



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

October 6, 2017

Randi Shults
3916 Ben Franklin Blvd
Durham, NC 27704

No Review

Record #: 2413
Facility Name: North Carolina Specialty Hospital
FID #: 943374
Business Name: North Carolina Specialty Hospital, LLC
Business #: 1328
Project Description: Implementation of Level III emergency services
County: Durham

Dear Ms. Shults:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letters of September 7, 2017 and October 3, 2017 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

However, you need to contact the Agency's Construction and Acute and Home Care Licensure and Certification Sections, DHSR 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 in your correspondence. 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 this office. 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

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

LOCATION: EDGERTON BUILDING • 809 RUGGLES DRIVE • RALEIGH, NC 27603

MAILING ADDRESS: 2704 MAIL SERVICE CENTER • RALEIGH, NC 27699-2704

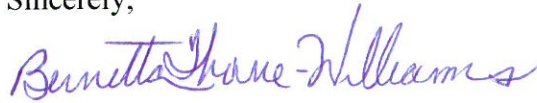
AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER



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.

Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,



Bernetta Thorne-Williams
Project Analyst



Martha J. Frisone, Chief
Healthcare Planning and Certificate of Need Section

cc: Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR
Sharetta Blackwell, Program Assistant, Healthcare Planning, DHSR



3916 Ben Franklin Boulevard • Durham, NC 27704
P.O. Box 15819 • Durham, NC 27704

Record # 2413
FID # 943374
Bus # 1328



September 7, 2017

Ms. Martha Frisone, Chief
Health Planning and Certificate of Need Section
Division of Health Service Regulation
2714 Mail Service Center
Raleigh, NC 27699-2714

RE: Request for Letter of No Review for North Carolina Specialty Hospital in Durham, NC

Dear Ms. Frisone:

North Carolina Specialty Hospital (NCSH) is a licensed acute care hospital in Durham North Carolina that is accredited by The Joint Commission and certified by the Centers for Medicare and Medicaid Services. NCSH plans to implement Level III hospital emergency services in early 2018 in accordance with the Hospital Licensure Rules 10A NCAC 13B .4101 through .4110. The purpose of this letter is to request written confirmation that the implementation of Level III hospital emergency services at NCSH does not require Certificate of Need approval.

NCSH fully complies with the requirements specified in the Hospital Licensure Rule 10A NCAC 13B .4101 Emergency Response Capabilities Required. Compliance with the rules is confirmed because the hospital's policies and procedures and the NCSH medical staff require that facility personnel are capable of initiating life-saving measures at a first-aid level of response for any patient or person in need of such services including:

- (1) initiating basic cardio-respiratory resuscitation according to American Red Cross or American Heart Association standards;
- (2) availability of first-line emergency drugs as specified by the medical staff;
- (3) availability of IV fluids and supplies required to establish IV access; and
- (4) establishing protocols or agreements for the transfer of patients to a facility for a higher level of care when these services are not available on site.

The proposed change to the NCSH emergency services involves no increases or changes to the numbers of licensed acute care beds or operating rooms in the hospital. No renovation or facility expansion is planned for NCSH to implement the Level III emergency services because the facility was originally designed and constructed to provide adequate spaces for hospital licensure compliance. Please see Attachment A for the facility plan with the proposed emergency services areas labeled.

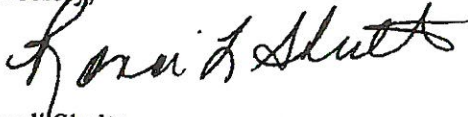
NCSH has an existing entrance with a covered drive, as well as a waiting area, reception/registration area, emergency exam room and ancillary and support spaces. The exam room has been utilized for emergency services that have previously been reported in the annual hospital license renewal application as "urgent care" visits. Please see Attachment B for a copy of the 2017 LRA for NCSH.

The estimated capital cost for the Emergency Department project totals \$50,000 and includes the purchase and installation of radio equipment that complies with applicable rules, changes to hospital signage, and contingency for additional equipment.

NCSH has reviewed § 131E-178 Activities requiring certificate of need to confirm that the proposed offering of Level III hospital emergency services is not a regulated health service that is included in this section of the statutes. The proposed offering of Level III hospital emergency services is not listed in any of the definitions of § 131E-176. (16) "New institutional health services" (a) through (v). Based on these factors, NCSH respectfully request written confirmation that the implementation of Level III emergency services at NCSH does not require Certificate of Need approval.

Please do not hesitate to contact me at (919) 956-9301 if you need additional information. Thank you for your consideration of this information.

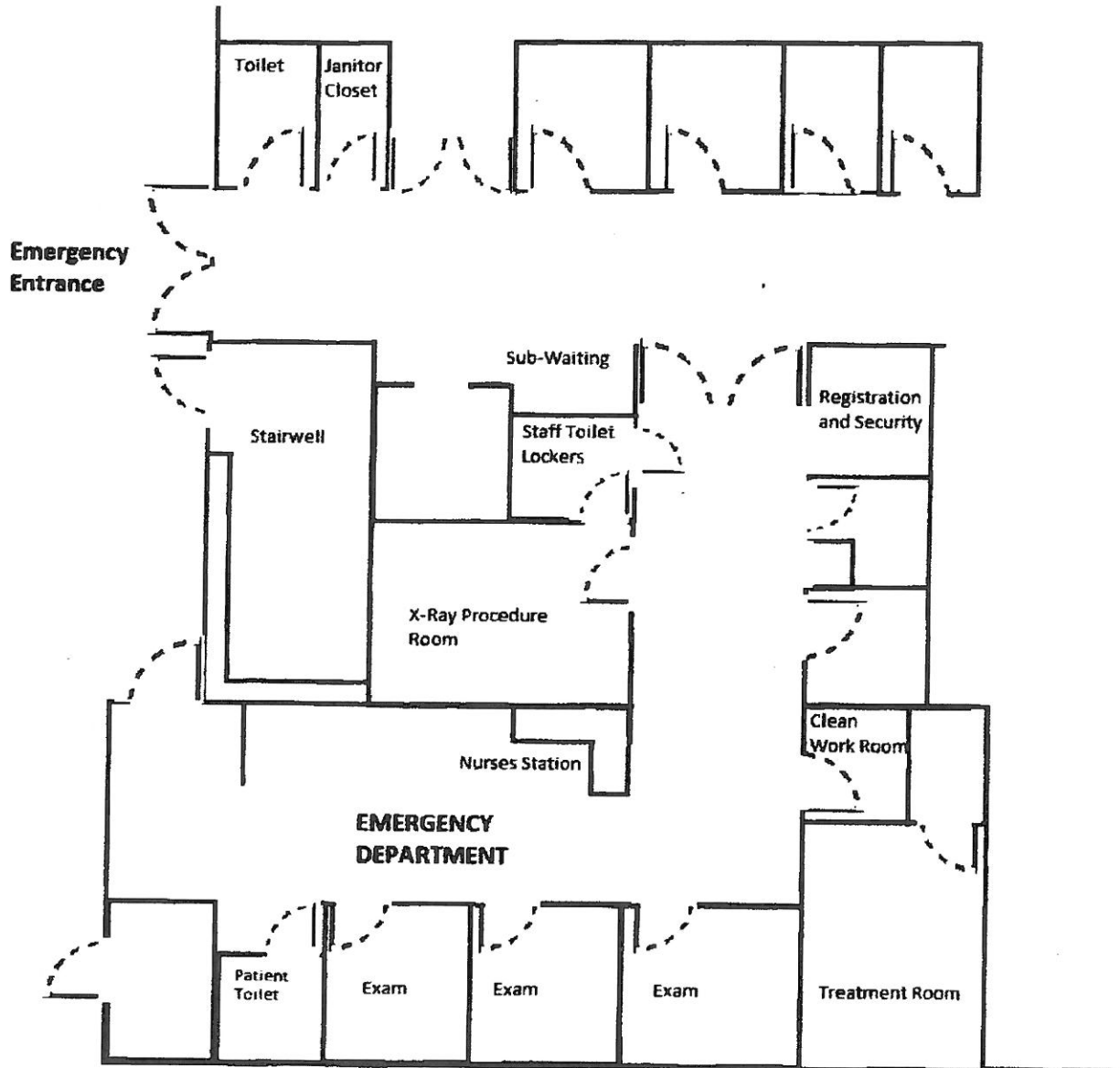
Sincerely,



Randi Shults
Chief Executive Officer



Attachment A.



North Carolina Specialty Hospital
Supplemental Information



Goodwyn Mills Cawood

3310 West End Avenue
Suite 420
Nashville, TN 37203

T (615) 333-7200
F (615) 333-0529

www.gmcnetwork.com

Mrs. Randi Shults
Chief Executive Office
North Carolina Specialty Hospital
P.O. Box 15819
Durham, NC 27704

RE: North Carolina Specialty Hospital Level III Emergency Services Capital Cost

Dear Ms. Shults,

Our firm, Goodwyn, Mills and Cawood, has been engaged to provide architectural design and planning services to North Carolina Specialty Hospital (NCSH) in Durham, NC. The existing hospital facility was completed in 2004 in accordance with local, state and federal requirements and NCSH obtained NC licensure as an acute care hospital.

NCSH plans to implement Level III Emergency Services in early 2018 in accordance with the Hospital Licensure Rules 10A NCAC 13B .6209 (Attachment A). The facility design features of the existing NCSH Emergency Department conform to the North Carolina hospital licensure requirements for Emergency Services. These include the covered entrance and the spaces that include public waiting, nurse work and charting space, soiled holding storage, janitors' closet, patient toilet and staff toilet. The entrance drive is covered and measures 19' across and 13' tall.

The schematic plan for the existing NCSH Emergency Department is included in Attachment B. NCSH plans to add Emergency Department signage for the ambulance and pedestrian entrance. In addition, NCSH plans to purchase a two-way radio licensed by the Federal Communications Commission and in accordance with the Public Safety Radio Service.

Based on our review of the existing facility and plans, no new construction or renovations are required in order for NCSH to implement Level III hospital emergency services. The estimated total capital cost for the Emergency Department project is budgeted at \$50,000 and includes the purchase and installation of radio equipment that complies with applicable rules, changes to hospital signage, and contingency for additional equipment or minor modifications to the existing building as seen in the attached certified capital cost estimate in Attachment C.

Please let me know if you need additional information regarding this project.

Sincerely,


Sara Butler, AIA
License #10535



Attachment A

10A NC AC 13B .6209 EMERGENCY SERVICES

(a) The minimum requirements for emergency care required under Section .4100 of this Subchapter shall determine the type facilities to be provided.

(b) When a facility provides emergency services under one of the classifications listed in Section .4100 of this Subchapter, the following shall be provided:

- (1) Level I, II, III:
 - (A) a drive at grade level with provision for ambulance and pedestrian service and a well marked covered entrance with a minimum clear passage height of 12 feet 8 inches and a clear width of 16 feet;
 - (B) public waiting space with toilet facilities, telephone, drinking fountain, stretcher, and wheelchair storage;
 - (C) nurses' work and charting space shall be provided This may be combined with reception and control area for Level III;
 - (D) storage for clean supplies and equipment Facilities shall be available for the administration of blood, blood plasma, and intravenous medication as well as for the control of bleeding, emergency splinting of fractures, and the administration of oxygen, anesthesia, and suction;
 - (E) soiled holding area with flushing device;
 - (F) janitor's closet with service sink;
 - (G) patient toilets; and
 - (H) staff toilets.
- (2) Level I, II:
 - (A) a reception and control area that is staffed around the clock;
 - (B) visual control of the entrance, waiting room, and treatment area shall be maintained;
 - (C) communication with other facility departments;
 - (D) at least one treatment room shall be available around the clock for the examination and initial treatment of emergency patients. This room shall be independent of the operating room;
 - (E) treatment rooms or areas shall contain cabinets, medication storage, work counters, X-ray film illuminators, and space for storage of emergency equipment;
 - (F) the size of the rooms or areas shall allow for a minimum of 3 feet clear on three sides of each stretcher; and
 - (G) hand washing facilities shall be provided.

*History Note: Authority G S. 131E-79;
Eff. January 1, 1996.*



Goodwyn Mills Cawood

3310 West End Avenue
 Suite 420
 Nashville, TN 37203

T (615) 333-7200
 F (615) 333-0529

www.gmcnetwork.com

EXHIBIT 1 - PROJECTED CAPITAL COST

Project Name: North Carolina Specialty Hospital Level III Emergency Department

Proponent: North Carolina Specialty Hospital, LLC

A.	Site Costs				
(1)	Full purchase price of land		N/A		renovation
	Acres _____ Price per Acre		N/A		renovation
(2)	Closing costs		N/A		renovation
(3)	Site Inspection and Survey		N/A		
(4)	Legal fees and subsoil investigation.		N/A		
(5)	Site Preparation Costs				
	Soil Borings	\$0			
	Clearing-Earthwork	\$0			
	Fine Grade For Slab	\$0			
	Roads-Paving	\$0			
	Concrete Sidewalks	\$0			
	Water and Sewer	\$0			
	Footing Excavation	\$0			
	Footing Backfill	\$0			
	Termite Treatment	\$0			
	Selective Demolition	\$0			
	Sub-Total Site Preparation Costs		\$0		
(6)	Other (Specify)		N/A		
(7)	Sub-Total Site Costs			\$0	
B.	Construction Contract				
(8)	Cost of Materials				
	General Requirements	\$0			
	Concrete/Masonry	\$0			
	Doors & Windows/Finishes	\$0			
	Thermal & Moisture Protection	\$0			
	Equipment/Specialty Items	\$0			
	Mechanical/Electrical	\$0			
	Structural Steel	\$0			
	Sub-Total Cost of Materials		\$0		
(9)	Cost of Labor		\$0		
(10)	Permit		\$0		
(11)	Sub-Total Construction Contract			\$0	
C.	Miscellaneous Project Costs				
(12)	Building Purchase		N/A		
(13)	Fixed Equipment Purchase (Radio)		\$15,000		



(14)	Movable Equipment Purchase/Lease		\$0		
(15)	Furniture		\$0		
(16)	Landscaping		\$0		
(17)	Consultant Fees				
	Architect and Engineering Fees	NA			
	Legal Fees	N/A			in-house
	Market Analysis	N/A			in-house
	Other (Signage and Contingency)	\$35,000			
	Sub-Total Consultant Fees		\$35,000		
(18)	Financing Costs (e.g. Bond, Loan, etc.)		N/A		
(19)	Interest During Construction		N/A		
(20)	Impact Fees		N/A		
(21)	Sub-Total Miscellaneous			\$50,000	
D.	Total Capital Cost of Project				\$50,000

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

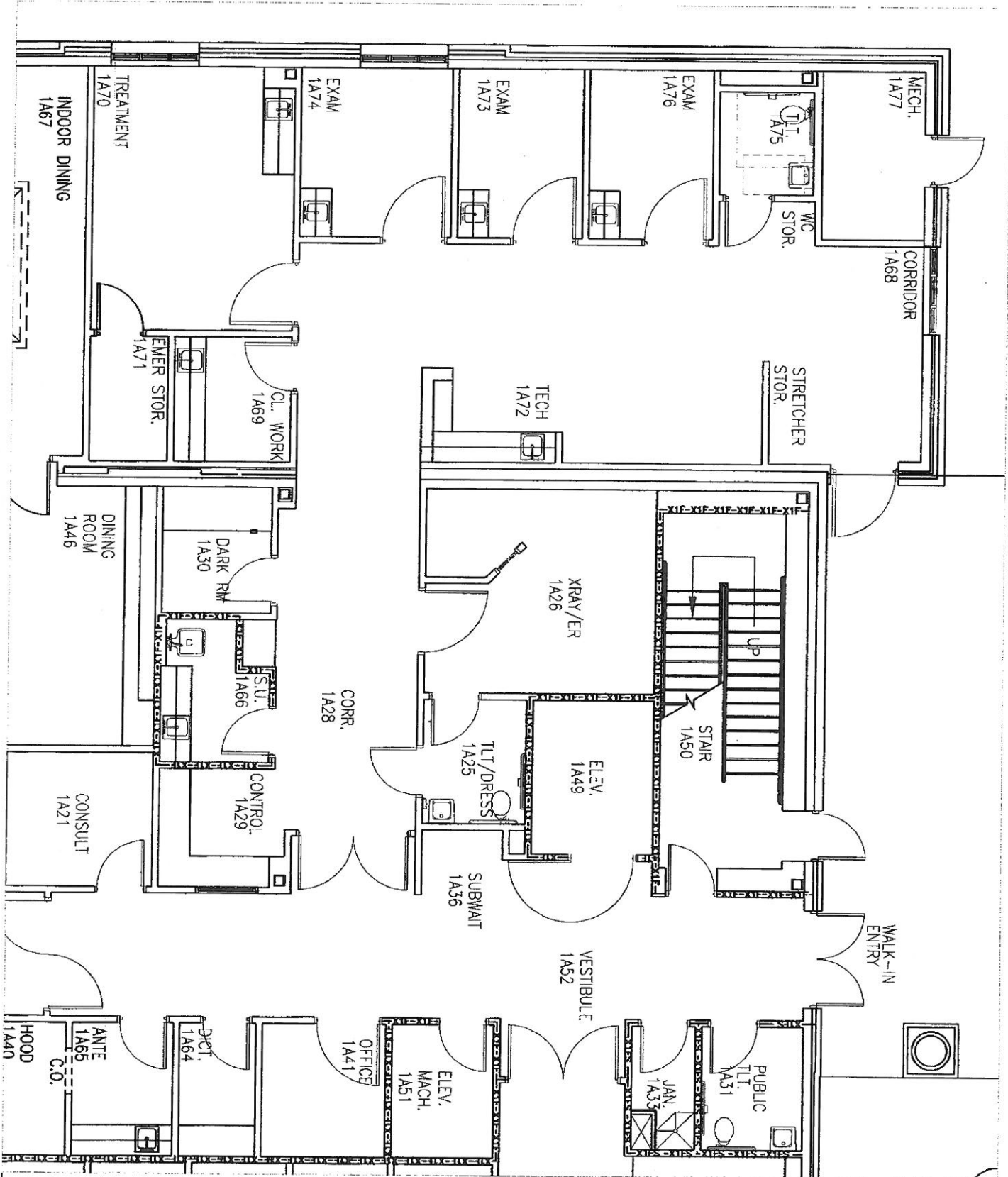
License #10535 Date Certified: 03. Oct. 2017

(Signature of Licensed Architect or Engineer)

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

Date Signed: Oct 3, 2017

(Proponent - Signature of Officer) (Title of Officer)



NCSH - EMERGENCY DEPARTMENT

3916 BEN FRANKLIN BLVD

15. SEPT. 2017



GOODWYN | MILLS | CAWOOD

3310 West End Ave., Suite 420 | Nashville, TN 37203

Tel 615.333.7200 * GMCNETWORK.COM

MEMO TO: Randi Shults, Chief Executive Officer
John Medlin, Chief Nursing Officer

FROM: David French, Consultant

RE: North Carolina Specialty Hospital Level III Emergency Services

DATE: September 29, 2017

As follow-up to our recent meeting, I contacted the DHRS Acute Care Licensure Section and the Construction Section to discuss some of the rules that relate to North Carolina Specialty Hospital's plan to implement Level III Emergency Services. The following is a summary of the information that was obtained:

Contact with Acute Care Licensure

Azzie Conley, Chief of the DHSR Licensure Section, was contacted on September 27, 2017 regarding NCSH's plans to implement Level III Emergency Services. The following information was provided:

Question: Does the following rule require the hospital to have a two-way radio in addition to written procedures and agreements?

10A NCAC 13B .4103 PROVISION OF EMERGENCY SERVICES (b) Any facility providing emergency services under this Section shall install, operate and maintain, on a 24-hour per day basis, an emergency two-way radio licensed by the Federal Communications Commission in the Public Safety Radio Service capable of establishing voice radio communication with ambulance units transporting patients to said facility or having any written procedure or agreement for handling emergency services with the local ambulance service, rescue squad or other trained medical personnel.

Response: Ms. Conley consulted with Chuck Lewis at the Office of EMS. He in turn responded:

"My interpretation would be that they must have either a 2 - way radio or written agreements with those EMS providers who would be regularly bringing them patients. If they choose not to have a radio, they should have some dialogue with any EMS agency that would bring them patients and ensure both the EMS provider and the facility understand how EMS will let the facility know they are bringing patients, request medical orders or otherwise communicate with the facility. Frankly, this is achieved in most locations using cell phones on the part of the EMS provider calling in to the hospital even if the facility does have a radio.

Chuck Lewis, Paramedic, RN
Assistant Chief, Office of Emergency Medical Services
Division of Health Service Regulation
North Carolina Department of Health and Human Services

Contact with Construction Section

DHSR Construction Section Chief Steven Lewis was not available. Architect Joel Luper, provided the following verbal responses to the questions on September 27, 2017. Mr. Luper added that he has visited NCSH.

Question: Please confirm that the Level III Emergency Services facility design must meet 10A NCAC 13B .6209.

Response: Yes these are the correct rules that relate to hospital emergency services. There are no other facility-related rules that are specific to emergency services.

Question: Are there any guidelines or minimum requirements for signage for the Emergency Department?

Response: There are no specifications for the signage.

Question: Are there any specific requirements for parking for the Emergency Department?

Response: There are no specific requirements for parking.



September 7, 2017

Ms. Martha Frisone, Chief
Health Planning and Certificate of Need Section
Division of Health Service Regulation
2714 Mail Service Center
Raleigh, NC 27699-2714

RE: Request for Letter of No Review for North Carolina Specialty Hospital in Durham, NC

Dear Ms. Frisone:

North Carolina Specialty Hospital (NCSH) is a licensed acute care hospital in Durham North Carolina that is accredited by The Joint Commission and certified by the Centers for Medicare and Medicaid Services. NCSH plans to implement Level III hospital emergency services in early 2018 in accordance with the Hospital Licensure Rules 10A NCAC 13B .4101 through .4110. The purpose of this letter is to request written confirmation that the implementation of Level III hospital emergency services at NCSH does not require Certificate of Need approval.

NCSH fully complies with the requirements specified in the Hospital Licensure Rule 10A NCAC 13B .4101 Emergency Response Capabilities Required. Compliance with the rules is confirmed because the hospital's policies and procedures and the NCSH medical staff require that facility personnel are capable of initiating life-saving measures at a first-aid level of response for any patient or person in need of such services including:

- (1) initiating basic cardio-respiratory resuscitation according to American Red Cross or American Heart Association standards;
- (2) availability of first-line emergency drugs as specified by the medical staff;
- (3) availability of IV fluids and supplies required to establish IV access; and
- (4) establishing protocols or agreements for the transfer of patients to a facility for a higher level of care when these services are not available on site.

The proposed change to the NCSH emergency services involves no increases or changes to the numbers of licensed acute care beds or operating rooms in the hospital. No renovation or facility expansion is planned for NCSH to implement the Level III emergency services because the facility was originally designed and constructed to provide adequate spaces for hospital licensure compliance. Please see Attachment A for the facility plan with the proposed emergency services areas labeled.

NCSH has an existing entrance with a covered drive, as well as a waiting area, reception/registration area, emergency exam room and ancillary and support spaces. The exam room has been utilized for emergency services that have previously been reported in the annual hospital license renewal application as "urgent care" visits. Please see Attachment B for a copy of the 2017 LRA for NCSH.

The estimated capital cost for the Emergency Department project totals \$50,000 and includes the purchase and installation of radio equipment that complies with applicable rules, changes to hospital signage, and contingency for additional equipment.

NCSH has reviewed § 131E-178 Activities requiring certificate of need to confirm that the proposed offering of Level III hospital emergency services is not a regulated health service that is included in this section of the statutes. The proposed offering of Level III hospital emergency services is not listed in any of the definitions of § 131E-176. (16) "New institutional health services" (a) through (v). Based on these factors, NCSH respectfully request written confirmation that the implementation of Level III emergency services at NCSH does not require Certificate of Need approval.

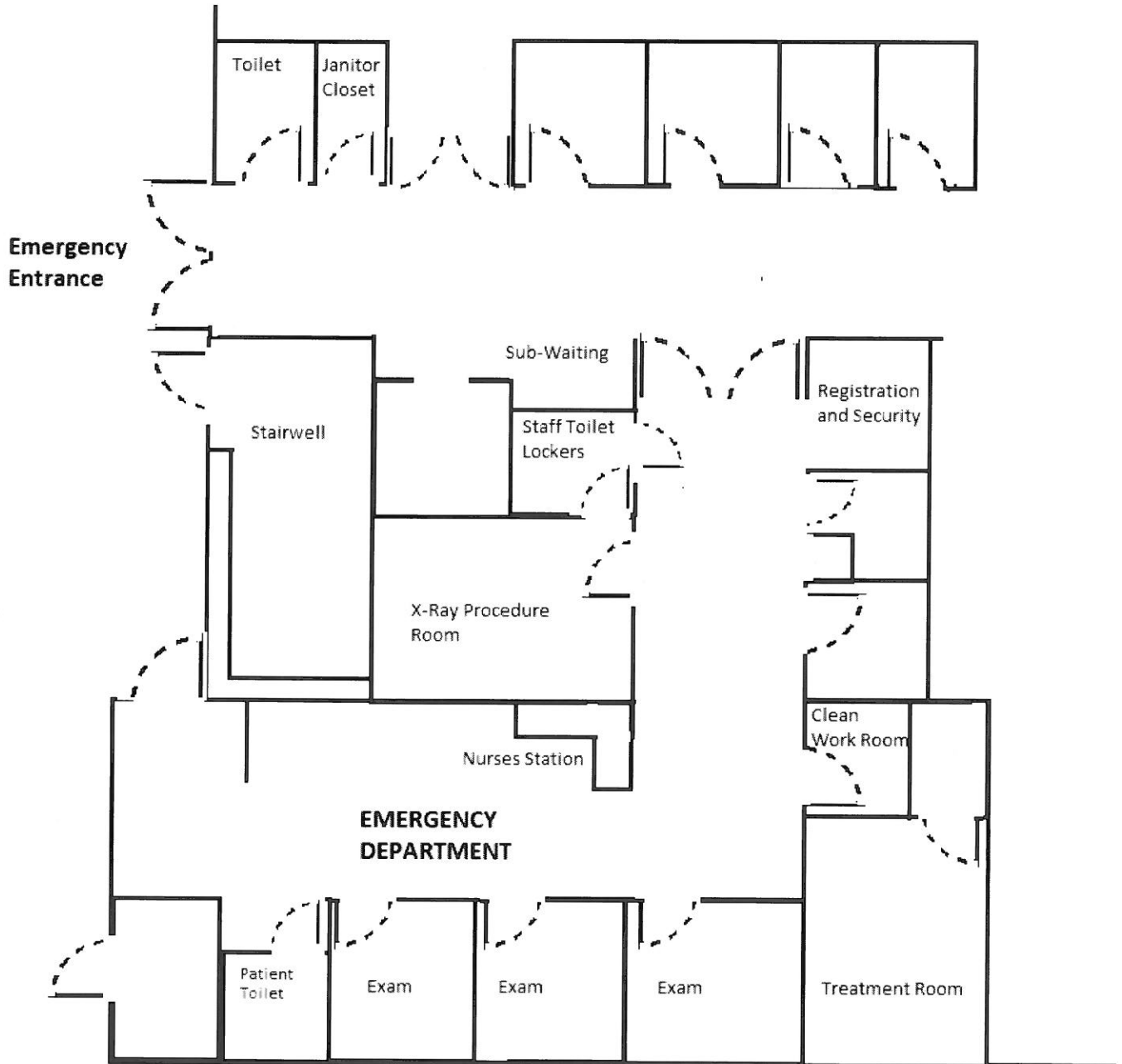
Please do not hesitate to contact me at (919) 956-9301 if you need additional information. Thank you for your consideration of this information.

Sincerely,

A handwritten signature in black ink, appearing to read "Randi Shults". The signature is written in a cursive style with a large, looping initial "R".

Randi Shults
Chief Executive Officer

Attachment A.





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

Pat McCrory
Governor

Richard O. Brajer
Secretary
Mark Payne
Director

MEMORANDUM

TO: **North Carolina Specialty Hospital -- Durham**
FROM: Azzie Y. Conley, RN, Section Chief
SUBJECT: **2017 Hospital License Renewal Application**

PLEASE READ CAREFULLY

Enclosed is your 2017 License Renewal Application. Please complete this application and return the original no later than December 5, 2016 to the address below.

Mailing Address

Acute and Home Care
Licensure and Certification Section
2712 Mail Service Center
Raleigh, NC 27699-2712

Overnight Address (UPS and FedEx Only)

Acute and Home Care
Licensure and Certification Section
1205 Umstead Drive
Raleigh, NC 27603

Data on file with the Division indicates that your facility/entity is a **Hospital** totaling **18** beds. Your annual licensure fee, as authorized by G.S. 131E-77, is **\$565.00**. This amount is comprised of a base fee of **\$250.00** plus an additional per bed fee of **\$17.50**.

Payment should be in the form of check, money order or certified check and must be payable to "NC - DHSR." Payment should include the facility's license number and be submitted with your license renewal application. A separate check is required for each licensed entity.

Your completed license renewal application **and** the **annual licensure fee** must be received by December 5, 2016 to ensure your license remains valid. Failure to possess a valid license may compromise your facility's ability to operate and/or adversely impact its funding sources.



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

An Equal Opportunity / Affirmative Action Employer



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
Regular Mail: 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Overnight UPS and FedEx only: 1205 Umstead Drive
Raleigh, North Carolina 27603
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only

License # H0075 Medicare # 340049
FID #: 943374

PC _____ Date _____

License Fee: _____ **\$565.00**

**2017
HOSPITAL LICENSE
RENEWAL APPLICATION**

Legal Identity of Applicant: North Carolina Specialty Hospital, LLC
(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: North Carolina Specialty Hospital
Other: _____
Other: _____

Facility Mailing Address: PO Box 15819
Durham, NC 27704

Facility Site Address: 3916 Ben Franklin Blvd.
Durham, NC 27704

County: Durham
Telephone: (919)956-9300
Fax: (919)287-3237

Administrator/Director: Randi Shults
Title: CEO
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: RANDI Shults **Title:** CEO
(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: Joy Allen **Telephone:** 919 595-8455
E-Mail: jallen@nshinc.com

All responses should pertain to October 1, 2015 through September 30, 2016.

For questions regarding this page, please contact Azzie Conley at (919) 855-4646.

In accordance with Session Law 2013-382 and 10NCAC 13B .3502(e) on an annual basis, on the license renewal application provided by the Division, the facility shall provide to the Division the direct website address to the facility's financial assistance policy. This Rule applies only to facilities required to file a Schedule H, federal form 990. Please use Form 990 Schedule B and / or Schedule H as a reference.

1) Please provide the main website address for the facility:

W.W. nc specialty, com

2) In accordance with 131E-214.4(a) DHR can no longer post a link to internet Websites to demonstrate compliance with this statute.

A) Please provide the website address and / or link to access the facility's charity care policy and financial assistance policy:

patient information

B) Also, please attach a copy of the facility's charity care policy and financial assistance policy:

Feel free to email the copy of the facility's charity care policy to:
DHHS.DHSR.Hospital.CharityCare.Policy@dhhs.nc.gov.

3) Please provide the following financial assistance data. All responses can be located on Form 990 and / or Form 990 Schedule H.

Contribution, Gifts, Grants and other similar Amounts <i>(Form 990; Part VIII 1(h))</i>	Annual Financial Assistance at Cost <i>(Form 990; Schedule H Part I, 7(a)(c))</i>	Bad Debt Expense <i>(Form 990; Schedule H Part III, Section A(2))</i>	Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy <i>(Form 990; Schedule H Part III, Section A(3))</i>

AUTHENTICATING SIGNATURE: this attestation statement is to validate compliance with GS 131E-91 as evidenced through 10A NCAC 13B .3502 and all requirements set forth to assure compliance with fair billing and collection practices.

Signature: Randi L. Shults Date: 12/16/2016

PRINT NAME OF APPROVING OFFICIAL RANDI L. SHULTS

All responses should pertain to October 1, 2015 through September 30, 2016.

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

Primary National Provider Identifier (NPI) registered at NPPES 1437221785
If facility has more than one "Primary" NPI, please provide N/A.

List all campuses (as defined in NCGS 131E-176(2c) under the hospital license. Please include offsite emergency departments)

Name(s) of Campus:	Address:	Services Offered:
Wound Care Center	4315 Ben Franklin Blvd. Durham NC 27704	wound care +
Pain Center		HBO Pain management.

Please attach a separate sheet for additional listings

ITEMIZED CHARGES: Licensure Rule 10A NCAC 13B .3110 requires the Applicant to provide itemized billing. Indicate which method is used:

- a. The facility provides a detailed statement of charges to all patients.
- b. Patients are advised that such detailed statements are available upon request.

All responses should pertain to October 1, 2015 through September 30, 2016.

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: North Carolina Specialty Hospital LLC
Street/Box: 3916 Ben Franklin Blve
City: Durham State: NC Zip: 27704
Telephone: (919)956-9300 Fax: (919)287-3237
CEO: Randi Shults, CEO

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*: _____

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

If 'Yes', name of CEO: _____

- 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:

NC-Specialty-Hospitals-Properties llc Insight Properties.

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

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

Name: National Surgical Hospitals
Street/Box: 30 South Wacker Drive, Suite 2302 500
250
City: Chicago State: IL Zip: 60606
Telephone: (312)627-8400

3. Vice President of Nursing and Patient Care Services:

John W. Medlin

4. Director of Planning: _____

All responses should pertain to October 1, 2015 through September 30, 2016.

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

[Please provide a Beds by Service (p. 6) 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. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below)	Licensed Beds as of September 30, 2016	Operational Beds as of September 30, 2016	Annual Census Inpt. Days of Care
<i>Campus</i> _____			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical			
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
<i>Other Units</i>			
i. Gynecology			
j. Medical/Surgical ***	18	18	*** 33
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)			
n. Oncology			
o. Orthopedics			3454
p. Pediatric			
q. Other (List) <i>ENT / Bariatric / general / dental / plastic</i>			203
Total General Acute Care Beds/Days (a through q)	18		
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	18	18	3697

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
 ** As defined in 10A NCAC 14C .1401.
 *** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

All responses should pertain to **October 1, 2015 through September 30, 2016.**

E. Swing Beds

Number of Swing Beds *	NA
Number of Skilled Nursing days in Swing Beds	NA

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

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

Campus – If multiple sites: _____

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 6)	Emergency Visits (total should be the same as G.3.b. on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as 9.d. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as 9.d. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay/Indigent/Charity	18		15	10	103
Medicare & Medicare Managed Care	2028		3167	795	212
Medicaid	69		200	32	992
Commercial Insurance	580		586	291	780
Managed Care	843		637	422	1263
Other (Specify) ^{Government} _{W.C.}	152		206	79	256
TOTAL	3690		4811	1629	3606

Bundled Payment

G. Services and Facilities

NA

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	
b. Live births (Cesarean Section)	
c. Stillbirths	

d. Delivery Rooms - Delivery Only (not Cesarean Section)	
e. Delivery Rooms - Labor and Delivery, Recovery	
f. Delivery Rooms – LDRP (include Item "D.1.m" on Page 6)	
g. Normal newborn bassinets (Level I Neonatal Services)	
Do not include with totals under the section entitled Beds by Service (Inpatient)	

2. Abortion Services

Number of procedures per Year NA
 (Feel free to footnote the type of abortion procedures reported)

All responses should pertain to **October 1, 2015 through September 30, 2016.**

3. Emergency Department Services

a. Total Number of ED Exam Rooms: 0

Of this total, how many are:

a.1. # Trauma Rooms _____

a.2 # Fast Track Rooms _____

a.3 # Urgent Care Rooms _____

b. Total Number of ED visits for reporting period: 0

c. Total Number of admits from the ED for reporting period: 0

d. Total Number of Urgent Care visits for reporting period: 32

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 11

HIV Culture 0

d. Organ Bank Yes No

e. Pap Smear Screening Yes No

All responses should pertain to **October 1, 2015** through **September 30, 2016**.

6. Transplantation Services - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	0	f. Kidney/Liver	0	k. Lung	0
b. Bone Marrow-Autologous	0	g. Liver	0	l. Pancreas	0
c. Cornea	0	h. Heart/Liver	0	m. Pancreas/Kidney	0
d. Heart	0	i. Heart/Kidney	0	n. Pancreas/Liver	0
e. Heart/Lung	0	j. Kidney	0	o. Other	0

Do you perform living donor transplants? ____ Yes No.

7. Telemedicine

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

8. Specialized Cardiac Services (for questions, call Healthcare Planning at 919-855-3865) NA

(a) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	
4. Total Open Heart Surgery Procedures (2. + 3.)	

All responses should pertain to October 1, 2015 through September 30, 2016.

9. 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 11-14 (through Section 9) for each site. Submit the Cumulative Totals and submit a duplicate of pages 11-14 for each campus.

(Campus – If multiple sites: _____)

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	
Dedicated C-Section	
Other Dedicated Inpatient Surgery (<i>Do not include dedicated Open Heart or C-Section rooms</i>)	
Dedicated Ambulatory Surgery	
Shared - Inpatient / Ambulatory Surgery	4
Total of Surgical Operating Rooms	4

Of the Total of Surgical Operating Rooms , above, how many are equipped with advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer treatments? Your facility may or may not refer to such rooms as “hybrid ORs.”	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 surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 5

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 0

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
<i>N/A</i>				
GI Endoscopy				
Non-GI Endoscopy				

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 [ICD-10-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, 2015 through September 30, 2016.

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

(Campus – If multiple sites: _____)

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 27 and 28.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 8.(a) 4. on page 9)		
General Surgery	40	538
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)		
Ophthalmology		422
Oral Surgery	3	56
Orthopedics	1564	1948
Otolaryngology	1	524
Plastic Surgery (includes transgender)	8	90
Urology		
Vascular		
Other Surgeries (specify) <i>Bariatric</i>	13	28
Other Surgeries (specify)		
Number of C-Sections Performed in Dedicated C-Section ORs		
Number of C-Sections Performed in Other ORs		
Total Surgical Cases Performed Only in Licensed ORs	1689	3606

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 11.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		589
Cystoscopy		
Non-GI Endoscopies (not reported in 9. C on page 11)		
GI Endoscopies (not reported in 9. C on page 11)		
YAG Laser		
Other (specify) <i>Medical</i>	15	24
Other (specify) <i>Lithotripsy</i>		96
Other (specify) <i>#B01 Wound Care</i>		4126
Total Non-Surgical Cases	15	4835

All responses should pertain to **October 1, 2015 through September 30, 2016.**

20 Most Common Outpatient Surgical Cases Table - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	248
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	138
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	312
42820	Tonsillectomy and adenoidectomy; younger than age 12	0
42830	Adenoidectomy, primary; younger than age 12	0
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	0
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	0
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	0
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	0
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	0
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	0
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	0
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	0
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	0
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	0
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	0
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	0
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	0
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	0
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	146

All responses should pertain to October 1, 2015 through September 30, 2016.

(Campus – If multiple sites: _____)

9f. 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.

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
10	266	180	90

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

A facility has 3 ORs: 2 are routinely scheduled for use 8 hours per day, and 1 is routinely scheduled for use 9 hours per day.

2 rooms	x	8 hours	=	16 hours	
1 room	x	9 hours	=	9 hours	
Total hours per day				25 hours	
					25 hours divided by 3 ORs = 8.3 Average Hours per day Routinely Scheduled for Use

** “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, 2015** through **September 30, 2016**.

Imaging Procedures

20 Most Common Outpatient Imaging Procedures Table - Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code.

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	8
70486	Computed tomography, facial bone; without contrast material	0
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material	0
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	0
71020	Radiologic examination, chest; two views, frontal and lateral	229
71250	Computed tomography, thorax; without contrast material(s)	5
71260	Computed tomography, thorax; with contrast material(s)	10
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	0
72100	Radiologic examination, spine, lumbosacral; two or three views	627
72110	Radiologic examination, spine, lumbosacral; minimum of four views	0
72125	Computed tomography, cervical spine; without contrast material	0
72141	Magnetic resonance (e.g., proton) imaging, spine cervical without contrast material	0
72148	Magnetic resonance (e.g., proton) imaging, spine lumbar without contrast material	0
73221	Magnetic resonance (e.g., proton) imaging, upper joint (e.g. shoulder, elbow, wrist) extremity without contrast material	0
73630	Radiologic examination, foot; complete, minimum of three views	2
73721	Magnetic resonance (e.g., proton) imaging, lower joint (e.g. knee, ankle, mid-hind foot, hip) extremity without contrast material	0
74000	Radiologic examination, abdomen; single anteroposterior view	4
74176	Computed tomography, abdomen and pelvis; without contrast material	2
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	0
74178	Computed tomography, abdomen and pelvis; with contrast material(s) followed by contrast material	0

All responses should pertain to **October 1, 2015 through September 30, 2016.**

Instructions for Hospitals with multiple campuses: For MRI Services, (Sections 10a-10e, pp 16-19), do not provide cumulative/combined data for all campuses. Provide data for individual campuses only.

10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes *N/A*

Indicate 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:* _____

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total 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			
70553	MRI Brain w/o & with			
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o			
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with			
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o			
72142	MRI Cervical Spine with contrast			
72156	MRI Cervical Spine w/o & with			
72146	MRI Thoracic Spine w/o			
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with			
72148	MRI Lumbar Spine w/o			
72149	MRI Lumbar Spine with contrast			
72158	MRI Lumbar Spine w/o & with			
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o			
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with			
72198	MRA Pelvis w/o OR with contrast			
Subtotals for this page				

All responses should pertain to October 1, 2015 through September 30, 2016.

10b. MRI CPT Code Procedure Summary (Summary of CPT Codes in Table 10a) N/A

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

Campus – if multiple sites: _____

Procedures	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	
Fixed							
Mobile (Scans on mobile MRI performed only at this site)							
TOTAL**							

* 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.

** Totals must match totals in Table 10a on page 17 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 33 of this application.

10c. Fixed MRI Scanners

Indicate the number of MRI scanners (units) operated 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: _____

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed (<i>do not include any Policy AC-3 scanners</i>)	
# of fixed MRI scanners-open (<i>do not include any Policy AC-3 scanners</i>)	
Number of Policy AC-3 MRI scanners used for general clinical purposes	
Total Fixed MRI Scanners	

10d. Mobile MRI Services:

During the reporting period,

1. Did the facility own one or more mobile MRI scanners? ___ Yes No
 If Yes, how many? _____

2. Did the facility contract for mobile MRI services? ___ Yes No
 If Yes, name of vendor/contractor: _____

All responses should pertain to October 1, 2015 through September 30, 2016.

10e. Other MRI *N/A*

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 33 of this application. 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:* _____

Other 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	
Other Human Research MRI scanners								
Intraoperative MRI (iMRI)								

* 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.

10f. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	0			
Mobile	1	0	96	96

Lithotripsy Vendor/Owner:
Triangle Lithotripsy

10g. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 1
 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	9	X	1.00	=	9
2	Head with contrast	0	X	1.25	=	0
3	Head without and with contrast	0	X	1.75	=	0
4	Body without contrast	3	X	1.50	=	4.5
5	Body with contrast	20	X	1.75	=	35
6	Body without contrast and with contrast	2	X	2.75	=	5.5
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	0
8	Abscess drainage in addition to body scan with or without contrast	0	X	4.00	=	0
	Total	34				54

All responses should pertain to **October 1, 2015 through September 30, 2016.**

10g. Computed Tomography (CT) continued N/A

Scans Performed on Mobile 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 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	=	
	Total					

10h. Positron Emission Tomography (PET) N/A

	Number of Units	Number of Procedures*		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other PET Scanners used for Human Research only				

* 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 35.**

Name of Mobile Provider: _____

10i. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Ultrasound equipment	2	29	16	45
Mammography equipment	0	0	0	0
Bone Density Equipment	0	0	0	0
Fixed X-ray Equipment (excluding fluoroscopic)	1	27	18	40
Fixed Fluoroscopic X-ray Equipment	0	0	0	0
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	0	0	0	0
Coincidence Camera	0	0	0	0
Mobile Coincidence Camera. Vendor:	0	0	0	0
SPECT	0	0	0	0
Mobile SPECT. Vendor:	0	0	0	0
Gamma Camera	0	0	0	0
Mobile Gamma Camera. Vendor:	0	0	0	0

All responses should pertain to October 1, 2015 through September 30, 2016.

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

N/A

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	
77404	Radiation treatment delivery (11-19 MeV)	
77406	Radiation treatment delivery (>=20 MeV)	
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	
77409	Radiation treatment delivery (11-19 MeV)	
77411	Radiation treatment delivery (>=20 MeV)	
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	
77414	Radiation treatment delivery (11-19 MeV)	
77416	Radiation treatment delivery (>= 20 MeV)	
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery and/or CPT codes 77385 and/or 77386	
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	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the LINAC)	
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	
Total Procedures – Linear Accelerators		
Gamma Knife® Procedures		
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®)	
Total Procedures – Gamma Knife®		

All responses should pertain to **October 1, 2015 through September 30, 2016.**

11. Linear Accelerator Treatment Data continued

NA

a. Number of <u>patients</u> 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 _____ (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 34.)
b. Linear Accelerators <ol style="list-style-type: none"> 1. TOTAL number of Linear Accelerator(s) _____ 2. Of the TOTAL number above, number of Linear Accelerators configured for stereotactic radiosurgery _____ 3. Of the TOTAL number above, Number of CyberKnife® Systems: _____ 4. Of the TOTAL number above, -other specialized linear accelerators _____
c. Number of Gamma Knife® units _____ d. _____
e. Number of <u>treatment</u> 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. Additional Services:

N/A

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

	Check		Check
1. Cardiac Rehab Program (Outpatient)	<input type="checkbox"/>	5. Rehabilitation Outpatient Unit	<input type="checkbox"/>
2. Chemotherapy	<input type="checkbox"/>	6. Podiatric Services	<input type="checkbox"/>
3. Clinical Psychology Services	<input type="checkbox"/>	7. Genetic Counseling Service	<input type="checkbox"/>
4. Dental Services	<input type="checkbox"/>	7. Inpatient Dialysis Services. If checked, number of stations: _____	<input type="checkbox"/>

All responses should pertain to October 1, 2015 through September 30, 2016.

12. **Additional Services:** *continued*

N/A

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

Indicate the program/unit location in the **Service Categories** chart below. If it is in the hospital, include the room number. If it is located at another site, include the building name, program/unit name and address.

Service Categories: All applicants must complete the following table for all mental health services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Rule 10A NCAC 27G Licensure Rules for Mental Health Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.							
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness							
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness							
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances							
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness							
.5000 Facility Based Crisis Center							

Rule 10A NCAC 13B Licensure Rules for Hospitals	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders							

All responses should pertain to October 1, 2015 through September 30, 2016.

12. Additional Services: continued

N/A

c) Mental Health and Substance Abuse continued

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 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					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type) # of Treatment beds _____							

All responses should pertain to October 1, 2015 through September 30, 2016.

Patient Origin - General Acute Care Inpatient Services

Facility County: Durham

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. **Must match number of admissions on page 5, Section B-a.**

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	106	37. Gates		73. Person	59
2. Alexander		38. Graham		74. Pitt	5
3. Alleghany		39. Granville	135	75. Polk	
4. Anson	1	40. Greene		76. Randolph	
5. Ashe		41. Guilford	9	77. Richmond	
6. Avery	1	42. Halifax	18	78. Robeson	4
7. Beaufort	4	43. Harnett	18	79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	6
11. Buncombe		47. Hoke		83. Scotland	1
12. Burke		48. Hyde		84. Stanly	1
13. Cabarrus		49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	29	87. Swain	
16. Carteret	2	52. Jones		88. Transylvania	
17. Caswell	15	53. Lee	6	89. Tyrrell	
18. Catawba		54. Lenoir	6	90. Union	
19. Chatham	24	55. Lincoln		91. Vance	76
20. Cherokee		56. Macon		92. Wake	208
21. Chowan		57. Madison		93. Warren	12
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell	1	95. Watauga	
24. Columbus		60. Mecklenburg	3	96. Wayne	18
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	4	62. Montgomery		98. Wilson	15
27. Currituck		63. Moore	8	99. Yadkin	
28. Dare	2	64. Nash	10	100. Yancey	1
29. Davidson		65. New Hanover	2		
30. Davie		66. Northampton	5	101. Georgia	2
31. Duplin	2	67. Onslow	1	102. South Carolina	1
32. Durham	509	68. Orange	128	103. Tennessee	1
33. Edgecombe	1	69. Pamlico		104. Virginia	85
34. Forsyth	1	70. Pasquotank		105. Other States	16
35. Franklin	22	71. Pender	1	106. Other	
36. Gaston	1	72. Perquimans		Total No. of Patients	1644

All responses should pertain to October 1, 2015 through September 30, 2016.

Patient Origin – Inpatient Surgical Cases

Facility County: Durham

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 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	100	37. Gates		73. Person	58
2. Alexander		38. Graham		74. Pitt	5
3. Alleghany		39. Granville	123	75. Polk	
4. Anson	1	40. Greene		76. Randolph	
5. Ashe		41. Guilford	9	77. Richmond	
6. Avery	1	42. Halifax	18	78. Robeson	4
7. Beaufort	4	43. Harnett	18	79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	6
11. Buncombe		47. Hoke		83. Scotland	1
12. Burke		48. Hyde		84. Stanly	1
13. Cabarrus		49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	29	87. Swain	
16. Carteret	2	52. Jones		88. Transylvania	
17. Caswell	15	53. Lee	6	89. Tyrrell	
18. Catawba		54. Lenoir	6	90. Union	
19. Chatham	24	55. Lincoln		91. Vance	75
20. Cherokee		56. Macon		92. Wake	208
21. Chowan		57. Madison		93. Warren	12
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell	1	95. Watauga	
24. Columbus		60. Mecklenburg	3	96. Wayne	18
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	0	62. Montgomery		98. Wilson	15
27. Currituck		63. Moore	8	99. Yadkin	
28. Dare	2	64. Nash	10	100. Yancey	1
29. Davidson		65. New Hanover	2		
30. Davie		66. Northampton	5	101. Georgia	2
31. Duplin	2	67. Onslow	1	102. South Carolina	1
32. Durham	560	68. Orange	124	103. Tennessee	1
33. Edgecombe	1	69. Pamlico		104. Virginia	85
34. Forsyth	1	70. Pasquotank		105. Other States	16
35. Franklin	22	71. Pender	1	106. Other	
36. Gaston	1	72. Perquimans		Total No. of Patients	1629

All responses should pertain to **October 1, 2015 through September 30, 2016.**

Patient Origin – Ambulatory Surgical Cases

Facility County: Durham

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 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	141	37. Gates		73. Person	199
2. Alexander		38. Graham		74. Pitt	2
3. Alleghany		39. Granville	249	75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	17	77. Richmond	
6. Avery		42. Halifax	18	78. Robeson	2
7. Beaufort	1	43. Harnett	14	79. Rockingham	1
8. Bertie	2	44. Haywood	1	80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford	1	82. Sampson	3
11. Buncombe	1	47. Hoke		83. Scotland	2
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	31	87. Swain	
16. Carteret	3	52. Jones		88. Transylvania	
17. Caswell	13	53. Lee	16	89. Tyrrell	
18. Catawba		54. Lenoir	4	90. Union	
19. Chatham	59	55. Lincoln		91. Vance	88
20. Cherokee		56. Macon		92. Wake	479
21. Chowan	2	57. Madison		93. Warren	21
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	6	96. Wayne	28
25. Craven	4	61. Mitchell		97. Wilkes	
26. Cumberland	13	62. Montgomery		98. Wilson	10
27. Currituck		63. Moore	12	99. Yadkin	
28. Dare	1	64. Nash	15	100. Yancey	
29. Davidson	2	65. New Hanover	4		
30. Davie		66. Northampton	7	101. Georgia	
31. Duplin	4	67. Onslow	1	102. South Carolina	3
32. Durham	1578	68. Orange	379	103. Tennessee	1
33. Edgecombe	3	69. Pamlico		104. Virginia	78
34. Forsyth	2	70. Pasquotank	1	105. Other States	32
35. Franklin	43	71. Pender	2	106. Other	
36. Gaston	1	72. Perquimans		Total No. of Patients	3606

All responses should pertain to October 1, 2015 through September 30, 2016.

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

N/A

Facility County: Durham

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 GI Endoscopy cases reported on the “Gastrointestinal Endoscopy Rooms, Cases and Procedures” Table on page 11 plus the Inpatient and Ambulatory GI Endoscopy cases from the “Non-Surgical Cases by Category” Table on page 12. Do not include patients from the “Non-GI Endoscopy Cases” fields on page 12.

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	
13. Cabarrus		49. Iredell		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		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		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	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	

All responses should pertain to October 1, 2015 through September 30, 2016.

Patient Origin - Psychiatric and Substance Abuse

N/A

Facility County: Durham

Complete the following table below for inpatient Days of Care reported under Section .5200 on page 24-25.

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
<i>Example: Wake</i>		5	8	30	43			10	2	12
1. Alamance										
2. Alexander										
3. Alleghany										
4. Anson										
5. Ashe										
6. Avery										
7. Beaufort										
8. Bertie										
9. Bladen										
10. Brunswick										
11. Buncombe										
12. Burke										
13. Cabarrus										
14. Caldwell										
15. Camden										
16. Carteret										
17. Caswell										
18. Catawba										
19. Chatham										
20. Cherokee										
21. Chowan										
22. Clay										
23. Cleveland										
24. Columbus										
25. Craven										
26. Cumberland										
27. Currituck										
28. Dare										
29. Davidson										
30. Davie										
31. Duplin										
32. Durham										
33. Edgecombe										
34. Forsyth										
35. Franklin										
36. Gaston										
37. Gates										
38. Graham										
39. Granville										
40. Greene										
41. Guilford										
42. Halifax										
43. Harnett										

Continued on next page

N/A

All responses should pertain to October 1, 2015 through September 30, 2016.

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
44. Haywood										
45. Henderson										
46. Hertford										
47. Hoke										
48. Hyde										
49. Iredell										
50. Jackson										
51. Johnston										
52. Jones										
53. Lee										
54. Lenoir										
55. Lincoln										
56. Macon										
57. Madison										
58. Martin										
59. McDowell										
60. Mecklenburg										
61. Mitchell										
62. Montgomery										
63. Moore										
64. Nash										
65. New Hanover										
66. Northampton										
67. Onslow										
68. Orange										
69. Pamlico										
70. Pasquotank										
71. Pender										
72. Perquimans										
73. Person										
74. Pitt										
75. Polk										
76. Randolph										
77. Richmond										
78. Robeson										
79. Rockingham										
80. Rowan										
81. Rutherford										
82. Sampson										
83. Scotland										
84. Stanly										
85. Stokes										
86. Surry										
87. Swain										
88. Transylvania										
89. Tyrrell										
90. Union										
91. Vance										
92. Wake										

Continued on next page

All responses should pertain to October 1, 2015 through September 30, 2016.

N/A

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
93. Warren										
94. Washington										
95. Watauga										
96. Wayne										
97. Wilkes										
98. Wilson										
99. Yadkin										
100. Yancey										
101. Out of State										
TOTAL										

All responses should pertain to **October 1, 2015 through September 30, 2016.**

Patient Origin - MRI Services

N/A

Facility County: Durham

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 17.**

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	
13. Cabarrus		49. Iredell		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		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		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	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	

SECTION .4100 - EMERGENCY SERVICES

10A NCAC 13B .4101 EMERGENCY RESPONSE CAPABILITY REQUIRED

The medical staff of each facility shall require that facility personnel are capable of initiating life-saving measures at a first-aid level of response for any patient or person in need of such services. This shall include:

- (1) initiating basic cardio-respiratory resuscitation according to American Red Cross or American Heart Association standards;
- (2) availability of first-line emergency drugs as specified by the medical staff;
- (3) availability of IV fluids and supplies required to establish IV access; and
- (4) establishing protocols or agreements for the transfer of patients to a facility for a higher level of care when these services are not available on site.

*History Note: Authority G.S. 131E-79;
Eff. January 1, 1996;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 22, 2017.*

10A NCAC 13B .4102 CLASSIFICATION OF OPTIONAL EMERGENCY SERVICES

(a) Any facility providing emergency services shall classify its capability in providing such services according to the following criteria:

- (1) Level I:
 - (A) the facility shall have a comprehensive, 24-hour-per-day emergency service with at least one physician experienced in emergency care on duty in the emergency care area;
 - (B) the facility shall have in-hospital physician coverage by members of the medical staff or by senior-level residents for at least medical, surgical, orthopedic, obstetric, gynecologic, pediatric and anesthesia services;
 - (C) services of other medical and surgical specialists shall be available; and
 - (D) the facility shall provide prompt access to labs, radiology, operating suites, critical care and obstetric units and other services as defined by the governing body.
- (2) Level II:
 - (A) the facility shall have 24-hour per day emergency service with at least one physician experienced in emergency care on duty in the emergency care area; and
 - (B) the facility shall have consultation available within 30 minutes by members of the medical staff or by senior level residents to meet the needs of the patient. Consultation by phone is acceptable.
- (3) Level III: The facility shall have emergency service available 24 hours per day with at least one physician available to the emergency care area within 30 minutes through a medical staff call roster.

(b) Facilities seeking trauma center designation shall comply with G.S. 131E-162.

(c) The location of the emergency access area shall be identified by clearly visible signs.

*History Note: Authority G.S. 131E-79;
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, 1996;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 22, 2017.*

10A NCAC 13B .4103 PROVISION OF EMERGENCY SERVICES

(a) Any of any facility providing emergency services shall establish and maintain policies requiring appropriate medical screening, treatment and transfer services for any individual who presents to the facility emergency department and on whose behalf treatment is requested regardless of that person's ability to pay for medical services and without delay to inquire about the individual's method of payment.

(b) Any facility providing emergency services under this Section shall install, operate and maintain, on a 24-hour per day basis, an emergency two-way radio licensed by the Federal Communications Commission in the Public Safety Radio Service capable of establishing voice radio communication with ambulance units transporting patients to said

facility or having any written procedure or agreement for handling emergency services with the local ambulance service, rescue squad or other trained medical personnel.

(c) All communication equipment shall be in compliance with current rules established by North Carolina Rules for Basic Life Support/Ambulance Service (10 NCAC 3D .1100) adopted by reference with all subsequent amendments. Referenced rules are available at no charge from the Office of Emergency Medical Services, 2707 Mail Service Center, Raleigh, N.C. 27699-2707.

History Note: Authority G.S. 131E-79;
Eff. January 1, 1996.