No

Number during reporting period

HIV Serology 792

HIV Culture 0

d. Organ Bank  Yes  No

e. Pap Smear Screening  Yes  No

**6. Transplantation Services** - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic		f. Kidney/Liver		k. Lung	
b. Bone Marrow-Autologous		g. Liver		l. Pancreas	
c. Cornea	<u>130</u>	h. Heart/Liver		m. Pancreas/Kidney	
d. Heart		i. Heart/Kidney		n. Pancreas/Liver	
e. Heart/Lung		j. Kidney		o. Other	

Do you perform living donor transplants?  Yes  No

All responses should pertain to October 1, 2012 through September 30, 2013.

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25 -	Interventional Cardiac Catheterization ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96
1. Number of Units of Fixed Equipment	4	
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	0	0
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	1,494	1,139
4. Number of Procedures* Performed in Mobile Units	0	0
	<b>Electro-physiology ICF-9</b> 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54	
5. Number of Units of Fixed Equipment	2	
6. Number of Procedures on Dedicated EP Equipment	778	

\*A procedure is defined to be one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed within that visit.

Name of Mobile Vendor: \_\_\_\_\_

Number of 8-hour days per week the mobile unit is onsite: \_\_\_\_\_ 8-hour days per week.

(Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	4*
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	355
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	61
4. Total Open Heart Surgery Procedures (2. + 3.)	416
<b>Procedures on Patients Age 14 and younger</b>	
5. Of total in #2, Number of Procedures on Patients Age 14 & younger	0
6. Of total in #3, Number of Procedures on Patients Age 14 & younger	0

\*PMC operates 3 openheart OR's. One of the four heart-lung bypass machines is a backup.

All responses should pertain to October 1, 2012 through September 30, 2013.

**8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures**

**NOTE:** If this License includes more than one campus, please copy pages 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 and 9 for each campus.

(Campus – If multiple sites: 3 campuses\*)

**a) Surgical Operating Rooms**

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	3
Dedicated C-Section	3
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	6
Shared - Inpatient / Ambulatory Surgery	22
<b>Total of Surgical Operating Rooms</b>	<b>34</b>

Number of additional CON approved surgical operating rooms pending development: ∅

CON Project ID Number(s) ∅

**b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)**

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 3

**c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:**

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed only in these rooms during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 9

Number of additional CON approved GI Endoscopy Rooms pending development: ∅

CON Project ID Number(s) ∅

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy**	959	4,709	1,145	4,732
Non-GI Endoscopy	409	752	446	764
<b>Totals</b>	<b>1,368</b>	<b>5,461</b>	<b>1,591</b>	<b>5,496</b>

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

\*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

Revised 08/2013 \*Includes Presbyterian Medical Center, Midtown outpatient surgery, and Charlotte outpatient surgery.

All responses should pertain to October 1, 2012 through September 30, 2013.

**8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures**

**NOTE:** If this License includes more than one campus, please copy pages 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 and 9 for each campus.

(Campus – If multiple sites: NOVANT HEALTH PRESBYTERIAN)

a) **Surgical Operating Rooms** Medical Center  
 Report Surgical Operating Rooms built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	3
Dedicated C-Section	3
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	18
<b>Total of Surgical Operating Rooms</b>	<b>24</b>

Number of additional CON approved surgical operating rooms pending development: 0

CON Project ID Number(s) 0

b) **Procedure Rooms** (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)  
 Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 3

c) **Gastrointestinal Endoscopy Rooms, Cases and Procedures:**  
 Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed only in these rooms during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 0

Number of additional CON approved GI Endoscopy Rooms pending development: 0

CON Project ID Number(s) 0

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy**	937	2405	1122	2491
Non-GI Endoscopy	404	1021	441	673
<b>Totals</b>	<b>1,341</b>	<b>3126</b>	<b>1,563</b>	<b>3,164</b>

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

\*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

All responses should pertain to October 1, 2012 through September 30, 2013.

**8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures**

**NOTE:** If this License includes more than one campus, please copy pages 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 and 9 for each campus.

(Campus - If multiple sites: NOVANT HEALTH MIDDLETOWN)

a) **Surgical Operating Rooms** OUTPATIENT SURGERY  
 Report Surgical Operating Rooms built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	0
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	4
<b>Total of Surgical Operating Rooms</b>	<b>4</b>

Number of additional CON approved surgical operating rooms pending development: 0

CON Project ID Number(s) 0

b) **Procedure Rooms** (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)  
 Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 0

c) **Gastrointestinal Endoscopy Rooms, Cases and Procedures:**  
 Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed only in these rooms during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 2

Number of additional CON approved GI Endoscopy Rooms pending development: 0

CON Project ID Number(s) 0

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy**	1	1043	1	1043
Non-GI Endoscopy	1	66	1	66
<b>Totals</b>	<b>2</b>	<b>1109</b>	<b>2</b>	<b>1109</b>

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

\*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

All responses should pertain to October 1, 2012 through September 30, 2013.

**8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures**

**NOTE:** If this License includes more than one campus, please copy pages 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 and 9 for each campus.

(Campus – If multiple sites: NOVANT HEALTH CHARLOTTE)

a) **Surgical Operating Rooms** OUTPATIENT SURGERY CENTER  
 Report Surgical Operating Rooms built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	0
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	6
Shared - Inpatient / Ambulatory Surgery	0
<b>Total of Surgical Operating Rooms</b>	<b>6</b>

Number of additional CON approved surgical operating rooms pending development: 0

CON Project ID Number(s) 0

b) **Procedure Rooms** (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)  
 Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 0

c) **Gastrointestinal Endoscopy Rooms, Cases and Procedures:**  
 Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed only in these rooms during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 1

Number of additional CON approved GI Endoscopy Rooms pending development: 0

CON Project ID Number(s) 0

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy**	21	1201	22	1201
Non-GI Endoscopy	4	25	4	20
<b>Totals</b>	<b>25</b>	<b>1226</b>	<b>26</b>	<b>1227</b>

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

\*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.



All responses should pertain to October 1, 2012 through September 30, 2013.

**8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures (continued)**

(Campus – If multiple sites: 3 campuses)

**d) Surgical Cases by Specialty Area Table**

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 20 and 21.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	354	53
Open Heart Surgery (from 7.(b) 4.)	416	
General Surgery	2105	4,801
Neurosurgery	574	383
Obstetrics and GYN (excluding C-Sections)	506	2621
Ophthalmology	15	4,794
Oral Surgery	17	422
Orthopedics	251	452
Otolaryngology	111	747
Plastic Surgery	40	400
Urology	416	1,012
Vascular	585	159
Other Surgeries (specify)		
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs	1,882	
Number of C-Section's Performed in Other ORs		
<b>Total Surgical Cases Performed Only in Licensed ORs</b>	<b>7,272</b>	<b>15,844</b>

**e) Non-Surgical Cases by Category Table**

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, except do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	0	1,295
Cystoscopy		
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)		
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
<b>Total Non-Surgical Cases</b>	<b>0</b>	<b>1,295</b>

All responses should pertain to October 1, 2012 through September 30, 2013.

**8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures** (continued)

(Campus - If multiple sites: Presbyterian Medical Center)

**d) Surgical Cases by Specialty Area Table**

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area - the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 20 and 21.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	354	51
Open Heart Surgery (from 7.(b) 4.)	416	
General Surgery	2102	2908
Neurosurgery	573	382
Obstetrics and GYN (excluding C-Sections)	506	2151
Ophthalmology	13	153
Oral Surgery	17	74
Orthopedics	251	124
Otolaryngology	111	708
Plastic Surgery	40	384
Urology	416	900
Vascular	585	159
Other Surgeries (specify)		
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs	1,882	
Number of C-Section's Performed in Other ORs		
<b>Total Surgical Cases Performed Only in Licensed ORs</b>	<b>7260</b>	<b>7994</b>

**e) Non-Surgical Cases by Category Table**

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category - the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, except do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8. N/A**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)		
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
<b>Total Non-Surgical Cases</b>		

All responses should pertain to October 1, 2012 through September 30, 2013.

**8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures (continued)**

(Campus - If multiple sites: NH Midtown outpatient surgery)

**d) Surgical Cases by Specialty Area Table**

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area → the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 20 and 21.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)		
General Surgery		1,133
Neurosurgery	1	1
Obstetrics and GYN (excluding C-Sections)		409
Ophthalmology		48
Oral Surgery		348
Orthopedics		328
Otolaryngology		38
Plastic Surgery		14
Urology		112
Vascular		
Other Surgeries (specify)		
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs		
Number of C-Section's Performed in Other ORs		
<b>Total Surgical Cases Performed Only in Licensed ORs</b>	<b>1</b>	<b>2,491</b>

**e) Non-Surgical Cases by Category Table**

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category - the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, except do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	0	1,295
Cystoscopy		
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)		
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
<b>Total Non-Surgical Cases</b>	<b>0</b>	<b>1,295</b>

All responses should pertain to October 1, 2012 through September 30, 2013.

**8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures** (continued)

(Campus - If multiple sites: NHCHMOTHE Outpatient Surgery)

**d) Surgical Cases by Specialty Area Table**

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area - the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 20 and 21.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		2
Open Heart Surgery (from 7.(b) 4.)		
General Surgery	3	760
Neurosurgery		1
Obstetrics and GYN (excluding C-Sections)	2	4,593
Ophthalmology		
Oral Surgery		
Orthopedics		1
Otolaryngology		2
Plastic Surgery		
Urology		
Vascular		
Other Surgeries (specify)		
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs		
Number of C-Section's Performed in Other ORs		
<b>Total Surgical Cases Performed Only in Licensed ORs</b>	<b>5</b>	<b>5359</b>

**e) Non-Surgical Cases by Category Table**

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category - the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, except do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8. N/A**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)		
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
<b>Total Non-Surgical Cases</b>		

All responses should pertain to October 1, 2012 through September 30, 2013.

**9. Average Operating Room Availability and Average Case Times:**

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

*3 campuses total*

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
<i>8.58</i>	<i>255.3</i>	<i>168.3</i>	<i>91.4</i>

\* Use only Hours per Day **routinely** scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:

A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.

$$\begin{aligned}
 &2 \text{ rooms} \times 8 \text{ hours} = 16 \text{ hours per day} \\
 &\quad \text{plus} \\
 &2 \text{ rooms} \times 10 \text{ hours} = 20 \text{ hours per day} \\
 &\quad \text{equals} \quad 36 \text{ hours per day total}
 \end{aligned}$$

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

\*\* "Case Time" = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

All responses should pertain to October 1, 2012 through September 30, 2013.

**9. Average Operating Room Availability and Average Case Times:**

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

*Presbyterian Medical Center*

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
<i>9.16</i>	<i>255.5</i>	<i>108.3</i>	<i>119.1</i>

\* Use only Hours per Day routinely scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:

A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.

2 rooms X 8 hours = 16 hours per day

plus

2 rooms X 10 hours = 20 hours per day

equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

\*\* "Case Time" = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

All responses should pertain to October 1, 2012 through September 30, 2013.

**9. Average Operating Room Availability and Average Case Times:**

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

*NH Midtown Outpatient surgery*

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
8	255	—	108.74

\* Use only Hours per Day **routinely** scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:

A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.

$$\begin{aligned}
 &2 \text{ rooms} \times 8 \text{ hours} = 16 \text{ hours per day} \\
 &\quad \text{plus} \\
 &\underline{2 \text{ rooms} \times 10 \text{ hours} = 20 \text{ hours per day}} \\
 &\text{equals} \quad \quad \quad 36 \text{ hours per day total}
 \end{aligned}$$

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

\*\* "Case Time" = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

All responses should pertain to October 1, 2012 through September 30, 2013.

**9. Average Operating Room Availability and Average Case Times:**

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

*NH Charlotte Outpatient Surgery Center*

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
<i>8</i>	<i>255</i>	<i>—</i>	<i>64.73</i>

\* Use only Hours per Day **routinely** scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:

A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.

2 rooms X 8 hours = 16 hours per day

plus

2 rooms X 10 hours = 20 hours per day

equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

\*\* "Case Time" = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*



All responses should pertain to October 1, 2012 through September 30, 2013.

**10a. Magnetic Resonance Imaging (MRI)**

Indicate the number of MRI scanners (units) and the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – if multiple sites:

Presbyterian Medical Center MRI

Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	# Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
# of fixed MRI scanners-open (do not include any Policy AC-3 scanners)								
Number of Policy AC-3 MRI scanners used for general clinical purposes								
Total Fixed MRI Scanners/Procedures	2	1,413	2,405	3,818	2,591	2,410	5,007	8,825
Procedures performed on mobile MRI scanners only at this site								
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 25 of this application.								
Other Human Research MRI scanners								

\* An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

**10b. MRI Procedures by CPT Codes**

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	5
70540	MRI Orbit/Face/Neck w/o	5
70542	MRI Orbit/Face/Neck with contrast	
70543	MRI Orbit/Face/Neck w/o & with	100
70544	MRA Head w/o	881
70545	MRA Head with contrast	8
70546	MRA Head w/o & with	48
70547	MRA Neck w/o	137
70548	MRA Neck with contrast	
70549	MRA Neck w/o & with	293
70551	MRI Brain w/o	1050
70552	MRI Brain with contrast	82
	<b>Subtotal for this page</b>	<b>3,215</b>

All responses should pertain to October 1, 2012 through September 30, 2013.

10b. MRI Procedures by CPT Codes *continued. .... Presbyterian MRI*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	1594
7055A	IAC Screening	
71550	MRI Chest w/o	10
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with	18
71555	MRA Chest with OR without contrast	18
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o	349
72142	MRI Cervical Spine with contrast	24
72156	MRI Cervical Spine w/o & with	177
72146	MRI Thoracic Spine w/o	178
72147	MRI Thoracic Spine with contrast	25
72157	MRI Thoracic Spine w/o & with	154
72148	MRI Lumbar Spine w/o	103
72149	MRI Lumbar Spine with contrast	23
72158	MRI Lumbar Spine w/o & with	234
72159	MRA Spinal Canal w/o OR with contrast	1
72195	MRI Pelvis w/o	132
72196	MRI Pelvis with contrast	
72197	MRI Pelvis w/o & with	301
72198	MRA Pelvis w/o OR with Contrast	15
73218	MRI Upper Ext, other than joint w/o	11
73219	MRI Upper Ext, other than joint with contrast	
73220	MRI Upper Ext, other than joint w/o & with	16
73221	MRI Upper Ext, any joint w/o	100
73222	MRI Upper Ext, any joint with contrast	81
73223	MRI Upper Ext, any joint w/o & with	9
73225	MRA Upper Ext, w/o OR with contrast	1
73718	MRI Lower Ext other than joint w/o	110
73719	MRI Lower Ext other than joint with contrast	2
73720	MRI Lower Ext other than joint w/o & with	117
73721	MRI Lower Ext any joint w/o	393
73722	MRI Lower Ext any joint with contrast	23
73723	MRI Lower Ext any joint w/o & with	23
73725	MRA Lower Ext w/o OR with contrast	11
74181	MRI Abdomen w/o	202
74182	MRI Abdomen with contrast	
	Subtotal for this page	5,025

All responses should pertain to October 1, 2012 through September 30, 2013.

**10b. MRI Procedures by CPT Codes** *continued.... Presbyterian MRI*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	320
74185	MRA Abdomen w/o OR with contrast	29
75557	MRI Cardiac Morphology w/o	18
75561	MRI Cardiac Morphology with contrast	70
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
77055	MRI Breast, unilateral w/o and/or with contrast	10
77056	MRI Breast, bilateral w/o and/or with contrast	135
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy	3
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	
Subtotal for this page		585
Total Number of Procedures for all pages		8,825

**10c. Computed Tomography (CT)** *Presbyterian CT*

How many fixed CT scanners does the hospital have? 3  
 Does the hospital contract for mobile CT scanner services?  Yes  No  
 If yes, identify the mobile CT vendor \_\_\_\_\_

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners (*Multiply # scans by Conversion Factor to get HECT Units*)

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	11,328	X	1.00	=	11,328
2	Head with contrast	1,730	X	1.25	=	2,163
3	Head without and with contrast	100	X	1.75	=	175
4	Body without contrast	6,238	X	1.50	=	9,357
5	Body with contrast	11,437	X	1.75	=	20,015
6	Body without contrast and with contrast	432	X	2.75	=	1,188
7	Biopsy in addition to body scan with or without contrast	280	X	2.75	=	770
8	Abscess drainage in addition to body scan with or without contrast	428	X	4.00	=	1,712

TOTAL 31,933

46,638 Page 130a

All responses should pertain to October 1, 2012 through September 30, 2013.

**10a. Magnetic Resonance Imaging (MRI)**

Indicate the number of MRI scanners (units) and the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – if multiple sites:

NOVANT HEALTH IMAGING MUSEUM

Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	# Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
# of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	1	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Number of Policy AC-3 MRI scanners used for general clinical purposes	0							
Total Fixed MRI Scanners/Procedures	1				699	1,704	2,403	2,403
Procedures performed on mobile MRI scanners only at this site								
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 25 of this application.								
Other Human Research MRI scanners								

\* An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

**10b. MRI Procedures by CPT Codes**

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	
70540	MRI Orbit/Face/Neck w/o	1
70542	MRI Orbit/Face/Neck with contrast	
70543	MRI Orbit/Face/Neck w/o & with	24
70544	MRA Head w/o	39
70545	MRA Head with contrast	1
70546	MRA Head w/o & with	4
70547	MRA Neck w/o	2
70548	MRA Neck with contrast	
70549	MRA Neck w/o & with	11
70551	MRI Brain w/o	280
70552	MRI Brain with contrast	2
	Subtotal for this page	364

All responses should pertain to October 1, 2012 through September 30, 2013.

10b. MRI Procedures by CPT Codes *continued. . . . Imaging Museum*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	246
7055A	IAC Screening	
71550	MRI Chest w/o	6
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with	1
71555	MRA Chest with OR without contrast	1
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o	214
72142	MRI Cervical Spine with contrast	2
72156	MRI Cervical Spine w/o & with	41
72146	MRI Thoracic Spine w/o	45
72147	MRI Thoracic Spine with contrast	1
72157	MRI Thoracic Spine w/o & with	13
72148	MRI Lumbar Spine w/o	368
72149	MRI Lumbar Spine with contrast	2
72158	MRI Lumbar Spine w/o & with	56
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o	23
72196	MRI Pelvis with contrast	
72197	MRI Pelvis w/o & with	82
72198	MRA Pelvis w/o OR with Contrast	3
73218	MRI Upper Ext, other than joint w/o	2
73219	MRI Upper Ext, other than joint with contrast	
73220	MRI Upper Ext, other than joint w/o & with	3
73221	MRI Upper Ext, any joint w/o	191
73222	MRI Upper Ext, any joint with contrast	
73223	MRI Upper Ext, any joint w/o & with	4
73225	MRA Upper Ext, w/o OR with contrast	
73718	MRI Lower Ext other than joint w/o	47
73719	MRI Lower Ext other than joint with contrast	
73720	MRI Lower Ext other than joint w/o & with	4
73721	MRI Lower Ext any joint w/o	460
73722	MRI Lower Ext any joint with contrast	
73723	MRI Lower Ext any joint w/o & with	3
73725	MRA Lower Ext w/o OR with contrast	15
74181	MRI Abdomen w/o	19
74182	MRI Abdomen with contrast	
	Subtotal for this page	1,852

All responses should pertain to October 1, 2012 through September 30, 2013.

**10b. MRI Procedures by CPT Codes *continued* . . . . NH Imaging Museum**

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	59
74185	MRA Abdomen w/o OR with contrast	11
75557	MRI Cardiac Morphology w/o	
75561	MRI Cardiac Morphology with contrast	
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
77055	MRI Breast, unilateral w/o and/or with contrast	9
77056	MRI Breast, bilateral w/o and/or with contrast	108
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy	
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	
Subtotal for this page		187
Total Number of Procedures for all pages		2,403

**10c. Computed Tomography (CT) N/A**

How many fixed CT scanners does the hospital have? \_\_\_\_\_  
 Does the hospital contract for mobile CT scanner services? \_\_\_ Yes \_\_\_ No  
 If yes, identify the mobile CT vendor? \_\_\_\_\_

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners (*Multiply # scans by Conversion Factor to get HECT Units*)

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast		X	1.00	=	
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

All responses should pertain to October 1, 2012 through September 30, 2013.

**10a. Magnetic Resonance Imaging (MRI)**

Indicate the number of MRI scanners (units) and the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – if multiple sites:

NOVANT HEALTH Imaging University

Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	# Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
# of fixed MRI scanners-open (do not include any Policy AC-3 scanners)								
Number of Policy AC-3 MRI scanners used for general clinical purposes								
Total Fixed MRI Scanners/Procedures								
Procedures performed on mobile MRI scanners only at this site					353	1,103	1,456	1,456
Name(s) of Mobile MRI Provider(s): <u>presbyterian mobile imaging LLC) &amp; Jacksonville diagnostic imaging LLC (I)</u>								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 25 of this application.								
Other Human Research MRI scanners								

\* An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

**10b. MRI Procedures by CPT Codes**

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	
70540	MRI Orbit/Face/Neck w/o	
70542	MRI Orbit/Face/Neck with contrast	
70543	MRI Orbit/Face/Neck w/o & with	
70544	MRA Head w/o	
70545	MRA Head with contrast	
70546	MRA Head w/o & with	
70547	MRA Neck w/o	
70548	MRA Neck with contrast	
70549	MRA Neck w/o & with	
70551	MRI Brain w/o	
70552	MRI Brain with contrast	
Subtotal for this page		

\* See 2014 mobile MRI scanner registration forms for CPT information.

All responses should pertain to October 1, 2012 through September 30, 2013.

**10a. Magnetic Resonance Imaging (MRI)**

Indicate the number of MRI scanners (units) and the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – if multiple sites:

*Presbyterian Mobile MRI*

Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	# Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
# of fixed MRI scanners-open (do not include any Policy AC-3 scanners)								
Number of Policy AC-3 MRI scanners used for general clinical purposes								
Total Fixed MRI Scanners/Procedures								
Procedures performed on mobile MRI scanners only at this site					366	1,284	1,650	1,650
Name(s) of Mobile MRI Provider(s): <i>Presbyterian Mobile Imaging LLC (service site numbers 1-4)</i>								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 25 of this application.								
Other Human Research MRI scanners								

\* An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

**10b. MRI Procedures by CPT Codes**

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	
70540	MRI Orbit/Face/Neck w/o	
70542	MRI Orbit/Face/Neck with contrast	
70543	MRI Orbit/Face/Neck w/o & with	
70544	MRA Head w/o	
70545	MRA Head with contrast	
70546	MRA Head w/o & with	
70547	MRA Neck w/o	
70548	MRA Neck with contrast	
70549	MRA Neck w/o & with	
70551	MRI Brain w/o	
70552	MRI Brain with contrast	
Subtotal for this page		

*\*see 2014 Presbyterian Mobile Imaging MRI scanner registration forms for CPT code information.*



All responses should pertain to October 1, 2012 through September 30, 2013.

Scans Performed on Mobile CT Scanners (Multiply # scans by Conversion Factor to get HECT Units) **N/A**

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast		X	1.00	=	
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

10d. Other Imaging Equipment **PMC only**

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	1	218	1265	1483
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	10	8041	10579	18,620
Mammography equipment				
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)	5	30,013	35,252	71,265
Fixed Fluoroscopic X-ray Equipment	4	2,529	3,104	5,633
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	3	1,088	1,140	2,228
Coincidence Camera				
Mobile Coincidence Camera				
Vendor:				
SPECT				
Mobile SPECT				
Vendor:				
Gamma Camera	5	2,737	4,141	6,878
Mobile Gamma Camera				
Vendor:				

\* PET procedure means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.

10e. Lithotripsy **N/A**

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile				

Lithotripsy Vendor/Owner:  
**N/A**

All responses should pertain to October 1, 2012 through September 30, 2013.

**11. Linear Accelerator Treatment Data (including Cyberknife® & Similar Equipment)**

CPT Code	Description	# of Procedures
<b>Simple Treatment Delivery</b>		
77401	Radiation treatment delivery	105
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	10
77404	Radiation treatment delivery (11-19 MeV)	
77406	Radiation treatment delivery (>=20 MeV)	
<b>Intermediate Treatment Delivery</b>		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	4
77409	Radiation treatment delivery (11-19 MeV)	1
77411	Radiation treatment delivery (>=20 MeV)	
<b>Complex Treatment Delivery</b>		
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	3505
77414	Radiation treatment delivery (11-19 MeV)	4,228
77416	Radiation treatment delivery (>= 20 MeV)	
<b>Other Treatment Delivery Not Included Above</b>		
77418	Intensity modulated radiation treatment (IMRT) delivery	0560
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	106
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	242
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	5
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
<b>Imaging Procedures Not Included Above</b> 77014 CT Guidance Rad Field		2974
77417	Additional field check radiographs	2104
<b>Total Procedures – Linear Accelerators</b>		<b>12,704</b>
<b>Gamma Knife® Procedures</b>		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	
<b>Total Procedures – Gamma Knife®</b>		

All responses should pertain to October 1, 2012 through September 30, 2013.

**11. Linear Accelerator Treatment Data *continued***

a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. .

# Patients 710 (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.)

b. Linear Accelerators

1. TOTAL number of Linear Accelerator(s) 2 (plus 1 in storage, 1 CON approved)
2. Of the TOTAL number above, number of Linear Accelerators configured for stereotactic radiosurgery 1
3. Of the TOTAL number above, Number of CyberKnife® Systems: 0  
 Other specialized linear accelerators 0 Identify Manufacturer of Equipment \_\_\_\_\_

c. Number of Gamma Knife® units 0

d. Number of treatment simulators ("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b)))

**12. Telemedicine**

- a. Does your facility utilize telemedicine to have images read at another facility? yes
- b. Does your facility read telemedicine images? no

**13. Additional Services:**

a) Check if Service(s) is provided: (for dialysis stations, show number of stations)

	Check		Check
1. Cardiac Rehab Program (Outpatient)	✓	5. Rehabilitation Outpatient Unit	✓
2. Chemotherapy	✓	6. Podiatric Services	
3. Clinical Psychology Services	✓	7. Genetic Counseling Service	✓
4. Dental Services		8. Number of Acute Dialysis Stations	14

b) Hospice Inpatient Unit Data:

Hospital-based hospice units with licensed hospice beds. List each county served and report **all patients by county of residence**. Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. **For age categories count each inpatient client only once.**

\* The telemedicine capability referred to above is to screen psych patients in the EB. PMC also provides a stroke consultation for stroke patients at NH Rowan Medical Center.

All responses should pertain to October 1, 2012 through September 30, 2013.

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
<i>see next page.</i>										
<b>Out of State</b>	0	0	5	3	10	3	1	18	94	15
<b>Total All Ages</b>	0	8	59	42	125	158	140	538	3,051	340

Presbyterian Hospital - Hospice Inpatient Unit Data												
Inpatient & Outpatient Discharges Dated 10/01/2012 - 09/30/2013												
PHC12DEC.DBC & PHC13SEP.DBC												
Dept. 3672												
License App.RPC												
Run Date: 10/17/2013												
		Cases	Cases	Cases	Cases	Cases	Cases	Cases		Total	Hospice	
		Age	Age	Age	Age	Age	Age	Age	Total	Days of	Days of	Cases
State	County	0 - 17	18 - 40	41 - 59	60 - 64	65 - 74	75 - 84	85+	Cases	Care	Care	Death
NC	ANSON	0	0	1	1	1	0	1	4	29	29	3
NC	CABARRUS	0	0	0	0	0	1	0	1	1	1	1
NC	CLEVELAND	0	0	0	0	1	2	0	3	8	8	2
NC	FORSYTH	0	0	1	0	0	0	0	1	3	3	1
NC	GASTON	0	0	2	3	3	2	2	12	110	46	8
NC	LINCOLN	0	0	0	1	2	2	1	6	31	12	5
NC	MECKLENBURG	0	7	46	27	99	135	137	451	2517	1866	279
NC	ROWAN	0	0	0	0	0	0	1	1	2	2	1
NC	STANLY	0	0	0	0	1	2	0	3	10	10	2
NC	UNION	0	1	3	7	12	11	3	37	232	177	23
NC	WAKE	0	0	1	0	0	0	0	1	14	9	0
<b>Total NC</b>		0	8	54	39	119	155	145	520	2957	2163	325
PA	MONTGOMERY	0	0	1	0	0	0	0	1	7	4	1
SC	LANCASTER	0	0	0	1	0	2	0	3	8	8	2
SC	YORK	0	0	4	2	6	0	1	13	77	41	11
VA	NORFOLK CITY	0	0	0	0	0	1	0	1	2	1	1
<b>Total Out of State</b>		0	0	5	3	6	3	1	18	94	54	15
RE	T TOTAL	0	8	59	42	125	158	146	538	3051	2217	340



All responses should pertain to October 1, 2012 through September 30, 2013.

**13. Additional Services: *continued***

**c) Mental Health and Substance Abuse *continued***

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers	_____					
.3200 Social setting detoxification for substance abusers	_____					
.3300 Outpatient detoxification for substance abusers	_____					
.3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders	_____					
.3500 Outpatient facilities for individuals with substance abuse disorders	_____					
.3600 Outpatient narcotic addiction treatment	_____					
.3700 Day treatment facilities for individuals with substance abuse disorders	_____					

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type) # of Treatment beds _____ # of Medical Detox beds _____	_____					

All responses should pertain to October 1, 2012 through September 30, 2013.

**Patient Origin - General Acute Care Inpatient Services**

Facility County: **Mecklenburg**

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	4	37. Gates		73. Person	
2. Alexander	18	38. Graham		74. Pitt	1
3. Alleghany	3	39. Granville		75. Polk	1
4. Anson	109	40. Greene		76. Randolph	4
5. Ashe	10	41. Guilford	25	77. Richmond	49
6. Avery	4	42. Halifax		78. Robeson	4
7. Beaufort	4	43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood	4	80. Rowan	433
9. Bladen	1	45. Henderson	6	81. Rutherford	23
10. Brunswick	16	46. Hertford		82. Sampson	
11. Buncombe	6	47. Hoke	2	83. Scotland	5
12. Burke	17	48. Hyde		84. Stanly	128
13. Cabarrus	402	49. Iredell	307	85. Stokes	1
14. Caldwell	13	50. Jackson		86. Surry	6
15. Camden		51. Johnston	2	87. Swain	3
16. Carteret		52. Jones	1	88. Transylvania	1
17. Caswell		53. Lee	2	89. Tyrrell	
18. Catawba	89	54. Lenoir		90. Union	1051
19. Chatham		55. Lincoln	312	91. Vance	
20. Cherokee		56. Macon	2	92. Wake	17
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	148	59. McDowell	6	95. Watauga	20
24. Columbus	5	60. Mecklenburg	19,180	96. Wayne	2
25. Craven	1	61. Mitchell	2	97. Wilkes	15
26. Cumberland	4	62. Montgomery	5	98. Wilson	
27. Currituck		63. Moore	8	99. Yadkin	4
28. Dare	1	64. Nash	2	100. Yancey	3
29. Davidson	24	65. New Hanover	6		
30. Davie	9	66. Northampton		101. Georgia	33
31. Duplin		67. Onslow	4	102. South Carolina	1402
32. Durham	5	68. Orange	1	103. Tennessee	18
33. Edgecombe		69. Pamlico		104. Virginia	26
34. Forsyth	27	70. Pasquotank		105. Other States	226
35. Franklin	9	71. Pender		106. Other	
36. Gaston	1216	72. Perquimans		<b>Total No. of Patients</b>	<b>26,714</b>



All responses should pertain to October 1, 2012 through September 30, 2013.

**Patient Origin – Inpatient Surgical Cases**

**Facility County: Mecklenburg**

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately.

**The Total from this chart should match the Total Inpatient Cases reported on the “Surgical Cases by Specialty Area” Table on page 9.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	13	38. Graham		74. Pitt	
3. Alleghany	2	39. Granville		75. Polk	1
4. Anson	51	40. Greene		76. Randolph	2
5. Ashe	7	41. Guilford	5	77. Richmond	19
6. Avery		42. Halifax		78. Robeson	
7. Beaufort	2	43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood	1	80. Rowan	191
9. Bladen		45. Henderson	3	81. Rutherford	12
10. Brunswick	5	46. Hertford		82. Sampson	
11. Buncombe	3	47. Hoke	1	83. Scotland	1
12. Burke	10	48. Hyde		84. Stanly	61
13. Cabarrus	1109	49. Iredell	172	85. Stokes	
14. Caldwell	8	50. Jackson		86. Surry	1
15. Camden		51. Johnston	1	87. Swain	2
16. Carteret		52. Jones		88. Transylvania	1
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	48	54. Lenoir		90. Union	612
19. Chatham		55. Lincoln	122	91. Vance	
20. Cherokee		56. Macon	1	92. Wake	3
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	79	59. McDowell	3	95. Watauga	12
24. Columbus		60. Mecklenburg	4570	96. Wayne	
25. Craven		61. Mitchell	2	97. Wilkes	6
26. Cumberland		62. Montgomery	5	98. Wilson	
27. Currituck		63. Moore	3	99. Yadkin	1
28. Dare		64. Nash		100. Yancey	
29. Davidson	12	65. New Hanover	1		
30. Davie	4	66. Northampton		101. Georgia	3
31. Duplin		67. Onslow	3	102. South Carolina	536
32. Durham	2	68. Orange		103. Tennessee	6
33. Edgecombe		69. Pamlico		104. Virginia	6
34. Forsyth	9	70. Pasquotank		105. Other States	47
35. Franklin	2	71. Pender		106. Other	
36. Gaston	429	72. Perquimans		<b>Total No. of Patients</b>	<b>7,272</b>

All responses should pertain to October 1, 2012 through September 30, 2013.

**Patient Origin – Ambulatory Surgical Cases**

**Facility County: Mecklenburg**

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the “Surgical Cases by Specialty Area” Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander	13	38. Graham		74. Pitt	
3. Alleghany	8	39. Granville		75. Polk	2
4. Anson	73	40. Greene		76. Randolph	2
5. Ashe	9	41. Guilford	14	77. Richmond	6
6. Avery	5	42. Halifax		78. Robeson	3
7. Beaufort		43. Harnett		79. Rockingham	3
8. Bertie	1	44. Haywood	3	80. Rowan	275
9. Bladen		45. Henderson	8	81. Rutherford	15
10. Brunswick	7	46. Hertford		82. Sampson	
11. Buncombe	12	47. Hoke	1	83. Scotland	1
12. Burke	19	48. Hyde		84. Stanly	148
13. Cabarrus	488	49. Iredell	429	85. Stokes	
14. Caldwell	9	50. Jackson	1	86. Surry	1
15. Camden		51. Johnston		87. Swain	
16. Carteret	1	52. Jones		88. Transylvania	1
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	113	54. Lenoir	1	90. Union	1380
19. Chatham		55. Lincoln	229	91. Vance	
20. Cherokee		56. Macon	1	92. Wake	10
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	127	59. McDowell	4	95. Watauga	27
24. Columbus	3	60. Mecklenburg	9783	96. Wayne	
25. Craven		61. Mitchell	4	97. Wilkes	8
26. Cumberland		62. Montgomery	11	98. Wilson	2
27. Currituck		63. Moore	2	99. Yadkin	3
28. Dare		64. Nash		100. Yancey	
29. Davidson	10	65. New Hanover	1		
30. Davie	6	66. Northampton		101. Georgia	9
31. Duplin		67. Onslow		102. South Carolina	1500
32. Durham		68. Orange	3	103. Tennessee	5
33. Edgecombe		69. Pamlico	1	104. Virginia	15
34. Forsyth	7	70. Pasquotank		105. Other States	95
35. Franklin		71. Pender		106. Other	
36. Gaston	832	72. Perquimans		<b>Total No. of Patients</b>	<b>15,844</b>

All responses should pertain to October 1, 2012 through September 30, 2013.

**Patient Origin – Gastrointestinal Endoscopy (GI) Cases**

**Facility County: Mecklenburg**

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately.

The Total from this chart should match the Total GI Endoscopy cases reported on the “Gastrointestinal Endoscopy Rooms, Cases and Procedures” Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the “Non-Surgical Cases by Category” Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	5	38. Graham		74. Pitt	1
3. Alleghany	1	39. Granville		75. Polk	1
4. Anson	25	40. Greene		76. Randolph	
5. Ashe	5	41. Guilford	10	77. Richmond	15
6. Avery	5	42. Halifax		78. Robeson	11
7. Beaufort	1	43. Harnett	1	79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	105
9. Bladen		45. Henderson		81. Rutherford	13
10. Brunswick	2	46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	2
12. Burke	9	48. Hyde		84. Stanly	40
13. Cabarrus	119	49. Iredell	97	85. Stokes	1
14. Caldwell	18	50. Jackson		86. Surry	1
15. Camden		51. Johnston	1	87. Swain	1
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	41	54. Lenoir		90. Union	457
19. Chatham		55. Lincoln	89	91. Vance	
20. Cherokee		56. Macon	1	92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	89	59. McDowell	3	95. Watauga	13
24. Columbus	3	60. Mecklenburg	3031	96. Wayne	
25. Craven	1	61. Mitchell	1	97. Wilkes	2
26. Cumberland	5	62. Montgomery	2	98. Wilson	
27. Currituck		63. Moore	8	99. Yadkin	3
28. Dare		64. Nash	1	100. Yancey	
29. Davidson	3	65. New Hanover	1		
30. Davie	3	66. Northampton		101. Georgia	5
31. Duplin		67. Onslow		102. South Carolina	395
32. Durham		68. Orange		103. Tennessee	3
33. Edgecombe		69. Pamlico		104. Virginia	3
34. Forsyth	10	70. Pasquotank	1	105. Other States	25
35. Franklin		71. Pender		106. Other	
36. Gaston	423	72. Perquimans		<b>Total No. of Patients</b>	<b>5068</b>

All responses should pertain to **October 1, 2012 through September 30, 2013.**

**Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston**

**Facility County: Mecklenburg**

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance	0	7	7						
Alexander	4	0	4						
Alleghany									
Anson	33	15	48						
Ashe	13	0	13						
Avery									
Beaufort									
Bertie									
Bladen									
Brunswick	0	12	12						
Buncombe	0	20	20						
Burke	17	38	55						
Cabarrus	193	317	510						
Caldwell	12	0	12						
Camden									
Carteret	0	110	110						
Caswell									
Catawba	57	14	71						
Chatham									
Cherokee									
Chowan									
Clay									
Cleveland	107	26	133						
Columbus									
Craven									
Cumberland	0	14	14						
Currituck									
Dare	0	2	2						
Davidson	45	21	66						
Davie	11	0	11						
Duplin									
Durham	0	25	25						
Edgecombe									
Forsyth	12	159	171						
Franklin									
Gaston	148	524	671						
Gates									
Graham									
Granville	9	0	9						
Greene									
Guilford	10	59	69						
Halifax									
Hamett									
Haywood	0	10	10						
Henderson	0	2	2						
Hertford									
Hoke									
Hyde									
Iredell	171	195	366						
Jackson	0	7	7						
Johnston									

\*\* Note: See counties: Jones through Yancey (including Out-of-State) on next page.

All responses should pertain to October 1, 2012 through September 30, 2013.

**Patient Origin - Psychiatric and Substance Abuse Jones through Yancey (including Out-of-State)**

**Facility County: Mecklenburg**  
 (Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln	138	132	270						
Macon	23	0	23						
Madison									
Martin	0	9	9						
McDowell	0	7	7						
Mecklenburg	2570	2107	4677						
Mitchell									
Montgomery	0	2	2						
Moore	0	4	4						
Nash									
New Hanover	0	20	20						
Northampton	0	7	7						
Onslow	0	11	11						
Orange									
Pamlico	15		15						
Pasquotank	15	23	38						
Pender	5	0	5						
Perquimans									
Person									
Pitt	0	5	5						
Polk									
Randolph									
Richmond	0	31	31						
Robeson	0	12	12						
Rockingham									
Rowan	93	108	201						
Rutherford	9	0	9						
Sampson									
Scotland	0	14	14						
Stanly	20	40	60						
Stokes									
Surry	0	14	14						
Swain									
Transylvania									
Tyrrell									
Union	702	832	1534						
Vance									
Wake	13	7	20						
Warren									
Washington									
Watauga	7	11	18						
Wayne									
Wilkes	0	4	4						
Wilson									
Yadkin	0	9	9						
Yancey	11	0	11						
Out of State	215	1700	1915						
<b>TOTALS</b>			<b>18,871</b>						

\*\* Note: See counties: Alamance through Johnston on previous page.

All responses should pertain to October 1, 2012 through September 30, 2013.

**Patient Origin - MRI Services**

Facility County: **Mecklenburg** *presbyterian medical center MRI*

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 11.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	1
2. Alexander	7	38. Graham		74. Pitt	1
3. Alleghany	1	39. Granville		75. Polk	
4. Anson	13	40. Greene		76. Randolph	2
5. Ashe	2	41. Guilford	4	77. Richmond	7
6. Avery	3	42. Halifax		78. Robeson	2
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	3	80. Rowan	81
9. Bladen		45. Henderson	3	81. Rutherford	13
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe	3	47. Hoke		83. Scotland	
12. Burke	5	48. Hyde		84. Stanly	37
13. Cabarrus	109	49. Iredell	116	85. Stokes	
14. Caldwell	2	50. Jackson		86. Surry	1
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones	1	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	38	54. Lenoir		90. Union	395
19. Chatham		55. Lincoln	82	91. Vance	
20. Cherokee		56. Macon		92. Wake	5
21. Chowan		57. Madison	1	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	57	59. McDowell	3	95. Watauga	7
24. Columbus	1	60. Mecklenburg	4591	96. Wayne	1
25. Craven		61. Mitchell		97. Wilkes	2
26. Cumberland	1	62. Montgomery	1	98. Wilson	
27. Currituck		63. Moore	1	99. Yadkin	1
28. Dare	2	64. Nash	1	100. Yancey	
29. Davidson	4	65. New Hanover	3		
30. Davie	1	66. Northampton		101. Georgia	8
31. Duplin		67. Onslow	1	102. South Carolina	378
32. Durham		68. Orange	2	103. Tennessee	5
33. Edgecombe		69. Pamlico		104. Virginia	4
34. Forsyth	7	70. Pasquotank		105. Other States	78
35. Franklin		71. Pender		106. Other	
36. Gaston	333	72. Perquimans		<b>Total No. of Patients</b>	<b>10433</b>

Are mobile MRI services currently provided at your hospital?    yes \_\_\_\_\_    no

All responses should pertain to October 1, 2012 through September 30, 2013.

**Patient Origin - MRI Services**

Facility County: **Mecklenburg** *NH Imaging MUSEUM*

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 11.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany	1	39. Granville		75. Polk	
4. Anson	2	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	4
9. Bladen		45. Henderson		81. Rutherford	2
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	1
12. Burke	2	48. Hyde		84. Stanly	13
13. Cabarrus	41	49. Iredell	10	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	1	54. Lenoir		90. Union	109
19. Chatham		55. Lincoln	13	91. Vance	
20. Cherokee	2	56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	11	59. McDowell		95. Watauga	1
24. Columbus		60. Mecklenburg	1088	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	1	62. Montgomery	1	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	2
31. Duplin		67. Onslow		102. South Carolina	91.
32. Durham	2	68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	3
34. Forsyth	1	70. Pasquotank		105. Other States	9
35. Franklin		71. Pender		106. Other	
36. Gaston	52	72. Perquimans		Total No. of Patients	2,062

Are mobile MRI services currently provided at your hospital? yes \_\_\_\_\_ no

All responses should pertain to October 1, 2012 through September 30, 2013.

**Patient Origin – Linear Accelerator Treatment**

Facility County: Mecklenburg

In an effort to document patterns of utilization of linear accelerators in North Carolina, hospitals are asked to provide the county of residence for patients served on linear accelerators in your facility. Report the number of patients who receive radiation oncology treatment on equipment (linear accelerators, CyberKnife®, but not Gamma Knife®) listed in Section 11 of this application. Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. **The number of patients reported here should match the number of patients reported in Section 11.a. of this application.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	3
13. Cabarrus	21	49. Iredell	19	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	3	54. Lenoir		90. Union	83
19. Chatham		55. Lincoln	8	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	3	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	441	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	107
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	5
35. Franklin		71. Pender		106. Other	
36. Gaston	43	72. Perquimans		<b>Total No. of Patients</b>	<b>716</b>



All responses should pertain to October 1, 2012 through September 30, 2013.

**Patient Origin – PET Scanner**

**Facility County: Mecklenburg**

In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 14.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	2	37. Gates		73. Person	
2. Alexander	2	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	8	40. Greene		76. Randolph	
5. Ashe	5	41. Guilford	1	77. Richmond	1
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	13
9. Bladen		45. Henderson		81. Rutherford	1
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	14
13. Cabarrus	30	49. Iredell	43	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	1
15. Camden		51. Johnston	1	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	19	54. Lenoir		90. Union	150
19. Chatham		55. Lincoln	42	91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	7	59. McDowell		95. Watauga	2
24. Columbus		60. Mecklenburg	951	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore	1	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	2	65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	113
32. Durham		68. Orange		103. Tennessee	3
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank	2	105. Other States	4
35. Franklin		71. Pender		106. Other	
36. Gaston	101	72. Perquimans		<b>Total No. of Patients</b>	<b>1483</b>

All responses should pertain to October 1, 2012 through September 30, 2013.

**Patient Origin – Emergency Department Services**

**Facility County: Mecklenburg**

In an effort to document the patterns of utilization of Emergency Department Services in North Carolina hospitals, please provide the county of residence for all patients served by your Emergency Department. The total number of patients from this chart must match the number of Emergency Department visits provided in Section F.(3)(b) : Emergency Department Services, Page 6.

County	No. of Visits	County	No. of Visits	County	No. of Visits
1. Alamance	27	37. Gates	1	73. Person	4
2. Alexander	15	38. Graham		74. Pitt	10
3. Alleghany	3	39. Granville	2	75. Polk	
4. Anson	80	40. Greene		76. Randolph	17
5. Ashe	2	41. Guilford	142	77. Richmond	43
6. Avery	4	42. Halifax	1	78. Robeson	35
7. Beaufort	4	43. Harnett	7	79. Rockingham	3
8. Bertie	1	44. Haywood	3	80. Rowan	200
9. Bladen	5	45. Henderson	14	81. Rutherford	33
10. Brunswick	24	46. Hertford	2	82. Sampson	
11. Buncombe	29	47. Hoke	8	83. Scotland	20
12. Burke	21	48. Hyde		84. Stanly	221
13. Cabarrus	778	49. Iredell	325	85. Stokes	3
14. Caldwell	13	50. Jackson	3	86. Surry	11
15. Camden		51. Johnston	11	87. Swain	4
16. Carteret	2	52. Jones	4	88. Transylvania	
17. Caswell		53. Lee	6	89. Tyrrell	
18. Catawba	99	54. Lenoir	2	90. Union	1972
19. Chatham	1	55. Lincoln	305	91. Vance	1
20. Cherokee		56. Macon	1	92. Wake	120
21. Chowan		57. Madison	1	93. Warren	
22. Clay		58. Martin	2	94. Washington	2
23. Cleveland	248	59. McDowell	13	95. Watauga	10
24. Columbus	61	60. Mecklenburg	78,1087	96. Wayne	8
25. Craven	8	61. Mitchell	2	97. Wilkes	13
26. Cumberland	491	62. Montgomery	13	98. Wilson	2
27. Currituck		63. Moore	18	99. Yadkin	4
28. Dare	2	64. Nash	4	100. Yancey	4
29. Davidson	57	65. New Hanover	360		
30. Davie	11	66. Northampton	9	101. Georgia	228
31. Duplin	3	67. Onslow	6	102. South Carolina	2233
32. Durham	40	68. Orange	12	103. Tennessee	54
33. Edgecombe	2	69. Pamlico	2	104. Virginia	182
34. Forsyth	141	70. Pasquotank	1	105. Other States	1856
35. Franklin	4	71. Pender	1	106. Other	
36. Gaston	2137	72. Perquimans		<b>Total No. of Patients</b>	<b>91,380</b>

2014 Renewal Application for Hospital:  
Novant Health Presbyterian Medical Center

License No: H0010  
Facility ID: 943501

All responses should pertain to October 1, 2012 through September 30, 2013.

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**This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2014 hospital license.**

**AUTHENTICATING SIGNATURE:** The undersigned submits application for the year 2014 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: Harry Smith Jr Date: 11-24-13

PRINT NAME  
OF APPROVING OFFICIAL HARRY SMITH JR

**Please be advised**, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a hospital license.