



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONL

October 12, 2021

William R. Purcell, II
wrp@purcell-law.net

Exempt from Review

Record #: 3695
Date of Request: September 7, 2021 / October 5, 2021
Facility Name: Scotland Memorial Hospital
FID #: 933446
Business Name: Scotland Memorial Hospital, Inc.
Business #: 1638
Project Description: Enclose existing space on the first floor of the hospital to develop a “Clinical Decision Unit” to observe patients between evaluation in the ED and discharge
County: Scotland

Dear Mr. Purcell:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that 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.

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 Agency. 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,

Tanya M. Saporito
Project Analyst

Micheala Mitchell
Chief

cc: Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

LAW OFFICES OF
WILLIAM R. PURCELL, II, PLLC
210 WEST CRONLY STREET
POST OFFICE BOX 1567
LAURINBURG, NORTH CAROLINA 28353

WILLIAM R. PURCELL, II
GORDON*
*Retired

TELEPHONE: 910-277-ROBERT
FACSIMILE: 910-277-1480

September 7, 2021

Lisa Pittman, Assistant Chief
Lisa.Pittman@dhhs.nc.gov
Tanya Saporito, Project Analyst
tanya.saporito@dhhs.nc.gov
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
NC Department of Health and Human Services
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Notice of Exemption for Renovation Pursuant to N.C.G.S. § 131E-184(g)

Facility: Scotland Memorial Hospital Project
Description: Expand the Emergency Department to create observation space for a
Clinical Decision Unit.
County: Scotland
FID #: 933446

Dear Ms. Pittman and Ms. Saporito:

We are writing on behalf of Scotland Memorial Hospital, Inc. ("Scotland") to give prior written notice pursuant to N.C. Gen. Stat. § 131E-184(g) that Scotland plans a renovation of a small area of the first floor of its existing hospital that will include enclosing an area between the existing emergency department and cancer center to create an observation area for emergency department patients who do not need to be admitted to the Hospital to free up emergency department beds. This project is also referred to as a Clinical Decision Unit (CDU). This letter confirms that Scotland's enclosure of a previously open area to create an observation area or CDU, meets the requirements to be exempt from CON review.

Enclose Space to create Observation Bay

The sole purpose of Scotland's CDU project is to expand portions of its existing health service facility located on its main campus. Specifically, Scotland plans to construct new space between the existing emergency department and cancer center to create an observation area for: emergency department patients who do not need to be admitted to the Hospital but need to be observed for some time while or after receiving medications, infusions, and the like. By creating the

Lisa Pittman, Assistant Chief
Tanya Saporito, Project Analyst
September 7, 2021
Page 2

observation space, it will free up Emergency Department rooms without making unnecessary short-term admissions. This Clinical Decision Unit will not contain licensed beds.

Originally the project was estimated to cost less than two million dollars. Unfortunately, the law of unintended consequences has caused the estimated project costs to be significantly higher. Once construction began it was discovered by enclosing the outside space, the project will block a direct fire exit from the second and third floors so a new enclosed fire escape across the first-floor roof to the outside must be constructed. In addition, with the resurgence of COVID-19 and the Delta Variant, the Hospital decided the area should be built with negative pressure to prevent the spread of COVID-19.

Scotland is located at 500 Lauchwood Drive, Laurinburg, North Carolina. Copies of its 2021 License and License Renewal Application are attached as Exhibit 1. This location is the main campus for the licensed health service facility where it provides clinical services. Gregory C. Wood is the President and Chief Executive Officer, and his office is located on the main campus. His role includes the exercise of administrative and financial control of the Hospital and the grounds and buildings adjacent to the main hospital building.

The site of the proposed renovations is the existing, main hospital building. A site plan drawn to scale identifying the main hospital building is attached as Exhibit 2. Only the main hospital building will be renovated and expanded as part of this project. Conceptual drawings of the planned renovations are attached as Exhibit 3 to show the area to be renovated and a perspective attached as Exhibit 4 shows the fire escape and stairs that will be added.

Scotland's goal is to enhance the care it provides to the citizens of Scotland County. The construction of new space for observation will enable Scotland to avoid unnecessary short-term admissions and free up emergency department beds for other patients.

The total cost to Scotland for this renovation project will exceed \$2 million and is currently estimated to be \$5 million, which includes the cost of design, construction, furniture, fixtures, and other miscellaneous costs. We do not yet have a detailed breakdown of the costs to enable us to complete a capital cost estimate form, but we estimate that the cost of the construction of the new observation area to be approximately \$4 million, and the cost of furniture, fixtures, and equipment to be approximately \$1 million.

This renovation project does not include a change in bed capacity as defined by N.C. Gen. Stat. § 131E-176(5), the addition of a health service facility, an increase in the number of operating rooms or gastrointestinal endoscopy rooms, the acquisition of major medical equipment, a change in a CON approved project, or any other new institutional health service for which a CON would be required.

Conclusion

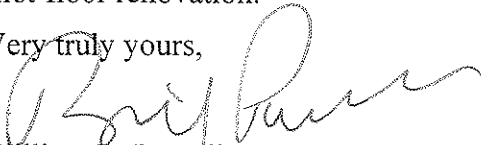
Based on this letter and the attached documentation, we look forward to receiving your letter confirming that Scotland's proposed renovation, and expansion of the first floor of its

Lisa Pittman, Assistant Chief
Tanya Saporito, Project Analyst
September 7, 2021
Page 3

existing, licensed hospital on its main campus is exempt from certificate of need review pursuant to N.C. Gen. Stat. § 131E-184(g). We also ask that you expedite your review of this exemption notice letter as completion of this project will help alleviate the overcrowding in the Emergency Department due to the surge of COVID-19 patients.

Please let me know if you have questions or need any additional information about the first-floor renovation.

Very truly yours,



William R. Purcell, II

WRPII/sev

Enclosures

Cc: Terrill Johnson Harris

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Effective January 01, 2021, this license is issued to
Scotland Memorial Hospital, Inc.

to operate a hospital known as
Scotland Memorial Hospital
located in Laurinburg, North Carolina, Scotland 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: 933446

License Number: H0107

Bed Capacity: 104

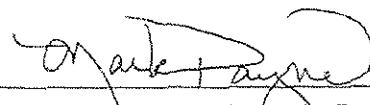
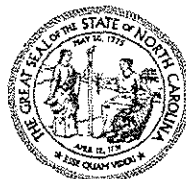
General Acute 97, Rehabilitation 7,

Dedicated Inpatient Surgical Operating Rooms: 1
Dedicated Ambulatory Surgical Operating Rooms: 0
Shared Surgical Operating Rooms: 5
Dedicated Endoscopy Rooms: 2

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
Acute and Home Care Licensure and Certification Section
Regular Mail: 1205 Umstead Drive
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 # H0107
FID #: 933-446
PC AS

Medicare # 340008

Date 1/26/21

License Fee:

\$2,270.00

**2021
HOSPITAL LICENSE
RENEWAL APPLICATION**

Legal Identity of Applicant: Scotland Memorial Hospital, Inc.
(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: Scotland Memorial Hospital

Other: _____

Other: _____

Facility Mailing Address: 500 Lauchwood Drive
Laurinburg, NC 28352

Facility Site Address: 500 Lauchwood Drive
Laurinburg, NC 28352

County: Scotland
Telephone: (910)291-7000
Fax: (910)291-7029

App. No. 1-20-21
Fee Paid-Ck # 000293805
Amount \$2,270
④

Administrator/Director: Gregory C Wood

Title: President & CEO

(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Gregory C. Wood **Title:** President + 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: Matthew D. Pracht **Telephone:** (910) 291-7920

E-Mail: Matt.Pracht@scotlandhealth.org

All responses should pertain to **October 1, 2019 through September 30, 2020.**

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

In accordance with Session Law 2013-382 and 10A NCAC 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:

www.scotlandhealth.org

2) In accordance with 131E-214.4(a) DHSR 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:

https://www.scotlandhealth.org/financial-assistance-and-standard-charges

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> |
|--|--|--|---|
| 552,616 | 3,794,791 | 6,212,355 | 4,845,637 |

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: Matthew D. Pracht Date: 1/19/2020

Print Name of Approving Official: Matthew D. Pracht

All responses should pertain to **October 1, 2019 through September 30, 2020.**

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

Primary National Provider Identifier (NPI) registered at NPPES 1457345597

If facility has more than one "Primary" NPI, please provide 1902890742

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: |
|---------------------|----------|-------------------|
| <i>See attached</i> | | |
| | | |
| | | |
| | | |

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.

Type of Health Care Facilities under the Hospital License

| List Name(s) of Facilities | Address | Type of Business/Service |
|--|---|---------------------------|
| Maxton Family Practice Center | 1001 Dr. Martin King, Jr. Dr. Maxton, NC 28364 | Rural Health Clinic |
| Marlboro Family Practice and Urgent Care | 957 Cheraw Street Bennettsville, SC 29512 | Rural Health Clinic |
| Scotland Urgent Care Center | 500 Lauchwood Drive Laurinburg, NC 28352 | Rural Health Clinic |
| Wagram Family Practice Center | 24420 Marlboro Street Wagram, NC 28396 | Primary Care Center |
| Pembroke Family Practice Center | 410-D South Jones Street Pembroke, NC 28372 | Rural Health Clinic |
| Harris Family Practice | 700-A Progress Place Laurinburg, NC 28352 | Rural Health Clinic |
| Marlboro OB/Gyn | 1007 Cheraw Hwy. PO Box 973 Bennettsville, SC 29512 | Single Specialty Practice |
| Scotland Surgical & GI | 500 Lauchwood Drive Laurinburg, NC 28352 | Single Specialty Practice |
| Laurinburg Urology | 521 Lauchwood Drive Laurinburg, NC 28352 | Single Specialty Practice |
| Marlboro Surgical Associates | 1007 Cheraw Hwy. PO Box 973 Bennettsville, SC 29512 | Single Specialty Practice |
| Women's Health Center of the Carolinas | 105 McAlpine Lane Laurinburg, NC 28352 | Single Specialty Practice |
| Wolonick Family Practice, P.A. | 106 McAlpine Lane Laurinburg, NC 28352 | Rural Health Clinic |
| Carolinas Vascular | 1600 Medical Drive Laurinburg, NC 28352 | Single Specialty Practice |
| Women's Health Center of the Carolinas at Pembroke | 17 Livermore Drive Pembroke NC 28372 | Single Specialty Practice |
| Laurinburg ENT | 1705-Berwick Drive Laurinburg, NC 28352 | Single Specialty Practice |
| Scotland Nephrology | 601 Lauchwood Drive Laurinburg, NC 28352 | Single Specialty Practice |
| Scotland Pulmonology and Sleep Medicine | 601 Lauchwood Drive Laurinburg, NC 28352 | Single Specialty Practice |

All responses should pertain to October 1, 2019 through September 30, 2020.

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: Scotland Memorial Hospital Inc
Street/Box: 500 Lauchwood Drive
City: Laurinburg State: NC Zip: 28352
Telephone: (910)291-7000 Fax: (910)291-7029
CEO: Gregory C. Wood, President & 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*: Scotland Health Care 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:

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

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

Name: Atrium Health
Street/Box: 1000 Blythe Blvd
City: Charlotte State: NC Zip: 28203
Telephone: (704)355-2000

3. Vice President of Nursing and Patient Care Services:

Beatrice M. Holt, RN, MSN, MHA, NEA-BC

4. Director of Planning:

David Pope

All responses should pertain to **October 1, 2019 through September 30, 2020.**

Facility Data

A. Reporting Period. All responses should pertain to the period **October 1, 2019 to September 30, 2020.**

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

For B and C, submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

| | | |
|---|------|----------------|
| 1. Admissions to Licensed Acute Care Beds: include only admissions to beds in category D-1 (a – q) on page 6; exclude responses in categories D-2 – D-8 on page 6; exclude normal newborn bassinets; exclude swing bed admissions. | 5855 | |
| 2. Discharges from Licensed Acute Care Beds: include only discharges from beds in category D-1 (a – q) on page 6; exclude responses in categories D-2 – D-8 on page 6; exclude normal newborn bassinets; exclude swing bed admissions. | 5854 | |
| 3. Average Daily Census: include only admissions to beds in category D-1 (a – q) on page 6; exclude responses in categories D-2-D-8 on page 6; exclude normal newborn bassinets; and exclude swing bed admissions. | 56.6 | |
| 4. Was there a permanent change in the total number of licensed beds during the reporting period? | Yes | No X |
| If 'Yes', what was the number of licensed beds at the end of the reporting period? | | |
| If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement: | | |
| 5. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients. | 2723 | |
| 6. Number of unlicensed Observation Beds | 0 | |

C. Designation and Accreditation

- 1. Are you a designated trauma center? ___ Yes X No Designated Level # _____
- 2. Are you a critical access hospital (CAH)? ___ Yes X No
- 3. Are you a long term care hospital (LTCH)? ___ Yes X No
- 4. Is this facility TJC accredited? X Yes ___ No Expiration Date: 01/06/21
- 5. Is this facility DNV accredited? ___ Yes X No Expiration Date: _____
- 6. Is this facility AOA accredited? ___ Yes X No Expiration Date: _____
- 7. Are you a Medicare deemed provider? X Yes ___ No

All responses should pertain to October 1, 2019 through September 30, 2020.

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 Beds Campus – if multiple sites: _____ | Licensed Beds as of 9/30/2020 | Operational Beds as of 9/30/2020 | Inpatient Days of Care |
|---|-------------------------------------|--|---------------------------|
| <i>Intensive Care Units</i> | | | |
| 1. General Acute Care Beds/Days | | | |
| a. Burn (for DRG's 927, 928, 929, 933, 934, and 935 only) | | | |
| b. Cardiac | | | |
| c. Cardiovascular Surgery | | | |
| d. Medical/Surgical | 8 | 8 | 1942 |
| 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 (Exclude Skilled Nursing swing-beds) | 71 | 71 | 16,126 |
| k. Neonatal Level III* (Not Normal Newborn) | 2 | 2 | 229 |
| l. Neonatal Level II* (Not Normal Newborn) | 3 | 3 | 923 |
| m. Obstetric (including LDRP) | 13 | 13 | 1480 |
| n. Oncology | | | |
| o. Orthopedics | | | |
| p. Pediatric | | | |
| q. Other, List: | | | |
| Total General Acute Care Beds/Days (a through q) | 97 | 97 | 20,700 |
| 2. Comprehensive In-Patient Rehabilitation | 7 | 7 | 1,081 |
| 3. Inpatient Hospice | 0 | | |
| 4. Substance Abuse / Chemical Dependency Treatment | 0 | | |
| 5. Psychiatry | 0 | | |
| 6. Nursing Facility | 0 | | |
| 7. Adult Care Home | 0 | | |
| 8. Other | 0 | | |
| 9. Totals (1 through 8) | 104 | 104 | 21781 |

*Neonatal service levels are defined in 10A NCAC 14C .1401.

If this hospital is designated as a swing-bed hospital by Centers for Medicare & Medicaid Services (CMS):

| | |
|--|--|
| 10. Number of Swing Beds | |
| 11. Number of Skilled Nursing days in Swing Beds | |

All responses should pertain to October 1, 2019 through September 30, 2020.

E. 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 F.3.b. on p. 8) | Outpatient Visits (excluding Emergency Visits and Surgical Cases) | Inpatient Surgical Cases (total should be same as 9.e. Total Surgical Cases-Inpatient Cases on p. 12) | Ambulatory Surgical Cases (total should be same as 9.e. Total Surgical Cases-Ambulatory Cases on p. 12) |
|----------------------|---|--|--|--|--|
| Self Pay | 459 | 6557 | 4917 | 59 | 77 |
| Charity Care | 621 | 2487 | 1930 | 22 | 29 |
| Medicare* | 12385 | 11786 | 45878 | 651 | 1295 |
| Medicaid* | 4314 | 14999 | 21942 | 413 | 554 |
| Insurance* | 2601 | 9222 | 23339 | 326 | 987 |
| Other (Specify) | 400 | 1581 | 1730 | 51 | 102 |
| TOTAL | 20700 | 46732 | 99736 | 1522 | 3044 |

* Including any managed care plans.

F. Services and Facilities

1. Obstetrics

| | Number of Infants |
|-------------------------------------|-------------------|
| a. Live births (Vaginal Deliveries) | 523 |
| b. Live births (Cesarean Section) | 291 |
| c. Stillbirths | 15 |

| | Number of Rooms |
|--|-----------------|
| d. Delivery Rooms - Delivery Only (not Cesarean Section) | 0 |
| e. Delivery Rooms - Labor and Delivery, Recovery | 4 |
| f. Delivery Rooms – LDRP (include in Item "D.1.m" on Page 6) | 0 |

g. Number of Normal Newborn Bassinets (Level I Neonatal Services) 19
 Do not include in section "D. Beds by Service" on Page 6

2. Abortion Services

Number of procedures per Year 0
 (Feel free to footnote the type of abortion procedures reported)

All responses should pertain to October 1, 2019 through September 30, 2020.

3. Emergency Department Services

a. Total Number of ED Exam Rooms: 34

Of this total, how many are:

a.1. # Trauma Rooms 2

a.2. # Fast Track Rooms 5

a.3. # Urgent Care Rooms 0

4 IVC Holding

b. Total Number of ED visits for reporting period: 46,732

c. Total Number of admits from the ED for reporting period: 4,571

d. Total Number of Urgent Care visits for reporting period: 0

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 334

HIV Culture N/A

d. Organ Bank Yes No

e. Pap Smear Screening Yes No

All responses should pertain to **October 1, 2019 through September 30, 2020.**

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. Telehealth/Telemedicine*

Check the appropriate box for each service this facility provides or receives via telehealth/telemedicine.
 A service may apply to more than one category.

| Service | Check all that apply | |
|---|--|--|
| | Provide service to other facilities via telemedicine | Receive service from other facilities via telemedicine |
| Emergency Department | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Psychiatric | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Alcohol and/or substance use disorder (other than tobacco) services | <input type="checkbox"/> | <input type="checkbox"/> |
| Stroke | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other services | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

* Telehealth/telemedicine is defined by the U.S. Health Resources & Services administration as “the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.”

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

a. Open Heart Surgery

| Open Heart Surgery | Number of Machines/Procedures |
|--|-------------------------------|
| 1. Number of Heart-Lung Bypass Machines | 0 |
| 2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine | 0 |
| 3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine | 0 |
| 4. Total Open Heart Surgery Procedures (2. + 3.) | 0 |

All responses should pertain to **October 1, 2019 through September 30, 2020.**

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

b. Cardiac Catheterization and Electrophysiology

| Cardiac Catheterization, as defined in NCGS 131E-176(2g) | Diagnostic Cardiac Catheterization** | Interventional Cardiac Catheterization*** |
|--|---|--|
| 1. Number of Units of Fixed Equipment | 1 unit shared for diagnostic + intervention | |
| 2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger | 0 Pediatrics | 0 Pediatrics |
| 3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older | 291 | 92 |
| 4. Number of Procedures* Performed in Mobile Units | 0 | 0 |
| Dedicated Electrophysiology (EP) Equipment | | |
| 5. Number of Units of Fixed Equipment | 0 | |
| 6. Number of Procedures on Dedicated EP Equipment | 0 | |

*A **procedure** is defined as one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit only once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed during that visit. For example, if a patient has both a diagnostic and an interventional procedure in one visit, count it as one interventional procedure.

** "a cardiac catheterization procedure performed for the purpose of detecting and identifying defects or diseases in the coronary arteries or veins of the heart, or abnormalities in the heart structure, but not the pulmonary artery." 10A NCAC 14C .1601(9)

*** "a cardiac catheterization procedure performed for the purpose of treating or resolving anatomical or physiological conditions which have been determined to exist in the heart or coronary arteries or veins of the heart, but not the pulmonary artery." 10A NCAC 14C .1601(16)

Number of fixed or mobile units of grandfathered cardiac catheterization equipment owned by hospital (i.e., equipment obtained before a CON was required): _____

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

CON Project ID numbers for all non-grandfathered fixed or mobile units of cardiac catheterization equipment owned by hospital:

Name of Mobile Vendor, if not owned by hospital: N/A

Number of 8-hour days per week the mobile unit is onsite: N/A 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)

All responses should pertain to **October 1, 2019 through September 30, 2020.**

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 11-13 (through Section 9-g) for each site. Submit the Cumulative Totals and submit a duplicate of pages 11-13 for each campus.

Campus – if multiple sites: _____

a) Surgical Operating Rooms

A Surgical Operating Room is defined as a room “used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room” (G.S. §131E-146(1c)). These surgical operating rooms include rooms located in both Obstetrics and surgical suites.

| Type of Room | Number of Rooms |
|---|-----------------|
| Dedicated Open Heart Surgery | 0 |
| Dedicated C-Section | 1 |
| Other Dedicated Inpatient Surgery (<i>Do not include dedicated Open Heart or C-Section rooms</i>) | 0 |
| Dedicated Ambulatory Surgery | 0 |
| Shared - Inpatient / Ambulatory Surgery | 5 |
| Total of Surgical Operating Rooms | 6 |

| | |
|--|---|
| 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) Gastrointestinal Endoscopy Rooms, Procedures, and Cases

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed during the reporting period, in **GI Endoscopy Rooms** and in **any other location.**

Total Number of Licensed Gastrointestinal Endoscopy Rooms: 2

| GI Endoscopies* | PROCEDURES | | CASES | | TOTAL CASES |
|--|------------|------------|-----------|------------|-------------|
| | Inpatient | Outpatient | Inpatient | Outpatient | |
| Performed in Licensed GI Endoscopy Rooms | 75 | 1641 | 69 | 1472 | 1541 |
| NOT Performed in Licensed GI Endoscopy Rooms | 91 | 40 | 84 | 37 | 121 |
| TOTAL CASES –must match total reported on Page 27 (Patient Origin – GI Endoscopy Cases) → | | | | | 1662 |

*As defined in 10A NCAC 14C .3901 “ ‘Gastrointestinal (GI) endoscopy procedure’ means a single procedure, identified by CPT code or [ICD-10-PCS] procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.”

c) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not licensed as operating rooms or GI endoscopy rooms, but that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 1 Cysto Room

All responses should pertain to October 1, 2019 through September 30, 2020.

Campus – if multiple sites: _____

d) Non-Surgical Cases by Category

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.**

| Non-Surgical Category | Inpatient Cases | Ambulatory Cases |
|--|-----------------|------------------|
| Endoscopies OTHER THAN GI Endoscopies | | |
| Performed in Licensed GI Endoscopy Rooms | 0 | 0 |
| NOT Performed in Licensed GI Endoscopy Rooms | 30 | 0 |
| Other Non-Surgical Cases | | |
| Pain Management | 0 | 0 |
| Cystoscopy | 22 | 40 |
| YAG Laser | 0 | 0 |
| Other (specify) | 0 | 0 |

e) Surgical Cases by Specialty Area

Enter the number of surgical cases performed in licensed operating rooms only, by surgical specialty area. 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 28 and 29.**

| Surgical Specialty Area | Inpatient Cases | Ambulatory Cases |
|--|-----------------|------------------|
| Cardiothoracic (excluding Open Heart Surgery) | 0 | |
| Open Heart Surgery (from 8.(a) 4. on page 9) | 0 | |
| General Surgery | 596 | |
| Neurosurgery | 0 | |
| Obstetrics and GYN (excluding C-Sections) | 59 | |
| Ophthalmology | 0 | |
| Oral Surgery/Dental | 0 | |
| Orthopedics | 424 | |
| Otolaryngology | 3 | |
| Plastic Surgery | 0 | |
| Podiatry | 44 | |
| Urology | 18 | |
| Vascular | 27 | |
| Other Surgeries (specify) | 0 | |
| Number of C-Sections Performed in Dedicated C-Section ORs | 291 | |
| Number of C-Sections Performed in Other ORs | 0 | |
| Total Surgical Cases Performed Only in Licensed ORs | 1522 | |

f) Number of surgical procedures performed in unlicensed Procedure Rooms: 0

All responses should pertain to October 1, 2019 through September 30, 2020.

Campus – if multiple sites: _____

For questions regarding this page, please contact Healthcare Planning at 919-855-3865.

g. Average Operating Room Availability and Average Case Times

Based on your facility’s experience, please complete the table below by showing the averages for all licensed operating rooms in your facility. Healthcare Planning uses this data in the operating room need methodology. **Average case times should be calculated, not estimated.** When reporting case times, be sure to include set-up and clean-up times.

| Average Hours per Day Routinely Scheduled for Use Per Room* | 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 |
|---|---|---|--|
| 8.2 | 255 | 129.01 | 89.77 |

* 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 Per 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. 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, 2019 through September 30, 2020.**

For questions regarding this page, please contact Healthcare Planning at 919-855-3865.

h. Definition of Health System for Operating Room Need Determination Methodology

Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The Operating Room need determination methodology uses the following definition of “health system” that differs from the definition on page 4 of the License Renewal Application. (Note that for most facilities, the health system entered here will be the same health system entered on page 4, but it may not be. Please read this definition carefully.)

A “health system” includes all licensed health service facilities located in the same county that are owned or leased by:

1. the same legal entity (i.e., the same individual, trust or estate, partnership, corporation, hospital authority, or the State or political subdivision, agency or instrumentality of the State); or
2. the same parent corporation or holding company; or
3. a subsidiary of the same parent corporation or holding company; or
4. a joint venture in which the same parent, holding company, or a subsidiary of the same parent or holding company is a participant and has the authority to propose changes in the location or number of ORs in the health service facility.

A health system consists of one or more health service facilities.

Based on the above definition, is this facility in a health system? Yes No

If so, name of health system: Scotland Health Care System

All responses should pertain to **October 1, 2019 through September 30, 2020.**

i. 20 Most Common Outpatient Surgical Cases - 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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

| CPT Code | Description | Cases |
|----------|--|-------|
| 29827 | Arthroscopy, shoulder, surgical; with rotator cuff repair | 73 |
| 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 | 29 |
| 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 | 79 |
| 42820 | Tonsillectomy and adenoidectomy; younger than age 12 | 58 |
| 42830 | Adenoidectomy, primary; younger than age 12 | 34 |
| 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) | 21 |
| 43239 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple | 425 |
| 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) | 7 |
| 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) | 289 |
| 45380 | Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple | 77 |
| 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 | 379 |
| 45385 | Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique | 112 |
| 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 | 68 |
| 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 | 14 |
| 66984 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification) | 425 |
| 69436 | Tympanostomy (requiring insertion of ventilating tube), general anesthesia | 41 |

All responses should pertain to **October 1, 2019 through September 30, 2020.**

10. Imaging Procedures

a. 20 Most Common Outpatient Imaging Procedures

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

| CPT Code | Description | Procedures |
|----------|---|------------|
| 70450 | Computed tomography, head or brain; without contrast material | 6287 |
| 70486 | Computed tomography, facial bone; without contrast material | 737 |
| 70551 | Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material | 678 |
| 70553 | Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences | 409 |
| 71020 | Radiologic examination, chest; two views, frontal and lateral | 2076 |
| 71250 | Computed tomography, thorax; without contrast material(s) | 758 |
| 71260 | Computed tomography, thorax; with contrast material(s) | 1537 |
| 71275 | Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | 1874 |
| 72100 | Radiologic examination, spine, lumbosacral; two or three views | 1188 |
| 72110 | Radiologic examination, spine, lumbosacral; minimum of four views | 175 |
| 72125 | Computed tomography, cervical spine; without contrast material | 2134 |
| 72141 | Magnetic resonance (e.g., proton) imaging, spine cervical without contrast material | 240 |
| 72148 | Magnetic resonance (e.g., proton) imaging, spine lumbar without contrast material | 518 |
| 73221 | Magnetic resonance (e.g., proton) imaging, upper joint (e.g. shoulder, elbow, wrist) extremity without contrast material | 128 |
| 73630 | Radiologic examination, foot; complete, minimum of three views | 1412 |
| 73721 | Magnetic resonance (e.g., proton) imaging, lower joint (e.g. knee, ankle, mid-hind foot, hip) extremity without contrast material | 178 |
| 74000 | Radiologic examination, abdomen; single anteroposterior view | 1067 |
| 74176 | Computed tomography, abdomen and pelvis; without contrast material | 2260 |
| 74177 | Computed tomography, abdomen and pelvis; with contrast material(s) | 5781 |
| 74178 | Computed tomography, abdomen and pelvis; with contrast material(s) followed by contrast material | 133 |

All responses should pertain to **October 1, 2019 through September 30, 2020.**

Instructions for Hospitals with multiple campuses: For MRI Services, (Sections 10b-10e, pp 17-18), do not provide cumulative/combined data for all campuses. Provide data for individual campuses only.

b. MRI Procedures

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 | 63 | 332 | 395 | 673 | 1816 | 2489 | 2884 |
| Mobile (performed only at this site) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL** | 63 | 332 | 395 | 673 | 1816 | 2489 | 2884 |

* 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 be greater than or equal to the totals in the MRI Patient Origin Table on page 30 of this application.

Note: Healthcare Planning and Certificate of Need may request CPT codes for MRI procedures if further clarification is needed.

c. 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, including open-bore scanners (do not include any Policy AC-3 scanners) | 1 |
| Number of fixed MRI scanners-open (do not include any Policy AC-3 scanners) | 0 |
| Number of Policy AC-3 MRI scanners used for general clinical purposes | 0 |
| Total Fixed MRI Scanners | 1 |

Number of grandfathered fixed MRI scanners on this campus: 0

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

CON Project ID numbers for all other fixed MRI scanners on this campus: _____

#N-7805-07 FLD # 061346

All responses should pertain to **October 1, 2019 through September 30, 2020.**

d. Mobile MRI Services Campus – if multiple sites: _____
 During the reporting period.

1. Did the facility own one or more mobile MRI scanners? ___ Yes No

If Yes, how many? _____ Of these, how many are grandfathered? _____
 CON Project ID numbers for non-grandfathered mobile scanners owned by facility:

Did the facility contract for mobile MRI services? ___ Yes No

If Yes, name of mobile vendor: _____

e. Other MRI

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 30 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.

f. Computed Tomography (CT). Campus – if multiple sites: _____

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 table for fixed and mobile CT scanners.

| | Type of CT Scan | <u>FIXED</u> CT Scanner # of Scans | <u>MOBILE</u> CT Scanner # of Scans |
|---|--|--|---|
| 1 | Head without contrast | 7103 | 0 |
| 2 | Head with contrast | 86 | 0 |
| 3 | Head without and with contrast | 40 | 0 |
| 4 | Body without contrast | 4410 | 0 |
| 5 | Body with contrast | 4539 | 0 |
| 6 | Body without contrast and with contrast | 97 | 0 |
| 7 | Biopsy in addition to body scan with or without contrast | 180 | 0 |
| 8 | Abscess drainage in addition to body scan with or without contrast | 4 | 0 |
| | Total | 16549 | 0 |

All responses should pertain to October 1, 2019 through September 30, 2020.

g. Positron Emission Tomography (PET). Campus – if multiple sites: _____

| | Number of Units | Number of Procedures* | | |
|---|-----------------|-----------------------|------------|-------|
| | | Inpatient | Outpatient | Total |
| Dedicated Fixed PET Scanner | 0 | | | |
| Mobile PET Scanner | 1 | 0 | 168 | 168 |
| PET pursuant to Policy AC-3 | 0 | | | |
| Other PET Scanners used for Human Research only | 0 | | | |

* 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 31.

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

CON Project ID numbers for all non-grandfathered fixed PET scanners on this campus: _____

Does the hospital own a mobile PET scanner that performed procedures on this campus? Yes No

If Yes, enter the CON Project ID number(s) for the mobile scanner(s): _____

If No, name of Mobile PET Provider, if any: Alliance Imaging

h. Other Imaging Equipment. Campus – if multiple sites: _____

| | Number of Units | Number of Procedures | | |
|---|-----------------|----------------------|------------|-------|
| | | Inpatient | Outpatient | Total |
| Ultrasound equipment | 5 | 1781 | 9297 | 11078 |
| Mammography equipment | 3 | 0 | 7471 | 7471 |
| Bone Density Equipment | 1 | 135 | 424 | 559 |
| Fixed X-ray Equipment (excluding fluoroscopic) | 6 | 8119 | 32475 | 40594 |
| Fixed Fluoroscopic X-ray Equipment | 2 | 87 | 431 | 518 |
| 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 | 1 | 118 | 754 | 872 |
| Mobile SPECT. Vendor: | 0 | 0 | 0 | 0 |
| Gamma Camera | 1 | 18 | 336 | 354 |
| Mobile Gamma Camera. Vendor: | 0 | 0 | 0 | 0 |
| Proton Therapy equipment | 0 | 0 | 0 | 0 |

i. Lithotripsy. Campus – if multiple sites: _____

| | Number of Units | Number of Procedures | | | Lithotripsy Vendor/Owner |
|--------|-----------------|----------------------|------------|-------|--------------------------|
| | | Inpatient | Outpatient | Total | |
| Fixed | 1 | 1 | 1 | 2 | Carolina Lithotripsy |
| Mobile | 2 | 0 | 91 | 91 | Carolina's Lithotripsy |

All responses should pertain to October 1, 2019 through September 30, 2020.

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

Campus – if multiple sites: _____

| CPT Code | Description | # of Procedures |
|--|--|-----------------|
| Simple Treatment Delivery | | |
| 77401 | Radiation treatment delivery | 0 |
| 77402 | Radiation treatment delivery (<=5 MeV) | 0 |
| 77403 | Radiation treatment delivery (6-10 MeV) | 0 |
| 77404 | Radiation treatment delivery (11-19 MeV) | 0 |
| 77406 | Radiation treatment delivery (>=20 MeV) | 0 |
| Intermediate Treatment Delivery | | |
| 77407 | Radiation treatment delivery (<=5 MeV) | 0 |
| 77408 | Radiation treatment delivery (6-10 MeV) | 0 |
| 77409 | Radiation treatment delivery (11-19 MeV) | 0 |
| 77411 | Radiation treatment delivery (>=20 MeV) | 0 |
| Complex Treatment Delivery | | |
| 77412 | Radiation treatment delivery (<=5 MeV) | 3461 |
| 77413 | Radiation treatment delivery (6-10 MeV) | 0 |
| 77414 | Radiation treatment delivery (11-19 MeV) | 0 |
| 77416 | Radiation treatment delivery (>= 20 MeV) | 0 |
| Other Treatment Delivery Not Included Above | | |
| 77418 | Intensity modulated radiation treatment (IMRT) delivery and/or CPT codes 77385 and/or 77386 and/or G6015 | 0 |
| 77372 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator | 0 |
| 77373 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions | 31 |
| G0339 | (Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction | 0 |
| G0340 | (Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction | 0 |
| | Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the LINAC) | 0 |
| | Pediatric Patient under anesthesia | 0 |
| | Limb salvage irradiation | 0 |
| | Hemibody irradiation | 0 |
| | Total body irradiation | 0 |
| Imaging Procedures Not Included Above | | 0 |
| 77417 | Additional field check radiographs | 53 |
| Total Procedures – Linear Accelerators | | 3551 |
| 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®) | 0 |
| Total Procedures – Gamma Knife® | | 0 |

All responses should pertain to October 1, 2019 through September 30, 2020.

11. Linear Accelerator Treatment Data *continued*

Campus – *if multiple sites:* _____

- 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

Number of Patients 192

(This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 32.)

- b. TOTAL number of Linear Accelerators: 1

Of the TOTAL above,

Number of Linear Accelerators configured for
stereotactic radiosurgery: 0

Number of **CyberKnife®** Systems: 0

Number of **other specialized linear accelerators:** 0

- c. Number of **Gamma Knife®** units 0

- d. Number of treatment simulators 1

("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)))

- e. Number of grandfathered Linear Accelerators 0

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

- f. CON Project ID numbers for all non-grandfathered Linear Accelerators: N/A
-

All responses should pertain to **October 1, 2019 through September 30, 2020.**

12. Additional Services: Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

a. Check each Service provided: (for dialysis stations, show number of stations)

- | | | | |
|---------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|
| 1. Cardiac Rehab Program (Outpatient) | <input checked="" type="checkbox"/> | 5. Rehabilitation Outpatient Unit | <input checked="" type="checkbox"/> |
| 2. Chemotherapy | <input checked="" 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"/> | 8. Inpatient Dialysis Services | <input checked="" type="checkbox"/> |

If number 8 is checked, enter number of dialysis stations: 2

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 Unit. **For age categories count each inpatient client only once.**

| 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 |
|-----------------------|----------|-----------|-----------|-----------|-----------|-----------|---------|-----------------------|--------------------|--------|
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Out of State | | | | | | | | | | |
| Total All Ages | | | | | | | | | | |

c. Psychiatric and Substance Use Disorder Units

- If the psychiatric unit has a different name from the hospital, please indicate:

- If address is different from the hospital, please indicate:

- Director of the above services.

All responses should pertain to **October 1, 2019 through September 30, 2020.**

Indicate the Location of Services in the **Service Categories** charts below. If it is in the hospital, include the room number(s). 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.

Psychiatric Services

| 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 Mental Health | 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, 2019 through September 30, 2020.

Substance Use Disorder Services

| 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 use disorders | | | | | | | |

All responses should pertain to October 1, 2019 through September 30, 2020.

Patient Origin - General Acute Care Inpatient Services

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 admission to your facility. Submit one record for the licensed hospital.
DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.

Must match number of admissions on page 5, Section B-1.

| County | No. of Admissions | County | No. of Admissions | County | No. of Admissions |
|----------------|-------------------|-----------------|-------------------|------------------------------|-------------------|
| 1. Alamance | | 37. Gates | | 73. Person | |
| 2. Alexander | | 38. Graham | | 74. Pitt | 1 |
| 3. Alleghany | | 39. Granville | | 75. Polk | |
| 4. Anson | 4 | 40. Greene | | 76. Randolph | 1 |
| 5. Ashe | | 41. Guilford | 1 | 77. Richmond | 111 |
| 6. Avery | | 42. Halifax | | 78. Robeson | 2011 |
| 7. Beaufort | 1 | 43. Harnett | 2 | 79. Rockingham | |
| 8. Bertie | | 44. Haywood | | 80. Rowan | |
| 9. Bladen | 9 | 45. Henderson | | 81. Rutherford | |
| 10. Brunswick | 1 | 46. Hertford | | 82. Sampson | |
| 11. Buncombe | | 47. Hoke | 30 | 83. Scotland | 2434 |
| 12. Burke | | 48. Hyde | | 84. Stanly | 3 |
| 13. Cabarrus | 4 | 49. Iredell | | 85. Stokes | |
| 14. Caldwell | | 50. Jackson | | 86. Surry | |
| 15. Camden | | 51. Johnston | 1 | 87. Swain | |
| 16. Carteret | 1 | 52. Jones | | 88. Transylvania | |
| 17. Caswell | | 53. Lee | 3 | 89. Tyrrell | |
| 18. Catawba | | 54. Lenoir | | 90. Union | 2 |
| 19. Chatham | | 55. Lincoln | | 91. Vance | 1 |
| 20. Cherokee | | 56. Macon | | 92. Wake | 3 |
| 21. Chowan | | 57. Madison | | 93. Warren | |
| 22. Clay | | 58. Martin | | 94. Washington | |
| 23. Cleveland | | 59. McDowell | | 95. Watauga | |
| 24. Columbus | 6 | 60. Mecklenburg | 4 | 96. Wayne | |
| 25. Craven | | 61. Mitchell | | 97. Wilkes | |
| 26. Cumberland | 16 | 62. Montgomery | | 98. Wilson | |
| 27. Currituck | | 63. Moore | 8 | 99. Yadkin | |
| 28. Dare | | 64. Nash | | 100. Yancey | |
| 29. Davidson | | 65. New Hanover | 1 | | |
| 30. Davie | 1 | 66. Northampton | | 101. Georgia | 2 |
| 31. Duplin | | 67. Onslow | 2 | 102. South Carolina | 1172 |
| 32. Durham | | 68. Orange | | 103. Tennessee | 1 |
| 33. Edgecombe | | 69. Pamlico | | 104. Virginia | 2 |
| 34. Forsyth | | 70. Pasquotank | | 105. Other States | 16 |
| 35. Franklin | | 71. Pender | | 106. Other | |
| 36. Gaston | | 72. Perquimans | | Total No. of Patients | 5855 |

All responses should pertain to October 1, 2019 through September 30, 2020.

Patient Origin – Emergency Department Services

In an effort to document patterns of Emergency Department Services in North Carolina hospitals, please provide the county of residence for all patients served in your facility by your Emergency Department.

Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

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 8.

| County | No. of Patients | County | No. of Patients | County | No. of Patients |
|----------------|-----------------|-----------------|-----------------|------------------------------|-----------------|
| 1. Alamance | 9 | 37. Gates | 1 | 73. Person | |
| 2. Alexander | 2 | 38. Graham | | 74. Pitt | 9 |
| 3. Alleghany | 1 | 39. Granville | | 75. Polk | |
| 4. Anson | 42 | 40. Greene | 1 | 76. Randolph | 12 |
| 5. Ashe | 1 | 41. Guilford | 29 | 77. Richmond | 871 |
| 6. Avery | | 42. Halifax | | 78. Robeson | 15907 |
| 7. Beaufort | | 43. Harnett | 16 | 79. Rockingham | 1 |
| 8. Bertie | | 44. Haywood | | 80. Rowan | 20 |
| 9. Bladen | 30 | 45. Henderson | 2 | 81. Rutherford | 3 |
| 10. Brunswick | 19 | 46. Hertford | | 82. Sampson | 3 |
| 11. Buncombe | 3 | 47. Hoke | 331 | 83. Scotland | 19561 |
| 12. Burke | 2 | 48. Hyde | | 84. Stanly | 31 |
| 13. Cabarrus | 45 | 49. Iredell | 3 | 85. Stokes | |
| 14. Caldwell | 1 | 50. Jackson | | 86. Surry | |
| 15. Camden | | 51. Johnston | 9 | 87. Swain | |
| 16. Carteret | 15 | 52. Jones | | 88. Transylvania | 2 |
| 17. Caswell | | 53. Lee | 19 | 89. Tyrrell | |
| 18. Catawba | | 54. Lenoir | | 90. Union | 65 |
| 19. Chatham | 1 | 55. Lincoln | 1 | 91. Vance | |
| 20. Cherokee | 1 | 56. Macon | | 92. Wake | 49 |
| 21. Chowan | | 57. Madison | | 93. Warren | |
| 22. Clay | | 58. Martin | 1 | 94. Washington | 1 |
| 23. Cleveland | 1 | 59. McDowell | 1 | 95. Watauga | |
| 24. Columbus | 35 | 60. Mecklenburg | 96 | 96. Wayne | 2 |
| 25. Craven | 5 | 61. Mitchell | 1 | 97. Wilkes | 1 |
| 26. Cumberland | 273 | 62. Montgomery | 12 | 98. Wilson | 3 |
| 27. Currituck | | 63. Moore | 77 | 99. Yadkin | |
| 28. Dare | | 64. Nash | 3 | 100. Yancey | |
| 29. Davidson | 3 | 65. New Hanover | 9 | | |
| 30. Davie | 1 | 66. Northampton | | 101. Georgia | 26 |
| 31. Duplin | 2 | 67. Onslow | 15 | 102. South Carolina | 8797 |
| 32. Durham | 11 | 68. Orange | | 103. Tennessee | 8 |
| 33. Edgecombe | 1 | 69. Pamlico | | 104. Virginia | 28 |
| 34. Forsyth | 22 | 70. Pasquotank | | 105. Other States | 158 |
| 35. Franklin | 2 | 71. Pender | 8 | 106. Other | |
| 36. Gaston | 9 | 72. Perquimans | 2 | Total No. of Patients | 46732 |

All responses should pertain to October 1, 2019 through September 30, 2020.

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The Total from this chart should match the total GI Endoscopy cases reported on the “Gastrointestinal Endoscopy Rooms, Procedures, and Cases” table 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 | | 39. Granville | | 75. Polk | |
| 4. Anson | | 40. Greene | | 76. Randolph | |
| 5. Ashe | | 41. Guilford | | 77. Richmond | 39 |
| 6. Avery | | 42. Halifax | | 78. Robeson | 397 |
| 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 | 24 | 83. Scotland | 888 |
| 12. Burke | | 48. Hyde | | 84. Stanly | |
| 13. Cabarrus | | 49. Iredell | | 85. Stokes | |
| 14. Caldwell | | 50. Jackson | | 86. Surry | |
| 15. Camden | | 51. Johnston | 3 | 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 | 3 | 96. Wayne | |
| 25. Craven | | 61. Mitchell | | 97. Wilkes | |
| 26. Cumberland | 4 | 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 | 304 |
| 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 | 1462 |

All responses should pertain to October 1, 2019 through September 30, 2020.

Patient Origin – Inpatient Surgical Cases

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

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 | | 37. Gates | | 73. Person | |
| 2. Alexander | | 38. Graham | | 74. Pitt | |
| 3. Alleghany | | 39. Granville | | 75. Polk | |
| 4. Anson | 1 | 40. Greene | | 76. Randolph | |
| 5. Ashe | | 41. Guilford | | 77. Richmond | 30 |
| 6. Avery | | 42. Halifax | | 78. Robeson | 477 |
| 7. Beaufort | | 43. Harnett | 1 | 79. Rockingham | |
| 8. Bertie | | 44. Haywood | | 80. Rowan | |
| 9. Bladen | 1 | 45. Henderson | | 81. Rutherford | |
| 10. Brunswick | 1 | 46. Hertford | | 82. Sampson | |
| 11. Buncombe | | 47. Hoke | 8 | 83. Scotland | 646 |
| 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 | 1 | 89. Tyrrell | |
| 18. Catawba | | 54. Lenoir | | 90. Union | |
| 19. Chatham | | 55. Lincoln | | 91. Vance | |
| 20. Cherokee | | 56. Macon | | 92. Wake | 3 |
| 21. Chowan | | 57. Madison | | 93. Warren | |
| 22. Clay | | 58. Martin | | 94. Washington | |
| 23. Cleveland | | 59. McDowell | | 95. Watauga | |
| 24. Columbus | 3 | 60. Mecklenburg | 1 | 96. Wayne | |
| 25. Craven | | 61. Mitchell | | 97. Wilkes | |
| 26. Cumberland | 6 | 62. Montgomery | | 98. Wilson | |
| 27. Currituck | | 63. Moore | 5 | 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 | 1 | 102. South Carolina | 328 |
| 32. Durham | | 68. Orange | | 103. Tennessee | |
| 33. Edgecombe | | 69. Pamlico | | 104. Virginia | 3 |
| 34. Forsyth | | 70. Pasquotank | | 105. Other States | 3 |
| 35. Franklin | | 71. Pender | | 106. Other | |
| 36. Gaston | | 72. Perquimans | | Total No. of Patients | 1522 |

All responses should pertain to October 1, 2019 through September 30, 2020.

Patient Origin – Ambulatory Surgical Cases

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

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 | 1 | 37. Gates | | 73. Person | |
| 2. Alexander | | 38. Graham | | 74. Pitt | |
| 3. Alleghany | | 39. Granville | | 75. Polk | |
| 4. Anson | 6 | 40. Greene | | 76. Randolph | |
| 5. Ashe | | 41. Guilford | 1 | 77. Richmond | 104 |
| 6. Avery | | 42. Halifax | | 78. Robeson | 1011 |
| 7. Beaufort | | 43. Harnett | 3 | 79. Rockingham | |
| 8. Bertie | | 44. Haywood | | 80. Rowan | |
| 9. Bladen | 14 | 45. Henderson | | 81. Rutherford | |
| 10. Brunswick | | 46. Hertford | | 82. Sampson | |
| 11. Buncombe | | 47. Hoke | 24 | 83. Scotland | 1231 |
| 12. Burke | | 48. Hyde | | 84. Stanly | 2 |
| 13. Cabarrus | 2 | 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 | 2 | 89. Tyrrell | |
| 18. Catawba | | 54. Lenoir | | 90. Union | |
| 19. Chatham | 1 | 55. Lincoln | | 91. Vance | |
| 20. Cherokee | | 56. Macon | | 92. Wake | 3 |
| 21. Chowan | | 57. Madison | | 93. Warren | |
| 22. Clay | | 58. Martin | | 94. Washington | |
| 23. Cleveland | | 59. McDowell | | 95. Watauga | |
| 24. Columbus | 6 | 60. Mecklenburg | 3 | 96. Wayne | |
| 25. Craven | | 61. Mitchell | | 97. Wilkes | |
| 26. Cumberland | 20 | 62. Montgomery | | 98. Wilson | |
| 27. Currituck | | 63. Moore | 8 | 99. Yadkin | |
| 28. Dare | | 64. Nash | 2 | 100. Yancey | |
| 29. Davidson | 1 | 65. New Hanover | | | |
| 30. Davie | | 66. Northampton | | 101. Georgia | 1 |
| 31. Duplin | | 67. Onslow | 1 | 102. South Carolina | 583 |
| 32. Durham | | 68. Orange | | 103. Tennessee | |
| 33. Edgecombe | | 69. Pamlico | | 104. Virginia | 2 |
| 34. Forsyth | 2 | 70. Pasquotank | | 105. Other States | 10 |
| 35. Franklin | | 71. Pender | | 106. Other | |
| 36. Gaston | | 72. Perquimans | | Total No. of Patients | 3044 |

All responses should pertain to **October 1, 2019 through September 30, 2020.**

Patient Origin - MRI Services

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in the "MRI Procedures" table 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 | 9 | 40. Greene | | 76. Randolph | |
| 5. Ashe | | 41. Guilford | | 77. Richmond | 100 |
| 6. Avery | | 42. Halifax | | 78. Robeson | 823 |
| 7. Beaufort | | 43. Harnett | | 79. Rockingham | |
| 8. Bertie | | 44. Haywood | | 80. Rowan | |
| 9. Bladen | 5 | 45. Henderson | | 81. Rutherford | |
| 10. Brunswick | | 46. Hertford | | 82. Sampson | |
| 11. Buncombe | | 47. Hoke | 26 | 83. Scotland | 1374 |
| 12. Burke | | 48. Hyde | | 84. Stanly | 1 |
| 13. Cabarrus | 1 | 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 | 1 | 89. Tyrrell | |
| 18. Catawba | | 54. Lenoir | | 90. Union | 1 |
| 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 | 1 | 95. Watauga | |
| 24. Columbus | 3 | 60. Mecklenburg | 4 | 96. Wayne | |
| 25. Craven | | 61. Mitchell | | 97. Wilkes | |
| 26. Cumberland | 9 | 62. Montgomery | 3 | 98. Wilson | |
| 27. Currituck | | 63. Moore | 18 | 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 | 485 |
| 32. Durham | | 68. Orange | | 103. Tennessee | 1 |
| 33. Edgecombe | | 69. Pamlico | | 104. Virginia | 3 |
| 34. Forsyth | | 70. Pasquotank | | 105. Other States | 15 |
| 35. Franklin | | 71. Pender | 1 | 106. Other | |
| 36. Gaston | | 72. Perquimans | | Total No. of Patients | 2884 |

All responses should pertain to **October 1, 2019 through September 30, 2020.**

Patient Origin – PET Scanner

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in the “Positron Emission Tomography (PET)” table on page 19.

| 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 | 17 |
| 6. Avery | | 42. Halifax | | 78. Robeson | 40 |
| 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 | 1 | 83. Scotland | 64 |
| 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 | 2 | 62. Montgomery | | 98. Wilson | |
| 27. Currituck | | 63. Moore | 3 | 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 | 41 |
| 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 | 168 |

All responses should pertain to October 1, 2019 through September 30, 2020.

Patient Origin – Linear Accelerator Treatment

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The number of patients reported here should match the number of patients reported in Section 11.a. on page 21 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 | 1 | 40. Greene | | 76. Randolph | |
| 5. Ashe | | 41. Guilford | | 77. Richmond | 15 |
| 6. Avery | | 42. Halifax | | 78. Robeson | 48 |
| 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 | 82 |
| 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 | 1 | 60. Mecklenburg | 1 | 96. Wayne | |
| 25. Craven | | 61. Mitchell | | 97. Wilkes | |
| 26. Cumberland | 1 | 62. Montgomery | | 98. Wilson | |
| 27. Currituck | | 63. Moore | 2 | 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 | 41 |
| 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 | 192 |

All responses should pertain to October 1, 2019 through September 30, 2020.

Patient Origin - Psychiatric and Substance Use Disorder

Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

Complete the following table below for inpatient Days of Care for beds reported under Section .5200 on pages 23-24. Days of care reported here must match days of care reported on page 6 (D-4 and D-5).

| County of Patient Origin | Psychiatric Treatment Days of Care | | | | | Substance Use Disorder 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

All responses should pertain to October 1, 2019 through September 30, 2020.

| County of Patient Origin | Psychiatric Treatment Days of Care | | | | | Substance Use Disorder 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, 2019 through September 30, 2020.

| County of Patient Origin | Psychiatric Treatment Days of Care | | | | | Substance Use Disorder 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. Other States | | | | | | | | | | |
| 102. Other | | | | | | | | | | |
| TOTAL | | | | | | | | | | |

All responses should pertain to October 1, 2019 through September 30, 2020.

This license renewal application must be completed and submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2021 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2021 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:  Date: 1/15/21

PRINT NAME
OF APPROVING OFFICIAL Gregory C. Wood

Please be advised, the license fee must accompany the completed license renewal 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.

All responses should pertain to **October 1, 2019 through September 30, 2020.**

COVID-19 Addendum to Hospital License Renewal Application

This special section for the 2021 License Renewal Application seeks additional information regarding the hospital's experience with COVID-19, beyond what the hospital may have provided to other agencies or reporting systems. This data will assist Healthcare Planning in projecting the need for various services in the 2022 State Medical Facilities Plan.

Submit one record for each licensed hospital. Do not submit a record for each hospital campus. If you do not know a specific date, please enter your best estimate. The facilities/services covered in this addendum are limited to those in this LRA. Do not provide information for facilities owned or operated by the health system, but that are not part of this LRA.

In the sections below, a *COVID* or *COVID-19 patient* is defined as a patient with a "confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider, documentation of a positive COVID-19 test result, or a presumptive positive COVID-19 test result...., [that is,] a diagnosis code of U07.1, COVID-19" (<https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>).

For questions regarding this section, contact Healthcare Planning at 919-855-3865

Unless otherwise specified, please enter data relevant for time period ending September 30, 2020.

COVID-A. Emergency Services and Observation Beds (including temporary ED and temporary observation beds)

| | | |
|----|---|--------------------------|
| 1. | Date first COVID patient was seen in the Emergency Department (mm/dd): | 3/23/20 |
| 2. | Check if hospital increased the number of observation beds due to COVID-19? | <input type="checkbox"/> |
| 3. | Total number of COVID patients seen in the Emergency Department: | 605 |

COVID-B. Inpatient Services (Including Intensive Care Units)

| | | |
|----|--|-------------------------------------|
| 1. | Date first COVID patient was admitted as an inpatient (mm/dd): | 3/27/20 |
| 2. | Check if hospital received Licensure approval for expansion beds due to COVID. If not, go to item 3: | <input type="checkbox"/> |
| | Enter total number of expansion beds approved: | |
| | Total number of expansion beds ever made <i>available for use</i> due to COVID. Count each bed only once. (<i>Available for use</i> means that the beds have been staffed, and approved to serve patients. Expansion beds may or may not be used exclusively for COVID patients, not all beds may have been made available for use at the same time, and not all beds may have been in use for the entire time through 9/30/2020. The number of beds made <i>available for use</i> may not match the number of expansion beds approved by Acute and Home Care Licensure): | |
| | Date expansion beds first served patients (mm/dd): | |
| | Number of expansion beds still available for use (COVID/non-COVID patients) on 9/30/2020: | |
| 3. | Total number of inpatient admissions with a COVID diagnosis: | 245 |
| 4. | Days of care (including ICU) in expansion beds (if any) <u>and</u> standard licensed inpatient acute care beds: | |
| | Total days of care in expansion beds for COVID patients: | |
| | Total days of care in expansion beds for non-COVID patients: | |
| | Total days of care in standard (non-expansion) beds for COVID patients: | 1748 |
| | Total days of care in standard (non-expansion) beds for non-COVID patients: | 18,952 |
| 5. | Check if hospital suspended elective inpatient admissions due to COVID: | <input checked="" type="checkbox"/> |
| | Enter the date on which elective inpatient admissions were suspended (mm/dd): | 3/120 |
| | Check if elective inpatient admissions resumed by 9/30/2020: | <input checked="" type="checkbox"/> |
| | If checked, enter the date on which elective inpatient admissions resumed (mm/dd): | 5/120 |

All responses should pertain to **October 1, 2019 through September 30, 2020**.

COVID-C. Inpatient Surgery (excluding C-sections) Performed in Licensed Operating Rooms (ORs)

| | | |
|----|---|-------------------------------------|
| 1. | Check if the facility suspended inpatient elective surgeries in licensed ORs: | <input checked="" type="checkbox"/> |
| | If checked, beginning date of suspension (mm/dd): 3/18/20 | |
| | Check if elective surgeries resumed by 9/30/2020 : | <input checked="" type="checkbox"/> |
| | If checked, date elective surgeries resumed (mm/dd): 05/04/20 | |
| 2. | Regardless of whether the facility formally suspended elective surgeries, enter the <u>total number</u> of outpatient surgical cases between 4/1/2020 and 9/30/2020 (Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.): | 643 |
| 3. | Average case time* from 10/1/2019 - 3/31/2020 (in minutes): | 100 |
| 4. | Average case time* from 4/1/2020 - 9/30/2020 (in minutes): | 90 |
| 5. | Check if the facility has ever set aside at least one inpatient or shared OR (excluding C-section ORs) to be used exclusively to perform surgery on patients diagnosed with COVID or suspected to have COVID. | <input type="checkbox"/> |
| | If so, how many ORs were set aside? | |
| | Check if the room was still set aside on 9/30/2020 : | <input type="checkbox"/> |

* **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. 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. Case time includes time needed for airborne contaminant removal. Case time should include time needed for airborne contaminant removal or other procedures implemented due to COVID* (<https://www.cdc.gov/infectioncontrol/guidelines/environmental/aqjpendix/air.html#tableb1>).

COVID-D. Outpatient/Ambulatory Surgery Performed in Licensed Operating Rooms (ORs)

| | | |
|----|---|-------------------------------------|
| 1. | Check if the facility suspended outpatient/ambulatory elective surgeries in licensed ORs: | <input checked="" type="checkbox"/> |
| | If checked, beginning date of suspension (mm/dd): 3/18/20 | |
| | Check if elective surgeries resumed by 9/30/2020 : | <input checked="" type="checkbox"/> |
| | If checked, date elective surgeries resumed (mm/dd): 5/4/20 | |
| 2. | Regardless of whether the facility formally suspended elective surgeries, enter the <u>total number</u> of outpatient surgical cases between 4/1/2020 and 9/30/2020 (Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.): | 156 |
| 3. | Average case time (see definition, above) from 10/1/2019 - 3/31/2020 (in minutes): | 63 |
| 4. | Average case time (see definition, above) from 4/1/2020 - 9/30/2020 (in minutes): | 53 |
| 5. | Check if the facility has ever set aside at least one outpatient/ambulatory OR to be used exclusively to perform surgery on patients diagnosed with COVID or suspected to have COVID. | <input type="checkbox"/> |
| | If so, how many ORs were set aside? | |
| | Check if at least one room was still set aside on 9/30/2020 : | <input type="checkbox"/> |

COVID-E Telemedicine/Telehealth

| | | |
|----|--|--|
| 1. | Check if the hospital increased use or provision of telemedicine/telehealth services or initiated use or provision of telemedicine/telehealth in new areas due to COVID: | <input checked="" type="checkbox"/> |
| | If checked above, indicate areas in which telemedicine/telehealth services changed: | |
| | Increased Use Initiated New Use | |
| | Emergency Department | <input type="checkbox"/> <input type="checkbox"/> |
| | Imaging | <input type="checkbox"/> <input type="checkbox"/> |
| | Other service(s) | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| | Specify: Hospitalist virtual service on progressive care unit. | |

All responses should pertain to **October 1, 2019 through September 30, 2020.**

COVID-F. Magnetic Resonance Imaging (MRI)

| 1. | Check if the hospital or a free-standing imaging center on the hospital's license suspended elective inpatient and/or outpatient MRIs: | | | | | | | <input type="checkbox"/> |
|---|---|------------------------------------|--------------------|---------------------------------|------------------------------------|---------------------|---------------------|--------------------------|
| | If checked, beginning date of suspension (mm/dd): | | | | | | | |
| | Check if elective outpatient MRIs resumed by 9/30/2020 : | | | | | | | <input type="checkbox"/> |
| | If checked, date elective MRIs resumed (mm/dd): | | | | | | | |
| 2. | Regardless of whether the hospital formally suspended elective MRIs, enter the total number of MRI procedures performed between 4/1/2020 and 9/30/2020 in the table below (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.): | | | | | | | |
| Procedures 4/1/20-9/30/20 only | 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 | 29 | 165 | 194 | 342 | 779 | 1121 | 1315 | |
| Mobile (performed only at this site) | | | | | | | | |
| TOTAL | 29 | 165 | 194 | 342 | 779 | 1121 | 1315 | |

COVID-G. Positron Emission Tomography (PET)

| | | | | |
|----|---|--------------------------|----------------------------|--------------------------|
| 1. | Check if the hospital or a hospital-owned imaging center (i.e., on the hospital's license) suspended elective inpatient and/or outpatient PET procedures: | | | <input type="checkbox"/> |
| | If checked, beginning date of suspension (mm/dd): | | | |
| | Check if elective outpatient PET resumed by 9/30/2020 : | | | <input type="checkbox"/> |
| | If checked, date elective PET resumed (mm/dd): | | | |
| 2. | Regardless of whether the hospital formally suspended elective PET procedures, enter the total number of PET procedures performed between 4/1/2020 and 9/30/2020 (A 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): | Inpatient Fixed 0 | Inpatient Mobile 0 | |
| | | Outpatient Fixed 0 | Outpatient Mobile 97 | |

COVID-H. Cardiac Catheterization Procedures

| | | |
|----|---|---|
| 1. | Check if the hospital suspended elective diagnostic or interventional cardiac catheterization procedures due to COVID: | <input checked="" type="checkbox"/> |
| | If checked, beginning date of suspension (mm/dd): 03/27/20 | |
| | Check if elective procedures resumed by 9/30/2020 : | <input checked="" type="checkbox"/> |
| | If checked, date elective procedures resumed (mm/dd): 05/04/20 | |
| 2. | Regardless of whether the hospital formally suspended elective cardiac catheterization procedures, enter the total number of diagnostic and interventional cardiac catheterization procedures (adult and pediatric) performed between 4/1/2020 and 9/30/2020 (A procedure is defined as one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit only once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed during that visit. For example, if a patient has both a diagnostic and an interventional procedure in one visit, count it as one interventional procedure. See page 10 for definitions of diagnostic and interventional procedures.): | Diagnostic 152 Interventional 48 |

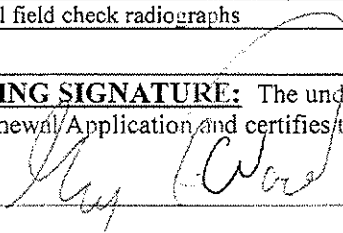
All responses should pertain to October 1, 2019 through September 30, 2020.

COVID-1. Linear Accelerator (LINAC)

| | | |
|----|--|--------------------------|
| 1. | Check if the hospital suspended either elective or any other LINAC procedures due to COVID: | <input type="checkbox"/> |
| | If checked, beginning date of suspension (mm/dd): | |
| | Check if all types of procedures resumed by 9/30/2020 : | <input type="checkbox"/> |
| | If checked, date all types of procedures resumed (mm/dd): | |
| 2. | Regardless of whether the hospital formally suspended any types of LINAC procedures, enter the total number of procedures performed between 4/1/2020 and 9/30/2020 in the table below: | |

| CPT Code | Description | Procedures 4/1/20- 9/30/20 only |
|--|---|--|
| 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) | 766 |
| 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 and/or G6015 | |
| 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 | 25 |
| 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 | |
| | Limb salvage irradiation | |
| | Hemibody irradiation | |
| | Total body irradiation | |
| Imaging Procedures Not Included Above | | |
| 77417 | Additional field check radiographs | 35 |
| Total Procedures – Linear Accelerators | | 826 |

AUTHENTICATING SIGNATURE: The undersigned submits the COVID-19 Addendum as part of the 2021 Hospital License Renewal Application and certifies the accuracy of this information.

Signature:  Date: 1/15/21

PRINT NAME OF APPROVING OFFICIAL
Gregory C. Wood

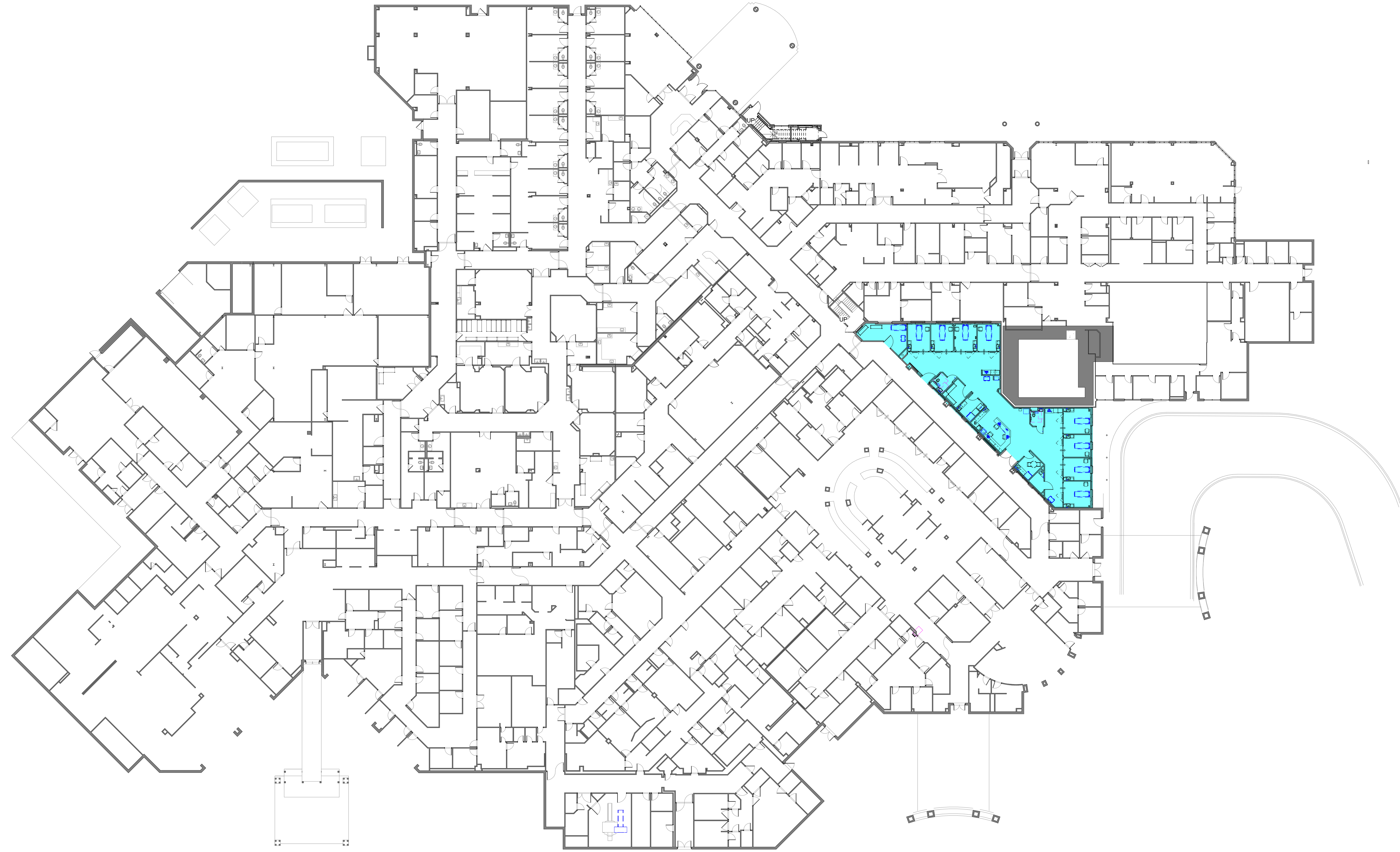
Scotland Memorial Hospital
Clinical Decision Unit Addition & Renovations
500 Lauchwood Drive Laurinburg, NC 28352

H2037 Project Number
HENLY/CLAVIJO Drawn By
AUGUST 25, 2021 Date

| Revisions | | |
|-----------|-------------|------|
| No. | Description | Date |
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Sheet Title
**LEVEL 1 - OVERALL
FLOOR PLAN**

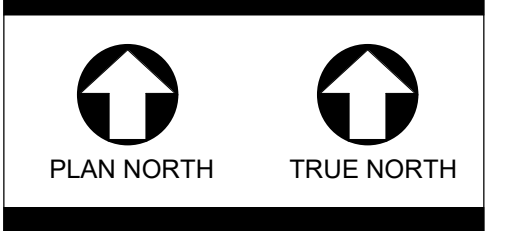


1 LEVEL 1 - OVERALL FLOOR PLAN
SCALE: 1" = 20'-0"

H2037 Project Number
 HENLY/CLAVIJO Drawn By
 NOVEMBER 30, 2020 Date

Revisions

| No. | Description | Date |
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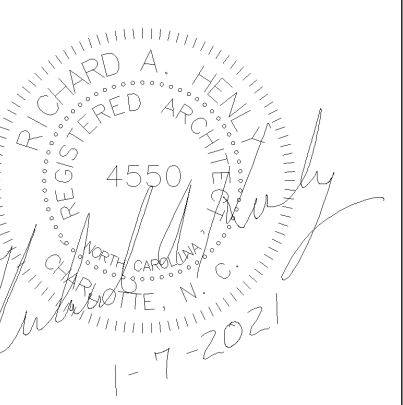
Sheet Title
LEVEL 1 CLINICAL DECISION UNIT PLAN

A100



1 LEVEL 1 - CLINICAL DECISION UNIT PLAN
 A100 SCALE: 1/4" = 1'-0"

ISSUED FOR REFERENCE ONLY

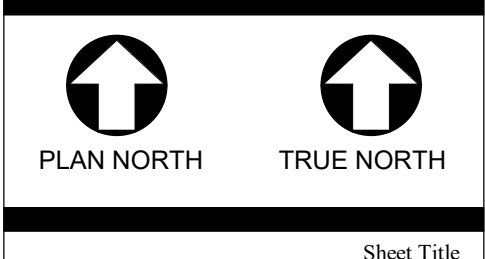


Scotland Memorial Hospital
Clinical Decision Unit Addition & Renovations

500 Lauchwood Drive Laurinburg, NC 28352

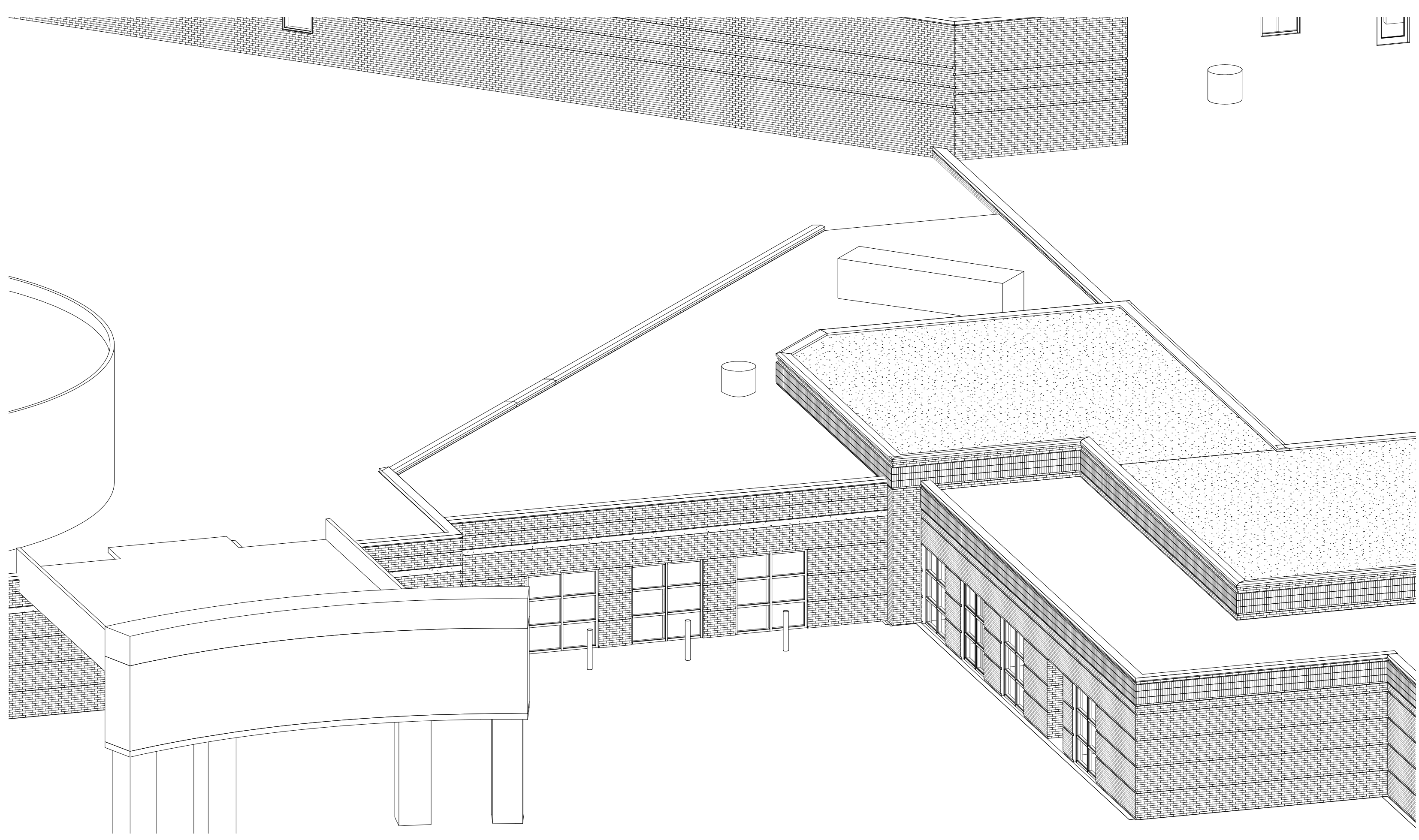
H2037 Project Number
RAH, HJC, TC Drawn By
JANUARY 7, 2021 Date

| No. | Description | Date |
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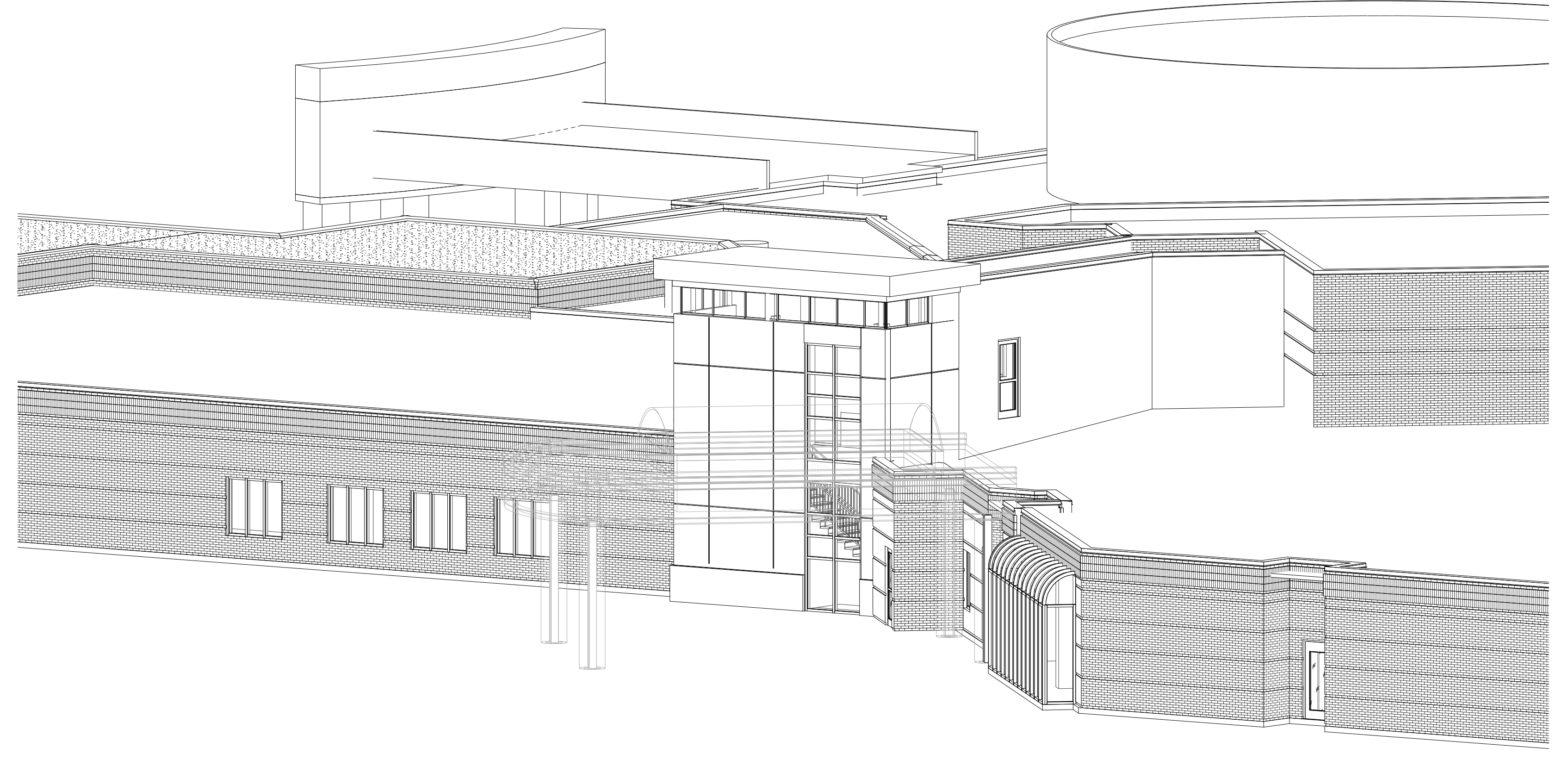


EXTERIOR PERSPECTIVE

A210



3 **CDU PERSPECTIVE**
A210 SCALE:



2 **STAIR PERSPECTIVE 1**
A210 SCALE:



1 **STAIR PERSPECTIVE 2**
A210 SCALE:

Waller, Martha K

From: William Purcell <wrp@purcell-law.net>
Sent: Tuesday, October 5, 2021 11:03 AM
To: Tanya, Saporito
Cc: Harris, Terri
Subject: Re: [External] Fw: Scotland Memorial Hospital Notice of Exemption for CDU Project

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam.](#)

Ok thanks.

Bill

William R Purcell II
Law Office of William R Purcell II PLLC
Tel: 910-277-1980
Fax: 910-277-1480



Street Delivery: 210 W Cronly Street Laurinburg NC 28352
Mail: PO Box 1567 Laurinburg NC 28353

From: Tanya, Saporito <tanya.saporito@dhhs.nc.gov>
Sent: Tuesday, October 5, 2021 10:54 AM
To: William Purcell <wrp@purcell-law.net>
Subject: RE: [External] Fw: Scotland Memorial Hospital Notice of Exemption for CDU Project

Mr. Purcell,

The email you sent this morning, with the exemption request and three attachments, has been forwarded to Martha Waller for processing.

Tanya Saporito, J.D.

Project Analyst

[Division of Health Service Regulation](#), Certificate of Need
[NC Department of Health and Human Services](#)



Help protect your family and neighbors from COVID-19.

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Office: 919-855-3873

Tanya.saporito@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building

2704 Mail Service Center

Raleigh, NC 27699-2704

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From: William Purcell <wrp@purcell-law.net>

Sent: Tuesday, October 5, 2021 10:46 AM

To: Tanya, Saporito <tanya.saporito@dhhs.nc.gov>

Cc: Harris, Terri <TJHarris@foxrothschild.com>

Subject: [External] Fw: Scotland Memorial Hospital Notice of Exemption for CDU Project

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

With apologies for my poor typing skills. Please see below.

William R Purcell II

Law Office of William R Purcell II PLLC

Tel: 910-277-1980

Fax: 910-277-1480



Street Delivery: 210 W Cronly Street Laurinburg NC 28352

Mail: PO Box 1567 Laurinburg NC 28353

From: William Purcell <wrp@purcell-law.net>

Sent: Tuesday, October 5, 2021 10:35 AM

To: Lisa.Pittman@dhhs.nc.gov <Lisa.Pittman@dhhs.nc.gov>; Tanya.Saporito@dhhs.gov <Tanya.Saporito@dhhs.gov>

Cc: Harris, Terri <TJHarris@foxrothschild.com>

Subject: Fw: Scotland Memorial Hospital Notice of Exemption for CDU Project

Ms. Pittman and Ms. Saporito,

I submitted the attached no review requests on September 8th and wanted to make sure you received it. I noticed that I did omit a "t" from Ms. Pittman's email so I wasn't sure if both of you received our request. If you could advise me of the status of this request it would be much appreciated.

Best,

Bill

William R Purcell II

Law Office of William R Purcell II PLLC

Tel: 910-277-1980

Fax: 910-277-1480



Street Delivery: 210 W Cronly Street Laurinburg NC 28352

Mail: PO Box 1567 Laurinburg NC 28353

From: William Purcell <wrp@purcell-law.net>

Sent: Wednesday, September 8, 2021 6:22 PM

To: Lisa.Pitman@dhhs.nc.gov <Lisa.Pitman@dhhs.nc.gov>; Tanya.Saporito@dhhs.gov <Tanya.Saporito@dhhs.gov>

Cc: Harris, Terri <TJHarris@foxrothschild.com>

Subject: Scotland Memorial Hospital Notice of Exemption for CDU Project

Please see the attached Notice of Exemption Letter and supporting exhibits. Please let us know if you have any questions or need additional information.

Best,

Bill

William R Purcell II

Law Office of William R Purcell II PLLC

Tel: 910-277-1980

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