

Mr. Jerry Parks  
 Chairman, North Carolina State Health Coordinating Council  
 c/o Medical Facilities Planning Branch  
 Division of Health Service Regulation  
 2714 Mail Service Center  
 Raleigh, NC 27699-2714

July 31, 2013

**Re: Petition for Adjusted Need Determination for Shared Fixed Cardiac Catheterization Equipment in Davidson County in the *Final 2014 State Medical Facilities Plan***

**I. Petitioner**

Novant Health Thomasville Medical Center  
 Kathie Johnson, President  
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 Thomasville, NC 27360

Contact for Questions:  
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**II. Statement of the Requested Change**

Novant Health Thomasville Medical Center (NHTMC) requests an adjusted need determination for shared fixed cardiac catheterization equipment in Davidson County in the *Final 2014 State Medical Facilities Plan (Final 2014 SMFP)*.

Chapter 9, Cardiac Catheterization, should be changed as follows:

**Table 9Z: Shared Fixed Cardiac Catheterization Equipment Need Determination**  
*(Proposed for Certificate of Need Review Commencing in 2014)*

| Cardiac Catheterization Service Area | Shared Fixed Cardiac Catheterization Equipment Need Determination* | Certificate of Need Application Due Date** | Certificate of Need Beginning of Review Date |
|--------------------------------------|--------------------------------------------------------------------|--------------------------------------------|----------------------------------------------|
| Davidson                             | 1                                                                  | March 15, 2014                             | April 1, 2014                                |

\*Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\*Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

### **III. Background Information Regarding Petitioner**

#### **A. Novant Health Thomasville Medical Center – An Acute Care Community Hospital in Thomasville**

NHTMC has been serving the medical needs of Davidson County and surrounding communities since 1930. The employees, physicians, and volunteers of NHTMC work to improve the health of our communities, one person at a time. NHTMC is a 146-bed acute care community hospital in Thomasville, North Carolina with a full range of inpatient and outpatient services, birthing rooms, and emergency department. NHTMC specialty programs include The Triad Heartburn Treatment Center, The Total Joint Center, The Spine Center, Geriatric Behavioral Health, The Sleep Disorders Center, a Chest Pain Center, a Women’s Heart Center, and a full-service Cardiac Rehabilitation program based at NHTMC with a physician always available on site, NHTMC’s Chest Pain Center is accredited by the Society of Cardiovascular Patient Care, and recently had its accreditation renewed. Please see the materials in **Attachment 4**.

NHTMC and its cardiologists have demonstrated a successful track record with the cardiac services they offer today including:

- Board-certified cardiologists on the NHTMC medical staff with expertise in diagnostic and interventional cardiac catheterization procedures, cardiac electrophysiology, cardiovascular disease, and nuclear cardiology;
- Cardiology groups with offices in central Davidson County;
- Contracting for continuous local access to mobile cardiac catheterization services for almost 25 years, from FFY1990 through FFY 2013 and ongoing until a fixed shared use cardiac catheterization unit is obtained and placed on the NHTMC campus;
- During that period NHTMC has performed 1,740 mobile cardiac catheterization procedures;
- Recent high ratings on the NC Hospital Quality Performance Report, as reflected in the NC Hospital Quality Center website<sup>1</sup> (4/1/-9/30, 2012), which shows NHTMC in the top 10% of North Carolina Hospitals for successful compliance with quality metrics for Heart Failure and Heart Attack patients. NHTMC’s Optimal Care Scores are at 100% in both categories. See the reports in **Attachment 6**;
- National accreditation by the Society of Cardiovascular Patient Care as a Chest Pain Center, meeting quality of care measures based on consistently improving the process of care for “acute coronary syndrome patients” which starts with the onset of patient symptoms and included emergency dispatch services, emergency medical services, catheterization lab, observation unit, cardiac rehabilitation program based at NHTMC, and discharge from the facility. Please see the materials in **Attachment 4**;
- Partnership with the Novant Health Heart & Vascular Institute (“HVI”), integrating the cardiac expertise and resources of the tertiary hospital cardiac programs with NHTMC’s

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<sup>1</sup><http://www.nchospitalquality.org>

cardiac programs and assuring access to readily available resources for NHTMC's cardiac patients when the need arises. See the HVI letters in **Attachment 4**.

- Providing Novant Health Critical Care Transport at NHTMC, which is available to all patients for transport from NHTMC to a tertiary care facility for additional care. The CCT ambulance is staffed 24 hours per day by a team of registered nurses and is equipped with the technology, medications, and resources of a hospital critical care unit, which include emergency and cardiac life support medicines, non-invasive blood pressure monitoring, and ability to transmit 12-lead ECG measurements, to allow physicians to determine whether to take the patient directly to the catheterization lab upon arrival at the destination hospital. See the letter from the CCT Manager David Martin in **Attachment 9**.
- Availability of a variety of cardiac imaging studies offered in the NHTMC radiology department, including nuclear medicine and CT cardiac studies
- A Women's Heart Center, which opened in February 2012 to provide a comprehensive heart risk assessment to pinpoint personal risk factors and goals to improve women's health. In May 2012, NHTMC became part of an elite coalition of U.S. Hospitals and Healthcare Providers as a "Spirit of Women" hospital that ascribes to high standards of excellence in women's health, education, and community outreach.
- One of the first cardiac rehabilitation programs in the area when it established its program at the local YMCA. Today, the cardiac rehabilitation program is based at NHTMC, so that a physician is always available if needed. The NHTMC Cardiac Rehabilitation program is for people with known heart disease who have had a recent event or intervention. The NHTMC cardiac rehabilitation program continues to thrive today, and is staffed by dedicated professionals offering programs in exercise therapy, nutrition education & counseling, psychosocial education & counseling, smoking cessation, and general education about how the heart works and each patient's medications.

NHTMC is designated as a nationally-accredited Chest Pain Evaluation Center by the Society of Cardiovascular Patient Care, meeting quality of care measures based on consistently improving the process of care for "acute coronary syndrome patients," which starts with the onset of patient symptoms and includes emergency dispatch services, emergency medical services, catheterization lab, observation unit, cardiac rehabilitation program, and discharge from the facility. NHTMC is on stand-by, 24 hours per day 7 days per week, to meet the cardiac needs of the community—close to home. See the Chest Pain Center materials in **Attachment 4**.

NHTMC is a member of Novant Health Heart & Vascular Institute (HVI). The role of the Novant Health's Heart and Vascular Institute and its Council is to provide governance oversight for quality outcomes, operational efficiency, program development, strategic planning, physician recruitment, and financial performance and to be collectively accountable for the performance of the heart and vascular service line in the Novant Health Greater Winston-Salem Market (including Thomasville). HVI encompasses acute care, ambulatory care, and physician practices. See the HVI support letters in **Attachment 3**.

Cardiac services at NHTMC cover emergency care, diagnostic examination, treatment, local cardiac catheterization procedures on a mobile cardiac catheterization unit on site at NHTMC one day per week, and cardiac rehabilitation, with board-certified cardiologists available 24

hours a day. NHTMC has teamed up with the area's best heart specialists to offer a powerful combination of leading-edge technology and hometown compassion for comprehensive local cardiology care. From state-of-the-art diagnosis and treatment, to rehabilitation, your heart is in the right place with NHTMC.

The two cardiologists at Novant Health Davidson Cardiology have signed letters of support for the Petition. These two cardiologists are board certified in cardiovascular disease and internal medicine and one is board certified in interventional cardiology.

1. **Dr. Usman Khawaja, Cardiologist**

Board Certification(s): Internal Medicine, Cardiovascular Disease, and Interventional Cardiology

Practice: Novant Health Davidson Cardiology with offices in Thomasville and Lexington, NC

Medical Staff Membership(s): Novant Health Thomasville Medical Center & Novant Health Novant Health Forsyth Medical Center

2. **Dr. Asif Wahid, Cardiologist**

Board Certification(s): Internal Medicine & Cardiovascular Disease

Practice: Novant Health Davidson Cardiology with offices in Thomasville and Lexington, NC

Medical Staff Membership(s): Novant Health Thomasville Medical Center, Novant Health Novant Health Forsyth Medical Center, and Novant Health Clemmons Medical Center

These two cardiologists practice at office locations in both Thomasville and Lexington<sup>2</sup> in Davidson County and provide coverage for the NHTMC Emergency Department.

In addition, this petition includes a broad base of support from community leaders in Thomasville and Davidson County (the Chair of the Davidson County Board of Commissioners, other Davidson County Commissioners, the Thomasville Mayor, members of the Thomasville City Council, and the President of the Thomasville Area Chamber of Commerce)<sup>3</sup>, Novant Health & NHTMC leadership (the CEO & COO of the Novant Health Greater Winston-Salem & East Coast markets, NHTMC President, NHTMC Vice President of Medical Affairs, NHTMC Chief of the Medical Staff, Vice President for Novant Medical Group, and the Manager for the Novant Health Critical Care Transport Ambulance program in the Greater Winston-Salem Market)<sup>4</sup> and clinical leaders/physicians who comprise the Novant Health Heart & Vascular Institute Council<sup>5</sup>.

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<sup>2</sup>The Lexington office location was staffed through June 2011.

<sup>3</sup>See Attachment 2 for these community letters of support.

<sup>4</sup>See Attachment 9 for these management team support letters.

<sup>5</sup>See Attachment 3 for these Heart & Vascular Institute support letters.



## B. Diagnostic Cardiac Catheterization Services in Davidson County

NHTMC is the only provider of cardiac catheterization services in Davidson County<sup>6</sup>. NHTMC has continuously provided cardiac catheterization services through a contracted mobile unit since at least FFY 1990. During that time, NHTMC has proven that it provides quality heart catheterization services and operates a safe program. The mobile cardiac catheterization vendor utilized by NHTMC owns mobile cardiac catheterization units that are grandfathered to perform interventional cardiac catheterization, as well as diagnostic procedures. The cardiologists on the NHTMC medical staff most often prefer to use fixed cardiac catheterization equipment for interventional cardiac catheterization procedures and most diagnostic cardiac catheterization procedures, as a matter of quality outcomes and patients safety. As a result, many Davidson County cardiac catheterization procedures, which would be performed at NHTMC if it had fixed cardiac catheterization equipment, are performed at Novant Health Forsyth Medical Center in Winston-Salem and other locations, because NHTMC does not have fixed cardiac catheterization equipment.

The Centers for Medicare and Medicaid Services (CMS), The American Heart Association (AHS), the Agency for Health Care Research and Quality (AHRQ), North Carolina Hospital Quality Center, and The Joint Commission have set standards for quality of hospital and cardiac care. NHTMC works within the guidelines set by The American College of Cardiology Society for Cardiac Angiography and Interventions Clinical Expert Consensus Document on Cardiac Catheterization Laboratory Standards. Following those guidelines, NHTMC performs careful risk screening and has teamed with HVI for quality care standards. See **Attachment 3** for letters of support from cardiologists, cardiothoracic and vascular surgeons who are members the HVI Council in Novant Health's Greater Winston-Salem Market (including Thomasville). Utilizing Novant Health Critical Care Transport (a mobile intensive care unit on wheels), patients are transferred to NHFMC or another local facility of a patient's preference when necessary. See **Attachment 9** for a letter of support from the Manager of the Novant Health Critical Transport program.

During FFY 2012, NHTMC provided cardiac catheterization procedures on mobile equipment provided by DLP Cardiac Partners, LLC (DLP) one day per week (Wednesday). On Wednesday, the mobile unit is usually present at NHTMC for an eight-hour period or sometimes less than 8 hours. NHTMC cardiologists have chosen, as a matter of quality and patient safety, to limit utilization of the mobile catheterization laboratory to diagnostic cardiac catheterization procedures and some peripheral vascular procedures. NHTMC's busiest cardiologist, Dr. Usman Khawaja at Novant Health Davidson Cardiology, also has medical staff privileges at NHFMC's fixed cardiac catheterization labs in Winston-Salem and chooses to perform many diagnostic and interventional catheterizations for his Davidson County patients in that setting. The cardiologists who practice at NHTMC choose not perform interventional cardiac catheterization procedures on the mobile equipment.

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<sup>6</sup>Lexington Memorial Hospital, the only other acute care hospital in Davidson County, stopped offering mobile cardiac catheterization services during FFY 2003. Lexington Memorial Hospital only offered mobile cardiac catheterization services for five years, from FFY 1998-FFY 2002. Please see **Attachment 5**.

The cardiologists on the NHTMC medical staff who see patients most frequently in an office near NHTMC are Drs. Khawaja and Wahid with Novant Health Davidson Cardiology.

#### **IV. Reasons for the Proposed Adjustment**

##### **A. Cardiac Catheterization Equipment Need Determination Methodology does not Recognize a Need for Shared Fixed Equipment when a Substantial Number of Patients Out-migrate from County of Residence**

The *Proposed 2014 SMFP* contains two standard methodologies used to determine need for additional fixed cardiac catheterization equipment and shared fixed cardiac catheterization equipment.

Methodology 1 is applicable to service areas that have fixed cardiac catheterization equipment. As a result Methodology 1 is not applicable in Davidson County as there is no existing fixed cardiac catheterization unit in Davidson County today. Methodology 2 is applicable to service areas that do not have fixed cardiac catheterization equipment.

Methodology 2 is applicable in service areas that provide cardiac catheterization via contract for mobile cardiac catheterization services and determines a need in that county for additional shared fixed cardiac catheterization equipment (equipment used to perform both cardiac catheterization and angiography procedures) when the number of mobile cardiac catheterization procedures exceeds 240 in the last reported Federal Fiscal Year.

**Neither Methodology recognizes the need generated when patients are forced to leave their home county for service because no service or only very limited mobile service is available locally. Thomasville is the largest city in Davidson County and the 25<sup>th</sup> largest city in North Carolina and Davidson County is the 15<sup>th</sup> most populous county in North Carolina. Over 90% of Davidson County residents requiring cardiac catheterization procedures left the county during FFY 2012 for that care.**

Utilization of the mobile cardiac catheterization at NHTMC did not exceed 240 mobile procedures during the 12-month period reflected in the 2013 Hospital License Renewal Application on file with the North Carolina Division of Health Service Regulation and therefore, a need for a shared fixed cardiac catheterization lab was not included in the *Proposed 2014 SMFP*. However, based on data discussed below in this petition, annual cardiac catheterization volumes performed for Davidson County residents by the two Novant Health Davidson Cardiology cardiologists during FFY 2012 on the NHTMC mobile cardiac catheterization unit and in FMC fixed cardiac catheterization labs combined did exceed 240 cardiac catheterizations. It is worth noting that 270 annual cardiac catheterizations were performed by the two Novant Health Davidson Cardiology cardiologists practicing on the NHTRMC mobile cath unit and in the NHFMC fixed cath labs during FFY 2012.

## B. Novant Health Historical Cardiac Catheterization Utilization

### 1. Novant Health Thomasville Medical Center Federal Fiscal Year Data

The following table shows the mobile cardiac catheterization procedures performed at NHTMC during the last two Federal Fiscal Years for all patients served at NHTMC. In each Federal Fiscal Year, NHTMC had one 8-hour day per week of mobile cardiac catheterization service. The procedures were performed on patients from Davidson County and other surrounding counties.

**Federal Fiscal Year Data  
Novant Health Thomasville Medical Center  
Residents of All Counties  
Total Mobile Cardiac Catheterization Procedures: FFYs 2011 – 2013 Annualized**

| October - September             | FFY 2011 | FFY 2012 | FFY 2013<br>(Oct-May Annualized) |
|---------------------------------|----------|----------|----------------------------------|
| Diagnostic Procedures           | 73       | 99       | 138                              |
| Interventional Procedures       | 0        | 0        | 0                                |
| Total Procedures on Mobile Unit | 73       | 99       | 138                              |
| Annual Growth                   |          | 35.6%    | 39.4%                            |

*Source: Novant Health Trendstar Data; NHTMC Annual LRA*

As illustrated in the previous table, mobile cardiac catheterization volume at NHTMC increased significantly during the last two years. As discussed above, the cardiologists on the NHTMC medical staff from NH Davidson Cardiology will perform only diagnostic catheterization procedures on the mobile equipment. As a result, the NHTMC cardiac catheterization equipment has been unable to achieve the necessary annual cardiac catheterization procedures (>240 annual catheterization procedures) to trigger a need determination for one new shared fixed cardiac catheterization unit under SMFP Chapter 9 Methodology 2. Consequently, significant numbers of Davidson County residents in need of cardiac catheterization are going out of the county to Novant Health Forsyth Medical Center (Forsyth County) and other locations.

The following table shows the total number of mobile diagnostic cardiac catheterization procedures performed at NHTMC on patients from Davidson County only in the last two Federal Fiscal Years (FFYs).

**Federal Fiscal Year Data  
Novant Health Thomasville Medical Center  
Davidson County Residents Only  
Mobile Cardiac Catheterization Procedures: FFYs 2011 - 2012**

| October - September                        | FFY 2011 | FFY 2012 |
|--------------------------------------------|----------|----------|
| Total Diagnostic Procedures on Mobile Unit | 65       | 75       |
| Annual Growth                              |          | 15.4%    |

*Source: Novant Health Trendstar Data*

The previous table shows double-digit growth in mobile diagnostic cardiac catheterization procedures between FFYs 2011 and 2012 despite NHTMC's very limited mobile service only one day per week.

## 2. Novant Health Thomasville Medical Center Calendar Year Data

Calendar year data for 2012 and year-to-date 2013 reflect continued increases in cardiac catheterizations at NHTMC. The following table shows the total number of mobile diagnostic cardiac catheterizations performed at NHTMC on all patients by calendar year based on data reported through May 31, 2013.

**Calendar Year Data  
Novant Health Thomasville Medical Center  
Residents of All Counties  
Total Mobile Cardiac Catheterization Procedures: CYs 2011 – 2013 Annualized**

| January - December                         | CY 2011 | CY 2012 | CY 2013<br>(Jan-May Annualized) |
|--------------------------------------------|---------|---------|---------------------------------|
| Total Diagnostic Procedures on Mobile Unit | 66      | 108     | 166                             |
| Annual Growth                              |         | 63.6%   | 53.7%                           |

*Source: Novant Health Trendstar Data*

The previous table shows double-digit growth between CYs 2011 and 2012, and continued double digit growth in 2013 based upon the first five months of the year. The following table shows the total number of mobile diagnostic cardiac catheterization procedures performed at NHTMC on patients from Davidson County only in the last two calendar years (CYs).

**Calendar Year Data  
Novant Health Thomasville Medical Center  
Davidson County Residents  
Mobile Cardiac Catheterization Procedures: CYs 2011 - 2012**

| January - December                         | CY 2011 | CY 2012 | CY 2013<br>(Jan-May Annualized) |
|--------------------------------------------|---------|---------|---------------------------------|
| Total Diagnostic Procedures on Mobile Unit | 56      | 82      | 115                             |
| Annual Growth                              |         | 46.4%   | 40.2%                           |

*Source: Novant Health Trendstar Data*

The previous table shows double-digit growth between CYs 2011 and 2012 despite NHTMC's very limited mobile service. In CY 2012, NHTMC performed a total of 108 diagnostic cardiac catheterization procedures, 82 (77.4%) of those patients were residents of Davidson County.

Importantly, as discussed in physician letters included in **Attachment 1**, NHTMC cardiologists, as a matter of patient safety and quality outcomes, choose not to utilize the mobile equipment for some patients when interventional procedures are anticipated, and perform only a limited type of diagnostic procedures (ICD-9 37.22, 37.21, and 37.23) on the mobile equipment, due to the age and capabilities of the equipment and when there is a high likelihood that patients will need

interventional cardiac catheterization. The NHTMC cardiologists believe that if a therapeutic interventional cardiac catheterization procedure could be needed following a diagnostic cardiac catheterization procedure that it is better for the patient, if those two procedures are performed in a single trip to the cardiac catheterization lab.

**3. Novant Health Forsyth Medical Center– Patients from Davidson County**

The following table shows the total number of fixed cardiac catheterization procedures performed at NHFMC on patients from Davidson County in the last two Federal Fiscal Years.

**Federal Fiscal Year Data  
Novant Health Novant Health Forsyth Medical Center  
Davidson County Residents  
Fixed Cardiac Catheterization Procedures: FFYs 2011 - 2012**

| October - September                                           | FFY 2011 | FFY 2012 |
|---------------------------------------------------------------|----------|----------|
| Total Diagnostic and Interventional Procedures on Fixed Units | 266      | 269      |

*Source: Novant Health Trendstar Data*

The previous table shows a stable volume of patients receiving cardiac catheterization at NHFMC from Davidson County between FFYs 2011 and 2012.

The following table shows the total number of cardiac catheterization procedures performed at NHFMC on patients from Davidson County by Calendar Year based on data reported through May 31, 2103.

**Calendar Year Data  
Novant Health Forsyth Medical Center  
Davidson County Residents  
Fixed Cardiac Catheterization Procedures: CYs 2010 – 2013 Annualized**

| January - December                                            | CY 2011 | CY 2012 | CY 2013<br>(Jan-May Annualized) |
|---------------------------------------------------------------|---------|---------|---------------------------------|
| Total Diagnostic and Interventional Procedures on Fixed Units | 265     | 283     | 295                             |
| Annual Growth                                                 |         | 6.8%    | 4.3%                            |

*Source: Novant Health Trendstar Data*

The previous table estimates that Davidson County cardiac catheterization patient volumes at NHFMC between CYs 2012 through 2013 will continue to grow as a result of limited local cardiac catheterization services being available in Davidson County, which has only 1-day per week of mobile service at NHTMC and no interventional cardiac catheterization services.

#### 4. Novant Health Thomasville Medical Center and Novant Health Forsyth Medical Center Combined – Patients from Davidson County

The following table shows combined cardiac catheterization procedures performed at NHTMC and NHFMC during the last two Federal Fiscal Years on patients from Davidson County.

**Federal Fiscal Year Data**  
**Novant Health Thomasville Medical Center and Novant Health Forsyth Medical Center**  
**Davidson County Residents**  
**Fixed and Mobile Cardiac Catheterization Procedures: FFYs 2011 - 2012**

| October - September                                                 | FFY 2011 | FFY 2012 |
|---------------------------------------------------------------------|----------|----------|
| Total Diagnostic Procedures on NHTMC Mobile Unit                    | 65       | 75       |
| Total Diagnostic and Interventional Procedures on NHFMC Fixed Units | 266      | 269      |
| Total Procedures                                                    | 331      | 344      |

*Source: Novant Health Trendstar Data*

As shown above, total Davidson County patients receiving cardiac catheterization at NHTMC and NHFMC in FFY 2012 totaled 344 patients. That volume far exceeds the 240 cardiac catheterization patients required to generate a need for shared fixed cardiac catheterization equipment in Davidson County.

**Calendar Year Data**  
**Novant Health Thomasville Medical Center and Novant Health Forsyth Medical Center**  
**Davidson County Residents**  
**Fixed and Mobile Cardiac Catheterization Procedures: CYs 2011 - 2012**

| January - December                                                                              | CY 2011 | CY 2012 | CY 2013<br>(Jan-May Annualized) |
|-------------------------------------------------------------------------------------------------|---------|---------|---------------------------------|
| Total Diagnostic Procedures on NHTMC Mobile Unit – Davidson County Residents                    | 56      | 82      | 115                             |
| Total Diagnostic and Interventional Procedures on NHFMC Fixed Units – Davidson County Residents | 265     | 283     | 295                             |
| Total Procedures                                                                                | 321     | 365     | 410                             |

*Source: Novant Health Trendstar Data*

As shown above, total Davidson County patients receiving cardiac catheterization at NHTMC and NHFMC in CY 2012 totaled 365 patients. That volume far exceeds the 240 cardiac catheterization patients required to generate a need for shared fixed cardiac catheterization equipment in Davidson County.

NHDC (Novant Health Davidson Cardiology) volumes at NHFMC were performed at NHFMC because NHTMC did not have fixed cardiac catheterization equipment as reflected in the letters of support from these physicians included in **Attachment 1**. Therefore, NHTMC analyzed the Novant Health Federal Fiscal Year and Calendar Year cardiac catheterization volumes for

Davidson County residents at NHTMC and NHFMC, by cardiologist. This analysis is reflected in the following table.

**Calendar and Federal Fiscal Year Data  
Davidson Cardiology and Other Cardiologists  
Novant Health Thomasville Medical Center and Novant Health Forsyth Medical Center  
Davidson County Residents  
Fixed and Mobile Cardiac Catheterization Procedures**

|                                                              | FFY 2012 | Percent of Total | FFY 2013 (Oct13-May 13 Annualized) | Percent of Total                | CY 2012 | Percent of Total | CY 2013 (Jan-May Annualized) | Percent of Total |
|--------------------------------------------------------------|----------|------------------|------------------------------------|---------------------------------|---------|------------------|------------------------------|------------------|
| Davidson Cardiology @ NHTMC and NHFMC (Combined)             | 270      | 78%              | 314                                | Data Not Available to Calculate | 277     | 76%              | 343                          | 84%              |
| All Other Cardiologists @ NHFMC (Winston-Salem)              | 74       | 22%              | Data Not Available to Calculate    | Data Not Available to Calculate | 88      | 24%              | 67                           | 16%              |
| Total Davidson County Residents @ NHTMC and NHFMC (Combined) | 344      | 100%             | Data Not Available to Calculate    | Data Not Available to Calculate | 365     | 100%             | 410                          | 100%             |

*Source: Novant Health Trendstar Data  
Data is only for Davidson County cases.*

Analysis of the Novant Health Federal Fiscal Year and Calendar Year cardiac catheterization volumes for Davidson County residents by cardiologist illustrates that the cardiologists associated with Novant Health Davidson Cardiology (NHDC), a Novant Medical Group practice with an established, full-time office in Thomasville performed 270 cardiac catheterization procedures on Davidson County residents in FFY 2012 at NHTMC and NHFMC combined. And they are on target to exceed this volume in FFY 2013 with an estimated 314 cardiac catheterizations at both locations in FFY 2013.

The table above also shows that in Calendar Year 2012 the NH Davidson Cardiology cardiologists performed 277 cardiac catheterization procedures on Davidson County residents in at NHTMC and NHFMC combined which exceeds the requirement of 240 cardiac catheterization patients per year for shared fixed cardiac catheterization equipment. In addition, annualized data for January to May 2013 cardiac catheterization volume associated with the two NHDC cardiologists (Drs. Khawaja & Wahid) for residents of Davidson County exceeded 240 cardiac catheterizations in CY 2012 and will exceed that volume in CY 2013. That volume alone is sufficient to justify an adjusted need determination for shared fixed cardiac catheterization equipment in Davidson County. Furthermore, the percent of Davidson County residents choosing NHDC has increased each year as the practice matures in the community and cardiac service line offerings at NHTMC expand.

**5. Novant Health Thomasville Medical Center Cardiac Patients Transferred by Novant Critical Care Transport**

NHTMC also analyzed data from the Novant Critical Care Transport service at NHTMC. The Novant Health Critical Care Transport is available to all patients, including cardiac patients, for transport from NHTMC to a tertiary care facility for additional care. The CCT ambulance is

staffed 24 hours per day by a team of registered nurses and is equipped with the technology, medications, and resources of a hospital critical care unit, which include emergency and cardiac life support medicines, non-invasive blood pressure monitoring, and ability to transmit 12-lead ECG measurements to allow physicians to determine whether to take the patient directly to the catheterization lab upon arrival at the destination hospital.

During CY 2012 and the first Quarter of CY 2013, Novant Health's CCT ambulances, picked up from Novant Health Thomasville Medical Center, 107 Davidson County cardiac patients (STEMI, Congestive Heart Failure, Acute Myocardial Infarction, Coronary Artery Disease, Chest Pain, Syncope, Endocarditis) and transported them to Novant Health Forsyth Medical Center, High Point Regional Hospital, and Wake Forest Baptist Health. Of these 107 Davidson County cardiac patients 73% were transported directly to the cardiac catheterization laboratory, the cardiac catheterization observation unit, or the cardiac catheterization pre/post cardiac catheterization unit of the receiving hospital for a cardiac catheterization procedure. While CCT ambulances are responsive and well-equipped to transport these patients out of county for cardiac catheterizations, this may not be the optimal approach for the long-term.

### **C. Out-migration of Patients from Davidson County for Cardiac Catheterization Services**

The cardiac catheterization service at NHTMC is not available five days a week; it is available one day each week. Thus, the mobile cardiac catheterization unit is available locally in Davidson County for only about 14% of the days in any given month or week. As a result, many NHTMC patients are referred elsewhere as time ("door to balloon time") is critical for optimal patient care, when a cardiac catheterization procedure is warranted.

To analyze cardiac catheterization market share, out-migration, and cardiac catheterization use rates for Davidson County residents for purposes of this Petition, NHTMC utilized inpatient cardiac catheterization market share based on Truven data and outpatient volume from Novant Health Facilities to calculate total outpatient cardiac catheterization volume at all hospital facilities providing cardiac catheterization services to residents of Davidson County<sup>7</sup>. That assumes that each hospital's inpatient market share and outpatient market share for cardiac catheterization services are the same, which is a reasonable assumption when reliable and complete outpatient cardiac catheterization market share data is not available. The following table shows actual inpatient cardiac catheterization data and market share for all hospitals providing inpatient cardiac catheterization to Davidson County residents.

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<sup>7</sup> Neither the DHSR Licensure Section, nor the Health Planning Branch collects patient origin data for cardiac catheterization. The Truven Inpatient Database was utilized by NHTMC for inpatient cardiac catheterization data. NHTMC analyzed the Truven Outpatient Database for outpatient cardiac catheterization data and found reporting problems experienced by providers surrounding recent CPT coding changes associated with cardiac catheterization. As a result, NHTMC determined that the Truven Outpatient Database should not be used to analyze total outpatient volume or patient origin and market share for outpatient cardiac catheterization.



**Inpatient Cardiac Catheterization Market Share  
Davidson County Residents by Facility: CY 2012**

| <b>CY 2012</b>                                     | <b>Inpatient Cardiac Catheterizations</b> | <b>Market Share</b> |
|----------------------------------------------------|-------------------------------------------|---------------------|
| Novant Health Thomasville Medical Center           | 12                                        | 6.1%                |
| Novant Health Novant Health Forsyth Medical Center | 83                                        | 21.0%               |
| Novant Rowan Regional Medical Center               | 14                                        | 1.7%                |
| Subtotal Novant Health                             | 109                                       | 28.8%               |
| Wake Forest/North Carolina Baptist Medical Center  | 93                                        | 24.5%               |
| High Point Regional Health System                  | 152                                       | 40.1%               |
| All Others                                         | 25                                        | 6.6%                |
| <b>Total Inpatient Cardiac Catheterization</b>     | <b>379</b>                                | <b>100.0%</b>       |

*Source: Truven Inpatient Hospital Database*

Utilizing the inpatient market share from the previous table and outpatient cardiac catheterization volumes for the three Novant Health facilities, NHTMC calculated total outpatient cardiac catheterization volumes for Davidson County residents by facility as reflected in the following table.

**Outpatient Cardiac Catheterization Market Share  
Davidson County Residents by Facility: CY 2012**

| <b>CY 2012</b>                                                  | <b>Outpatient Cardiac Catheterizations</b> | <b>Market Share</b> |
|-----------------------------------------------------------------|--------------------------------------------|---------------------|
| Novant Health Thomasville Medical Center                        | 70                                         | 6.1%                |
| Novant Health Novant Health Forsyth Medical Center              | 200                                        | 21.0%               |
| Novant Rowan Regional Medical Center                            | 9                                          | 1.7%                |
| Subtotal Novant Health                                          | 279                                        | 28.8%               |
| **Wake Forest/North Carolina Baptist Medical Center (Estimated) | 238                                        | 24.5%               |
| **High Point Regional Health System (Estimated)                 | 389                                        | 40.1%               |
| **All Others (Estimated)                                        | 64                                         | 6.6%                |
| <b>*Total Estimated Outpatient Cardiac Catheterization</b>      | <b>970</b>                                 | <b>100.0%</b>       |

*Source: Truven Inpatient Hospital Database*

*\*Total outpatient cardiac catheterization estimated based upon Novant Health outpatient volume (279 cardiac catheterization procedures) divided by Novant Health inpatient market share (28.8%) = 970 total cardiac catheterization procedures for all providers.*

*\*\*Outpatient volumes for WFNCBMC, HPRHS and All Other calculated by multiplying facility specific market share times total estimated outpatient cardiac catheterization (970).*

The following table includes inpatient, outpatient, and total cardiac catheterization volumes for residents of Davidson County during CY 2012.

**Total Cardiac Catheterization Market Share  
Davidson County Residents by Facility: CY 2012**

| CY 2012                                                                  | Inpatient | Outpatient | Total | Market Share |
|--------------------------------------------------------------------------|-----------|------------|-------|--------------|
| Novant Health Thomasville Medical Center                                 | 12        | 70         | 82    | 6.1%         |
| Novant Health Novant Health Forsyth Medical Center                       | 83        | 200        | 283   | 21.0%        |
| Novant Rowan Regional Medical Center                                     | 14        | 9          | 23    | 1.7%         |
| Subtotal Novant Health                                                   | 109       | 279        | 388   | 28.8%        |
| Wake Forest/North Carolina Baptist Medical Center (Outpatient Estimated) | 93        | 238        | 331   | 24.5%        |
| High Point Regional Health System (Outpatient Estimated)                 | 152       | 389        | 541   | 40.1%        |
| All Others (Outpatient Estimated)                                        | 25        | 64         | 89    | 6.6%         |
| Total Outpatient Cardiac Catheterization (Outpatient Estimated)          | 379       | 970        | 1,349 | 100.0%       |

*Source: Novant Health Trendstar and Truven Data*

In CY 2012, only 6.1% of all cardiac catheterization cases performed on Davidson County residents was performed in Davidson County at NHTMC. In other words, 93.9% of cardiac catheterizations performed on Davidson County residents were performed at hospitals outside of Davidson County, as shown in the previous table. Many of those patients could have been appropriately treated at NHTMC had shared fixed cardiac catheterization services been available.

Of the total 1,349 (= 970 +379) total cardiac catheterization patients from Davidson County, it should be noted that only 17.8% of total cardiac catheterization procedures performed would be necessary to generate a need for shared fixed cardiac catheterization equipment under Methodology 2 -- had those 240 catheterization procedures been performed at NHTMC.

Also shown in the previous table, 21.0% of the residents of Davidson County had their procedures performed at NHFMC. As previously discussed, many of those patients are treated by Novant Health Davidson Cardiology cardiologists in the NHFMC fixed cardiac catheterization labs and those patients would have been treated at NHTMC had shared fixed cardiac catheterization equipment been available. For patients, travel and cost are significant barriers to care. Shared fixed cardiac catheterization services need to be available in Davidson County to NHTMC patients on a full-time basis.

#### **D. Cardiac Catheterization Utilization Rates**

Cardiac catheterization remains the most effective tool for the diagnosis of coronary artery disease<sup>8</sup>. The North Carolina cardiac catheterization rates per 1,000 population have been trending downwards over the last three Federal Fiscal Years, as shown in the following table.

<sup>8</sup> <http://www.bocaradiology.com/Procedures/cardiac/index.htm>

**North Carolina Residents**  
**Cardiac Catheterizations per 1,000 Population: FFYs 2010 - 2012**

| October-September                                             | FFY 2010 | FFY 2011 | FFY 2012 | Three-Year Average |
|---------------------------------------------------------------|----------|----------|----------|--------------------|
| Total Cardiac Catheterization Procedures per 1,000 Population | 13.03    | 12.81    | 12.21    | 12.68              |

*Source: SMFP; NC OSBM Population Data*

CY 2012 cardiac catheterization use rates in Davidson County are significantly less than the State rate, as shown in the following table.

**Davidson County Residents**  
**Cardiac Catheterizations per 1,000 Population: CY 2012**

| January-December                                                            | CY 2012 |
|-----------------------------------------------------------------------------|---------|
| Diagnostic and Interventional Cardiac Catheterizations per 1,000 Population | 10.36   |

*Source: Truven; Novant Health Trendstar; NC OSBM Population Data*

The cardiac catheterization use rate tables include both diagnostic and interventional cardiac catheterization procedures. As shown in the previous tables, the Davidson County cardiac catheterization use rate was 17.8% (12.21-10.36/10.36) less than the North Carolina cardiac catheterization use rate in CY 2012.

The mobile unit at NHTMC is one of the mobile cardiac catheterization units grandfathered to provide interventional cardiac catheterization procedures. As previously discussed, Davidson County cardiologists have determined that they prefer not to do interventional cardiac catheterization procedures on the existing mobile equipment for reasons related to patient safety and outcomes. As a result, while cardiac catheterization volume associated with NHTMC cardiologists has exceeded the 240 procedures needed to identify a need for shared fixed cardiac catheterization equipment at NHTMC, the mobile equipment at NHTMC has not.

### **E. Davidson County Health Status and Heart Disease Death Statistics**

According to the NC State Center for Health Statistics, Davidson County residents have mortality rates which are much higher than the State average overall and for heart disease in particular. The following table reflects mortality statistics for heart disease and for all causes for Davidson County and North Carolina, respectively.

**Mortality Rate by Disease per 1,000 Population: 2007 - 2011**

|                | Heart Disease – (All Ages)<br>2007–2011 | All Causes – (All Ages)<br>2007–2011 | All Causes - Age Adjusted<br>2007–2011 |
|----------------|-----------------------------------------|--------------------------------------|----------------------------------------|
| Davidson       | 227.1                                   | 953.9                                | 209.3                                  |
| North Carolina | 183.6                                   | 827.8                                | 179.3                                  |

*Source: North Carolina State Center for Health Statistics*

As reflected in the previous table, Davidson County residents have higher death rates than the North Carolina average in all cases. According to the NC State Center for Health Statistics, heart disease was the leading cause of death in Davidson County from 2007 to 2011, narrowly ahead of deaths from cancer. The following table reflects hospitalization rates per 1,000 population by principal diagnosis code for Davidson County.

**Davidson County  
Inpatient Hospital Utilization (Discharges) per 1,000 Population  
By Principal Diagnosis Code: 2011**

|                | Cardiovascular and Circulatory Diseases | Cerebrovascular Disease | Heart Disease |
|----------------|-----------------------------------------|-------------------------|---------------|
| Davidson       | 15.7                                    | 3.4                     | 10.0          |
| North Carolina | 16.5                                    | 3.0                     | 10.9          |

*Source: North Carolina State Center for Health Statistics*

The inpatient hospital discharge rate per 1,000 for Davidson County residents admitted with a principal diagnosis of heart disease of 10.0 discharges per 1,000 is slightly lower than the North Carolina average of 10.9 discharges per 1,000 as shown in the previous table.

As part of its community mission, NHTMC must strive to expand the capabilities and local accessibility of its existing cardiac care program. Its patients and their physicians need and deserve a more fully developed and readily available cardiac care program close to home.

## V. Cardiac Catheterization in Counties Similar to Davidson County

Davidson County is fifteenth largest county in North Carolina with 163,410 residents as shown in the following table. The following table also illustrates the number of counties that have fixed cardiac catheterization equipment or have shared fixed cardiac catheterization equipment compared to Davidson County with no fixed or shared fixed cardiac catheterization equipment.

**North Carolina Counties with Fixed or Shared Fixed  
Cardiac Catheterization Equipment: 2012**

| County      | Hospitals | Population |
|-------------|-----------|------------|
| Mecklenburg | 8         | 963,165    |
| Wake        | 4         | 945,603    |
| Guilford    | 2         | 502,190    |
| Forsyth     | 3         | 357,767    |
| Cumberland  | 1         | 330,754    |
| Durham      | 2         | 282,511    |
| Buncombe    | 1         | 245,535    |
| New Hanover | 1         | 209,964    |
| Gaston      | 1         | 208,582    |
| Union       | 1         | 207,872    |

|                 |          |                |
|-----------------|----------|----------------|
| Onslow          | 1        | 191,030        |
| Cabarrus        | 1        | 183,565        |
| Johnston        | 1        | 174,839        |
| Pitt            | 1        | 172,618        |
| <b>Davidson</b> | <b>2</b> | <b>163,410</b> |
| Iredell         | 3        | 163,043        |
| Catawba         | 2        | 155,494        |
| Alamance        | 1        | 153,029        |
| Randolph        | 1        | 142,594        |
| Orange          | 1        | 138,575        |
| Rowan           | 1        | 138,242        |
| Robeson         | 1        | 134,433        |
| Wayne           | 1        | 124,915        |
| Craven          | 1        | 105,179        |
| Cleveland       | 2        | 97,702         |
| Nash            | 1        | 95,533         |
| Moore           | 1        | 90,707         |
| Burke           | 2        | 89,977         |
| Caldwell        | 1        | 82,605         |
| Wilson          | 1        | 81,796         |
| Wilkes          | 1        | 69,755         |
| Carteret        | 1        | 68,362         |
| Rutherford      | 1        | 67,932         |
| Stanly          | 1        | 60,477         |
| Lenoir          | 1        | 59,401         |
| Lee             | 1        | 59,111         |
| Halifax         | 1        | 54,237         |
| Watauga         | 1        | 52,517         |
| Beaufort        | 2        | 47,901         |
| Pasquotank      | 1        | 39,941         |
| Scotland        | 1        | 36,366         |

Source: SMFP; NC OSBM

As shown in the previous table, cardiac catheterization services are available on a fixed or shared fixed basis in 41 North Carolina Counties, many (25) of which have a population far less than Davidson County. It is time for residents of Davidson County to have equitable access to shared fixed cardiac catheterization/angiography equipment.

## VI. Physician Retention

The NHTMC medical staff is comprised of 215 physicians and surgeons<sup>9</sup> in two dozen specialties including Anesthesiology, Allergy & Immunology, Cardiology, Dermatology, Emergency Medicine, ENT, Family Medicine, General Surgery, Gastroenterology, Hematology/Oncology, Hospitalist, Internal Medicine, Neurology, Ophthalmology, Orthopedics, Obstetrics & Gynecology, Pathology, Pain Management, Pediatrics, Podiatry, Pulmonology, Psychiatry, Radiology, and Urology. NHTMC is actively recruiting additional primary care physicians, with three new physicians starting in August 2013. In addition, a new PrimeCare Express Urgent Care Center will be opening in Thomasville in September 2013. Recruiting and retaining qualified medical and surgical specialists is one of the most critical and difficult things a rural community hospital must accomplish to maintain its financial viability and to provide needed services to its community.

Having appropriate technology is a major component in successful recruiting efforts. NHTMC's medical staff includes 14 experienced and board-certified cardiologists. Two of the fourteen are practicing full-time in Davidson County-based offices<sup>10</sup> and the other twelve cardiologists are based primarily in Guilford County with only two of the twelve routinely practicing in Davidson County in a satellite office.

The ability of NHTMC and its medical staff to assist in maintaining the health status of the population served by NHTMC requires that NHTMC retain qualified cardiology staff. Shared fixed cardiac catheterization equipment is critical to retaining the excellent cardiology staff as documented in the letters of support from NHTMC physicians in **Attachment 1** and the HVI cardiologists letters of support (Drs. Harris, Mitchell, and Powers) in **Attachment 3**, as well as the letter of support from the NHTMC Vice President of Medical Affairs, who is also a cardiologist (see **Attachment 9** for Dr. Thomas Trahey's letter of support)

## VII. Appropriateness of Interventional Catheterization Without Open Heart

During the 2012 Public Hearing process for the 2013 SMFP, Johnston Health submitted a petition regarding changes to the SMFP and to CON Cardiac Catheterization regulations regarding the appropriateness of interventional catheterization without open heart on-site. As a result of that Petition and subsequent discussions at the Technology and Equipment Sub-Committee and the full SHCC, the CON regulations related cardiac catheterization and the requirement that open-heart must be available to provide interventional cardiac catheterization, have been reviewed and are in the process of being revised by the CON Section using the state's administrative rule-making process. The current goal is that the temporary rules will be effective in early 2014 and will no longer require a facility to have open-heart capabilities to provide interventional cardiac catheterization. A copy of the Johnston Health 2012 Petition, which includes a detailed discussion regarding the appropriateness of interventional cardiac

<sup>9</sup> The TMC medical staff includes those credentialed in the following categories: Active, Active Provisional, Consulting, Associate, Associate Provisional, and Temporary.

<sup>10</sup> See letters of support in **Attachment 1** from Drs. Khawaja and Wahid, with Novant Health Davidson Cardiology.

catheterization without open heart services on-site, is included with this Petition as **Attachment 8**.

### **VIII. SHCC Support for Shared Fixed Cardiac Catheterization Adjusted Need Petitions**

The Technology and Equipment Committee and SHCC, respectively, has reviewed and approved five petitions for adjusted need determinations for shared fixed cardiac catheterization equipment since 2002. All five of those petitions were for new shared fixed cardiac catheterization equipment in counties where no fixed cardiac catheterization services existed.

- 2012 petition from Carteret County General Hospital, Morehead City, NC for shared fixed cardiac catheterization equipment in Carteret County
- 2010 petition from Central Carolina Hospital, Sanford, NC for shared fixed cardiac catheterization equipment in Lee County
- 2007 petition from Scotland Memorial Hospital, Laurinburg, NC for shared fixed cardiac catheterization equipment in Scotland County
- 2007 petition from Halifax Regional Medical Center, Roanoke Rapids, NC for shared fixed cardiac catheterization equipment in Halifax County
- 2002 petition from Randolph Hospital Asheboro, NC for shared fixed cardiac catheterization equipment in Randolph County.

In all of the above petitions, utilization of existing mobile equipment was less than 240 cardiac catheterization procedures, and in the case of Carteret County General Hospital, no mobile services were being provided by the petitioner. Out-migration, low cardiac catheterization use rates, and high mortality rates due to heart disease also were common elements in those petitions. All of the counties had populations considerably smaller than the population of Davidson County, which is the 15th largest county in North Carolina. NHTMC did not find any petitions for shared fixed cardiac catheterization equipment denied by the SHCC in counties where fixed cardiac catheterization services did not exist.

It is useful to note that all of the above five approved petitions for shared fixed cardiac catheterization/angiography units were in counties with 2012 population counts that were well less than the 163, 410 population base in Davidson County during 2012. Referencing the County population table referenced above in this petition in Section V on pages 16-17 shows:

| <b>County</b> | <b>2012 Population</b> |
|---------------|------------------------|
| Davidson      | 163,410                |
| Randolph      | 142,594                |
| Carteret      | 68,362                 |
| Lee           | 59,111                 |
| Halifax       | 54,237                 |
| Scotland      | 36,366                 |

NHTMC requests that that Technology and Equipment Committee and SHCC, respectively, act consistently with its well-reasoned precedents in considering the NHTMC petition.

## **IX. Statement of Adverse Effects on the Population**

There would be no adverse effect on Davidson County population from the addition of a need determination for one new Davidson County shared fixed cardiac catheterization unit in the *Final 2014 SMFP*. In fact, there are only positive effects for the Davidson County population from the addition of a need determination for shared fixed cardiac catheterization equipment in the *Final 2014 SMFP*. An adverse impact on the Davidson County population would be much more likely to continue to occur if this Petition is denied, given that over 90% of Davidson County residents who need cardiac catheterization procedures leave Davidson County to access that care.

Given the frequency of demand for cardiac catheterization procedures, it is unreasonable for residents of Davidson County to travel for critical diagnostic and interventional procedures. For many, the time involved means a delay of hours or possibly days to get appropriate treatment. Time involved in stabilizing a patient, determining a diagnosis, arranging medical transport, coordinating care teams at the referral hospital adds up to critical time lost for each patient for whom timely cardiac catheterization is the best solution.

Requiring travel outside Davidson County automatically deters a substantial proportion of the residents from seeking follow-up on treatment or implementing diagnostic recommendations. That is true regardless of their insurance status. Those decisions involve more than the cost of care itself. Reasons for deferral involve the perception of distance from home, cost of travel, fear of travel on the interstate and urban beltways, and distance from family and support networks.

The addition of a need determination for shared fixed cardiac catheterization equipment will decrease out-migration for diagnostic and interventional cardiac catheterization procedures, and improve access to these cardiac catheterization procedures in Davidson County.

## **X. Statement of the Alternatives Considered**

### **A. Maintain the Status Quo – Continue Mobile Services**

DLP provides NHTMC with reasonable mobile cardiac catheterization equipment for which NHTMC is appreciative. Mobile cardiac catheterization service is at best an interim solution. Mobile service is inefficient, adds overhead, and is always at risk of a truck breakdown and/or damage to the equipment on the road. There also is a potential for compromise of patient privacy and comfort during transport to and from the mobile unit.

NHTMC's mobile cardiac catheterization patients are treated in a space that is physically outside the hospital because the mobile catheterization unit is inside the trailer that is parked on a mobile pad at NHTMC. Patients are exposed to the elements while being transported between hospital and mobile unit. The service is not available every day despite the fact that patients get sick every day.



Patient word of mouth is powerful. The more patients that must be referred to providers outside of Davidson County, the more other patients choose to seek service outside of Davidson County. Mobile service does not address the need for more immediate local accessibility for NHTMC's cardiac patients and its cardiologists.

Importantly, as discussed in physician letters included in **Attachment 1**, NHTMC cardiologists based on their professional judgment and focus on patient safety and positive outcomes, choose not to utilize the mobile equipment for some patients when interventional procedures are anticipated, and perform only a limited type of diagnostic procedures (ICD-9 37.22, 37.21, and 37.23) on the mobile equipment, due to the age and capabilities of the equipment and when there is a high likelihood that patients will need interventional cardiac catheterization.

The successful mobile cardiac catheterization experience at NHTMC and the demand for the service from cardiologists and their patients demonstrate a need and illustrate that NHTMC can sustain the volume required by a shared fixed service.

For those reasons and for the reasons stated above, maintaining the status quo is not acceptable.

### **B. Performance of CT Angiography**

Multi-slice (64) computed tomography is an effective tool for ruling out coronary artery disease. It is good for checking status of coronary artery bypass grafting (CABG) repairs. It reduces the need for diagnostic cardiac catheterization by only five percent, and cannot replace cardiac catheterization as the standard for diagnosis. Its primary role is as a substitute for nuclear stress tests. CT Angiography also carries high radiation exposure risks. NHTMC has a 64-slice CT scanner. The radiologists at NHTMC are available to perform CT Angiography, based on referral from the cardiologist. As previously stated, CT Angiography is a complement to cardiac catheterization services for the diagnosis of coronary artery disease, not a replacement.

### **C. Development of a Shared Fixed Cardiac Catheterization Laboratory**

A shared fixed cardiac catheterization lab at NHTMC will make cardiac catheterization services available all day, every day in Davidson County. It will allow many more Davidson County cardiac catheterization patients to remain close to home for crucial, timely cardiac care, possibly preventing disease progression. A shared fixed cardiac catheterization unit (fixed equipment that is used to perform both cardiac catheterization and angiography/peripheral vascular procedures) in Davidson County will also allow NHTMC physicians to treat vascular disease throughout a patient's body, rather than limiting it to just the vessels in the patient's heart. NHDC cardiologists currently perform peripheral vascular procedures on the mobile catheterization unit when it is present at NHTMC.

A full-time shared fixed cardiac catheterization service at NHTMC will allow treatment of cardiac disease early with good results preventing the disease's progression to a later stage where patients require more dramatic interventions.

## **XI. The Project Would Not Result in an Unnecessary Duplication of Services**

As discussed throughout this Petition, NHTMC documents that in CY 2012, 93.9% of patients from Davidson County left the county for cardiac catheterization. The following table shows the hospitals where Davidson County patients received cardiac catheterization services in CY 2012.

**Total Cardiac Catheterization Market Share  
Davidson County Residents by Facility: CY 2012**

| <b>CY 2012</b>                                                           | <b>Inpatient</b> | <b>Outpatient</b> | <b>Total</b> | <b>Market Share</b> |
|--------------------------------------------------------------------------|------------------|-------------------|--------------|---------------------|
| Novant Health Thomasville Medical Center                                 | 12               | 70                | 82           | 6.1%                |
| Novant Health Novant Health Forsyth Medical Center                       | 83               | 200               | 283          | 21.0%               |
| Novant Rowan Regional Medical Center                                     | 14               | 9                 | 23           | 1.7%                |
| Subtotal Novant Health                                                   | 109              | 279               | 388          | 28.8%               |
| Wake Forest/North Carolina Baptist Medical Center (Outpatient Estimated) | 93               | 238               | 331          | 24.5%               |
| High Point Regional Health System (Outpatient Estimated)                 | 152              | 389               | 541          | 40.1%               |
| All Others (Outpatient Estimated)                                        | 25               | 64                | 89           | 6.6%                |
| Total Outpatient Cardiac Catheterization (Outpatient Estimated)          | 379              | 970               | 1,349        | 100.0%              |

*Source: Novant Health Trendstar and Truven Data*

As discussed previously, Novant Health volumes reflected in the previous table are sufficient to justify the approval of the fixed shared cardiac catheterization equipment. Letters of support included in **Attachments 1, 2, 3 and 9** further document the quantitative and qualitative need for the equipment. Re-capture of out-migrated Davidson County residents by NHTMC will not have a negative impact on the viability of fixed cardiac catheterization equipment at other hospitals. It is reasonable to expect that most of the Davidson County residents receiving cardiac catheterization procedures at NHTMC will choose NHTMC, in consultation with their cardiologist, when there is a fixed shared cardiac catheterization unit operational at NHTMC.

NHTMC discussed this Petition with representatives from the Council for Novant Health Heart & Vascular Institute and all expressed support for this Petition. Letters from members of the HVI expressing support for shared fixed cardiac catheterization equipment at NHTMC are included in **Attachment 3**. Three of the six HVI letters of support are from cardiologist members of the HVI Council.

## **XII. The Project is Consistent with the Three Basic Principles Governing the Development of the SMFP**

The Petition is consistent with the provisions of the Basic Principles of the *State Medical Facilities Plan*.

## A. Safety and Quality Basic Principle

The State of North Carolina recognizes the importance of systematic and ongoing improvement in the quality of health services. Emerging measures of quality address both favorable clinical outcomes and patient satisfaction, while safety measures focus on the elimination of practices that contribute to avoidable injury or death and the adoption of practices that promote and ensure safety. Providing appropriate care in the appropriate setting works to assure quality care.

NHTMC and its cardiologists have demonstrated a successful track record with the cardiac services offered including:

- Board-certified cardiologists on the NHTMC medical staff with expertise in diagnostic and interventional cardiac catheterization procedures, cardiovascular disease, and internal medicine; and nuclear
  - Cardiology groups with established and busy offices in Thomasville and Lexington in central Davidson County;
  - Contracting for continuous local access to mobile cardiac catheterization services for the past 20+ years from FFY1990 through FFY 2013 and ongoing until a fixed shared use cardiac catheterization unit is obtained and placed on the NHTMC campus;
  - Recent high ratings from the from NC Hospital Quality Performance for quality metrics for Heart Failure and Heart Attack patients as reflected in the NC Hospital Quality Center web site<sup>11</sup> (4/1/-9/30, 2012) that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals. See **Attachment 6** for a copy of this information;
  - National accreditation by the Society of Cardiovascular Patient Care as a Chest Pain Center, meeting quality of care measures based on consistently improving the process of care for "acute coronary syndrome patients" which starts with the onset of patient symptoms and included emergency dispatch services, emergency medical services, catheterization lab, observation unit, cardiac rehabilitation program, and discharge from the facility. See **Attachment 4** for information about the Chest Pain Center Accreditation process;
  - Partnership with the Novant Health Heart & Vascular Institute ("HVI"), integrating the cardiac expertise and resources of the tertiary hospital cardiac programs with NHTMC's cardiac programs and assuring access to readily available resources for NHTMC's cardiac patients when the need arises;
  - The role of the Novant Health's Heart and Vascular Institute and its Council is to provide governance oversight for quality outcomes, operational efficiency, program development, strategic planning, physician recruitment, and financial performance and to be collectively accountable for the performance of the heart and vascular service line in the Novant Health Greater Winston-Salem Market (including Thomasville). The Novant Health HVI encompasses acute care, ambulatory care, and physician practices. See **Attachment 3** for HVI letters of support;
  - Providing Novant Health Critical Care Transport at NHTMC which is available to cardiac and other patients for transport from NHTMC to a tertiary care facility for
-

additional care. The CCT ambulance is staffed 24 hours per day by a team of registered nurses and is equipped with the technology, medications, and resources of a hospital critical care unit, which include emergency and cardiac life support medicines, non-invasive blood pressure monitoring, and ability to transmit 12-lead ECG measurements, to allow physicians to determine whether to take the patient directly to the catheterization lab upon arrival at the destination hospital. See **Attachment 9** for a letter from the Manger of the Novant Health Critical Care Transport ambulance program;

- Availability of a variety of cardiac imaging studies offered in the NHTMC radiology department, including nuclear medicine and CT cardiac studies
- A Women’s Heart Center at NHTMC, which opened in February 2012 to provide a comprehensive heart risk assessment to pinpoint personal risk factors and goals to improve women’s health. In May 2012, NHTMC became part of an elite coalition of U.S. Hospitals and healthcare providers as a “Spirit of Women” hospital that ascribes to high standards of excellence in women’s health, education, and community outreach.
- One of the first cardiac rehabilitation programs in the area when it established its program at the local YMCA. Today, cardiac rehabilitation services are now available on site at the hospital, NHTMC. The NHTMC Cardiac Rehabilitation program is for people with known heart disease who have had a recent event or intervention. The NHTMC cardiac rehabilitation program continues to thrive today and is staffed by dedicated professionals offering programs in exercise therapy, nutrition education & counseling, psychosocial education & counseling, smoking cessation, and general education about how the heart works and each patient’s medications.

## **B. Access Basic Principle**

Equitable access to timely, clinically appropriate, and high quality health care for all the people of North Carolina is a foundation principle for the formulation and application of the *North Carolina State Medical Facilities Plan*. The formulation and implementation of the *North Carolina State Medical Facilities Plan* seeks to reduce all of those types of barriers to timely and appropriate access. The first priority is to ameliorate economic barriers and the second priority is to mitigate time and distance barriers. The *SMFP* is developed annually as a mechanism to assure the availability of necessary health care services to a population.

Davidson County residents have very limited local access to cardiac catheterization services for more than 20 years, since the mobile cardiac catheterization unit has only been available one day per week during that time period. NHTMC is the only provider of mobile cardiac catheterization services in Davidson County and has a mobile unit on site only 1 day per week. At all other times, Davidson County residents are forced to leave home and incur added expense, time, and stress to access necessary cardiac catheterization services. Davidson County residents have a higher cardiac death rate and higher inpatient admissions for cardiac services than North Carolina residents as whole. Cardiac catheterization services should be available locally – in Davidson County, specifically. Moreover, as the data above shows 93.9% of Davidson County residents in need of cardiac catheterization services, seek those services outside of Davidson County. This is an unsustainably high rate of out-migration for a fundamental component of modern cardiac care.

An adjusted need determination for one unit of shared fixed cardiac catheterization equipment in Davidson County will greatly improve geographic access to fixed diagnostic cardiac catheterization and angiography services for residents of Davidson County.

Approval of this Petition will allow improved access to this crucial inpatient and outpatient service that should be provided at the local level for the residents of Davidson County, who live in the 15<sup>th</sup> most populous county among North Carolina's 100 counties.

### **C. Value Basic Principle**

The SHCC defines health care value as maximum health care benefit per dollar expended. Disparity between demand growth and funding constraints for health care services increases the need for affordability and value in health services. Measurement of the cost component of the value equation is often easier than measurement of benefit. Cost per unit of service is an appropriate metric when comparing providers of like services for like populations.

The cost of providing mobile cardiac catheterization services is expensive for a hospital and its patients. The development of shared fixed cardiac catheterization services in Davidson County will allow many Davidson County residents to choose to receive care locally in a lower cost, full-service community hospital setting. If NHTMC is successful in replacing 50-52 days per year of mobile cardiac catheterization services (one day per week on the NHTMC campus) with a fixed shared use cardiac catheterization unit, it will no longer need to incur the annual operating costs and fees paid to an outside vendor associated with contracting for the mobile cardiac catheterization unit. Then NHTMC can redirect these expenditures within NHTMC in support of the proposed fixed cardiac catheterization program.

The proposed adjusted shared fixed cardiac catheterization equipment need determination in Davidson County will help to maximize health care benefit per dollar expended by NHTMC.

### **XIII. Conclusion**

In summary, based on the information set forth above, NHTMC requests that the SHCC approve an adjusted need determination for shared fixed cardiac catheterization equipment in Davidson County in the 2014 SMFP and change Chapter 9, Cardiac Catheterization as follows:

**Table 9Z: Shared Fixed Cardiac Catheterization Equipment Need Determination**  
(Proposed for Certificate of Need Review Commencing in 2014)

| <b>Cardiac Catheterization Service Area</b> | <b>Shared Fixed Cardiac Catheterization Equipment Need Determination*</b> | <b>Certificate of Need Application Due Date**</b> | <b>Certificate of Need Beginning of Review Date</b> |
|---------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|
| Davidson                                    | 1                                                                         | March 15, 2014                                    | April 1, 2014                                       |

\*Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\*Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

**File: TMCDavidsonCtySharedFixedCardiacPetitionFINAL.07.31.2013.docx**

**LIST OF PETITION ATTACHMENTS**

**ATTACHMENT #1: Cardiologist Letters of Support**

**ATTACHMENT #2: Community Letters of Support**

**ATTACHMENT #3: NH Heart & Vascular Institute Letters of Support**

**ATTACHMENT #4: NHTMC Chest Pain Center Accreditation Materials**

**ATTACHMENT #5: Summary of Mobile Cardiac Catheterization Services in Davidson County NC-FFY 1990-FFY 2012**

**ATTACHMENT #6: NC Hospital Quality Performance Report for NHTMC for Heart Attack and Heart Failure Patients (4/1/2012 – 9/30/2012)**

**ATTACHMENT #7: Mileage Maps: Davidson County to High Point, Greensboro, & Winston-Salem**

**ATTACHMENT #8: Johnston Health Summer 2012 Petition to Change SMFP Language To Allow the Provision of Interventional Cardiac Catheterization Services Without Open Heart ORs On Site**

**ATTACHMENT #9: Management Team Support Letters**

**ATTACHMENT #10: “ENVISION Thomasville NC 2020,” A Strategic Plan for Thomasville’s Future (May 2011)**

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# Attachment 1





July 29, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

**Davidson Cardiology**

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Thomasville, NC 27360

[nhdavidsoncardiology.org](http://nhdavidsoncardiology.org)

RE: Cardiologist Letter of Support for Novant Health Thomasville Medical Center's July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am a cardiologist board-certified in Internal Medicine, Interventional Cardiology, and Cardiovascular Disease and I have been practicing in Davidson County for the past 12 years. My group, Novant Health Davidson Cardiology, has offices in Thomasville and Lexington, North Carolina. I serve as the Medical Director for my practice. I am also a member of the medical staff in good standing at both Novant Health Thomasville Medical Center ("NHTMC") and Novant Health Forsyth Medical Center ("NHFC"). I perform cardiac catheterization procedures on the mobile catheterization unit at NHTMC and in the fixed cardiac catheterization labs at NHFC in Winston-Salem. I also perform peripheral vascular procedures on the NHTMC mobile cardiac cath.

I find the mobile cardiac catheterization unit at NHTMC to be of limited utility as it is only available one day per week. In addition, from the perspective of patient safety and outcomes, as a clinician I prefer to perform most diagnostic cardiac catheterization procedures and all interventional cardiac catheterization procedures in a fixed cardiac catheterization lab rather than in a mobile catheterization lab set-up. I would definitely perform cardiac catheterization procedures in a fixed cardiac catheterization lab at NHTMC if they were successful in obtaining the necessary regulatory approvals.

During CY 2012, I performed diagnostic cardiac catheterization procedures on the NHTMC mobile cardiac catheterization unit and many diagnostic and interventional cardiac catheterization procedures on the fixed cardiac catheterization units at NHFC for my patients. During that 12-month period I performed 179 cardiac catheterization cases in those two settings. Year to date in CY 2013 my cardiac catheterization volumes have increased over 7% from the prior year. About one-third of the cases I perform are interventional cardiac catheterizations.

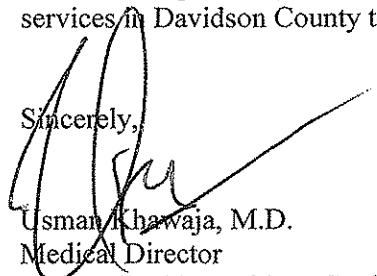
I support NHTMC's petition to create local access to a fixed cardiac catheterization/angiography unit in Davidson County. I am told that Davidson County is the 15<sup>th</sup> most populous of North Carolina's 100 counties and today, over 90% of Davidson County residents requiring a cardiac catheterization procedure leave Davidson County to get the care they need. This process for cardiac care is sub-optimal for patients and providers in Davidson County. It is not sustainable. Patients living in central Davidson County in and around Lexington and Thomasville (the 2 population centers), should not have to make a 20-mile roundtrip to High Point, a 40-mile roundtrip to Winston-Salem, or a 50-mile roundtrip to Greensboro to access cardiac catheterization services that are available 24 hours per day.

NHTMC already has in place most of the elements for a successful cardiac catheterization program:

- 23 years of experience (since 1990) in contracting for and providing mobile cardiac catheterization services on the NHTMC campus and during that time NHTMC provided 1,740 mobile cardiac catheterization procedures
- Cardiologists with established offices in Davidson County and medical staff privileges at Novant Health Thomasville Medical Center
- NHTMC's national accreditation as a Chest Pain Center by the Society of Cardiovascular Patient Care
- NHTMC's partnership with the tertiary cardiac services offered at Novant Health Forsyth Medical Center through its affiliation with Novant Health's Heart & Vascular Institute in the Greater Winston-Salem Market, including NHTMC; the NH Heart & Vascular Council will address quality outcomes, operational efficiency, strategic planning, program development, physician recruitment, & financial outcomes encompassing acute care, ambulatory care, and physician practices for the cardiac and vascular service line
- Access in the NHTMC radiology department to nuclear medicine, ultrasound, and CT cardiac imaging studies
- An established, professionally staffed cardiac rehabilitation program in Thomasville, NC
- NHTMC's Women's Heart Center which opened in early 2012 to provide a comprehensive heart risk assessment to pinpoint personal risk factors and goals to improve women's health
- Access to a Novant Health Critical Care Transport ambulances (essentially an ICU on wheels) for cardiac patients who need to be transferred to a larger tertiary hospital
- Confirmation of the quality of cardiac care at NHTMC for heart attack and heart failure patients as reported on the North Carolina Hospital Association's NC Hospital Quality Reports showing that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals

NHTMC, its patients and their physicians are long overdue for evolution of cardiac catheterization services in Davidson County to include a local fixed cardiac catheterization program that is available 24 hours per day. Local and immediate and access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs. Please give the NHTMC petition your full and fair consideration to enable our ability to take cardiac catheterization services in Davidson County to the next level.

Sincerely,



Usman Khawaja, M.D.  
Medical Director  
Novant Health Davidson Cardiology

*File: TMCCathPetitionCardiologistLtrKhawaja.7.28.2013.doc*

July 31, 2013



Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

Davidson Cardiology  
211 Old Lexington Road  
Thomasville, NC 27360

[nhdavidsoncardiology.org](http://nhdavidsoncardiology.org)

RE: Cardiologist Letter of Support for Novant Health Thomasville Medical Center's July 31, 2013  
Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed  
Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am a cardiologist board-certified in Internal Medicine and Cardiovascular Disease and I have been practicing in Davidson County for the past 7 years. My group, Novant Health Davidson Cardiology, has offices in Thomasville and Lexington, North Carolina. I am a member of the medical staff in good standing at both Novant Health Thomasville Medical Center ("NHTMC") and Novant Health Forsyth Medical Center ("NHFMC"). I perform cardiac catheterization procedures both on the mobile catheterization unit at NHTMC and the fixed cardiac catheterization units at NHFMC in Winston-Salem.

I find the mobile cardiac catheterization unit at NHTMC to be of limited utility as it is only available one day per week for 8 hours or less. In addition, from the perspective of patient safety and outcomes, as a clinician I prefer to perform most diagnostic cardiac catheterization procedures in a fixed cardiac catheterization lab rather than in a mobile catheterization lab set-up.

I support NHTMC's petition to create local access to a fixed cardiac cath/angiography unit in Davidson County. I would definitely perform cardiac catheterization procedures in a fixed cardiac catheterization lab located at NHTMC, if they are successful in obtaining the necessary regulatory approvals from the state.

During CY 2012, I performed 98 diagnostic cardiac catheterization procedures on the NHTMC mobile catheterization unit and on the fixed cardiac catheterization units at NHFMC combined. Year to date in CY 2013, the number of cardiac catheterization procedures I performed in these two settings has increased by over 40%.

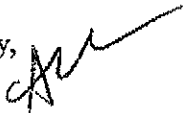
I am told that Davidson County is the 15<sup>th</sup> most populous of North Carolina's 100 counties and today, over 90% of Davidson County residents requiring a cardiac catheterization procedures leave Davidson County to get they care they need. This process for cardiac care is sub-optimal for patients and providers in Davidson County and creates hardships for patients and families. Patients living in central Davidson County in and around Lexington and Thomasville (the 2 population centers), should not have to make a 20-mile roundtrip to High Point, a 40-mile roundtrip to Winston-Salem, or a 50-mile roundtrip to Greensboro to access cardiac catheterization services that are available 24 hours per day

NHTMC already has in place many of the elements for a successful cardiac catheterization program:

- 23 years of experience (since 1990) in contracting for and providing mobile cardiac catheterization services on the NHTMC campus and during that time NHTMC provided 1,740 mobile cardiac catheterization procedures
- Cardiologists with established offices in Davidson County and medical staff privileges at Novant Health Thomasville Medical Center
- NHTMC's national accreditation by the Society of Cardiovascular Patient Care as a Chest Pain Center
- Access in the NHTMC radiology department to nuclear medicine, ultrasound, and CT cardiac imaging studies
- An established, professionally staffed cardiac rehabilitation program in Thomasville, NC
- NHTMC's Women's Heart Center which opened in early 2012 to provide a comprehensive heart risk assessment to pinpoint personal risk factors and goals to improve women's health
- Access to a Novant Health Critical Care Transport ambulances (essentially an ICU on wheels) for patients who need to be transferred to a larger tertiary hospital
- NHTMC's partnership with the Novant Health Heart & Vascular Institute ("HVI") so that all the cardiac expertise and resources of Novant Health tertiary hospital cardiac programs are integrated with NHTMC's cardiac programs and are readily available for NHTMC's cardiac patients
- Confirmation of the quality of cardiac care at NHTMC for heart attack and heart failure patients as reported on the North Carolina Hospital Association's NC Hospital Quality Reports showing that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals

NHTMC, its patients and their physicians are long overdue for evolution of cardiac catheterization services in Davidson County to include a fixed cardiac catheterization program that is available 24 hours per day. Local and immediate and access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs. Please give the NHTMC petition your full and fair consideration to enable our ability to advance cardiac catheterization services in Davidson County to the next level.

Sincerely,



Asif T. Wahid, M.D.  
Novant Health Davidson Cardiology

*File: TMCCathPetitionCardiologistLtrWahid.07.29.2013.doc*

# Attachment 2

# THOMASVILLE

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## AREA CHAMBER of COMMERCE

July 31, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

Dear Mr. Parks:

I am pleased to write to you on behalf of the Thomasville Area Chamber of Commerce.

Davidson County is the 15<sup>th</sup> most populous of the state's 100 counties. Thomasville is the 32<sup>nd</sup> largest city in North Carolina.

Our Chamber has spearheaded and is now implementing a community-wide visioning and strategic planning program called EnVision 2020. Strengths identified during the SWOT analysis included location, medical facilities, available workforce, city government, community college, proximity to area colleges, racial harmony/inclusiveness, and transportation (I-85 & Highway 109). Identified opportunities included workforce training, hospital job creation, increase in income levels, local government incentive for businesses and more. One of the plan's goals is to build a skilled workforce for the future which includes the strategy of promoting healthy lifestyles for citizens.

The Chamber supports Novant Health Thomasville Medical Center's petition to seek the state's approval to have the opportunity to create local access to a fixed cardiac catheterization/angiography unit in Davidson County at their facility every day. NHTMC's proposal is consistent with and advances the strengths and goals outlined in our EnVision 2020 Strategic Plan.

We understand that, due to lack of availability by the mobile vendor, there has only been a mobile cardiac catheterization service available on the HNTMC campus one day per week. I am told that over 90% of Davidson County residents requiring a cardiac catheterization procedure leave Davidson County to get that care they need. With 163,000 citizens, this level of out-migration for Davidson County cardiac patients should not continue to be the norm and is not desirable in terms of the efficiency and effectiveness for the essential heart care.

Davidson County has a land mass of 552,000 square miles. NHTMC is the closest hospital to many of the county's 163,000 citizens and especially the residents of southern, central and eastern areas of the county. Thomasville is the largest city in the 15<sup>th</sup> most populous county in the state. Many of the county's residents travel to Thomasville for their medical / hospital services.

Depending on specific location, residents of southern and central Davidson County already travel 20-40 minutes for medical and hospital services. Should they require cardiac catheterization or angiography, it requires an additional 20-40 minutes to High Point, Greensboro or Winston Salem.

NHTMC already has in place many of the elements for a successful cardiac catheterization program including:

- 23 years of experience contracting for and providing mobile cardiac catheterization services on the NHTMC campus;
- cardiologists with established offices in Thomasville and medical staff privileges at NHTMC;
- NHTMC's national accreditation as a "Chest Pain Center";
- confirmation of NHTMC's quality of cardiac care for heart attack and heart failure patients as reported in the NC Hospital Quality Reports, where NHTMC's care is in the top 10% of North Carolina Hospitals
- NHTMC's Women's Heart Center;
- an established, professionally staffed cardiac rehabilitation program in Thomasville, NC;
- NHTMC's partnership with the Novant Health Heart & Vascular Institute ("HVI");
- and access to Novant Health Critical Care Transport ambulances (essentially an ICU on wheels) for cardiac patients who need to be transferred to a larger tertiary hospital.

We believe that Novant Health Thomasville Medical Center, its patients and their physicians are long overdue for evolution of cardiac catheterization services in Davidson County to include a fixed cardiac catheterization program that is available 24 hours per day. Local and immediate access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs. Please give the NHTMC petition your full and fair consideration to enable NHTMC to advance cardiac catheterization services in Davidson County to the next level.

Sincerely,

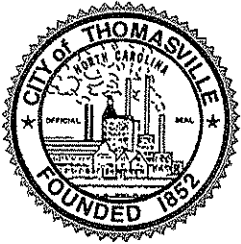


Doug Craft, IOM  
President

Thomasville Area Chamber of Commerce.

Thomasville

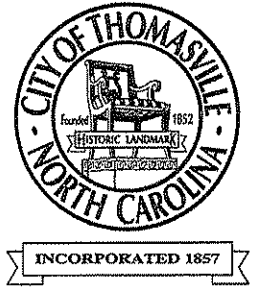




Office of the Mayor

# CITY OF THOMASVILLE

P.O. Box 368  
Thomasville, North Carolina 27361-0368



July 26, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

RE: Thomasville Mayor's Letter of Support for Novant Health Thomasville Medical Center's ("NHTMC") July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am the Mayor of Thomasville and have had the privilege of serving in this role since 2003. One of our most stable and enduring employers has been Novant Health Thomasville Medical Center ("TMC"). The relationship of our home town hospital and Novant Health began in 1997. In addition, in 2008, TMC opened a new state of the art emergency department, to ensure that all citizens had access to care regardless of ability to pay. As a non-profit community-based healthcare provider they have continued to offer a wide array of healthcare services locally and to invest in healthcare in our town and in Davidson County. I have been informed that they are seeking to expand local accessibility to cardiac catheterization services on the TMC campus, as they are petitioning the state to get the approval to change from one day per week of mobile cardiac catheterization services to a new fixed cardiac cath lab on the campus of TMC.

I am aware of and I support Novant Health Thomasville Medical Center's petition seeking the state's approval have the opportunity to create local access every day to a fixed cardiac catheterization/angiography unit in Davidson County.

I was quite surprised when I learned that over 90% of Davidson County residents who need a cardiac catheterization procedure travel outside Davidson County to access that type of cardiac care. Most patients go to either Guilford or Forsyth Counties, as the mobile cardiac cath unit is only at TMC one day per week. TMC has continuously offered local access to at least mobile cardiac cath services for over 20 years. For Davidson County residents living in central Davidson County who need a cardiac cath procedure on a day when the mobile unit is not at TMC, this means a 20-mile roundtrip to High Point, a 40-mile roundtrip to Winston-Salem, or a 50-mile roundtrip to Greensboro. This sounds to me like an inefficient and fragmented way to deliver this important cardiac service. Local and immediate and access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs for a resident of central Davidson County.

I have also observed that TMC has in place already many of the necessary elements for a successful, full-time cardiac cath unit in Thomasville. These elements include:



- 23 years of experience in contracting for and providing mobile cardiac catheterization services on the NHTMC campus, during which time NHTMC provided 1,740 mobile cardiac catheterization procedures
- Cardiologists with established offices in Davidson County and medical staff privileges at Novant Health Thomasville Medical Center
- NHTMC's national accreditation by the Society of Cardiovascular Patient Care as a Chest Pain Center
- Access in the NHTMC radiology department to nuclear medicine, ultrasound, and CT cardiac imaging studies
- An established, professionally staffed cardiac rehabilitation program in Thomasville, NC
- NHTMC's Women's Heart Center which provides a comprehensive heart risk assessment to pinpoint personal risk factors and goals to improve women's health
- Access to a Novant Health Critical Care Transport ambulances (essentially an ICU on wheels) for cardiac patients who need to be transferred to a larger tertiary hospital
- Confirmation of the quality of cardiac care at NHTMC for heart attack and heart failure patients as reported on the North Carolina Hospital Association's NC Hospital Quality Reports showing that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals

NHTMC, its patients and their physicians, and the residents of Davidson County are long overdue for evolution of cardiac catheterization services in Davidson County to include a fixed cardiac catheterization program that is available every day. I most sincerely urge the state decision-makers to give the NHTMC cardiac catheterization petition your full and fair consideration to further TMC's ability to progress cardiac cath services in Davidson County to the next level.

Sincerely,



Joe G. Bennett  
Mayor, City of Thomasville



# CITY OF THOMASVILLE

P.O. Box 368  
Thomasville, North Carolina 27361-0368  
(336) 475-4222



Office of City Manager

July 26, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

RE: Thomasville <sup>City Manager</sup> Letter of Support for Novant Health Thomasville Medical Center's ("NHTMC") July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am the City Manager of Thomasville and have had the privilege of serving in this role since 2006. One of our most stable and enduring employers has been Novant Health Thomasville Medical Center ("TMC"). The relationship of our home town hospital and Novant Health began in 1997. In addition, in 2008, TMC opened a new state of the art emergency department, to ensure that all citizens had access to care regardless of ability to pay. As a non-profit community-based healthcare provider they have continued to offer a wide array of healthcare services locally and to invest in healthcare in our town and in Davidson County. I have been informed that they are seeking to expand local accessibility to cardiac catheterization services on the TMC campus, as they are petitioning the state to get the approval to change from one day per week of mobile cardiac catheterization services to a new fixed cardiac cath lab on the campus of TMC.

I am aware of and I support Novant Health Thomasville Medical Center's petition seeking the state's approval have the opportunity to create local access every day to a fixed cardiac catheterization/angiography unit in Davidson County.


I was quite surprised when I learned that over 90% of Davidson County residents who need a cardiac catheterization procedure travel outside Davidson County to access that type of cardiac care. Most patients go to either Guilford or Forsyth Counties, as the mobile cardiac cath unit is only at TMC one day per week. TMC has continuously offered local access to at least mobile cardiac cath services for over 20 years. For Davidson County residents living in central Davidson County who need a cardiac cath procedure on a day when the mobile unit is not at TMC, this means a 20-mile roundtrip to High Point, a 40-mile roundtrip to Winston-Salem, or a 50-mile roundtrip to Greensboro. This sounds to me like an inefficient and fragmented way to deliver this important cardiac service. Local and immediate and access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs for a resident of central Davidson County.

I have also observed that TMC has in place already many of the necessary elements for a successful, full-time cardiac cath unit in Thomasville. These elements include:

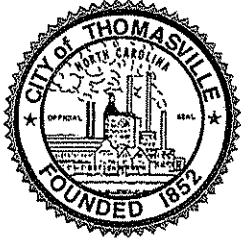
- 23 years of experience in contracting for and providing mobile cardiac catheterization services on the NHTMC campus; during which time NHTMC provided 1,740 mobile cardiac catheterization procedures
- Cardiologists with established offices in Davidson County and medical staff privileges at Novant Health Thomasville Medical Center
- NHTMC's national accreditation by the Society of Cardiovascular Patient Care as a Chest Pain Center
- Access in the NHTMC radiology department to nuclear medicine, ultrasound, and CT cardiac imaging studies
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- NHTMC's Women's Heart Center which provides a comprehensive heart risk assessment to pinpoint personal risk factors and goals to improve women's health
- Access to a Novant Health Critical Care Transport ambulances (essentially an ICU on wheels) for cardiac patients who need to be transferred to a larger tertiary hospital
- Confirmation of the quality of cardiac care at NHTMC for heart attack and heart failure patients as reported on the North Carolina Hospital Association's NC Hospital Quality Reports showing that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals

NHTMC, its patients and their physicians, and the residents of Davidson County are long overdue for evolution of cardiac catheterization services in Davidson County to include a fixed cardiac catheterization program that is available every day. I most sincerely urge the state decision-makers to give the NHTMC cardiac catheterization petition your full and fair consideration to further TMC's ability to progress cardiac cath services in Davidson County to the next level.

Sincerely,



Kelly Craver  
Manager, City of Thomasville



City Council

# CITY OF THOMASVILLE

P.O. Box 368

Thomasville, North Carolina 27361-0368



July 26, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

RE: Thomasville City Council Letter of Support for Novant Health Thomasville Medical Center's ("NHTMC") July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am a member of the Thomasville Town Council and also a retired police officer. I have a deep interest in the well-being of Thomasville. I am committed to make Thomasville the best city it can be.

One of our most stable and enduring features in Thomasville has been the presence of a local community hospital in Thomasville since the 1930s. Novant Health Thomasville Medical Center ("TMC") has also been one of the community's enduring employers and a terrific corporate citizen. The relationship of our home town hospital and Novant Health began in 1997. In 2008, TMC opened a new state of the art emergency department, to ensure that all citizens had access to care regardless of ability to pay. As a non-profit community-based healthcare provider they have continued to offer a wide array of healthcare services locally and to invest in healthcare (geriatric behavioral health program, 31,000 SF expansion and renovation for TMC's operating rooms and an outpatient clinic, physician recruitment) in our town and in Davidson County. I have been informed that they are seeking to expand local accessibility to cardiac catheterization services on the TMC campus, as they are petitioning the state to get the approval to change from one day per week of mobile cardiac catheterization services to a new fixed cardiac cath lab on the campus of TMC, which would be available every day of the year.

I am aware of and I support Novant Health Thomasville Medical Center's petition seeking the state's approval have the opportunity to create local access every day to a fixed cardiac catheterization/angiography unit in Davidson County.

I was surprised to learn that as the 15<sup>th</sup> most populous of North Carolina's 100 counties, Davidson County (2012 est. population 163, 260) lacks full-time, round-the-clock local access to cardiac catheterization services. Rather, TMC has only been able so far to contract for mobile cardiac cath services on its campus one day per week. The impact is that over 90% of Davidson County residents who need a cardiac catheterization procedure travel outside Davidson County to access that cardiac care. Most patients go to either Guilford or Forsyth Counties. For Davidson County residents living in central Davidson County who need a cardiac cath procedure on a day when the mobile unit is not at TMC, this means a 20-mile roundtrip to High Point, a 40-mile roundtrip to Winston-Salem, or a 50-mile roundtrip to Greensboro.

This is not sustainable. Likewise, employers planning to expand or locate here in the future might find it to be a deficit when considering a business location in Thomasville or central Davidson County.

Moreover, TMC and its physicians provide many other aspects of cardiac care locally, which would readily support and compliment a full-time cardiac cath program at TMC:

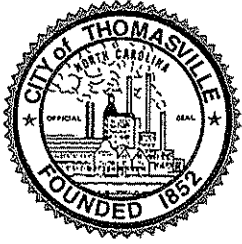
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- Confirmation of the quality of cardiac care at NHTMC for heart attack and heart failure patients as reported on the North Carolina Hospital Association's NC Hospital Quality Reports showing that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals

TMC, its patients and their physicians, and the residents of Davidson County are long overdue for evolution of cardiac catheterization services in Davidson County to include a fixed cardiac catheterization program that is available every day in our community. I enthusiastically urge the state decision-makers to give the NHTMC cardiac catheterization petition your full and fair consideration to further TMC's ability to progress cardiac cath services in Davidson County to the next level.

Sincerely,

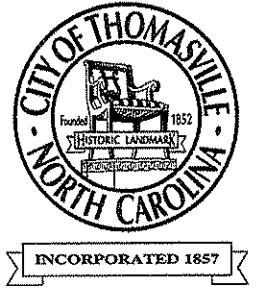


Ronald Bratton  
Member, Thomasville City Council



# CITY OF THOMASVILLE

P.O. Box 368  
Thomasville, North Carolina 27361-0368



## City Council

July 26, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

RE: Thomasville Town City Letter of Support for Novant Health Thomasville Medical Center's ("NHTMC") July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am a member of the Thomasville City Council and a life-long Thomasville resident. I believe that elected office is about public service. I firmly believe that Thomasville has lots of positive factors going for it: proximate to an interstate highway, a good location, an excellent community college, a solid local hospital, a willing workforce, and passionate volunteers. Thus, I was pleased to learn that TMC is seeking to dramatically improve local access to a life-saving heart service through a full-time cardiac catheterization program on the TMC campus.

One of our most stable and enduring features in Thomasville has been the presence of a local community hospital in Thomasville for the past seven decades. Novant Health Thomasville Medical Center ("TMC") has also been one of the community's most stable employers and a good corporate citizen. The relationship of our home town hospital and Novant Health began in 1997. In 2008, TMC opened a new state of the art emergency department, to ensure that all citizens had access to care regardless of ability to pay. As a non-profit community-based healthcare provider they have continued to offer a wide array of healthcare services locally and to invest in healthcare in our town and in Davidson County (geriatric behavioral health program, 31,000 SF expansion and renovation for TMC's operating rooms and an outpatient clinic, physician recruitment). I have been informed that they are seeking to expand local access to cardiac catheterization services on the TMC campus, as they are petitioning the state to get the approval to change from one day per week of mobile cardiac catheterization services to a new fixed cardiac cath lab on the campus of TMC, which would be available every day of the year.

I am aware of and I support Novant Health Thomasville Medical Center's petition seeking the state's approval to create local access every day to a fixed cardiac catheterization/angiography unit in Davidson County.

I was quite perplexed when I learned that over 90% of Davidson County residents who need a cardiac catheterization procedure must travel outside Davidson County to access that type of cardiac care. And this is happening in Davidson County, the 15<sup>th</sup> most populous county in North Carolina. Most patients go to either Guilford or Forsyth Counties, as the mobile cardiac cath unit is only at TMC one day per week. For Davidson County residents living in central Davidson County who need a cardiac cath procedure on a day when the mobile unit is not at TMC, this means a 20-mile roundtrip to High Point, a 40-mile

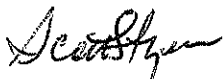
roundtrip to Winston-Salem, or a 50-mile roundtrip to Greensboro. This sounds to me like a confusing and fragmented way to deliver this important service. Local and immediate and access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs.

I have also believe that TMC has in place already many of the necessary elements for a successful, full-time cardiac cath program in Thomasville. These elements include:

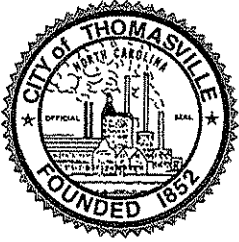
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- Access to a Novant Health Critical Care Transport ambulances (essentially an ICU on wheels) for cardiac patients who need to be transferred to a larger tertiary hospital
- Confirmation of the quality of cardiac care at NHTMC for heart attack and heart failure patients as reported on the North Carolina Hospital Association's NC Hospital Quality Reports showing that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals

TMC, its patients and their physicians, and the residents of Davidson County are overdue for advancement of cardiac catheterization services in Davidson County to include a fixed cardiac catheterization program that is available every day in our community. I urge the state decision-makers to give the NHTMC cardiac catheterization petition your full and fair consideration and please allow TMC to build on the foundation of cardiac care it already provides to enhance TMC's ability to raise cardiac cath services in Davidson County to the next level.

Sincerely,

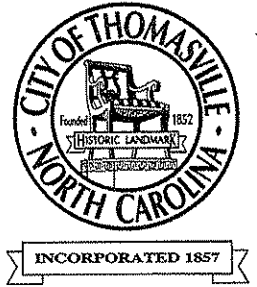


Scott Styers  
Thomasville City Council



# CITY OF THOMASVILLE

P.O. Box 368  
Thomasville, North Carolina 27361-0368



## City Council

July 26, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

RE: Thomasville City Council Letter of Support for Novant Health Thomasville Medical Center's ("NHTMC") July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am a member of the Thomasville City Council and a resident of Thomasville.

One of our most stable and enduring employers has been Novant Health Thomasville Medical Center ("TMC"). The relationship of our home town hospital and Novant Health began in 1997. In addition, in 2008, TMC opened a new state of the art emergency department, to ensure that all citizens had access to care regardless of ability to pay. As a non-profit community-based healthcare provider they have continued to offer a wide array of healthcare services locally and to invest in healthcare in our town and in Davidson County (geriatric behavioral health program, 31,000 SF expansion and renovation for TMC's operating rooms and an outpatient clinic, physician recruitment). I have been informed that they are seeking to expand local accessibility to cardiac catheterization services on the TMC campus, by petitioning the state to get approval to change from one day per week of mobile cardiac catheterization services to a new fixed cardiac cath lab on the campus of TMC.

I am aware of and I support Novant Health Thomasville Medical Center's petition seeking the state's approval to create local access every day to a fixed cardiac catheterization/angiography unit in Davidson County.

I was quite amazed to learn that over 90% of Davidson County residents who need a cardiac catheterization procedure travel outside Davidson County to access that care. Most patients go to either Guilford or Forsyth Counties, as the mobile cardiac cath unit is only at TMC one day per week. TMC has continuously offered local access to at least mobile cardiac cath services for over 20 years. For Davidson County residents living in central Davidson County who need a cardiac cath procedure on a day when the mobile unit is not at TMC, this means a 20-mile roundtrip to High Point, a 40-mile roundtrip to Winston-Salem, or a 50-mile roundtrip to Greensboro. This sounds to me like a disjointed way to deliver this important service. Local and immediate access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs.

I have also observed that TMC has in place already what seem to be many of the necessary elements for a successful, full-time cardiac cath unit in Thomasville. These elements include:



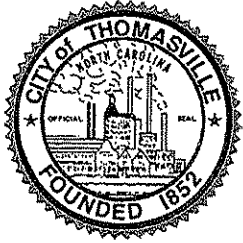
- 23 years of experience in contracting for and providing mobile cardiac catheterization services on the NHTMC campus, during which time NHTMC provided 1,740 mobile cardiac catheterization procedures
- Cardiologists with established offices in Davidson County and medical staff privileges at Novant Health Thomasville Medical Center
- NHTMC's national accreditation by the Society of Cardiovascular Patient Care as a Chest Pain Center
- Access in the NHTMC radiology department to nuclear medicine, ultrasound, and CT cardiac imaging studies
- An established, professionally staffed cardiac rehabilitation program in Thomasville, NC
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- Confirmation of the quality of cardiac care at NHTMC for heart attack and heart failure patients as reported on the North Carolina Hospital Association's NC Hospital Quality Reports showing that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals

TMC, its patients and their physicians, and the residents of Davidson County are long overdue for enhancement of cardiac catheterization services in Davidson County to include a fixed cardiac catheterization program that is available every day in our community. As a town council member and a potential consumer of cardiac services, I urge the state decision-makers to give the NHTMC cardiac catheterization petition your full and fair consideration to further TMC's ability to progress cardiac catheterization services in Davidson County to the next level.

Sincerely,



Pat Harris Shelton  
Thomasville City Council

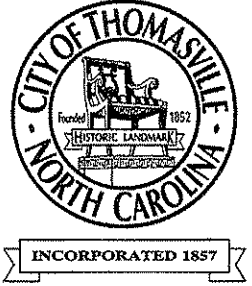


City Council

# CITY OF THOMASVILLE

P.O. Box 368

Thomasville, North Carolina 27361-0368



July 26, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

RE: Thomasville Town City Letter of Support for Novant Health Thomasville Medical Center's ("TMC")  
July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One  
New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am a member of the Thomasville City Council and a resident of Thomasville.

One of our most stable and enduring features in Thomasville has been the presence of a local community hospital in Thomasville for the past seven decades. Novant Health Thomasville Medical Center ("TMC") has also been one of the community's enduring employers and a good corporate citizen. The relationship of our home town hospital and Novant Health began in 1997. In 2008, TMC opened a new state of the art emergency department, to ensure that all citizens had access to care regardless of ability to pay. As a non-profit community-based healthcare provider they have continued to offer a wide array of healthcare services locally and to invest in healthcare in our town and in Davidson County (geriatric behavioral health program, 31,000 SF expansion and renovation for TMC's operating rooms and an outpatient clinic, physician recruitment). I have been informed that they are seeking to expand local access to cardiac catheterization services on the TMC campus, as they are petitioning the state to get the approval to change from one day per week of mobile cardiac catheterization services to a new fixed cardiac cath lab on the campus of TMC, which would be available every day of the year.

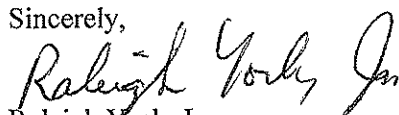
I was quite stunned to learn that over 90% of Davidson County residents who need a cardiac catheterization procedure must travel outside Davidson County to access this care. And this is happening in Davidson County, the 15<sup>th</sup> most populous county in North Carolina. Most patients go to either Guilford or Forsyth Counties, as the mobile cardiac cath unit is only at TMC one day per week. For Davidson County residents living in central Davidson County who need a cardiac cath procedure on a day when the mobile unit is not at TMC, this means a 20-mile roundtrip to High Point, a 40-mile roundtrip to Winston-Salem, or a 50-mile roundtrip to Greensboro. This sounds to me like a fragmented, and needlessly complex way to deliver this important healthcare service. Local and immediate and access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs.

I have also observed that TMC has in place already many of the foundational elements for a successful, full-time cardiac cath program in Thomasville. These elements include:

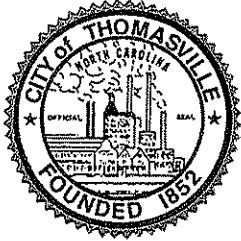
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TMC, its patients and their physicians, and the residents of Davidson County are overdue for an expansion of locally-provided cardiac catheterization services in Davidson County to include a fixed cardiac catheterization program that is available every day in our community. I urge the state decision-makers to give the NHTMC cardiac catheterization petition your full and fair consideration and please allow TMC to build on the foundation of cardiac care it already provides to enable TMC to raise cardiac catheterization services in Davidson County to the next level.

Sincerely,



Raleigh York, Jr.  
Thomasville City Council



# CITY OF THOMASVILLE

P.O. Box 368  
Thomasville, North Carolina 27361-0368



City Council

July 26, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

RE: Thomasville City Council Letter of Support for Novant Health Thomasville Medical Center's ("NHTMC") July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am a member of the Thomasville City Council and the owner of a local family business called Dolan Pierce Grading & Septic, where I work alongside my father. I am an Iraqi War veteran and also serve as a Captain in the NC Army National Guard. I have also served as President of the Thomasville Jaycees and on the Davidson County Solid Waste Advisory Committee. My family and I live in Thomasville. As an elected public servant, my key areas of focus include jobs and infrastructure.

One of our most stable and enduring features in Thomasville has been the presence of a local community hospital in Thomasville for the past seven decades. Novant Health Thomasville Medical Center ("TMC") has also been one of the community's most stable employers and a good corporate citizen. The relationship of our home town hospital and Novant Health began in 1997. In 2008, TMC opened a new state of the art emergency department, to ensure that all citizens had access to care regardless of ability to pay. As a non-profit community-based healthcare provider they have continued to offer a wide array of healthcare services locally and to invest in healthcare in our town and in Davidson County (geriatric behavioral health program, 31,000 SF expansion and renovation for TMC's operating rooms and an outpatient clinic, physician recruitment). I have been informed that TMC is currently seeking to expand local access to cardiac catheterization services on the TMC campus, as they are petitioning the state to get the approval to change from one day per week of mobile cardiac catheterization services to a new fixed cardiac cath lab on the campus of TMC, which would be available every day of the year.

I was quite surprised to learn that over 90% of Davidson County residents who need a cardiac catheterization procedure must travel outside Davidson County to access that type of cardiac care. And this is happening in Davidson County, the 15<sup>th</sup> most populous county in North Carolina. Most patients go to either Guilford or Forsyth Counties, as the mobile cardiac cath unit is only at TMC one day per week. For Davidson County residents living in central Davidson County who need a cardiac cath procedure on a day when the mobile unit is not at TMC, this means a 20-mile roundtrip to High Point, a 40-mile roundtrip to Winston-Salem, or a 50-mile roundtrip to Greensboro. This sounds to me like an inefficient fragmented, and unsustainable way to deliver this important healthcare service. Local and immediate and access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs.

I have also understand that TMC has in place already many of the foundational elements for a successful, full-time cardiac cath program in Thomasville. These elements include:

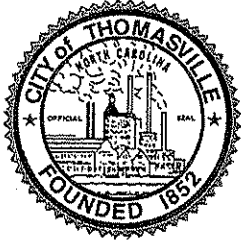
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TMC, its patients and their physicians, and the residents of Davidson County are overdue for a dramatic expansion of locally-provided cardiac catheterization services in Davidson County to include a fixed cardiac catheterization program that is available every day in our community. I urge the state decision-makers to give the NHTMC cardiac catheterization petition your full and fair consideration and please allow TMC to build on the foundation of cardiac care it already provides to enhance TMC's ability to raise cardiac cath services in Davidson County to the next level.

Sincerely,

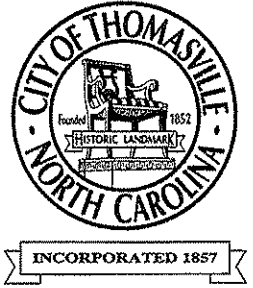


Joel Pierce  
Thomasville City Council



# CITY OF THOMASVILLE

P.O. Box 368  
Thomasville, North Carolina 27361-0368



City Council

July 26, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

RE: Thomasville Town City Letter of Support for Novant Health Thomasville Medical Center's ("NHTMC") July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am a member of the Thomasville City Council and I grew up in Thomasville and left to pursue higher education at NC A&T State University, earning a B.S in Electrical Engineering and an MBA from the University of Richmond. I am committed to working to rebuild our neighborhoods in Thomasville, creating opportunities for youth, and re-vitalizing uptown Thomasville.

One of our most stable and enduring features in Thomasville has been the presence of a local community hospital in Thomasville for the past seven decades. Novant Health Thomasville Medical Center ("TMC") has also been one of the community's enduring employers and a terrific corporate citizen. The relationship of our home town hospital and Novant Health began in 1997. In 2008, TMC opened a new state of the art emergency department, to ensure that all citizens had access to care regardless of ability to pay. As a non-profit community-based healthcare provider they have continued to offer a wide array of healthcare services locally and to invest in healthcare (geriatric behavioral health program, 31,000 SF expansion and renovation for TMC's operating rooms and an outpatient clinic, physician recruitment) in our town and in Davidson County. I have been informed that they are seeking to expand local accessibility to cardiac catheterization services on the TMC campus, as they are petitioning the state to get the approval to change from one day per week of mobile cardiac catheterization services to a new fixed cardiac cath lab on the campus of TMC, which would be available every day of the year.

I am aware of and I support Novant Health Thomasville Medical Center's petition seeking the state's approval have the opportunity to create local access every day to a fixed cardiac catheterization/angiography unit in Davidson County.

I was quite astounded when I learned that over 90% of Davidson County residents who need a cardiac catheterization procedure travel outside Davidson County to access that type of cardiac care. Most patients go to either Guilford or Forsyth Counties, as the mobile cardiac cath unit is only at TMC one day per week. For Davidson County residents living in central Davidson County who need a cardiac cath procedure on a day when the mobile unit is not at TMC, this means a 20-mile roundtrip to High Point, a 40-mile roundtrip to Winston-Salem, or a 50-mile roundtrip to Greensboro. This sounds to me like a confusing and fragmented way to deliver this important service. Local and immediate and access to

cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs for a resident of Davidson County.

I have also observed that TMC has in place already many of the necessary elements for a successful, full-time cardiac cath unit in Thomasville. These elements include:

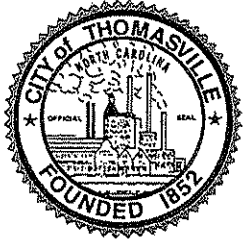
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TMC, its patients and their physicians, and the residents of Davidson County are overdue for advancement of cardiac catheterization services in Davidson County to include a fixed cardiac catheterization program that is available every day in our community. I urge the state decision-makers to give the NHTMC cardiac catheterization petition your full and fair consideration to further TMC's ability to progress cardiac cath services in Davidson County to the next level.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Jackson". The signature is written in black ink and is positioned above the printed name and title.

Jackie Jackson  
Thomasville City Council



# CITY OF THOMASVILLE

P.O. Box 368  
Thomasville, North Carolina 27361-0368



## City Council

July 26, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

RE: Thomasville Town City Letter of Support for Novant Health Thomasville Medical Center's ("TMC") July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am a member of the Thomasville City Council and a lifelong resident of Thomasville. I own a family business located in Thomasville, Pallet Resource, and I have proudly served in the National Guard for 24 years. I am committed to make Thomasville the best city it can be for both residents and businesses.

One of our most stable and enduring employers has been Novant Health Thomasville Medical Center ("TMC"). The relationship of our home town hospital and Novant Health began in 1997. In addition, in 2008, TMC opened a new state of the art emergency department, to ensure that all citizens had access to care regardless of ability to pay. As a non-profit community-based healthcare provider they have continued to offer a wide array of healthcare services locally and to invest in healthcare (geriatric behavioral health program, 31,000 SF expansion and renovation for TMC's operating rooms and an outpatient clinic, physician recruitment) in our town and in Davidson County. I have been informed that they are seeking to expand local accessibility to cardiac catheterization services on the TMC campus, by petitioning the state to get approval to change from one day per week of mobile cardiac catheterization services to a new fixed cardiac cath lab on the campus of TMC.

I am aware of and I support Novant Health Thomasville Medical Center's petition seeking the state's approval have the opportunity to create local access every day to a fixed cardiac catheterization/angiography unit in Davidson County.

I was quite astonished when I learned that over 90% of Davidson County residents who need a cardiac catheterization procedure travel outside Davidson County to access that type of cardiac care. Most patients go to either Guilford or Forsyth Counties, as the mobile cardiac cath unit is only at TMC one day per week. TMC has continuously offered local access to at least mobile cardiac cath services for over 20 years. For Davidson County residents living in central Davidson County who need a cardiac cath procedure on a day when the mobile unit is not at TMC, this means a 20-mile roundtrip to High Point, a 40-mile roundtrip to Winston-Salem, or a 50-mile roundtrip to Greensboro. This sounds to me like a confusing and fragmented way to deliver this important service. Local and immediate and access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs for a resident of Davidson County.



I have also observed that TMC has in place already many of the necessary elements for a successful, full-time cardiac cath unit in Thomasville. These elements include:

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TMC, its patients and their physicians, and the residents of Davidson County are long overdue for advancement of cardiac catheterization services in Davidson County to include a fixed cardiac catheterization program that is available every day in our community. As a town council member, a military officer, a father, a husband, a grandfather, and a potential consumer of cardiac services, I urge the state decision-makers to give the NHTMC cardiac catheterization petition your full and fair consideration to further TMC's ability to progress cardiac cath services in Davidson County to the next level.

Sincerely,



Neal Grimes  
Thomasville City Council



**Fred McClure, Chairman  
Davidson County Board of Commissioners**

**Post Office Box 1067  
Lexington, North Carolina 27293  
(336) 242-2200**

July 26, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

**RE: Davidson County Board of Commissioners Letter of Support for  
Novant Health Thomasville Medical Center's ("NHTMC") July 31, 2013  
Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New  
Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County**

Dear Mr. Parks,

I am the Chairman of the Davidson County Board of Commissioners. I am pleased to express my support for Novant Health Thomasville Medical Center's (TMC") petition seeking the state's approval for one new cardiac catheterization unit in Davidson County.

My understanding is that for more than 20 years, only TMC has been providing continuous local access to mobile cardiac cath services on its campus for only one day per week, as that is all the mobile cath time that is available from the mobile vendor. During the past 20+ years, NHTMC provided 1,740 mobile cardiac catheterization procedures. However, this approach to cardiac catheterization services is outdated and unsatisfactory from a clinician and patient perspective. Thus, TMC is seeking the state's approval to replace its mobile cath service with a stationary cardiac cath unit at TMC.

I was disappointed to learn that over 90% of Davidson County residents who need a cardiac catheterization procedure must travel outside Davidson County to access that type care. And this is happening in Davidson County, the 15<sup>th</sup> most populous county in North Carolina. Most patients go to either Guilford or Forsyth Counties, as the mobile cardiac cath unit is only at TMC one day per week. For Davidson County residents living in central Davidson County who need a cardiac cath procedure on a day when the mobile unit is not at TMC, this means a 20-mile roundtrip to High Point, a 40-mile roundtrip to Winston-Salem, or a 50-mile roundtrip to Greensboro. This sounds to me like a somewhat disruptive way to deliver this important service. Local and

immediate and access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs.

I am told that TMC has in place already many of the foundational components for a successful, full-time cardiac catheterization program in Thomasville:

- 23 years of experience in contracting for and providing mobile cardiac catheterization services on the NHTMC campus, during which time NHTMC provided 1,740 mobile cardiac catheterization procedures
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- Confirmation of the quality of cardiac care at NHTMC for heart attack and heart failure patients as reported in the North Carolina Hospital Association's NC Hospital Quality Reports showing that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals

TMC, its patients and their physicians, and the residents of Davidson County need a local cardiac program in Davidson County which includes a fixed cardiac catheterization program that is available every day. I urge the state decision-makers to give the TMC cardiac catheterization petition your full and fair consideration and please allow TMC to build on the foundation of cardiac care it already provides to enhance TMC's ability to raise cardiac cath services in Davidson County to the next level.

Sincerely,



Fred D. McClure, Chairman  
Davidson County Board of Commissioners



**Don Truell**  
**Davidson County Board of Commissioners**

Post Office Box 1067  
Lexington, North Carolina 27293  
(336) 242-2200

July 26, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

RE: Davidson County Board of Commissioners Letter of Support for  
Novant Health Thomasville Medical Center's ("NHTMC") July 31, 2013  
Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New  
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Dear Mr. Parks,

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My understanding is that for more than 20 years, only TMC has been providing continuous local access to mobile cardiac cath services on its campus for only one day per week, as that is all the mobile cath time that is available from the mobile vendor. During the past 20+ years, NHTMC provided 1,740 mobile cardiac catheterization procedures. However, this approach to cardiac catheterization services is outdated and unsatisfactory from a clinician and patient perspective. Thus, TMC is seeking the state's approval to replace its mobile cath service with a stationary cardiac cath unit at TMC.

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- Confirmation of the quality of cardiac care at NHTMC for heart attack and heart failure patients as reported in the North Carolina Hospital Association's NC Hospital Quality Reports showing that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals

TMC, its patients and their physicians, and the residents of Davidson County need a local cardiac program in Davidson County which includes a fixed cardiac catheterization program that is available every day. I urge the state decision-makers to give the TMC cardiac catheterization petition your full and fair consideration and please allow TMC to build on the foundation of cardiac care it already provides to enhance TMC's ability to raise cardiac cath services in Davidson County to the next level.

Sincerely,



Don Truell

Davidson County Board of Commissioners



**Sam Watford  
Davidson County Board of Commissioners**

**Post Office Box 1067  
Lexington, North Carolina 27293  
(336) 242-2200**

July 26, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

RE: Davidson County Board of Commissioners Letter of Support for  
Novant Health Thomasville Medical Center's ("NHTMC") July 31, 2013  
Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New  
Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks,

I am a member of the Davidson County Board of Commissioners. I am pleased to express my support for Novant Health Thomasville Medical Center's (TMC") petition seeking the state's approval for one new cardiac catheterization unit in Davidson County.

My understanding is that for more than 20 years, only TMC has been providing continuous local access to mobile cardiac cath services on its campus for only one day per week, as that is all the mobile cath time that is available from the mobile vendor. During the past 20+ years, NHTMC provided 1,740 mobile cardiac catheterization procedures. However, this approach to cardiac catheterization services is outdated and unsatisfactory from a clinician and patient perspective. Thus, TMC is seeking the state's approval to replace its mobile cath service with a stationary cardiac cath unit at TMC.

I was surprised to learn that over 90% of Davidson County residents who need a cardiac catheterization procedure must travel outside Davidson County to access that type care. And this is happening in Davidson County, the 15<sup>th</sup> most populous county in North Carolina. Most patients go to either Guilford or Forsyth Counties, as the mobile cardiac cath unit is only at TMC one day per week. For Davidson County residents living in central Davidson County who need a cardiac cath procedure on a day when the mobile unit is not at TMC, this means a 20-mile roundtrip to High Point, a 40-mile roundtrip to Winston-Salem, or a 50-mile roundtrip to Greensboro. This sounds to me like a somewhat disruptive way to deliver this important service. Local and immediate and access to

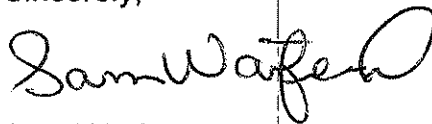
cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs.

I am told that TMC has in place already many of the foundational components for a successful, full-time cardiac catheterization program in Thomasville:

- 23 years of experience in contracting for and providing mobile cardiac catheterization services on the NHTMC campus, during which time NHTMC provided 1,740 mobile cardiac catheterization procedures
- Cardiologists with established offices in Davidson County and medical staff privileges at Novant Health Thomasville Medical Center
- NHTMC's national accreditation by the Society of Cardiovascular Patient Care as a Chest Pain Center
- Access in the NHTMC radiology department to nuclear medicine, ultrasound, and CT cardiac imaging studies
- An established, professionally staffed cardiac rehabilitation program in Thomasville, NC
- NHTMC's Women's Heart Center which provides a comprehensive heart risk assessment to pinpoint personal risk factors and goals to improve women's health
- Access to a Novant Health Critical Care Transport ambulances (essentially an ICU on wheels) for cardiac patients who need to be transferred to a larger tertiary hospital
- Confirmation of the quality of cardiac care at NHTMC for heart attack and heart failure patients as reported in the North Carolina Hospital Association's NC Hospital Quality Reports showing that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals

TMC, its patients and their physicians, and the residents of Davidson County need a local cardiac program in Davidson County which includes a fixed cardiac catheterization program that is available every day. I urge the state decision-makers to give the TMC cardiac catheterization petition your full and fair consideration and please allow TMC to build on the foundation of cardiac care it already provides to enhance TMC's ability to raise cardiac cath services in Davidson County to the next level.

Sincerely,



Sam Watford  
Davidson County Board of Commissioners

# Attachment 3





July 25, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

2085 Frontis Plaza Boulevard  
Winston-Salem, NC 27103

RE: Novant Health Heart & Vascular Council Letter of Support for Novant Health Thomasville Medical Center's ("NHTMC") July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am a vascular surgeon member of the Novant Health Heart & Vascular Council. The role of the Council is to provide governance oversight for quality outcomes, operational efficiency, program development, strategic planning, physician recruitment, and financial performance and to be collectively accountable for the performance of the heart and vascular service line in the Novant Health Greater Winston-Salem Market (including Thomasville) including acute care, ambulatory care, and physician practices. NHTMC's partnership with the Novant Health Heart & Vascular Institute ("HVI") permits all the cardiac expertise and resources of Novant Health tertiary hospital cardiac programs and physicians/surgeons to be integrated with NHTMC's cardiac programs, so that they are readily available for NHTMC's cardiac patients.

I am aware of and I support Novant Health Thomasville Medical Center's petition seeking the state's approval have the opportunity to create local access every day to a fixed cardiac catheterization/angiography unit in Davidson County.

I am also on the medical staff at Novant Health Forsyth Medical Center, Novant Health Medical Park Hospital, and Novant Health Kernersville Medical Center. I am a board-certified vascular surgeon and I practice with the physician group, Novant Health Vascular Specialists with offices in Winston-Salem and Kernersville. I also serve in a physician leadership capacity for Novant Health's Greater Winston-Salem Market, which includes NHTMC.

I am told that NHTMC has been providing local access to mobile cardiac catheterization in Davidson County for almost 25 consecutive years. However, I have learned that while Davidson County is the 15<sup>th</sup> most populous state in North Carolina, more than 90% of Davidson County residents who need a cardiac catheterization procedure currently leave the county to seek that type of care. This process for cardiac care is sub-optimal for patients and providers in Davidson County and is not a realistic long-term solution.

Moreover, NHTMC has in place many of the components for a successful cardiac catheterization program. These elements include:

- 23 years of experience in contracting for and providing mobile cardiac catheterization services on the NHTMC campus; during that time NHTMC provided 1,740 mobile cardiac catheterization procedures
- Cardiologists with established offices in Davidson County and medical staff privileges at Novant Health Thomasville Medical Center
- NHTMC's national accreditation by the Society of Cardiovascular Patient Care as a Chest Pain Center
- Access in the NHTMC radiology department to nuclear medicine, ultrasound, and CT cardiac imaging studies
- An established, professionally staffed cardiac rehabilitation program in Thomasville, NC
- NHTMC's Women's Heart Center which opened in 2012 to provide a comprehensive heart risk assessment to pinpoint personal risk factors and goals to improve women's health
- Access to a Novant Health Critical Care Transport ambulances (essentially an ICU on wheels) for cardiac patients who need to be transferred to a larger tertiary hospital
- Confirmation of the quality of cardiac care at NHTMC for heart attack and heart failure patients as reported on the North Carolina Hospital Association's NC Hospital Quality Reports showing that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals

NHTMC, its patients and their physicians are long overdue for evolution of cardiac catheterization services in Davidson County to include a fixed cardiac catheterization program that is available every day. Local and immediate and access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs. Please give the NHTMC petition your full and fair consideration to facilitate NHTMC's ability to progress cardiac catheterization services in Davidson County to the next level.

Sincerely,



Stephen J. Motew, MD, MHA, FACS  
Novant Health Vascular Specialists  
And  
Senior Vice President, Physician Services  
Novant Health, Novant Health Medical Group

*File: TMCCathPetitionHVILtrFINALSMotewMD.07.24.13.doc*



July 25 2013

2085 Frontis Plaza Boulevard  
Winston-Salem, NC 27103

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

RE: Novant Health Heart & Vascular Council Letter of Support for Novant Health Thomasville Medical Center's ("NHTMC") July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am a cardiologist member of the Novant Health Heart & Vascular Council. The role of the Council is to provide governance oversight for quality outcomes, operational efficiency, program development, strategic planning, physician recruitment, and financial performance and to be collectively accountable for the performance of the heart and vascular service line in the Novant Health Greater Winston-Salem Market (including Thomasville) including acute care, ambulatory care, and physician practices. I am aware of and I support Novant Health Thomasville Medical Center's petition to create local access to a fixed cardiac cath/angiography unit in Davidson County.

I am a board-certified cardiologist, practicing with the physician group, Novant Health Heart and Vascular. Our practice has offices in Winston-Salem and Mount Airy, NC and in Stuart and Galax, VA. I am also on the medical staff at Novant Health Forsyth Medical Center and Novant Health Kernersville Medical Center.

NHTMC has been providing local access to mobile cardiac catheterization services in Davidson County for almost 25 consecutive years. However, I have learned that while Davidson County is the 15<sup>th</sup> most populous state in North Carolina, 90% of Davidson County residents who need a cardiac catheterization procedure leave the county to seek that type of care. This process for cardiac care is sub-optimal for patients and providers in Davidson County and is not sustainable.

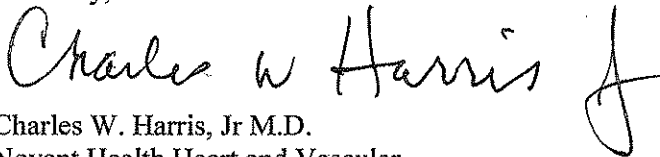
Moreover, NHTMC has in place many of the components for a successful cardiac catheterization program based around a proposed shared use cardiac catheterization/angiography unit at NHTMC. These elements include:

- 23 years of experience (since 1990) in contracting for and providing mobile cardiac catheterization services on the NHTMC campus and during that time NHTMC provided 1,740 mobile cardiac catheterization procedures
- Cardiologists with established offices in Davidson County and medical staff privileges at Novant Health Thomasville Medical Center
- NHTMC's national accreditation by the Society of Cardiovascular Patient Care as a Chest Pain Center

- Access in the NHTMC radiology department to nuclear medicine, ultrasound, and CT cardiac imaging studies
- An established, professionally staffed cardiac rehabilitation program in Thomasville, NC
- NHTMC's Women's Heart Center which opened in early 2012 to provide a comprehensive heart risk assessment to pinpoint personal risk factors and goals to improve women's health
- Access to a Novant Health Critical Care Transport ambulances (essentially an ICU on wheels) for patients who need to be transferred to a larger tertiary hospital
- NHTMC's partnership with the Novant Health Heart & Vascular Institute ("HVI") so that all the cardiac expertise and resources of Novant Health tertiary hospital cardiac programs are integrated with NHTMC's cardiac programs and are readily available for NHTMC's cardiac patients
- Confirmation of the quality of cardiac care at NHTMC for heart attack and heart failure patients as reported on the North Carolina Hospital Association's NC Hospital Quality Reports showing that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals

NHTMC, its patients and their physicians are long overdue for evolution of cardiac catheterization services in Davidson County to include a fixed cardiac catheterization program that is available 24 hours per day. Local and immediate access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs. Please give the NHTMC petition your full and fair consideration to facilitate our ability to progress cardiac catheterization services in Davidson County to the next level.

Sincerely,



Charles W. Harris, Jr M.D.

Novant Health Heart and Vascular

Member, Novant Health Heart & Vascular Council, Greater Winston-Salem Market

*File: TMCCathPetitionHVILtrFINALCHarrisMD.07.22.13.doc*



July ~~25~~, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

2085 Frontis Plaza Boulevard  
Winston-Salem, NC 27103

RE: Novant Health Heart & Vascular Council Letter of Support for Novant Health Thomasville Medical Center's ("NHTMC") July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am a vascular surgeon member of the Novant Health Heart & Vascular Council. The role of the Council is to provide governance oversight for quality outcomes, operational efficiency, program development, strategic planning, physician recruitment, and financial performance and to be collectively accountable for the performance of the heart and vascular service line in the Novant Health Greater Winston-Salem Market (includes Thomasville) including acute care, ambulatory care, and physician practices. NHTMC's partnership with the Novant Health Heart & Vascular Institute ("HVI") permits all the cardiac expertise and resources of Novant Health tertiary hospital cardiac programs and physicians/surgeons to be integrated with NHTMC's cardiac programs, so that they are readily available for NHTMC's cardiac patients.

I am aware of and I support Novant Health Thomasville Medical Center's petition seeking the state's approval have the opportunity to create local access every day to a fixed cardiac catheterization/angiography unit in Davidson County.

I am also on the medical staff at Novant Health Forsyth Medical Center, Novant Health Medical Park Hospital, and Novant Health Kernersville Medical Center. I am a board-certified vascular surgeon and I practice with the physician group, Novant Health Vascular Specialists with offices in Winston-Salem and Kernersville.

I am told that NHTMC has been providing local access to mobile cardiac catheterization in Davidson County for almost 25 consecutive years. However, I have learned that while Davidson County is the 15<sup>th</sup> most populous state in North Carolina, more than 90% of Davidson County residents who need a cardiac catheterization procedure currently leave the county to seek that type of care. This process for cardiac care is sub-optimal for patients and providers in Davidson County and is not a practical long-term solution.

Moreover, NHTMC and its cardiologists have in place many of the components for a successful cardiac catheterization program. These elements include:

- 23 years of experience in contracting for and providing mobile cardiac catheterization services on the NHTMC campus; during that time NHTMC provided 1,740 mobile cardiac catheterization procedures

- Cardiologists with established offices in Davidson County and medical staff privileges at Novant Health Thomasville Medical Center
- NHTMC's national accreditation by the Society of Cardiovascular Patient Care as a Chest Pain Center
- Access in the NHTMC radiology department to nuclear medicine, ultrasound, and CT cardiac imaging studies
- An established, professionally staffed cardiac rehabilitation program in Thomasville, NC
- NHTMC's Women's Heart Center which opened in 2012 to provide a comprehensive heart risk assessment to pinpoint personal risk factors and goals to improve women's health
- Access to a Novant Health Critical Care Transport ambulances (essentially an ICU on wheels) for cardiac patients who need to be transferred to a larger tertiary hospital
- Confirmation of the quality of cardiac care at NHTMC for heart attack and heart failure patients as reported on the North Carolina Hospital Association's NC Hospital Quality Reports showing that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals

NHTMC, its patients and their physicians, are long overdue for evolution of cardiac catheterization services in Davidson County to include a fixed cardiac catheterization program that is available every day rather than just one day per week of mobile cath services. Local and immediate access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs. Please give the NHTMC petition your full and fair consideration to facilitate NHTMC's ability to progress cardiac catheterization services in Davidson County to the next level.

Sincerely,



C. Ray Workman, M.D.  
Novant Health Vascular Specialists

*File: TMCCathPetitionHVILtrFINALWorkmanMD.07.24.2013.doc*



July 25, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

2085 Frontis Plaza Boulevard  
Winston-Salem, NC 27103

RE: Novant Health Heart & Vascular Council Letter of Support for Novant Health Thomasville Medical Center's ("NHTMC") July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am a cardiologist member of the Novant Health Heart & Vascular Council. The role of the Council is to provide governance oversight for quality outcomes, operational efficiency, program development, strategic planning, physician recruitment, and financial performance and to be collectively accountable for the performance of the heart and vascular service line in the Novant Health Greater Winston-Salem Market (including Thomasville) including acute care, ambulatory care, and physician practices.

I am aware of and I support Novant Health Thomasville Medical Center's petition to create local access to a fixed cardiac cath/angiography unit in Davidson County.

I am a board-certified cardiologist, practicing with the physician group, Novant Health Winston-Salem Cardiology Associates. I am also on the medical staff at Novant Health Forsyth Medical Center and Novant Health Kernersville Medical Center. Our practice has offices in Winston-Salem, Kernersville, King (Stokes County) and Elkin (Surry County). Since we have satellite offices in rural counties, we understand the value and benefit of routine local access to cardiac care.

I am told that NHTMC has been providing local access to mobile cardiac catheterization services in Davidson County for almost 25 consecutive years. However, I have learned that while Davidson County is the 15<sup>th</sup> most populous state in North Carolina, 90% of Davidson County residents who need a cardiac catheterization procedure leave the county to seek that type of care. This process for cardiac care is sub-optimal for patients and providers in Davidson County and is not a reasonable long-term solution.

Moreover, NHTMC has in place many of the components for a successful cardiac catheterization program based around a proposed shared use cardiac catheterization/angiography unit at NHTMC. These elements include:

- 23 years of experience (since 1990) in contracting for and providing mobile cardiac catheterization services on the NHTMC campus and during that time NHTMC provided 1,740 mobile cardiac catheterization procedures
- Cardiologists with established offices in Davidson County and medical staff privileges at Novant Health Thomasville Medical Center

- NHTMC's national accreditation by the Society of Cardiovascular Patient Care as a Chest Pain Center
- Access in the NHTMC radiology department to nuclear medicine, ultrasound, and CT cardiac imaging studies
- An established, professionally staffed cardiac rehabilitation program in Thomasville, NC
- NHTMC's Women's Heart Center which opened in early 2012 to provide a comprehensive heart risk assessment to pinpoint personal risk factors and goals to improve women's health
- Access to a Novant Health Critical Care Transport ambulances (essentially an ICU on wheels) for patients who need to be transferred to a larger tertiary hospital
- NHTMC's partnership with the Novant Health Heart & Vascular Institute ("HVI") so that all the cardiac expertise and resources of Novant Health tertiary hospital cardiac programs are integrated with NHTMC's cardiac programs and are readily available for NHTMC's cardiac patients
- Confirmation of the quality of cardiac care at NHTMC for heart attack and heart failure patients as reported on the North Carolina Hospital Association's NC Hospital Quality Reports showing that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals

NHTMC, its patients and their physicians are long overdue for evolution of cardiac catheterization services in Davidson County to include a fixed cardiac catheterization program that is available every day. Local and immediate access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs. Please give the NHTMC petition your full and fair consideration to facilitate our ability to progress cardiac catheterization services in Davidson County to the next level.

Sincerely,



John C. Powers, M.D.

Novant Health Winston-Salem Cardiology

*File: TMCCathPetitionHVILtrFINALJPowersMD.07.24.13.doc*





July 29, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

2085 Frontis Plaza Boulevard  
Winston-Salem, NC 27103

RE: Novant Health Heart & Vascular Council Letter of Support for Novant Health Thomasville Medical Center's ("NHTMC") July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am a cardiologist member of the Novant Health Heart & Vascular Council. The role of the Council is to provide governance oversight for quality outcomes, operational efficiency, program development, strategic planning, physician recruitment, and financial performance and to be collectively accountable for the performance of the heart and vascular service line in the Novant Health Greater Winston-Salem Market (including Thomasville) including acute care, ambulatory care, and physician practices. NHTMC's partnership with the Novant Health Heart & Vascular Institute ("HVI") permits all the cardiac expertise and resources of Novant Health tertiary hospital cardiac programs and physicians/surgeons to be integrated with NHTMC's cardiac programs, so that they are readily available for NHTMC's cardiac patients.

I am aware of and I support Novant Health Thomasville Medical Center's petition seeking the state's approval have the opportunity to create local access every day to a fixed cardiac catheterization/angiography unit in Davidson County.

I am also on the medical staff at Novant Health Forsyth Medical Center and Novant Health Kernersville Medical Center. I am a board-certified cardiologist, specializing in clinical cardiac electrophysiology, as well as cardiology. I practice with the physician group, Novant Health Winston-Salem Cardiology Associates Our practice has offices in Winston-Salem, Kernersville, King (Stokes County) and Elkin (Surry County). Since we have satellite offices in rural counties, we understand the value and benefit of routine local access to cardiac care, including cardiac catheterization services in Davidson County.

I am told that NHTMC has been providing local access to mobile cardiac catheterization in Davidson County for almost 25 consecutive years. However, I have learned that while Davidson County is the 15<sup>th</sup> most populous state in North Carolina, more than 90% of Davidson County residents who need a cardiac catheterization procedure currently leave the county to seek that type of care. This process for cardiac care is sub-optimal for patients and providers in Davidson County and is not a reliable long-term solution.

Moreover, NHTMC has in place many of the components for a successful cardiac catheterization program. These elements include:

- 23 years of experience (since 1990) in contracting for and providing mobile cardiac catheterization services on the NHTMC campus and during that time NHTMC provided 1,740 mobile cardiac catheterization procedures
- Cardiologists with established offices in Davidson County and medical staff privileges at Novant Health Thomasville Medical Center
- NHTMC's national accreditation by the Society of Cardiovascular Patient Care as a Chest Pain Center
- Access in the NHTMC radiology department to nuclear medicine, ultrasound, and CT cardiac imaging studies
- An established, professionally staffed cardiac rehabilitation program in Thomasville, NC
- NHTMC's Women's Heart Center which opened in 2012 to provide a comprehensive heart risk assessment to pinpoint personal risk factors and goals to improve women's health
- Access to a Novant Health Critical Care Transport ambulances (essentially an ICU on wheels) for cardiac patients who need to be transferred to a larger tertiary hospital
- Confirmation of the quality of cardiac care at NHTMC for heart attack and heart failure patients as reported on the North Carolina Hospital Association's NC Hospital Quality Reports showing that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals

NHTMC, its patients and their physicians are long overdue for evolution of cardiac catheterization services in Davidson County to include a fixed cardiac catheterization program that is available every day. Local and immediate access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs. Please give the NHTMC petition your full and fair consideration to facilitate our ability to progress cardiac catheterization services in Davidson County to the next level.

Sincerely,



Mark A. Mitchell, M.D.  
Novant Health Winston-Salem Cardiology

*File: TMCCathPetitionHVILtrMMitchellMD.07.24.2013.doc*



July 23, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

2085 Frontis Plaza Boulevard  
Winston-Salem, NC 27103

RE: Novant Health Heart & Vascular Council Letter of Support for Novant Health Thomasville Medical Center's ("NHTMC") July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am a board-certified cardiothoracic surgeon, an active member of the Novant Health Forsyth Medical Center medical staff, and a member of the Novant Health Heart & Vascular Council. The role of the Council is to provide governance oversight for quality outcomes, operational efficiency, program development, strategic planning, physician recruitment, and financial performance and to be collectively accountable for the performance of the heart and vascular service line in the Novant Health Greater Winston-Salem Market (including Thomasville) including acute care, ambulatory care, and physician practices. NHTMC's partnership with the Novant Health Heart & Vascular Institute ("HVI") will permit all the cardiac expertise and resources of Novant Health's tertiary hospital cardiac programs to be integrated with NHTMC's cardiac programs, so that this cardiac knowledge and specialized services are readily available for NHTMC's cardiac patients.

I am aware of and I support Novant Health Thomasville Medical Center's petition seeking the state's approval have the opportunity to create local access every day to a fixed cardiac catheterization/angiography unit in Davidson County.

I practice with the 3-man physician group, Novant Health Cardiothoracic Surgeons. Our office is located in Winston-Salem. Our practice has received the prestigious Three Star Rating from the Society of Thoracic Surgeons (STS) for the last several years and our practice has been again recommended by Consumer Reports (Sept. 2011). I am also on the medical staff at Novant Health Forsyth Medical Center. Our surgeons perform cardiac, thoracic, and vascular surgeries at Novant Health Forsyth Medical Center in Winston -Salem. As experienced cardiothoracic surgeons we understand and support the value of having routine local access to cardiac catheterization in rural communities, such as Thomasville and Davidson County.

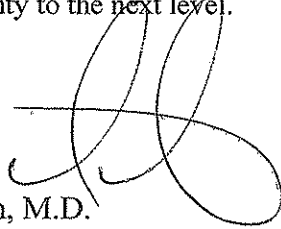
I am told that NHTMC has been providing local access to mobile cardiac catheterization in Davidson County for almost 25 consecutive years. However, I have learned that while Davidson County is the 15<sup>th</sup> most populous state in North Carolina, 90% of Davidson County residents who need a cardiac catheterization procedure leave the county to seek that type of care. This process for cardiac care is sub-optimal for patients and providers in Davidson County and is not a realistic long-term solution.

Moreover, NHTMC has in place many of the components for a successful fixed, full-time cardiac catheterization program. These elements include:

- 23 years of experience in contracting for and providing mobile cardiac catheterization services on the NHTMC campus and during that time providing 1,740 mobile cardiac catheterization procedures
- Cardiologists with established offices in Davidson County in both Lexington and Thomasville, and medical staff privileges at Novant Health Thomasville Medical Center
- NHTMC's national accreditation by the Society of Cardiovascular Patient Care as a Chest Pain Center
- Access in the NHTMC radiology department to nuclear medicine, ultrasound, and CT cardiac imaging studies
- An established, professionally staffed cardiac rehabilitation program in Thomasville, NC
- NHTMC's Women's Heart Center which opened in early 2012 to provide a comprehensive heart risk assessment to pinpoint personal risk factors and goals to improve women's health
- Access to a Novant Health Critical Care Transport ambulances (essentially an ICU on wheels) for cardiac patients who need to be transferred to a larger tertiary hospital
- Confirmation of the quality of cardiac care at NHTMC for heart attack and heart failure patients as reported on the North Carolina Hospital Association's NC Hospital Quality Reports showing that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals

NHTMC, its patients and their physicians are overdue for evolution of cardiac catheterization services in Davidson County to include a fixed cardiac catheterization program that is available every day. Local and immediate access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs. Please give the NHTMC petition your full and fair consideration to further NHTMC's efforts to progress cardiac catheterization services in Davidson County to the next level.

Sincerely,



David Duncan, M.D.  
Novant Health Cardiothoracic Surgeons

*File: TMCCathPetitionHVILtrDDuncanMD.07.24.2013.doc*

# Attachment 4

# ATTACHMENT 4



Thomasville Medical Center

Visit Novant

About Us Quality Doctors Services Patients & Visitors Careers Giving

## Quality

## Certifications

### National Quality Scores

[Home / Quality / Certifications](#)

### Certifications

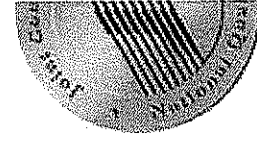
Novant Health Thomasville Medical Center's national certifications recognize our exceptional efforts to provide rer care to our patients.

### Patient Satisfaction

### Awards & Recognition

### Ask Me 3™

### How Are We Doing?



### JCAHO Accredited

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO, or The Joint Commission) accreditation involves evaluating a healthcare organization's performance in areas that most affect patient health and safety. [Learn more about JCAHO Accreditation »](#)



### Accredited Chest Pain Center

Thomasville Medical Center has received the national designation of Accredited Chest Pain Centers from the Society of Chest Pain Centers, a highly-respected independent organization that evaluates hospitals. [Learn about our Heart & Vascular Unit »](#)

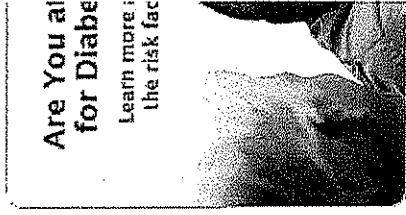
### Sleep Disorders Center

Thomasville Medical Center has received national Sleep Center Certification from the American Academy of Sleep Medicine. [Learn more about our Sleep Disorders Center »](#)

### National Stroke Care Certification

Thomasville Medical Center has received national Stroke Care Certification from the Joint Commission (JCAHO). This designation is awarded to facilities that demonstrate excellence in healthcare quality and meet the strict national standards set by The Joint Commission and the American Stroke Association. **Learn more about our Neurosciences Center »**

**Our Accredited Chest  
Pain Center Has One  
Thing In Mind...  
Your Survival**



**Are You at  
Risk for Diabe**  
Learn more:  
The risk fac

**Novant Health  
Thomasville Medical Center**  
207 Old Lexington Road  
Thomasville, NC 27360  
336-472-2000

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# SOCIETY OF CARDIOVASCULAR PATIENT CARE

|       |          |           |      |         |           |            |                       |
|-------|----------|-----------|------|---------|-----------|------------|-----------------------|
| ABOUT | SERVICES | EDUCATION | NEWS | CONNECT | RESOURCES | GUIDELINES | ACCREDITED FACILITIES |
|-------|----------|-----------|------|---------|-----------|------------|-----------------------|

|                             |
|-----------------------------|
| Our Approach                |
| Chest Pain                  |
| Heart Failure               |
| AHA Mission:Lifeline        |
| International               |
| Military Treatment Facility |
| Atrial Fibrillation         |
| Cardiovascular Coordinator  |

## What is Chest Pain Accreditation?

SCPC's methodology for improvement is a self-assessment and an external peer assessment. We accredit facilities based on a level of performance and suggest ways to build in quality, cut costs and improve customer satisfaction.

## Why get CPC Accredited?

The Society inaugurated an accreditation process to evaluate the care surrounding the treatment of patients with symptoms of a heart attack.

The intent is to ensure facilities meet quality-of-care measures based on improving the process for acute coronary syndrome (ACS) patient.

Chest Pain Center Accreditation is an operational model for ACS care. The care starts from the onset of symptoms and includes engagement of Emergency Dispatch Services, Emergency Medical Services, Emergency Catheterization Lab, observation unit, cardiac rehab and discharge from the facility. Within this model, we organize the delivery of care in a systematic manner.



Hospitals derive the same successes from using process improvement tools as more traditional industry. Chest Pain Center Accreditation is a process improvement experience, participating facilities are left with more organizations in addition to achieving improved patient outcomes.

SCPC's approach to Chest Pain Center Accreditation is radically different from accreditation processes that measure compliance.

Our Review Specialists are collaborative and provide feedback, education and resources to assist them and improving processes. If facilities are successful improving the care of the ACS patient, it supports attack deaths.

The Accreditation process begins with the Accreditation Tool, a document detailing the Key Elements of patient with symptoms of ACS.

The tool is derived from peer-reviewed literature, professional society guidelines and the body of clinical experience. The review criteria are a product of many leading professional societies such as:

- American College of Cardiology
- American Heart Association
- American College of Cardiovascular Administrators
- Emergency Nurses Association

### Sept. Chest Pain Center Accreditation Workshop (Cycle IV)

Dates: Sept. 10, 2013, 8:30 am - 4:45 pm, and Sept. 11, 2013, 9 am - 3 pm

Location: SCPC Headquarters, 6161 Riverside Drive, Dublin, OH 43017

## Nov. Chest Pain Center Accreditation Workshop (Cycle IV)

Dates: Nov. 5, 2013, 8:30 am - 4:45 pm, and Nov. 6, 9 am - 3 pm  
Location: SCPC Headquarters, 6161 Riverside Drive, Dublin, OH 43017

### The Gap Analysis

A gap analysis can be performed using the Accreditation Tool. This analysis is fundamental to create processes. will include strategic planning, budgeting, clinical pathways, and education. The gap analysis will include processes.

### Q+A: Donna Hunn

Accreditation Clinical Manager

Donna L. Hunn, RN, MSc, MAN, ANP-C, joined the Society with an extensive background in Clinical Research and academia. As a Adult Nurse Practitioner with a Masters of Science degree in Cardiology to the Society's Accreditation team and is responsible for the ongoing vision of Chest Pain Center A

We know Chest Pain Center Accreditation is a process and there are a lot of questions. If you can't send us a message.

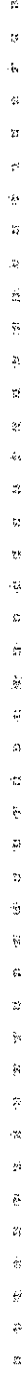


What's the vision for the ACS service line? That is, take it?



My vision for the ACS service line is to extend our focus beyond hospitals improve the care of the NSTEMI/UA and low-risk patient. It seem to be less well established. There are no national registries to know what is happening with the capture some of these metrics, we can provide useful data on standi individuals. Through our tool, we have helped hospitals "hardwire" 1 patients. We need to now focus our attention on the 80% of the ACS

[Read more](#) about Chest Pain Accreditaion from Donna Hunn.



## Frequently Asked Questions

We know Accreditation is a process and there are a lot of questions. If you can't find your answers or call into our weekly conference call Mondays at 1 p.m. at 1-888-223-6744 for current clients and

**Want to learn more?**

I want to talk to someone about the [toolkit](#).

I'd like to set an appointment to talk to someone about answering my questions regarding the process  
I have a single clinical question.

## CONNECT

## CONTACT US

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Formerly known as the Society of Chest Pain Centers, the Society of Cardiovascular Patient Care was  
and certification for Chest Pain Centers, Acute Coronary Syndromes (ACS), Heart Failure (HF), and  
in addition, SCPC will provide certification for Chest Pain Center Coordinators, nurses, administrators &  
looking to be compliant with CMS guidelines for Quality, Cost and Customer Satisfaction.

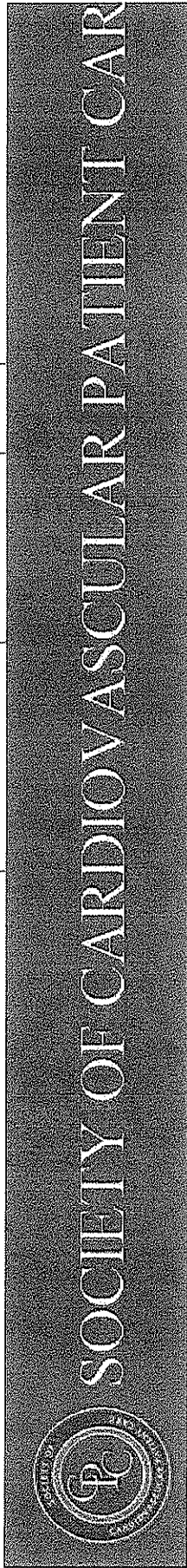
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|                          |
|--------------------------|
| About Us                 |
| Our Team                 |
| Our Partners             |
| Our Sponsors             |
| Associations             |
| Our Members              |
| Careers                  |
| Grants                   |
| Bahr Award of Excellence |

The Society is an international not-for-profit organization committed to leading the fight to eliminate the cause of death worldwide. SCPC focuses on transforming cardiovascular care by assisting facilities to excellence that bring together quality, cost and patient satisfaction. SCPC provides the support needed to bridge existing gaps in treatment by providing the tools, education and support necessary to success of health care.

Accreditation is a tool that brings together:

- EMS
- Emergency medicine
- Cardiology
- Clinicians
- Administrators
- Doctors
- Nurses
- Lawyers
- Architects
- Quality improvement professionals
- Chief Financial Officers
- Quality executives

Accreditation improves the clinical processes for the early assessment, diagnosis and treatment with that process improvement helps quality, cost and patient satisfaction.

## **Vision**

Eliminate heart disease as the number one cause of death worldwide.

## **Mission**

To develop and share quality practices that optimize the care and outcomes of patients with acute care through innovative cross-disciplinary processes and education that bring science to the bedside.

## **Values**

As a company, and as individuals, we value:

- Integrity
- Honesty
- Devotion to patients, customers, and partners
- Openness, respectfulness
- Collaboration

## **Culture**

Unequaled dedication to customer hospitals and the mindset to provide unequalled resources — skill experience, and 800 Accredited peer hospitals — to break down barriers within hospitals. We're sma alongside hospitals with an energy and positivity that is more than just unique: it's contagious.

## **History**

The concept of chest pain centers (CPC) started in the late 1980s as a strategy to significantly reduce the rapid treatment of patients with acute myocardial infarction.

Since then, CPC's have evolved to include safe, cost-effective management of low risk patients present possible symptoms of a heart attack.

There are now more than **900 SPCP Accredited hospitals**.

## Goals

- Significantly reduce the time it takes for patients experiencing symptoms of a possible heart
- Reduce the time to treatment during the critical early stages when treatments are most effective
- Provide a specialized observation setting so physicians can monitor patients when it is not clear event and help ensure that patients are neither sent home too early nor needlessly admitted
- Develop protocol-driven, systematic approach to patient management that promotes optimal standards of care. Guidelines, or critical care pathways, are commonly utilized
- Afford rapid initiation of crucial therapy in patients with high risk acute coronary syndromes
- Encourage stratification of clinically low risk patients into those requiring admission and those and managed as outpatients

## Management Team

### Will Mick, CEO

A resourceful, innovative MBA professional with over 20 years experience within both domestic and international Mick joined the Society in 2011. He is an expert on a several areas of operational excellence including Marketing Management.

Mick has expertise in initiating projects and programs that boost efficiency and productivity while providing need. A turnaround champion with proven skills in management, analysis, negotiation, development, troubleshooting, motivation and improvement of operations through policies that promote a team-based thinking, process enhancement, and a positive result for the organizational bottom line.

A former President of Heartbeat International, he also was Regional Director at U.S. Cardiovascular Heart Institute at St. Joseph's Hospital in Tampa, FL, as well as Administrative Director at St. Joseph

### **Mark Wallinger, Director of Marketing**

With more than 20 years experience as a marketing professional, Wallinger is fluent in creative solution marketing disciplines.

Formerly, Wallinger was Marketing Director at inVentiv Health where he worked in the IQ innovations and techniques to the health care clients.

Previously, he was in the hardware and software industry with companies like TERiX, Aelita Software

While at Owens Corning, he helped launch an initiative to move from business-to-business to a direct business-to-consumer products.

Wallinger was also Director of Marketing at ArcLight, which was a joint venture between Wal-Mart, C other healthcare companies. It was a pharmaceutical data provider that introduced longitudinal presc through a software tool.

He was also VP of Marketing at Grey Advertising in New York Managed a wide-ranging client base for headquarters. Accounts included IBM, Nissan (launch of "Infiniti" automobile), NBA, 3M, M&M Mars,

A former consultant, Wallinger has also orchestrated marketing strategies for a variety of large and small

He was also an award-winning journalist and Publisher of *The Journal of Longitudinal Data*.

[I want to learn more about Partnering with the Society .](#)

[I want to learn about sharing content with the Society.](#)

[I want to advertise with the Society.](#)

[I want to talk to Mr. Wallinger about technologies and innovations.](#)

[I want to talk to Mr. Wallinger about possible strategic alliances with the Society.](#)



## **Abe Joseph – Director, Product Management**

A highly skilled professional with over 18 years experience in Product Management and Development a global customer base. Abe joined the Society in 2012 and brings expertise in understanding market successful development, and launching award winning new products that meet evolving customer needs.

Abe has expertise in entering new global markets, developing new customers, product positioning, identifying growth opportunities, strategic planning, negotiating technology and business acquisition functional teams to grow and streamline product lines for profitable global business growth.

Abe is a former Product Manager at Diamond Innovations/Sandvik AB, and was also Product Development Cylinder Corporation/Worthington Industries.

To learn more about the Society's products, [Send Mr. Joseph a message](#).

## **Cathy Frederick, Director of Finance**

Ms. Frederick brings to the Society a strong background in finance, healthcare, human resources, administration. Before joining the Society, she served for 16 years as the business manager for one practices in central Ohio. In addition, she managed all aspects of the insurance and billing department.

Since joining the Society in 2004, she has been an integral part of the rapid growth and expansion. In Society's financial matters, she continues to manage all aspects of the employee compensation and several Society committees. She was instrumental in the design and implementation of the Society's Relationship Management (CRM) program, and is currently working closely with the IT Department a development of the Society's new accounting software program.

## **Carol Smith, Director of Business Development**

An experienced and results-driven professional with a track record in sales, marketing and non-profit special focus on helping companies grow. Her expertise in emerging technologies and IT consulting emerging product lines at SCPC where her business coaching and consulting expertise will help meet

senior management -- understand and embrace the high-tech changes in healthcare, including value analytics.

Highlights of her career to date include leadership roles in sales and marketing with Sterling Commerce the company experienced rapid growth from 1991 to 1999, and market development with Keane. She has a consulting career in the areas of strategic planning, sales coaching, and market development, first with her own company.

### **Joe Spaulding, Director of IT**

Joe Spaulding serves as the Information Technology Director for SCPC. He has been working in the computer industry over twenty years. During this time, he has held a number of leadership positions working as an information systems network/system engineer and as a teacher/trainer.

He has progressed through jobs of increasing responsibility in information technology including global computer application system development, enterprise architecture, and information technology strategic planning.

Prior to coming to the Society he spent 7 years as the Vice President of Information Technology for one of the largest companies in Ohio.

Mr. Spaulding currently holds positions on the several Technology Councils in the community and serves on the boards of several non-profit organizations.

## CONNECT

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Formerly known as the Society of Chest Pain Centers, the Society of Cardiovascular Patient Care was awarded certification for Chest Pain Centers, Acute Coronary Syndromes (ACS), Heart Failure (HF), and in addition, SCPC will provide certification for Chest Pain Center Coordinators, nurses, administrators, and staff. SCPC is looking to be compliant with CMS guidelines for Quality, Cost and Customer Satisfaction.

# Attachment 5

ATTACHMENT 5

MOBILE CARDIAC CATHETERIZATION SERVICES  
DAVIDSON COUNTY

| FFY          | NH THOMASVILLE<br>MEDICAL CENTER | LEXINGTON<br>MEMORIAL HOSPITAL |
|--------------|----------------------------------|--------------------------------|
| 1990         | 26                               | N/A                            |
| 1991         | 21                               | N/A                            |
| 1992         | 99                               | N/A                            |
| 1993         | 114                              | N/A                            |
| 1994         | 103                              | N/A                            |
| 1995         | 76                               | N/A                            |
| 1996         | 135                              | N/A                            |
| 1997         | 87                               | N/A                            |
| 1998         | 41                               | 51                             |
| 1999         | 55                               | 68                             |
| 2000         | 86                               | 119                            |
| 2001         | 68                               | 60                             |
| 2002         | 89                               | 1                              |
| 2003         | 62                               | 0                              |
| 2004         | 70                               | 0                              |
| 2005         | 72                               | 0                              |
| 2006         | 51                               | 0                              |
| 2007         | 58                               | 0                              |
| 2008         | 61                               | 0                              |
| 2009         | 94                               | 0                              |
| 2010         | 100                              | 0                              |
| 2011         | 73                               | 0                              |
| 2012         | 99                               | 0                              |
| <b>TOTAL</b> | <b>1,740</b>                     | <b>299</b>                     |

Source: 1994-Proposed 2014 NC State Medical Facilities Plans

\*NOTE: Cardiac Cath Services were first included in the 1994 SMFP.

File: MobileCathDavidsonCounty.FFY.1990.2012.xls

# Attachment 6

# NC Hospital Quality Performance Report

## Measuring the Quality of Care for North Carolinians

- [• Home](#)
- [• About](#)
- [• Reports](#)
- [• Resources](#)

### Heart Attack Measures for Piedmont Area for 04/01/2012 - 09/30/2012

Heart Attack  Piedmont Area

| Heart Attack                        | Aspirin at Discharge | PCI at Arrival  | Fibrinolytic at Arrival | Statin at Discharge | # of Patients | Optimal Care HA Score |
|-------------------------------------|----------------------|-----------------|-------------------------|---------------------|---------------|-----------------------|
| Average for NC                      | 99.5%                | 97.1%           | NA <sup>1</sup>         | 99.0%               | 731           | 98.3%                 |
| Top 10% of NC                       | 100%                 | 100%            | NA <sup>1</sup>         | 100%                |               | 100%                  |
| Alamance Regional Medical Center    | 98.0%                | 87.5%           | NA <sup>1</sup>         | 98.0%               | 104           | 96.2%                 |
| Alleghany Memorial Hospital         | 100%                 | NA <sup>1</sup> | NA <sup>1</sup>         | 66.7%               | <10           | NA <sup>2</sup>       |
| Ashle Memorial Hospital             | 100%                 | NA <sup>1</sup> | NA <sup>1</sup>         | 25.0%               | <10           | NA <sup>2</sup>       |
| High Point Regional Health System   | 100%                 | 100%            | NA <sup>1</sup>         | 100%                | 249           | 100%                  |
| Hugh Chatham Memorial Hospital      | 100%                 | NA <sup>1</sup> | NA <sup>1</sup>         | 94.4%               | 20            | 95.0%                 |
| Morehead Memorial Hospital          | 88.9%                | NA <sup>1</sup> | NA <sup>1</sup>         | 71.4%               | 18            | 72.2%                 |
| Moses H. Cone Memorial Hosp         | 100%                 | 97.3%           | NA <sup>1</sup>         | 100%                | 447           | 99.6%                 |
| Northern Hospital of Surry County   | 60.0%                | NA <sup>1</sup> | NA <sup>1</sup>         | 75.0%               | <10           | NA <sup>2</sup>       |
| Novant Health Forsyth               | 100%                 | 98.4%           | NA <sup>1</sup>         | 100%                | 352           | 99.7%                 |
| Novant Health Medical Park Hospital | NA <sup>1</sup>      | NA <sup>1</sup> | NA <sup>1</sup>         | NA <sup>1</sup>     | <10           | NA <sup>1</sup>       |
| Novant Health Thomasville           | 100%                 | NA <sup>1</sup> | NA <sup>1</sup>         | 100%                | 11            | 100%                  |
| Pioneer Comm Hosp of Stokes         | NA <sup>1</sup>      | NA <sup>1</sup> | NA <sup>1</sup>         | NA <sup>1</sup>     | <10           | NA <sup>1</sup>       |
| Randolph Hospital                   | 100%                 | NA <sup>1</sup> | NA <sup>1</sup>         | 100%                | 12            | 100%                  |
| Wake Forest Baptist Medical Center  | 100%                 | 100%            | NA <sup>1</sup>         | 99.7%               | 344           | 99.7%                 |
| Watauga Medical Center              | 100%                 | NA <sup>1</sup> | NA <sup>1</sup>         | 100%                | 10            | 100%                  |



This site is developed by the  
North Carolina Quality Center.



Additional support comes from  
the  
North Carolina Hospital  
Association



and The Carolinas Center for  
Medical Excellence.



Questions?  
ncqc@ncha.org

|                                    |                 |                 |                 |                 |                 |                 |                 |
|------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| WF Baptist Health - Davie Hospital | NA <sup>1</sup> | NA <sup>1</sup> | NA <sup>1</sup> | NA <sup>1</sup> | NA <sup>1</sup> | <10             | NA <sup>1</sup> |
| WF Baptist Health - Lexington      | 100%            | NA <sup>1</sup> | NA <sup>1</sup> | 88.9%           | 12              | 91.7%           |                 |
| Wilkes Regional Medical Center     | 100%            | NA <sup>1</sup> | NA <sup>1</sup> | 100%            | <10             | NA <sup>2</sup> |                 |

Hover over the column names at the top of the table for explanations of individual measures.  
NA<sup>1</sup> indicates there were no patients in this category.  
NA<sup>2</sup> indicates too few patients or too few months of data.  
The optimal care score is the percent of patients that received each and every recommended treatment for which they were eligible.  
The number of patients is the denominator for the optimal care score.  
What do these numbers mean?



# NC Hospital Quality Performance Report

## Measuring the Quality of Care for North Carolinians

- [Home](#)
- [About](#)
- [Reports](#)
- [Resources](#)

### Heart Failure Measures for Piedmont Area for 04/01/2012 - 09/30/2012

Heart Failure  Piedmont Area

| Heart Failure                       | ACE Inhibitor   | LVS Evaluation  | Discharge Instructions | # of Patients | Optimal Care HF Score |
|-------------------------------------|-----------------|-----------------|------------------------|---------------|-----------------------|
| Average for NC                      | 97.3%           | 99.6%           | 95.4%                  | 12805         | 95.1%                 |
| Top 10% of NC                       | 100%            | 100%            | 100%                   |               | 100%                  |
| Alamance Regional Medical Center    | 90.9%           | 99.5%           | 89.4%                  | 221           | 89.6%                 |
| Alleghany Memorial Hospital         | 100%            | 100%            | 100%                   | 11            | 100%                  |
| Ashe Memorial Hospital              | 100%            | 95.5%           | 100%                   | 22            | 95.5%                 |
| High Point Regional Health System   | 98.7%           | 99.7%           | 98.3%                  | 288           | 97.9%                 |
| Hugh Chatham Memorial Hospital      | 100%            | 100%            | 89.7%                  | 68            | 91.2%                 |
| Morehead Memorial Hospital          | 85.3%           | 93.5%           | 90.1%                  | 108           | 83.3%                 |
| Moses H. Cone Memorial Hosp         | 100%            | 100%            | 100%                   | 679           | 100%                  |
| Northern Hospital of Surry County   | 100%            | 100%            | 100%                   | 97            | 100%                  |
| Novant Health Forsyth               | 100%            | 100%            | 99.7%                  | 406           | 99.8%                 |
| Novant Health Medical Park Hospital | NA <sup>1</sup> | NA <sup>1</sup> | NA <sup>1</sup>        | <10           | NA <sup>1</sup>       |
| Novant Health Thomasville           | 100%            | 100%            | 97.7%                  | 52            | 98.1%                 |
| Pioneer Comm Hosp of Stokes         | NA <sup>1</sup> | 0.0%            | NA <sup>1</sup>        | <10           | NA <sup>2</sup>       |
| Randolph Hospital                   | 94.7%           | 98.9%           | 96.8%                  | 90            | 95.6%                 |
| Wake Forest Baptist Medical Center  | 100%            | 100%            | 96.7%                  | 374           | 97.1%                 |



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ncqcc@ncha.org

|                                    |                 |      |                 |     |                 |
|------------------------------------|-----------------|------|-----------------|-----|-----------------|
| Watauga Medical Center             | 100%            | 100% | 97.3%           | 46  | 97.8%           |
| WF Baptist Health - Davie Hospital | NA <sup>1</sup> | 0.0% | NA <sup>1</sup> | <10 | NA <sup>2</sup> |
| WF Baptist Health - Lexington      | 83.3%           | 100% | 98.1%           | 69  | 95.7%           |
| Wilkes Regional Medical Center     | 100%            | 100% | 86.1%           | 57  | 91.2%           |

Hover over the column names at the top of the table for explanations of individual measures.  
 NA<sup>1</sup> indicates there were no patients in this category.  
 NA<sup>2</sup> indicates too few patients or too few months of data.  
 The optimal care score is the percent of patients that received each and every recommended treatment for which they were eligible.  
 The number of patients is the denominator for the optimal care score.  
 What do these numbers mean?

# Attachment 7

ATTACHMENT 7



Trip to:  
**High Point, NC**  
 9.56 miles / 15 minutes

Notes

Thomasville NC to High Point NC  
 High

**A** Thomasville, NC

1. Start out going northwest on Salem St / NC-109 N toward J W Thomas Way. **1.3 Mi**  
 Map 1.3 Mi Total

2. Merge onto I-85-BL N / I-85-BR N / US-70 E / US-29 N. **6.3 Mi**  
 Map 7.7 Mi Total  
*If you are on NC-109 N and reach NC-109 S you've gone about 0.3 miles too far*

3. Take the US-311 exit toward High Point Downtown. **0.2 Mi**  
 Map 7.8 Mi Total

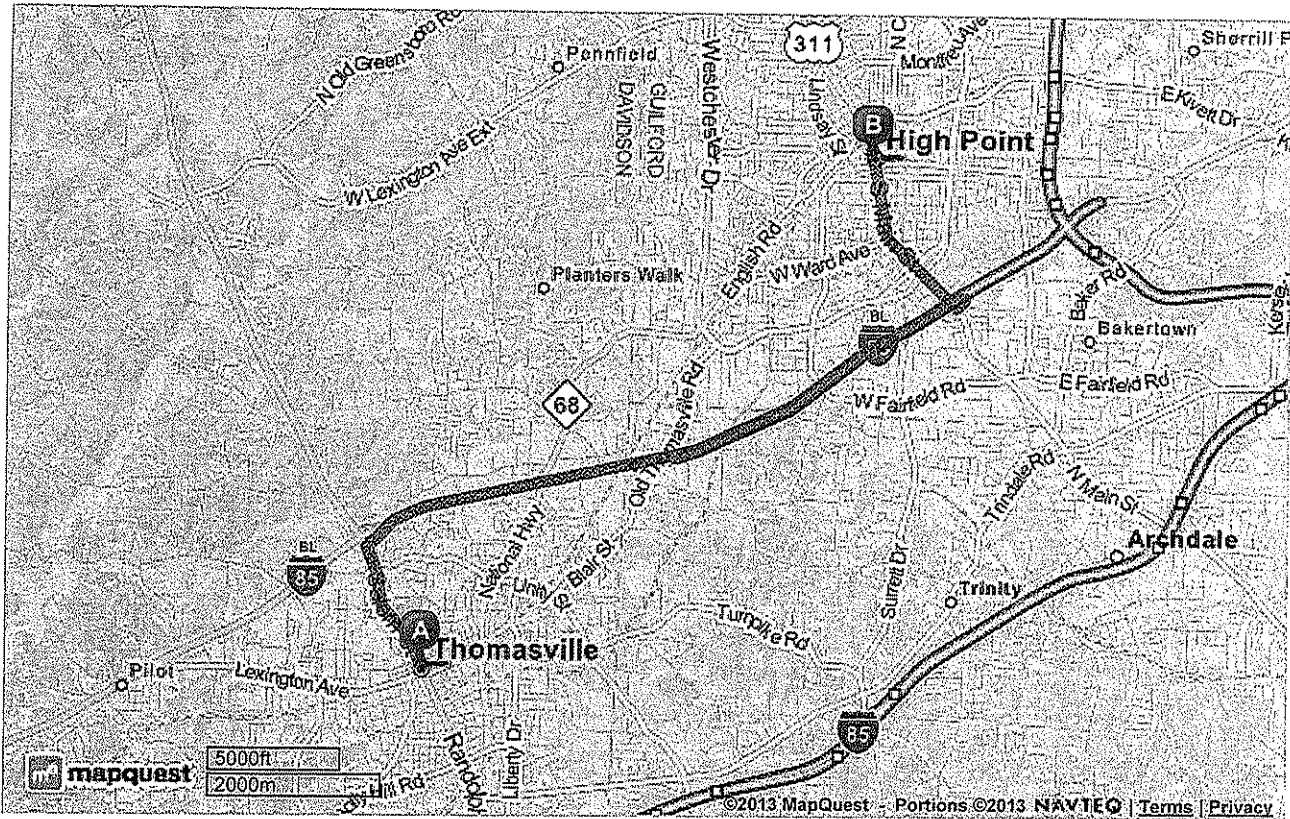
4. Turn right onto S Main St. **1.7 Mi**  
 Map 9.6 Mi Total

5. Welcome to **HIGH POINT, NC**. **Map**  
*Your destination is just past E Green Dr  
 If you reach E Commerce Ave you've gone a little too far*

**B** High Point, NC

Total Travel Estimate: 9.56 miles - about 15 minutes

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Trip to:  
**High Point, NC**  
 7.67 miles / 17 minutes

Notes

Thomasville NC to High Point NC

**A** Thomasville, NC

- 1. Start out going **southeast** on **Salem St / NC-109** toward **W Main St**. [Map](#)

**0.04 Mi**  
0.04 Mi Total
- ↩

2. Take the **1st left** onto **E Main St**. [Map](#)  
*Wellspring Community Church is on the left  
 If you are on Randolph St and reach W Colonial Dr you've gone about 0.2 miles too far*

**0.6 Mi**  
0.7 Mi Total
- ↩

3. Turn **left** onto **National Hwy**. [Map](#)  
*National Hwy is 0.1 miles past Maple Ave  
 THRIFTY OIL EXXON is on the corner  
 If you reach White St you've gone a little too far*

**3.5 Mi**  
4.2 Mi Total
- ↑

4. **National Hwy** becomes **English Rd**. [Map](#)

**2.3 Mi**  
6.4 Mi Total
- ↗

5. Turn **slight right** onto **W Kivett Dr**. [Map](#)  
*WARDS EXXON is on the left*

**0.9 Mi**  
7.4 Mi Total
- ↘

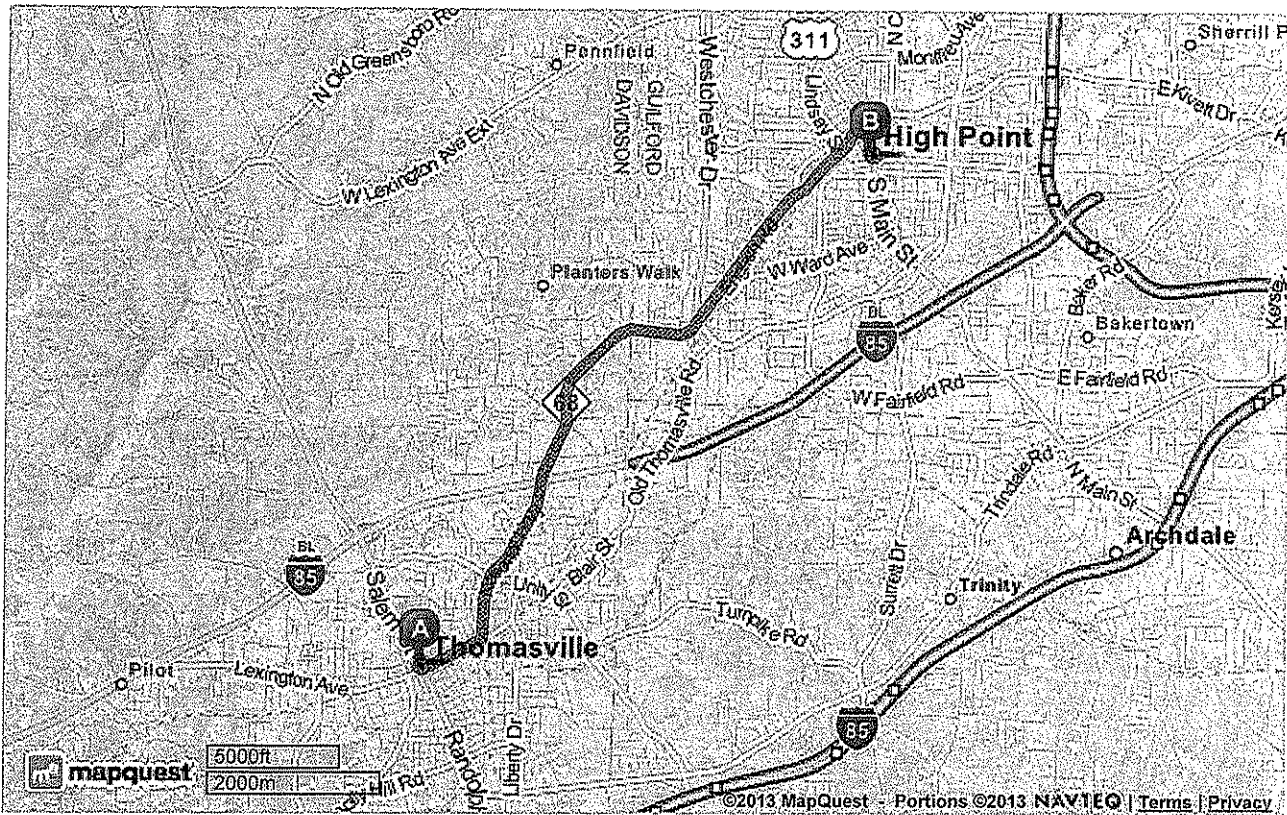
6. Turn **right** onto **N Main St / US-311-BR / Main St**. Continue to follow **N Main St / US-311-BR**. [Map](#)  
*N Main St is just past Hayden Pl  
 Jimmy's Pizza House is on the corner  
 If you are on E Kivett Dr and reach N Wrenn St you've gone a little too far*

**0.3 Mi**  
7.7 Mi Total
- 7. Welcome to **HIGH POINT, NC**. [Map](#)  
*Your destination is just past W Commerce Ave  
 If you reach W Green Dr you've gone a little too far*

**B** High Point, NC

Total Travel Estimate: 7.67 miles - about 17 minutes

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Trip to:  
**Winston Salem, NC**  
 19.99 miles / 30 minutes

Notes

Thomasville NC to Winston-Salem NC

**A** Thomasville, NC

- 1. Start out going **north** on **Salem St / NC-109 N** toward **J W Thomas Way**. Continue to follow **NC-109 N**. [Map](#)

**15.3 Mi**  
15.3 Mi Total
- 2. Turn **left** onto **I-40 W**. [Map](#)  
*I-40 W is 0.1 miles past I-40 E  
 If you reach E Clemmons Rd you've gone about 0.2 miles too far*

**0.3 Mi**  
15.5 Mi Total
- 3. Merge onto **I-40 W / US-311 N** toward **Statesville**. [Map](#)

**0.5 Mi**  
16.0 Mi Total
- 4. Merge onto **US-52 N / NC-8 N / John M Gold Fwy / US-311 N** via **EXIT 193B** toward **Mount Airy**. [Map](#)

**3.1 Mi**  
19.1 Mi Total
- 5. Take the **US-311 N / ML King Jr Dr** exit, **EXIT 110B**. [Map](#)

**0.2 Mi**  
19.3 Mi Total
- 6. Turn **left** onto **N Martin Luther King Jr Dr / US-311**. Continue to follow **N Martin Luther King Jr Dr**. [Map](#)

**0.4 Mi**  
19.6 Mi Total
- 7. Turn **left** onto **Patterson Ave**. [Map](#)  
*Patterson Ave is 0.1 miles past Ivy Ave  
 If you reach N Chestnut St you've gone a little too far*

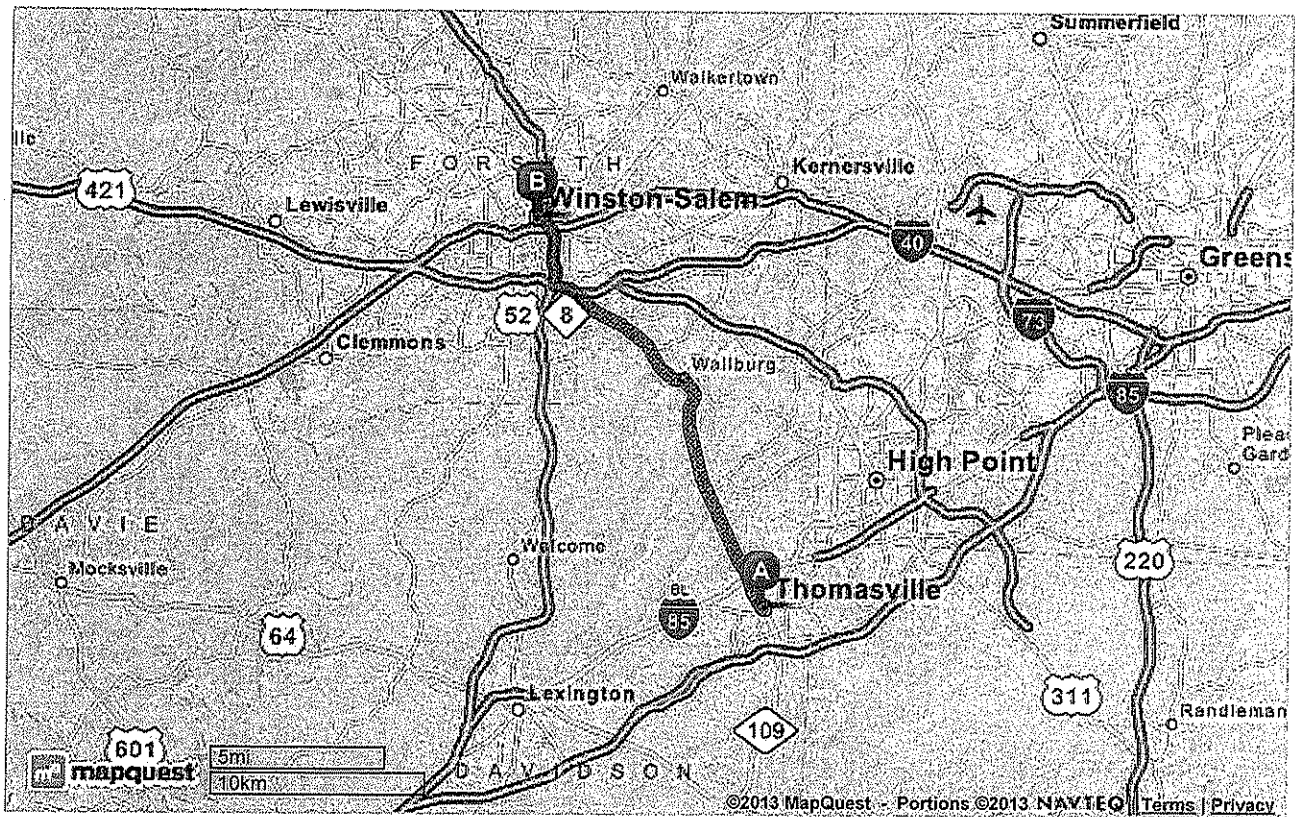
**0.3 Mi**  
20.0 Mi Total
- 8. Welcome to **WINSTON SALEM, NC**. [Map](#)  
*Your destination is just past E 5th St  
 If you reach E 4th St you've gone a little too far*

**B** Winston Salem, NC



Total Travel Estimate: 19.99 miles - about 30 minutes

**BOOK TRAVEL** with mapquest (877) 577-5766



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Trip to:  
**Greensboro, NC**  
 24.85 miles / 30 minutes

Notes

Thomasville NC to Greensboro NC

**A** Thomasville, NC

1. Start out going **southeast** on **Salem St / NC-109** toward **W Main St**. Continue to follow **NC-109**. [Map](#) **1.8 Mi**  
 1.8 Mi Total

2. Merge onto **I-85 N** via the ramp on the **left** toward **Greensboro**. [Map](#) **16.4 Mi**  
 If you are on **Randolph St** and reach **Lambeth St** you've gone about **0.1 miles** too far **18.2 Mi Total**

3. Merge onto **I-85-BR N / US-70 E / US-29 N** via **EXIT 120A** toward **Greensboro**. [Map](#) **2.4 Mi**  
 20.6 Mi Total

4. Take the **US-220 N** exit, **EXIT 35B**, toward **I-40 W / Coliseum Area**. [Map](#) **0.2 Mi**  
 20.8 Mi Total

5. Merge onto **Freeman Mill Rd**. [Map](#) **4.0 Mi**  
 24.7 Mi Total

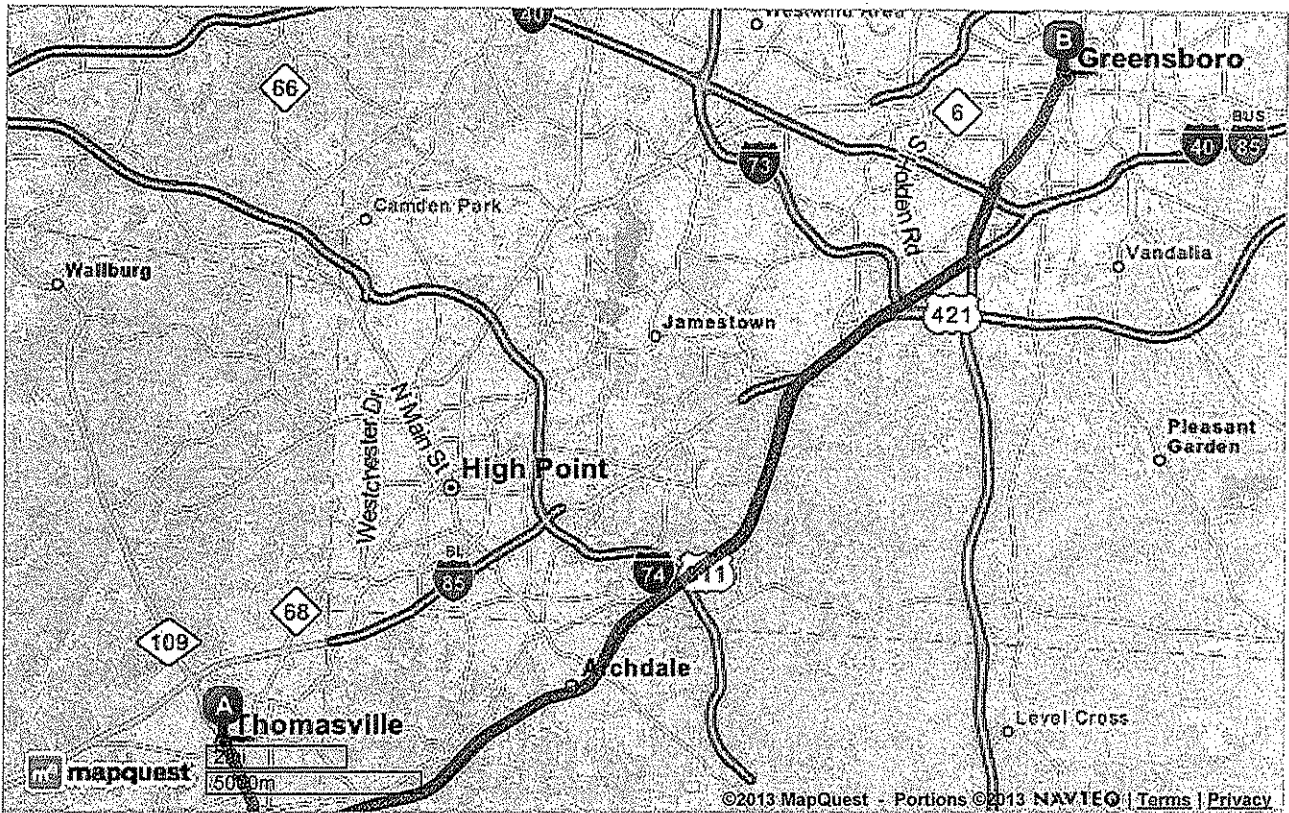
6. Turn **right** onto **W McGee St**. [Map](#) **0.1 Mi**  
 W McGee St is **0.5 miles** past **Dick St** **24.9 Mi Total**

7. Welcome to **GREENSBORO, NC**. [Map](#)  
 Your destination is just past **Blandwood Ave**  
 If you reach **Eugene Ct** you've gone a little too far

**B** Greensboro, NC

Total Travel Estimate: 24.85 miles - about 30 minutes

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Trip to:  
**Greensboro, NC**  
 22.99 miles / 31 minutes

Notes

Thomasville NC to Greensboro NC

**A** Thomasville, NC

- 1. Start out going **northwest** on **Salem St / NC-109 N** toward **J W Thomas Way**. **1.3 Mi**

[Map](#) *1.3 Mi Total*
- 2. Merge onto **I-85-BL N / I-85-BR N / US-70 E / US-29 N**. [Map](#) **12.9 Mi**

*If you are on NC-109 N and reach NC-109 S you've gone about 0.3 miles too far* *14.3 Mi Total*
- 3. Merge onto **I-85 N / US-70 E / US-29 N** via the exit on the left toward **Greensboro**. [Map](#) **2.1 Mi**

*16.3 Mi Total*
- 4. Merge onto **I-85-BR N / US-70 E / US-29 N** via **EXIT 120A** toward **Greensboro**. [Map](#) **2.4 Mi**

*18.7 Mi Total*
- 5. Take the **US-220 N** exit, **EXIT 35B**, toward **I-40 W / Coliseum Area**. [Map](#) **0.2 Mi**

*18.9 Mi Total*
- 6. Merge onto **Freeman Mill Rd**. [Map](#) **4.0 Mi**

*22.9 Mi Total*
- 7. Turn **right** onto **W McGee St**. [Map](#) **0.1 Mi**

*W McGee St is 0.5 miles past Dick St* *23.0 Mi Total*
- 8. Welcome to **GREENSBORO, NC**. [Map](#)

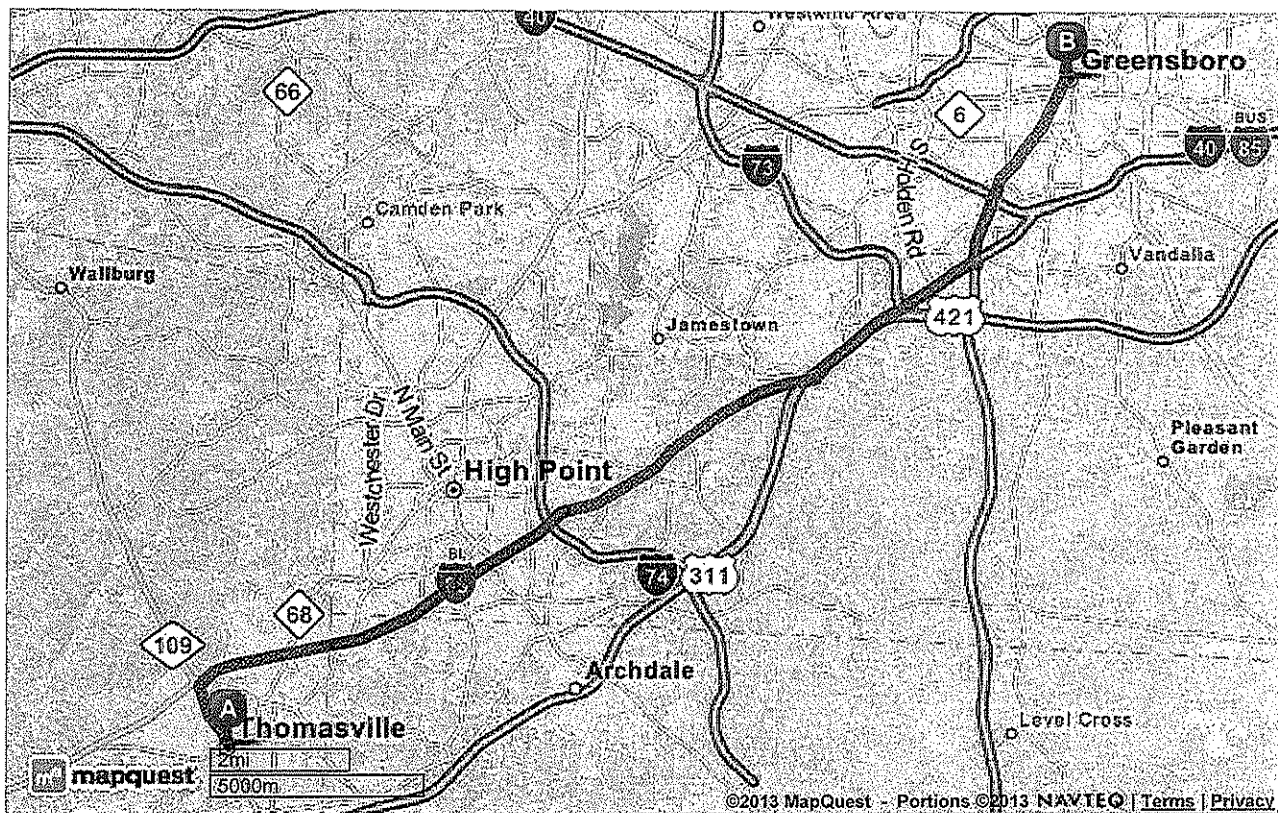
*Your destination is just past Blandwood Ave*

*If you reach Eugene Ct you've gone a little too far*

**B** Greensboro, NC

Total Travel Estimate: 22.99 miles - about 31 minutes

**BOOK TRAVEL** with **mapquest** (877) 577-5766



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# Attachment 8



## PETITION

### Petition for Cardiac Catheterization

#### PETITIONER

Johnston Health  
509 North Bright Leaf Boulevard  
Smithfield, NC 27577

April S. Culver, JD  
Vice President, Planning and External Affairs  
919.938.7198  
[aculver@johnstonhealth.org](mailto:aculver@johnstonhealth.org)

#### STATEMENT OF REQUESTED ADJUSTMENT

Johnston Health respectfully petitions the State Health Coordinating Council to create language in the 2013 *State Medical Facilities Plan* to enable a change in the Certificate of Need rules that would allow for the provision of interventional cardiac catheterization services in Johnston County. Specifically Johnston Health requests that the following language be added in the 2013 *State Medical Facilities Plan*:

*"It is further determined that fixed cardiac catheterization equipment shall not be limited to diagnostic procedures only."*

#### BACKGROUND

Johnston Health is a 199-bed acute care hospital in Smithfield, Johnston County. Since 1994, Johnston Health has provided cardiac catheterization services, beginning first with mobile service, and then subsequent to a 2001 Certificate of Need approval, fixed service. Since the hospital acquired its cardiac cath lab after 1993, it is subject to the Certificate of Need regulations (rules) for cardiac cath, which then and now state in 10A N.C.A.C 14C .1604(a): *"If the applicant proposes to perform therapeutic cardiac catheterization procedures, the applicant shall demonstrate that open heart surgery services are provided within the same facility."*

In the summer of 2011, the Technology and Equipment Committee considered a petition for a special need adjustment for shared cardiac cath equipment. Although that petition was denied, the petition raised several issues which Committee members discussed, including the fact that hospitals without open heart surgery on site that acquire cath equipment today may not use that equipment for interventional procedures because of the CON rule, yet they can use any "grandfathered" equipment for those procedures because grandfathered equipment was not subject to the CON rule. The inconsistency of a situation that would allow a hospital with two identical, side-by-side cardiac cath labs to have to determine which patients could be treated in which lab based on when the equipment was first acquired prompted the Committee to suggest that a

methodology change be considered in the spring of 2012. Unfortunately, no petitions were filed and the SHCC did not form a work group to study the cardiac cath methodology. Even if a methodology change were enacted, depending on the type of changes made, it is possible that the CON rules would remain as they are. The most effective way to correct this inequitable situation is to delete the outdated rule; the most expeditious way to accomplish that is by including language in the 2013 SMFP to enable the CON Section to do just that.

Johnston Health recognizes that this petition is unusual in its request; however, it believes that does not minimize its merit. It is appropriate for the SHCC, as an advisory body to the Governor, to include language in the 2013 *State Medical Facilities Plan* to ensure patients have adequate access to treatment and that all providers are treated equitably. Johnston Health also realizes that the timing of the petition may be questioned, as it is not requesting an adjusted need determination. However, the petition does not ask for a change in the methodology or in any SMFP Policies with statewide impact. In fact, approval of the petition would not allocate any additional equipment anywhere in the state, nor would it require hospitals to provide services they do not wish to provide. Rather, the petition asks the SHCC to clarify that the methodology for cardiac catheterization has never and does not limit the ability of providers to perform interventional cardiac cath procedures, irrespective of the availability of open heart surgery on site. The detailed reasons for this petition and the need for the SHCC's involvement in this matter are discussed in the next section.

#### **REASON FOR THE REQUESTED ADJUSTMENT**

The sole purpose of this petition is to include language in the 2013 SMFP to enable the Certificate of Need Section to use the temporary rule-making process to eliminate the rule at 10A N.C.A.C 14C .1604(a), which would resolve the current inequalities for providers of cardiac cath services without open heart surgery on site. As the SHCC is no doubt aware, changes in the SMFP that require a corresponding change in the CON rules allow the CON Section to make changes using the temporary rule-making process. This process is much simpler than the permanent rule-making process; further, Johnston Health understands that the temporary rule-making process is preferred by the CON Section, whenever possible. Given the circumstances of the current provision of cardiac cath services in the state, particularly the inequities faced by providers who acquired their equipment after 1993, Johnston Health believes this is a reasonable request that should be approved by the SHCC.

As described above, the only barrier to a provider's ability to provide interventional cardiac catheterization services is the Certificate of Need regulatory criteria (rules) that the provider is subject to, if at all, based on the timing of its acquisition of the equipment. As the SHCC is aware, while the cardiac cath need methodology does distinguish between diagnostic and interventional cath services for calculating "diagnostic-equivalent procedures", it does not allocate cardiac cath equipment in such a way as to direct whether it should be used to provide diagnostic only or interventional service. Since the establishment in 1993 of cardiac cath services as "per se" reviewable in



the CON statute, the CON rules have required that only providers with open heart surgery services on site could provide interventional cardiac cath. As a result, any provider without open heart surgery that acquired its cardiac cath unit after 1993 is not allowed to provide interventional cardiac cath, per the conditions of its certificate of need. Providers with equipment that existed prior to 1993, including mobile providers, are not subject to those rules. As a result of this situation, there currently exist four types of providers of cardiac cath services in the state:

1. Providers with open heart surgery services: no limit on the ability to provide interventional cardiac cath;
2. Providers without open heart surgery services, but cardiac cath equipment that was acquired prior to 1993: no limit on the ability to provide interventional cardiac cath;
3. Providers without open heart surgery services, but cardiac cath equipment that was acquired after the CON law change in 1993: unable to provide interventional cardiac cath.
4. Providers utilizing mobile cardiac cath units (most, if not all of which were acquired prior to 1993): no regulatory limit on the ability to provide interventional cardiac cath (includes hospital and non-hospital<sup>1</sup> sites).

No relevant distinctions exist among providers without open heart surgery, except the timing of the acquisition of cardiac cath equipment. Thus, across North Carolina, the availability of life-saving treatment is not equitable, no longer for clinical reasons as discussed below but solely on the basis of when a provider's equipment was acquired. Moreover, providers utilizing "grandfathered" equipment, either fixed or mobile, have no restrictions on the types of cath procedures they can perform. According to the *Proposed 2013 SMFP*, there are currently 35 providers of interventional cardiac cath services; of these 13, or 37 percent, do not have open heart surgery on site.

| Hospital Providing Interventional Cath | Open Heart Surgery on site? |
|----------------------------------------|-----------------------------|
| CarolinaEast Medical Center            | Yes                         |
| CMC Mercy-Pineville                    | Yes                         |
| Duke University Hospital               | Yes                         |
| First Health Moore Regional            | Yes                         |
| Frye Regional Medical Center           | Yes                         |

<sup>1</sup> Thus, a grandfathered mobile unit operating at a physician office without any hospital emergency facilities on-site can perform interventional cardiac cath, while many licensed hospitals with emergency capabilities cannot.

|                                     |     |
|-------------------------------------|-----|
| High Point Regional Hospital        | Yes |
| Moses Cone                          | Yes |
| New Hanover Regional Medical Center | Yes |
| Rex Hospital                        | Yes |
| UNC Hospitals                       | Yes |
| WakeMed                             | Yes |
| Albemarle Health                    | No  |
| CMC-Union                           | No  |
| Duke Raleigh Hospital               | No  |
| Iredell Memorial Hospital           | No  |
| Presbyterian Hospital - Matthews    | No  |
| WakeMed Cary                        | No  |

Note: Although the *Proposed 2013 SMFP* indicates that Johnston Medical Center-Smithfield performed interventional cath procedures in FY 2011, this is based on the classification of procedure codes reported on the Hospital License Renewal Application; Johnston does not (and may not) perform interventional cath procedures. In addition, some hospitals historically provided interventional cath procedures, but may not currently be doing so.

As shown, over one-third of the providers of interventional cath services in the state do not have open heart surgery services on site. Johnston Health understands that most, if not all, of these providers have arrangements with tertiary medical centers with open heart services to provide any necessary backup and emergency surgery services, should the need arise. For example, Alamance Regional Medical Center in Burlington has an arrangement with Duke University Hospital, Wilson Medical Center works with WakeMed and Nash General Hospital partners with Vidant Health. Thus, both the provider and its tertiary partner believe that the provision of interventional cath services at hospitals without open heart surgery is warranted. Collectively, these hospitals providing interventional cath without open heart services are part of several healthcare systems (e.g. Duke, CHS, Novant, HMA, WakeMed, Vidant) that represent at least 66 hospitals in the state, or 53 percent of the 125 hospitals statewide. Clearly, the question of whether interventional cath should only be provided with open heart surgery back-

up on site has been answered overwhelmingly by the state's providers, both community and tertiary, and the response is no.

Johnston Health believes that this petition, or any workgroup, methodology change or other discussion that evolves from it should not question whether interventional cath procedures should be performed only at hospitals with open heart surgery on site. That question has already been answered, not only by the majority of hospitals and health systems in the state as described above, but also by DHSR itself. Specifically, although the outdated CON rules cannot prevent "grandfathered" hospitals or mobile sites from providing interventional cath, rules from the Licensure Section could have been written to do so; the absence of such rules certainly indicates that DHSR does not believe it is inappropriate for these "grandfathered" hospitals to provide interventional cath. However, given that some discussion around the appropriateness of interventional cath without open heart will likely ensue, the remainder of this section of the petition will address the reasons that on-site open heart backup should no longer be required for interventional cardiac cath.

According to a 2009 study published in the *Journal of the American College of Cardiology*, there are no differences in patient outcomes for PCI<sup>2</sup> between facilities with open heart surgery on site and those without. The research, some of which was conducted by the Wake Forest University School of Medicine, concluded that providers of PCI without on-site open heart surgery had no differences compared to providers with open heart in measures such as procedural success, morbidity and risk-adjusted mortality. In fact, the risk of emergency surgery was actually higher at facilities with open heart surgery on site. The study also found that similar results for both primary (emergency) PCI and elective PCI were possible. Please see Attachment 1 for the study and Attachment 2 for an article summarizing the study. Such results are also supported by a recent article in *The New England Journal of Medicine*<sup>3</sup> which noted "[t]he overall feasibility and safety of nonprimary PCI without on-site cardiac surgical backup have now been assessed in multiple observational studies, a recent randomized trial, and a large meta-analysis. These findings suggest that the results of nonprimary PCI are similar at centers with and at those without on-site cardiac surgical backup, although more definitive, longer-term, randomized comparisons are forthcoming."

This study, as well as others that have preceded it, have been part of the impetus for many states to change or discontinue their regulation of PCI based on whether the provider has open heart services. For example, since 2004, the Maryland Health Care Commission has permitted PCI at hospitals without cardiac surgery, through a waiver process. Pennsylvania also permits PCI at hospitals without cardiac surgery, subject to

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<sup>2</sup> Although the *SMFP* refers to interventional (therapeutic) procedures as percutaneous transluminal coronary angioplasty, or PTCA, the current terminology for these procedures is usually PCI, or percutaneous coronary intervention.

<sup>3</sup> Shahian DM, Meyer GS, Yeh RW, Fifer MA, Torchiana DF. Percutaneous Coronary Interventions without On-Site Cardiac Surgical Backup. *N Engl J Med* (May 10, 2012) 366:1814-23.

certain conditions. South Carolina allows primary (emergency) PCI at hospitals without cardiac surgery with Certificate of Need approval for the service. Many states do not regulate PCI without on-site open heart surgery at all, while others control the service through the licensure process, such as Florida. North Carolina is one of the few states that have not instituted any changes to expand the provision of PCI to hospitals without cardiac (open heart) surgery.

The most recent guidelines from the American College of Cardiology, published in 2011, indicate that PCI without open heart surgery on site is appropriate. The guidelines do suggest certain factors that should be present, including facility, personnel and physician requirements. These factors, along with the evidence of the efficacy of PCI at providers without open heart surgery capabilities, are discussed in policy guidelines published in March 2012 by the American Heart Association, found in Attachment 3. Johnston Health understands that most or all of the 13 hospitals in the state providing PCI without open heart surgery on site have established policies and procedures similar to those in Attachment 3. If DHSR wished to ensure these policies were implemented by all providers of interventional cardiac cath procedures, it could do so through Licensure rules; however, the CON rules would still need to be amended to enable all cardiac cath providers to perform interventional procedures, as would be accomplished through the approval of this petition.

#### **ADVERSE EFFECTS IF PETITION IS NOT APPROVED**

The primary adverse effect is the continuing disparity among providers with no cardiac surgery services on site. Those with "grandfathered" equipment will continue to operate outside the CON rules and be able to provide life-saving interventional cath services on site; those operating under the CON rules will continue having diagnostic service only. The adverse effects on patient care and access are obvious, particularly given that there are no guarantees that the providers with "grandfathered" equipment will offer the service with any higher degree of safety or quality than other providers would.

#### **ALTERNATIVES CONSIDERED**

##### File a Petition in the Spring Cycle

Johnston Health considered several alternatives. The first was to wait and file a petition in the spring of 2013. However, this petition does not request a change to the methodology or any other policies in the SMFP; therefore, it is not any more appropriate for filing during that timeframe. In addition, petitioning in 2013 would delay any change in the CON rule until 2014, which Johnston Health does not believe is necessary or appropriate. For these reasons, the hospital decided not to wait to file its petition.

Limit the Language Change to Johnston County

Johnston Health also considered requesting that it be a test site for the change in rule. In fact, if the SHCC were so inclined, it could include language in the SMFP to state the following:

*"It is further determined that cardiac catheterization equipment in Johnston County shall not be limited to diagnostic procedures only."*

However, there are already 13 test sites in the state, many of which have been offering interventional cath without on-site open heart surgery for several years. Johnston Health does not believe that the establishment of an incremental test site will provide any additional information or assurances of the efficacy of the expansion of interventional cath services.

File a Permanent Rule Change Petition

As discussed above, Johnston Health also considered petitioning for a permanent rule change. However, it understands that the permanent rule-making process is a time-consuming and difficult one. For example, the location of the CON Section offices is a rule at 10A NCAC 14C .0102. The CON Section relocated its offices as of June 1, 2011; more than one year later, the rule listing the address of the CON Section has yet to be updated, because of the challenges of the permanent rule-making process. Rather than subject the proposed change in this petition to that process, Johnston Health believes that a more effective method is to include language in the 2013 SMFP that will allow the CON Section to make the necessary changes through the temporary process.

**EVIDENCE THAT THE PROPOSED CHANGE WOULD NOT RESULT IN UNNECESSARY DUPLICATION**

If approved, the petition would not result in unnecessary duplication because it would not require any additional equipment to be approved. The cardiac cath equipment utilized to perform diagnostic procedures can also be used to perform interventional procedures, with little or no modifications required. While some hospitals may need to acquire additional software, camera upgrades or intra-aortic balloon pumps, these items are not governed by the SMFP, nor is the cost of them such that they would likely be subject to the CON law.

**EVIDENCE OF CONSISTENCY WITH THE THREE BASIC PRINCIPLES**

This petition clearly supports the principle of access. The first word in the SMFP language for this principle is "equitable." As outlined above, equitable access clearly does not currently exist, because of the CON rule that is the subject of this petition. Moreover, the primary reason for providing PCI at more hospitals is to expand geographic, and thereby, temporal access to life-saving services. While other healthcare

**Petition: Johnston County Cardiac Catheterization**  
**Johnston Health**  
**Page 8 of 8**

services in the *SMFP* are needed by a wide-range of patients and providers, few have such a direct and immediate impact on patients' lives than cardiac catheterization.

The petition is also consistent with the Quality and Safety principle. As discussed in Attachment 2, not only have non-open heart sites with interventional cath been as safe and effective as those with open heart, but the need for emergency surgery is actually lower at hospitals without open heart surgery on site. While every provider should provide care in as safe and high quality an environment as possible, the provision of interventional cath can no longer be limited because of the question of quality and safety.

The petition also advocates healthcare value. According to Dr. Melissa Walton-Shirley, as quoted in the article in Attachment 2, "The staggering economic implication of the NCDR [National Cardiovascular Data Registry] data should attract the attention of any government leader with implications for savings in transfer costs, length of stay, readmit costs, and the decrease in congestive-heart-failure care that can occur with timely revascularization," she continued. 'It's time for the culture of American intervention to change permanently in the best interest of our patients, who are helpless to help themselves at a time when they are most vulnerable. Dooming them to an early death or a life of CHF care is no longer an acceptable option. We should use these data to help us treat our AMI patients as we would want to be treated if we found ourselves in a similar situation.'" As noted by Dr. Walton-Shirley, who led a pilot study at her hospital in Kentucky to provide PCI without open heart back-up on site, the economic value from expanding the provision of PCI is consistent with federal healthcare reform efforts, including decreasing lengths of stay, unnecessary readmissions and overall healthcare costs.

**CONCLUSION**

In conclusion, Johnston Health believes that the SHCC should approve the petition to enable the CON Section to delete the rule that creates inequitable access among providers of cardiac cath services. The provision of PCI services without cardiac surgery on site is already a reality for over one-third of the PCI providers in the state; the proposed petition would ensure that access to this life-saving service is equitable across providers and not limited by an outdated CON rule.

Thank you for your consideration.

# Attachment 9



Thomasville Medical Center  
207 Old Lexington Road  
Thomasville, NC 27360

July 31, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

RE: Novant Health Thomasville Medical Center Board Chairman Letter of Support for NHTMC's July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am the Chairman of the Board of Trustees for Novant Health Thomasville Medical Center. I am writing to express my support and the support of my colleague on the board for Novant Health Thomasville Medical Center's (TMC") petition seeking the state's approval for one new cardiac catheterization/angiography unit in Davidson County for the 2014 State Health Plan.

My colleagues and I on the board are aware that for more than 20 years, NHTMC has continuously offered mobile cardiac catheterization services on its campus for one day per week, based on availability from the mobile vendor. During that time, NHTMC and its cardiologists performed more than 1,700 cardiac catheterizations. However, I was also somewhat surprised to learn that over 90% of Davidson County residents who require a cardiac catheterization seek that care outside of Davidson County. This seems to me like a less than optimal way to deliver modern day cardiac care. NHTMC and its cardiologists at Davidson Cardiology Associates would like to expand local access to cardiac catheterization by adding a full-time fixed cardiac catheterization unit at NHTMC, so that patients and their cardiologists can have local access to this service every day, without delay or travel out of county.

Thomasville is the largest city in Davidson County and the 25<sup>th</sup> largest city in North Carolina. Moreover, Davidson County is the 15<sup>th</sup> most populous of North Carolina's 100 counties. A population base of this size should have regular and local access to fixed cardiac catheterization services.

Furthermore, NHTMC already has in place many of the elements for a successful full-time cardiac catheterization program:

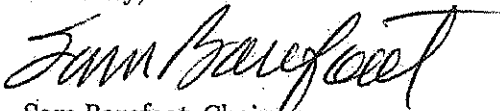
- 23 years of experience in contracting for and providing mobile cardiac catheterization services on the NHTMC campus and during that time NHTMC provided 1,740 mobile cardiac catheterization procedures



- Cardiologists with established offices in Davidson County and medical staff privileges at Novant Health Thomasville Medical Center
- NHTMC's national accreditation as a Chest Pain Center by the Society of Cardiovascular Patient Care
- Access in the NHTMC radiology department to nuclear medicine, ultrasound, and CT cardiac imaging studies
- An established, professionally staffed cardiac rehabilitation program in Thomasville, NC
- NHTMC's Women's Heart Center to provide a comprehensive heart risk assessment to pinpoint personal risk factors and goals to improve women's health
- NHTMC's partnership with the Novant Health Heart & Vascular Institute ("HVI") so that all the cardiac expertise and resources of Novant Health tertiary hospital cardiac programs are integrated with NHTMC's cardiac programs and are readily available for NHTMC's cardiac patients
- Access to a Novant Health Critical Care Transport ambulances (essentially an ICU on wheels) for patients who need to be transferred to a larger tertiary hospital
- Confirmation of NHTMC's quality of cardiac care for heart attack and heart failure patients as reported on the North Carolina Hospital Association's NC Hospital Quality Reports showing that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals

NHTMC, its patients and their physicians are long overdue for expansion of cardiac catheterization services in Davidson County to include a fixed cardiac catheterization program that is available 24 hours per day. Local and immediate access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs. Please give the NHTMC petition your full and fair consideration to enable NHTMC and our cardiologists to advance cardiac catheterization services in Davidson County to the next level.

Sincerely,



Sam Barefoot, Chairman  
Novant Health Thomasville Medical Center  
Board of Trustees



Thomasville Medical Center  
207 Old Lexington Road  
Thomasville, NC 27360

July 30, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

RE: Vice President of Medical Affairs Letter of Support for Novant Health Thomasville Medical Center's July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I serve as the Vice President of Medical Affairs for Novant Health Thomasville Medical Center. I am also a cardiologist, board-certified in Internal Medicine and Cardiology. Prior to assuming the Vice President of Medical Affairs role I had been a member of the cardiology group called Novant Health MidCarolina Cardiology with offices in Salisbury, Charlotte, Huntersville, Matthews, and Monroe, NC.

I have been informed that for almost 25 years, NHTMC and its cardiologists have continuously offered mobile cardiac catheterization services on its campus for one day per week, based on availability from the mobile vendor. During that time, NHTMC and its cardiologists performed more than 1,700 cardiac catheterizations. However, I was also somewhat chagrined to learn that over 90% of Davidson County residents who require a cardiac catheterization seek that care outside of Davidson County. This seems to me like a less than optimal way to deliver modern day cardiac care. NHTMC and its cardiologists at Davidson Cardiology Associates would like to expand local access to cardiac catheterization by adding a full-time fixed cardiac catheterization unit at NHTMC, so that patients and their cardiologists can have local access to this service every day.

I strongly support NHTMC's petition to seek the state's approval to have the opportunity to create local access to a fixed cardiac catheterization/angiography unit in Davidson County at Novant Health Thomasville Medical Center.

Thomasville is the largest city in Davidson County and the 25<sup>th</sup> largest city in North Carolina. Moreover, Davidson County is the 15<sup>th</sup> most populous of North Carolina's 100 counties. A population base of this size should have regular and local access to fixed cardiac catheterization services. Furthermore, NHTMC already has in place many of the elements for a successful full-time cardiac catheterization program:

- 23 years of experience in contracting for and providing mobile cardiac catheterization services on the NHTMC campus and during that time NHTMC provided 1,740 mobile cardiac catheterizations
- Cardiologists with established offices in Davidson County (Thomasville & Lexington) and medical staff privileges at Novant Health Thomasville Medical Center
- NHTMC's national accreditation as a Chest Pain Center by the Society of Cardiovascular Patient Care
- Access in the NHTMC radiology department to nuclear medicine, ultrasound, and CT cardiac imaging studies
- An established, professionally staffed cardiac rehabilitation program in Thomasville
- NHTMC's Women's Heart Center to provide a comprehensive heart risk assessment to pinpoint personal risk factors and goals to improve women's health
- NHTMC's partnership with the Novant Health Heart & Vascular Institute ("HVI") so that all the cardiac expertise and resources of Novant Health tertiary hospital cardiac programs are integrated with NHTMC's cardiac programs and are readily available for NHTMC's cardiac patients
- Access to a Novant Health Critical Care Transport ambulances (essentially an ICU on wheels) for patients who need to be transferred to a larger tertiary hospital
- Confirmation of NHTMC's quality of cardiac care for heart attack and heart failure patients as reported on the North Carolina Hospital Association's NC Hospital Quality Reports showing that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals

NHTMC, its patients and their physicians are long overdue for evolution of cardiac catheterization services in Davidson County to include a local fixed cardiac catheterization program that is available 24 hours per day. Local and immediate access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs. Please give the NHTMC petition thorough consideration to enable NHTMC to advance cardiac catheterization services in Davidson County to the next level.

Sincerely,



Thomas F. Trahey III MD, MBA  
 Novant Health Thomasville Medical Center  
 Vice President of Medical Affairs



Thomasville Medical Center

207 Old Lexington Road  
Thomasville, NC 27360

July 30, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

RE: Chief of Medical Staff Letter of Support for Novant Health Thomasville Medical Center's July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am the Chief of the Medical Staff at Novant Health Thomasville Medical Center. I am a board-certified urologist and my practice, Novant Health Davidson Urology, has offices in Thomasville and Lexington, NC.

I have been informed that for more than 20 years, NHTMC has continuously offered mobile cardiac catheterization services on its campus for one day per week, based on availability from the mobile vendor. During that time, NHTMC and its cardiologists performed more than 1,700 cardiac catheterizations. However, I was also somewhat surprised to learn that over 90% of Davidson County residents who require a cardiac catheterization seek that care outside of Davidson County. This seems to me like a less than optimal way to deliver modern day cardiac care. NHTMC and its cardiologists at Davidson Cardiology Associates would like to expand local access to cardiac catheterization by adding a full-time fixed cardiac catheterization unit at NHTMC, so that patients and their cardiologist can have local access to this service every day.

I strongly support NHTMC's petition to seek the state's approval to have the opportunity to create local access to a fixed cardiac catheterization/angiography unit in Davidson County at Novant Health Thomasville Medical Center.

Thomasville is the largest city in Davidson County and the 25<sup>th</sup> largest city in North Carolina. Moreover, Davidson County is the 15<sup>th</sup> most populous of North Carolina's 100 counties. A population base of this size should have regular and local access to fixed cardiac catheterization services. Furthermore, NHTMC already has in place many of the elements for a successful full-time cardiac catheterization program:

- 23 years of experience in contracting for and providing mobile cardiac catheterization services on the NHTMC campus and during that time NHTMC provided 1,740 mobile cardiac catheterization procedures
- Cardiologists with established offices in Davidson County and medical staff privileges at Novant Health Thomasville Medical Center
- NHTMC's national accreditation as a Chest Pain Center by the Society of Cardiovascular Patient Care
- Access in the NHTMC radiology department to nuclear medicine, ultrasound, and CT cardiac imaging studies
- An established, professionally staffed cardiac rehabilitation program in Thomasville, NC
- NHTMC's Women's Heart Center to provide a comprehensive heart risk assessment to pinpoint personal risk factors and goals to improve women's health
- NHTMC's partnership with the Novant Health Heart & Vascular Institute ("HVI") so that all the cardiac expertise and resources of Novant Health tertiary hospital cardiac programs are integrated with NHTMC's cardiac programs and are readily available for NHTMC's cardiac patients
- Access to a Novant Health Critical Care Transport ambulances (essentially an ICU on wheels) for patients who need to be transferred to a larger tertiary hospital
- Confirmation of NHTMC's quality of cardiac care for heart attack and heart failure patients as reported on the North Carolina Hospital Association's NC Hospital Quality Reports showing that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals

NHTMC, its patients and their physicians are long overdue for evolution of cardiac catheterization services in Davidson County to include a fixed cardiac catheterization program that is available 24 hours per day. Local and immediate access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs. Please give the NHTMC petition your full and fair consideration to enable our ability to advance cardiac catheterization services in Davidson County to the next level.

Sincerely,



Phillip G. Marks, M.D., Chief of the Medical Staff  
Novant Health Thomasville Medical Center

July 26, 2013



Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

Forsyth Medical Center  
3333 Silas Creek Parkway  
Winston Salem, NC 27103

RE: Senior Vice President and Chief Executive Officer of Novant Health Greater Winston-Salem and East Coast Markets Letter of Support for Novant Health Thomasville Medical Center's ("NHTMC") July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am the Chief Executive Officer for the Novant Health Greater Winston-Salem Market, which includes Novant Health Thomasville Medical Center ("NHTMC") and for the Novant Health East Coast Market. I am pleased to express my full support for Novant Health Thomasville Medical Center's (TMC) petition seeking the state's approval to add to the 2014 State Medical Facilities Plan the need for one new cardiac catheterization/angiography unit in Davidson County.

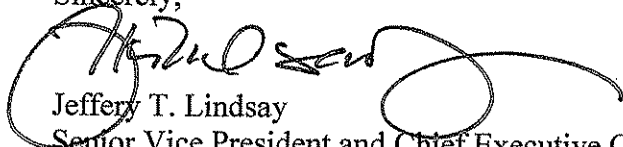
NHTMC and its physicians have provided continuous access to mobile cardiac catheterization services in Davidson County for 23 years. They are the only provider to have such a long track record of working to provide local access to cardiac catheterization services in Davidson County. However, each year the mobile cath vendor has only been able to offer one day per week of mobile cath services on the NHTMC campus. During the past 20+ years, NHTMC and its cardiologists provided 1,740 mobile cardiac catheterization procedures. However, this continued approach to limited local access to cardiac catheterization services in Davidson County is insufficient from a clinician and patient perspective. NHTMC's petition seeks the state's approval to greatly enhance local access to cardiac catheterization services in Davidson County by placing a stationary cardiac cath unit on the TMC campus, which will be available every day.

I was astounded to learn that over 90% of Davidson County residents who need cardiac catheterization must travel outside Davidson County to access that care, even though Davidson County, the 15<sup>th</sup> most populous county in North Carolina. For Davidson County residents living in central Davidson County who need a cardiac cath procedure on a day when the mobile unit is not at NHTMC, this means a 20-mile roundtrip to High Point, a 40-mile roundtrip to Winston-Salem, or a 50-mile roundtrip to Greensboro. This seems like an inefficient and ineffective way to serve the 163, 220 residents of Davidson County. Local and immediate access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs. This seems more in line with the "Remarkable Patient Experience" that NHTMC and its physicians would like to provide to their cardiac patients.

I know that NHFMC already has a strong foundation in place to sustain the operation of a full time cardiac catheterization program in Davidson County: 23 years providing mobile cardiac cath services, cardiologists with established offices in Thomasville and Lexington, national accreditation at TMC as a Chest Pain Center, NHTMC's Women's Heart Center, hospital-based access to several modalities related to cardiac imaging, a well-established cardiac rehabilitation program in Thomasville, access to a Novant Health Critical Transport ambulance for cardiac patients who need to be transferred to a larger tertiary hospital, and recognition in the NC Hospital Quality Reports of the excellent quality of care provided at NHTMC for Heart Failure and Heart Attack patients, and NHTMC's participation in the Novant Health Heart and Vascular Institute.

NHTMC, its patients and their physicians, and the residents of Davidson County need a local cardiac program in Davidson County which includes a fixed cardiac catheterization unit that is available every day. I urge the state decision-makers to give the NHTMC cardiac catheterization petition full and fair consideration to allow TMC to build on the foundation of cardiac care it already provides and to take cardiac catheterization services in Davidson County to the next level.

Sincerely,



Jeffery T. Lindsay

Senior Vice President and Chief Executive Officer

Novant Health Greater Winston-Salem and East Coast Market

*File: TMCCathPetitionLtrJLindsay.07.2013.doc*

July 26, 2013



Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

Forsyth Medical Center  
3333 Silas Creek Parkway  
Winston Salem, NC 27103

RE: Senior Vice President and Chief Operating Officer of Novant Health Greater Winston-Salem and East Coast Markets Letter of Support for Novant Health Thomasville Medical Center's ("NHTMC") July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am the Chief Operating Officer for the Novant Health Greater Winston-Salem Market, which includes Novant Health Thomasville Medical Center ("NHTMC") and for the Novant Health East Coast Market. I am pleased to express my full support for Novant Health Thomasville Medical Center's (TMC") petition seeking the state's approval to add to the 2014 State Medical Facilities Plan the need for one new cardiac catheterization/angiography unit in Davidson County.

NHTMC and its physicians have provided continuous access to mobile cardiac catheterization services in Davidson County for 23 years. They are the only provider to have such a long track record of working to provide local access to cardiac catheterization services in Davidson County. However, each year the mobile cath vendor has only been able to offer one day per week of mobile cath services on the NHTMC campus. During the past 20+ years, NHTMC and its cardiologists provided 1,740 mobile cardiac catheterization procedures. However, this continued approach to limited local access to cardiac catheterization services in Davidson County is insufficient from a clinician and patient perspective. NHTMC's petition seeks the state's approval to greatly enhance local access to cardiac catheterization services in Davidson County by placing a stationary cardiac cath unit on the TMC campus, which will be available every day.


I was quite surprised to learn that over 90% of Davidson County residents who need cardiac catheterization must travel outside Davidson County to access that care, even though Davidson County, the 15<sup>th</sup> most populous county in North Carolina. For Davidson County residents living in central Davidson County who need a cardiac cath procedure on a day when the mobile unit is not at NHTMC, this means a 20-mile roundtrip to High Point, a 40-mile roundtrip to Winston-Salem, or a 50-mile roundtrip to Greensboro. This seems like an inefficient and ineffective way to serve the 163, 220 residents of Davidson County. Local and immediate access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs. This seems more in line with the "Remarkable Patient Experience" that NHTMC and its physicians would like to provide to their cardiac patients.



I know that NHFMC already has a strong foundation in place to sustain the operation of a full time cardiac catheterization program in Davidson County: 23 years providing mobile cardiac cath services, cardiologists with established offices in Thomasville and Lexington, national accreditation at TMC as a Chest Pain Center, NHTMC's Women's Heart Center, hospital-based access to several modalities related to cardiac imaging, a well-established cardiac rehabilitation program in Thomasville, access to a Novant Health Critical Transport ambulance for cardiac patients who need to be transferred to a larger tertiary hospital, and recognition in the NC Hospital Quality Reports of the excellent quality of care provided at NHTMC for Heart Failure and Heart Attack patients, and NHTMC's participation in the Novant Health Heart and Vascular Institute.

NHTMC, its patients and their physicians, and the residents of Davidson County need a local cardiac program in Davidson County which includes a fixed cardiac catheterization unit that is available every day. I urge the state decision-makers to give the NHTMC cardiac catheterization petition full and fair consideration to allow TMC to build on the foundation of cardiac care it already provides and to take cardiac catheterization services in Davidson County to the next level.

Sincerely,



Denise B. Mihal

Senior Vice President and Chief Operating Officer  
Novant Health Greater Winston-Salem and East Coast Market

*File: TMCCathPetitionLtrDMihal.07.2013.doc*



**Thomasville Medical Center**

207 Old Lexington Road  
Thomasville, NC 27360

July 26, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

RE: President Novant Health Thomasville Medical Center Letter of Support for NHTMC's July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am the President of Novant Health Thomasville Medical Center. I am pleased to express my full support for Novant Health Thomasville Medical Center's (TMC") petition seeking the state's approval to add to the 2014 State Medical Facilities Plan the need for one new cardiac catheterization/angiography unit in Davidson County.

NHTMC and its physicians have provided continuous access to mobile cardiac catheterization services in Davidson County for 23 years. They are the only provider to have such a long track record of working to provide local access to cardiac catheterization services in Davidson County. During the past 20+ years, NHTMC and its cardiologists provided 1,740 mobile cardiac catheterization procedures. However, each year the mobile cath vendor has only been able to offer one day per week of mobile cath services on the NHTMC campus. This continued approach to limited local access to cardiac catheterization services in Davidson County is insufficient from a clinician and patient perspective. NHTMC's petition seeks the state's approval to greatly enhance local access to cardiac catheterization services in Davidson County by placing a stationary cardiac cath unit on the TMC campus, which will be available every day.

I was disappointed to learn that over 90% of Davidson County residents who need cardiac catheterization must travel outside Davidson County to access that care, even though Davidson County is the 15<sup>th</sup> most populous county in North Carolina. For Davidson County residents living in central Davidson County who need a cardiac cath procedure on a day when the mobile unit is not at NHTMC, this means a 20-mile roundtrip to High Point, a 40-mile roundtrip to Winston-Salem, or a 50-mile roundtrip to Greensboro. This seems like it is no longer an efficient and effective way to serve the 163, 220 residents of Davidson County. Local and immediate access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac


event occurs. This approach is more in line with the "Remarkable Patient Experience" that NHTMC and its physicians aim to provide to their cardiac patients.

I know that NHTMC already has a strong foundation in place to sustain the operation of a full time cardiac catheterization program in Davidson County:

- 23 years of experience in contracting for and providing mobile cardiac catheterization services on the NHTMC campus; during that time NHTMC provided 1,740 mobile cardiac catheterization procedures
- Cardiologists with established offices in Davidson County and medical staff privileges at Novant Health Thomasville Medical Center
- NHTMC's national accreditation by the Society of Cardiovascular Patient Care as a Chest Pain Center
- Access in the NHTMC radiology department to nuclear medicine, ultrasound, and CT cardiac imaging studies
- An established, professionally staffed cardiac rehabilitation program in Thomasville, NC
- NHTMC's Women's Heart Center which opened in 2012 to provide a comprehensive heart risk assessment to pinpoint personal risk factors and goals to improve women's health
- Access to a Novant Health Critical Care Transport ambulances (essentially an ICU on wheels) for cardiac patients who need to be transferred to a larger tertiary hospital
- NHTMC's participation in the Novant Health Heart and Vascular Institute
- Confirmation of the quality of cardiac care at NHTMC for heart attack and heart failure patients as reported on the North Carolina Hospital Association's NC Hospital Quality Reports showing that NHTMC's care is in the top 10% of North Carolina Hospitals or above average for North Carolina Hospitals

NHTMC, its patients and their physicians, and the residents of Davidson County need a local cardiac program in Davidson County which includes a fixed cardiac catheterization unit that is available every day. I urge the state decision-makers to give the NHTMC cardiac catheterization petition full and fair consideration to allow NHTMC to build on the foundation of cardiac care it already provides and to take cardiac catheterization services in Davidson County to the next level.

Sincerely,



Kathie A. Johnson, President  
Novant Health Thomasville Medical Center



July 29, 2013

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

2085 Frontis Plaza Boulevard  
Winston-Salem, NC 27103

RE: Vice President, Novant Medical Group Letter of Support for Novant Health Thomasville Medical Center's ("NHTMC") July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am a Vice President with the Novant Medical Group. I am pleased to express my enthusiastic support for Novant Health Thomasville Medical Center's (TMC") petition seeking the state's approval to add to the 2014 State Medical Facilities Plan the need for one new cardiac catheterization/angiography unit in Davidson County.

NHTMC and its physicians have provided continuous access to mobile cardiac catheterization services in Davidson County for 23 years. They are the only provider to have such a long track record of working to ensure local access to cardiac catheterization services in Davidson County. However, each year the mobile cath vendor has only been able to offer one day per week of mobile cath services on the NHTMC campus. During the past 20+ years, NHTMC and its cardiologists provided 1,740 mobile cardiac catheterization procedures. This continued approach of limited local access to cardiac catheterization services in Davidson County is in not sustainable from a clinician and patient perspective. NHTMC's petition seeks to greatly enhance local access to cardiac catheterization services in Davidson County by placing a stationary cardiac catheterization unit on the NHTMC campus, which will be available every day.

I was shocked to learn that over 90% of Davidson County residents who need cardiac catheterization must travel outside Davidson County to access that care, even though Davidson County is the 15<sup>th</sup> most populous county in North Carolina. For Davidson County residents living in central Davidson County who need a cardiac cath procedure on a day when the mobile unit is not at NHTMC, this means a 20-mile roundtrip to High Point, a 40-mile roundtrip to Winston-Salem, or a 50-mile roundtrip to Greensboro. This seems like an inefficient and ineffective way to serve the 163, 220 residents of Davidson County. Local and immediate and access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs. This seems more in line with the "Remarkable Patient Experience" that NHTMC and its physicians would like to provide to their cardiac patients.

I know that NHTMC already has a strong foundation in place to sustain the operation of a full time cardiac catheterization program in Davidson County: 23 years providing mobile cardiac cath services, cardiologists with established offices in Thomasville and Lexington, national accreditation at NHTMC as a Chest Pain Center, NHTMC's Women's Heart Center, hospital-based access to several modalities related to cardiac imaging, a well-established cardiac rehabilitation program in Thomasville, access to a Novant Health Critical Transport ambulance for cardiac patients who need to be transferred to a larger tertiary hospital, and recognition in the NC Hospital Quality Reports of the excellent quality of care provided at NHTMC for Heart Failure and Heart Attack patients, and NHTMC's participation in the Novant Health Heart and Vascular Institute.

NHTMC, its patients and their physicians, and the residents of Davidson County need a local cardiac program in Davidson County which includes a fixed cardiac catheterization unit that is available every day. I urge the state decision-makers to give the NHTMC cardiac catheterization petition thorough consideration to allow TMC to build on the foundation of cardiac care it already provides and to take cardiac catheterization services in Davidson County to the next level.

Sincerely,

A handwritten signature in cursive script that reads "Kirsten a Royster".

Kirsten Royster  
Vice President, Novant Medical Group  
Novant Health

*File: TMCCathPetitionLtrKRoyster.07.2013.doc*



July ~~30~~, 2013

Forsyth Medical Center  
3333 Silas Creek Parkway  
Winston-Salem, NC 27103

Jerry Parks, Chairman  
North Carolina State Health Coordinating Council  
c/o Medical Facilities Planning Branch  
Division of Health Service Regulation  
2417 Mail Service Center  
Raleigh, NC 27699

RE: Critical Care Transport Ambulance Letter of Support for Novant Health Thomasville Medical Center's July 31, 2013 Petition to Add a Need to the 2014 North Carolina State Medical Facilities Plan for One New Fixed Shared Use Cardiac Catheterization/Angiography Unit in Davidson County

Dear Mr. Parks:

I am the Manager for Novant Health Critical Care Transport ("CCT") ambulance program in the Greater Winston-Salem market which includes Novant Health Thomasville Medical Center. Our CCT ambulances serve NHTMC on a regular basis and regularly transport Davidson County cardiac cath patients out of their home county for care, since the mobile cardiac cath unit on the NHTMC campus is only available one day per week.

I strongly support NHTMC's petition to create local access to a fixed cardiac catheterization/angiography unit in Davidson County every day.

Our CCT ambulances routinely serve the following counties in North Carolina: Alexander, Alleghany, Anson, Ashe, Burke, Cabarrus, Caldwell, Catawba, Cleveland, Davidson, Davie, Forsyth, Gaston, Guilford, Iredell, Lincoln, Mecklenburg, Montgomery, Moore, Randolph, Richmond, Rockingham, Rowan, Stanly, Stokes, Surry, Union, Watauga, Wilkes, and Yadkin. Our CCT ambulances are staffed by RNs 24 hours per day and are equipped to care for adult, pediatric, and neonatal patients, with all the technology, medication and resources you would find in a hospital critical care unit. With our critical care transport services comes a seamless level of hospital-quality care—from the point of pick-up to the final destination.

Our CCT vehicles are well-equipped to transport and care for cardiac patients, as well as other types of complex patients and include the following:

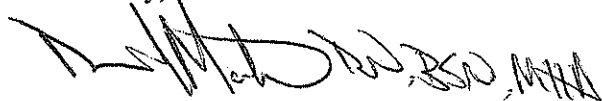
- Full complement of emergency and advanced cardiac life-support medications
- Twelve-lead ECG transmission capability, which enables physicians to determine whether the patient should be taken directly to the cath lab upon arrival at the destination hospital
- Ability to perform endotracheal intubations and ventilator management
- Transcutaneous cardiac pacing and defibrillation
- Cardiac monitoring
- Pulse oximetry
- Titratable vasoactive medications
- Non-invasive blood pressure monitoring
- Balloon pump management
- Continuous cellular phone communications to medical control.

I am aware that over 90% of Davidson County residents requiring a cardiac catheterization procedure leave Davidson County to get the care they need, even though Davidson County is the 15<sup>th</sup> most populous of North Carolina's 100 counties. This level of out-migration for Davidson County cardiac patients should not be the norm and is not desirable in terms of the efficiency and effectiveness of the care. Today, too many cardiac patients living in Davidson County and in and around Lexington and Thomasville (the 2 population centers) have to make a 20-mile roundtrip to High Point, a 40-mile roundtrip to Winston-Salem, or a 50-mile roundtrip to Greensboro to access cardiac catheterization services that are available 24 hours per day

During CY 2012 and the first Quarter of CY 2013, Novant Health's CCT vehicles, picked up from Novant Health Thomasville Medical Center, 107 Davidson County cardiac patients (STEMI, Congestive Heart Failure, Acute Myocardial Infarction, Coronary Artery Disease, Chest Pain, Syncope, Endocarditis) and transported them to Novant Health Forsyth Medical Center, High Point Regional Hospital, and Wake Forest Baptist Health. Of these 107 Davidson County cardiac patients 73% were transported directly to the cardiac catheterization laboratory, the cardiac catheterization observation unit, or the cardiac catheterization pre/post cardiac catheterization unit of the receiving hospital for a cardiac catheterization procedure. While CCT ambulances are responsive and well-equipped to transport these patients out of county for cardiac catheterizations, this may not be the optimal approach for the long-term. The Davidson County EMS ambulances also transport a large number of Davidson County cardiac patients from NHTMC to out-of-county hospitals in Guilford and Forsyth Counties.

NHTMC and its physicians have most of the elements available locally for a successful full-time cardiac catheterization program and are long overdue for evolution of cardiac catheterization services in Davidson County to include a local fixed cardiac catheterization program that is available 24 hours per day. Local and immediate access to cardiac catheterization services in Davidson County is essential to improving patient outcomes and saving lives when a sudden cardiac event occurs. Please give the NHTMC petition your full and fair consideration to enable NHTMC to advance cardiac catheterization services in Davidson County to the next level.

Sincerely,



David J. Martin, RN, BSN, MHA  
Manager  
Novant Health Critical Care Transport

*File: TMCCathPetitionCCTMartinLtr.07.30.2013PM.doc*

# Attachment 10



# ENVISION

**Thomasville** North Carolina

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*A Strategic Plan for Thomasville's Future*

Created and Presented by  
The Thomasville Vision and Strategic Planning Task Force  
Hope Surratt & Raleigh York, Co-Chairs

May 2011

For more information, contact the  
Thomasville Area Chamber of Commerce  
941 Randolph St./P.O. Box 1400  
Thomasville, NC 27360  
336-475-6134/336-475-4802 fax  
[www.thomasvillechamber.net](http://www.thomasvillechamber.net)

Funded by



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## Situation Analysis

Once the king of the furniture industry, Thomasville today is a city in transition. For years, Thomasville was first and foremost manufacturing - textiles and furniture. The city grew services to support that population.

According to City Manager Kelly Craver, at the peak of textiles and manufacturing, in the 1980s, the City of Thomasville grew its water and sewer capacity to accommodate use of some 900,000 gallons a day. Today, that use is closer to 100,000 gallons, although the capacity still exists. Water and sewer rates are high due to losing a third of the city's customers in a ten year span which saw the loss of 5,000 jobs in manufacturing.

Amidst the challenges of job loss and manufacturing decline, the assets of Thomasville position the city in a positive manner for future growth and development.

### Transportation

Located in the heart of the Piedmont Triad region of North Carolina, (see Map 1.0), Thomasville is centrally situated, providing transportation advantages. Road assets include major thoroughfares Interstate 85 and Highway 109. The Norfolk-Southern Railway runs through the center of the city and a secondary railway runs through the county. There are dozens of trains through Thomasville each day including nine passenger (Amtrak) trains which do not stop.

Local leaders believe that Thomasville's location is an asset for two additional reasons: 20 minutes from metro areas High Point, Winston-Salem and Greensboro; and approximately half way between North Carolina's beaches and mountains. Additionally, Thomasville is the center of the I-85 corridor, located half way between Washington, D.C. and Atlanta.

### Population & Housing

Despite the decline in manufacturing, Thomasville has continued to grow.

United States Census data show an increase in city residents to 27,364 for 2010. That is a substantial increase over the past two decades of 72 percent.

According to the U.S. Census Bureau (www.census.gov), Thomasville and Davidson County have grown accordingly: ✓

| <b>Population</b> | <b>2010</b> | <b>2009</b> | <b>2000</b> | <b>1990</b> |
|-------------------|-------------|-------------|-------------|-------------|
| Thomasville City  | 27,364      | 26,612      | 19,788      | 15,915      |
| Davidson County   | 162,878     | 158,582     | 147,246     | 126,677     |

Some of that growth can be attributed to annexation. (In 2001, some 2,000 additional homes were annexed into the city).

The housing market continues to grow with 50-60 new homes a year. Prior to the great recession (2008 - 2009), the average was 75 per year. The peak was 140 new homes in 2006. ✓

Another reason for the growth in population and housing is lower tax rates than nearby larger municipalities. The city tax rate is .56 per \$100,000 valuation and the county is .54. This compares to nearby Guilford County where the tax rate is .73. ✓

Although no new subdivisions are under construction at this time, large ones that were begun prior to the recession are continuing to build out. Housing growth coupled with severe manufacturing decline indicates somewhat of a transition into what is known as a "bedroom" community.

The average household size in 2009 was 2.46 persons with the average family size of 3.07. Total housing units that year numbered 11,337 with 10,333 occupied. (See Table 1.0 - American Community Survey).

### **Manufacturing and Employment**

Thomasville is still home to a significant number of manufacturers, and several companies are headquartered there. Top employers include Old Dominion Freight Lines, Thomasville Medical Center, the city school system, city government, Unilin Flooring and Thomasville Furniture. (See Table 2.0 - Largest Employers). ✓

According to the N.C. Employment Security Commission (ESC), Davidson County's unemployment rate stood at 12.9 percent at the close of 2009, in comparison to the state average of 10.9 percent. (See Table 2.01 - Workforce & Unemployment).

From July 2009 to July 2010, Thomasville's workforce declined by nearly 600 persons, although unemployment showed a nearly two point decrease. The city workforce numbered 11,877 at that time (July 2010) with 1,369 of those unemployed (see Table 2.02 - Workforce) for an 11.5 percent unemployment rate within the city.

According to the Employment Security Commission, there were more than 70 business closings and/or layoffs since 2007 in Davidson County. Some companies experienced multiple layoffs. Only eight of those businesses were/are located in Thomasville. (See Table 2.03 - Closings/Layoffs).

In 2010, the average wage among workers in Davidson County was \$16.19 with a slightly higher average (\$19.98) among experienced workers. The average entry level wage was \$8.60. (See Table 2.04 - Employment/Wages Census and 2.05 - Occupational Employment Statistics).

According to American Community Survey data (2005-2009), the per capita income for Thomasville is \$17,601. Median household income is \$36,399. It is estimated that 21.3 percent of Thomasville families live below the poverty level. (See Table 1.0).

### **Commuting patterns**

Commuter patterns for Davidson and its five contiguous counties show increases over the past decade in both incoming commuter traffic and outgoing. The outgoing commuter traffic increases are higher than the incoming increases when viewed individually. (See Table 3.0 and Map 3.0)

However, in aggregate, the percentage increase in commuter traffic into Davidson County (22%) was higher than the outgoing increase (20%). ✓

### **Tourism**

When furniture was king, tourism in the City of Thomasville was healthy. A decade ago, there were 3,000 or more documented visitors a year. Ninety percent of them came to shop for furniture. A random sample study conducted by Thomasville Tourism showed that the average amount spent by a visitor from in-state was \$7,000. Out-of-state spenders averaged more like \$20,000. The economic impact of these visitors was in excess of \$20 million a year.

According to Tourism Director Mark Scott, the real estate market, more so than the economy in general, has impacted tourism in Thomasville. The number of

people who were coming from northern states to buy furniture for their retirement homes in Florida has declined dramatically. The decline in numbers became visible in the fall of 2008. In July 2008, 90 people registered with the Visitor Center (actual walk-ins to the Depot); that number was only 68 in July 2010.

Aside from furniture shopping, visitor assets include Civil War trails and history, sporting events and weddings. There were 60 wedding functions between May & December of 2009.

Thomasville has six motels, the newest of which is 10 years old. Occupancy taxes have significantly declined in recent years. (See Table 4.0). Competition for lodging has increased from nearby areas such as Archdale (three hotels at exit 111), and the Concord/Salisbury area.

## Education

Thomasville is served by two school systems, Davidson County Schools (DCS) and Thomasville City Schools (TCS). The school district lines do not match those of the city limits. Thomasville City Schools primarily serves students who live within the city limits, however, several thousand students in the city limits are districted into schools that belong to the county school system. There are seven schools - three elementary, two middle and two high - in the county system that serve students who live within city limits. TCS schools number four - one primary, one elementary, one middle and one high.

While achievement data varies widely between the two systems, so do the demographics. DCS students are 95 percent white, while only 28 percent of TCS students are white. The TCS population is 27 percent Latino and 39 percent African American.

The DCS system is ranked 11<sup>th</sup> in the state in terms of system-wide proficiency in academics. Eighty-eight percent of students passed End of Course testing in the 2009-10 school year. DCS has well exceeded the state average in EOC scores for five consecutive years. The system has the highest test scores in the Piedmont Triad Region.

The TCS system is ranked 107 out of 115 systems in North Carolina with 68.3 percent of students having passed EOC testing in 2009-10. Aware of its challenges, TCS is leveraging financial resources to excel in the area of technology. As a result of an IMPACT grant, TCS teachers and students now have access to the most current technology tools for 21<sup>st</sup> Century learning.

## SWOT Analysis

This details the results of an initial SWOT analysis by the Vision Steering Team as well as an electronic SWOT by the full Vision Task Force. The SWOT exercise was held to identify the Strengths, Weaknesses, Opportunities and Threats related to the Thomasville Community.

### STRENGTHS

- Location
- Hidden Leadership
- Available workforce
- Nationally known name
- Skill & craftsmanship
- City Government
- Medical Facilities
- Recreation Facilities
- YMCA
- Allegiance to Community
- Sports - "Bulldog Pride"
- Faith-based community
- K-12 Schools - technology
- Community College
- Area Colleges nearby
- Small community with access to larger communities
- Racial Harmony/Inclusiveness
- Transportation
  - Commuting patterns
  - Public Transportation
  - I-85
  - Hwy. 109

### WEAKNESSES

- Unemployment Rate
- Low per capita income
  - High poverty percentage
  - 85% free & reduced lunch at Thomasville High School
  - Small percentage of high income
  - Very little middle class population
- Small community near large communities
  - Where does Thomasville begin?
  - Proximity to High Point
- Housing
  - Large percentage of rental property
  - Out of area property owners

- Unattractive Corridors
- Empty &/or unattractive industrial buildings
- Hotels/Lodging
- Too often use of phrase “small town”
  - Thomasville is 25<sup>th</sup> largest city in NC
- Lack of retail
  - Due to proximity to High Point
- No industrial park
- No dedicated media
  - Thomasville Times office is in High Point
- Not the county seat, although largest city in county ✓
- I-85 - only 1 real exit
- Financial Challenges
- Divided school systems
- Citizens leave area to shop
- Not appealing to young professionals

#### **OPPORTUNITIES**

- I-85 - managing exits
- Railroad
- New manufacturing
  - Empty buildings
  - Redevelopment of furniture factory sites
- Young People
  - Ages 25-40
  - Young workforce (unskilled)
- Community College workforce training
- Entrepreneurship
  - Dining
  - Recreation (theatre, bowling alley)
  - Furniture crafters on Main St.
- Hospital
  - Increase income levels
  - Job creation
- Retirement
- Local government help/incentives for business
- Bedroom Community redefined
- Improved schools
- Downtown businesses/development
- Invest in infrastructure



## THREATS

- Mindset – getting community to believe in itself again
- Apathy
- Location
  - Encroachment - A little too close to Greensboro/Winston-Salem
  - Threat for retail
- Leadership
- Lack of Young Professionals
- Continuing poverty
- Language barrier
- Cultural barrier
- Lack of financial resources
- Condition of available buildings

## Community Engagement

Citizens of the Thomasville area were invited to participate in the Visioning process through an electronic survey which was accessible from the Thomasville Area Chamber of Commerce website. Additionally, two Community Engagements sessions were held to which the public was invited.

Six hundred twenty-seven community members responded to the survey. Fifty-three percent were men and 46 percent women. Most respondents were between the ages of 35 and 65 (72 percent). Eighty-three percent were white and nearly 13 percent black. Thirty-eight percent were salaried or hourly employees; 20 percent were business owners. Nearly 40 percent were couples with children living at home; only 11 percent were single. Household income varied with 31 percent reporting \$60 - \$99,000; 22 percent at \$40 - \$59,000; 23 percent reported over \$100,000. Education varied as well with 16.8 percent reporting a high school diploma and 7.6 percent reporting some college. Twenty six percent earned a bachelors degree while about 11 percent reported masters and doctorates.

Nearly 60 percent of respondents live within city limits and 75 percent of respondents said "Thomasville area" best describes where they live. Fifty-nine percent work in Thomasville.

An overwhelming majority agreed on the following:

1. What they like best about Thomasville is (1) being close to family and friends; (2) it is a safe and secure community; (3) the cost of living, including housing. Coming in a close fourth in the "like" category was proximity to Highways/Interstate/Airports.
2. What they like least about Thomasville is (1) employment opportunities; (2) availability of shopping and services; (3) variety of dining/restaurants.
3. Areas where they would like to see significant change in the next five years included (1) jobs/employment/new business; (2) shopping & dining; (3) downtown revitalization; (4) appearance/image; (5) arts, culture & recreation. Mentioned to a much lesser degree were roads & infrastructure; government & leadership; education & schools; public safety; and affordable housing.

In addition to the survey, the in-person Community Engagement sessions brought consistent results. Comments fell into three broad categories: (1) Appearance & Image; (2) Marketing & Promotion; and (3) Business Development (employment & entrepreneurialism).

Themes that emerged in both the survey and community engagement sessions included re-use or demolition of old factories; fostering entrepreneurialism especially in the furniture craft; cleaning up blighted areas and trash; downtown revitalization; tourism (i.e. a museum); retail & dining development; creating an appropriate workforce for the future and recreation.

## Our VISION...

Built upon its rich heritage, the Thomasville Area is a safe, healthy and thriving community that celebrates its cultural diversity and meets challenges with positive, solutions-focused effort. We envision a community embracing innovation and economic growth for existing and new businesses while enhancing the quality of life for its people. We see citizens; businesses; government; faith-based, social and educational institutions all working together on emerging opportunities for community betterment.

## EnVision 2020...

In the future that we are building, Thomasville is a desirable place to live and work because...

- People are friendly, community-minded and proud of Thomasville's image.
- The area is attractive and welcoming to visitors and newcomers.
- We are a charitable community founded on faith-based principles.
- Neighborhoods are attractive, safe and focused on family life.
- A variety of dining and shopping choices are plentiful throughout the area with a quaint, beautiful downtown as its hub.
- Arts, cultural and recreational activities are abundant. Local events are well-designed and implemented and supported by the community.
- Cultural diversity is embraced and celebrated.
- Innovative, sustainable business development is encouraged and entrepreneurialism is thriving.
- K-14 schools are centers of innovation and produce skilled graduates.
- Citizens are health-conscious, and health care is easily accessible through state-of-the-art medical facilities. ✓

## Goals and Strategies

To realize this vision, the Vision Task Force recommends the following goals and strategies.

### Appearance & Image

**Goal: Improve the appearance of entry-ways and main corridors**

Strategies:

- Review the City Land Use plan for alignment with community vision
- Review, create & enforce appearance ordinances
- Organize citizens & businesses to clean designated areas

**Goal: Create an entrepreneur-friendly, attractive downtown area**

Strategies:

- Seek destination businesses that draw citizens to downtown
- Promote existing incentives for façade improvement
- Promote tax credits for historical renovations

**Goal: Establish new uses for former industrial properties**

Strategies:

- Inventory existing unused industrial and manufacturing facilities
- Analyze facilities for potential dispensation
- Develop an action plan to demolish or re-use buildings

**Goal: Improve the appearance of housing and public recreational areas**

Strategies:

- Upgrade and/or create new public recreation facilities
- Organize neighborhood clean-up projects

## **Marketing & Promotion**

**Goal: Establish a brand and create a marketing program as provided for by Thomasville on the Move**

Strategies:

- Develop a marketing plan
- Develop a new brand/logo, future-focused
- Utilize advanced technology and social media
- Create a marketing director position
- Align tourism efforts with new marketing plan

**Goal: Enhance and promote a strong “sense of community” among citizens of the Thomasville area**

Strategies:

- Host themed events
- Increase awareness and communication for promotion of events
- Create a community calendar
- Develop a “discovery” committee to visit other communities for ideas on similar issues and marketing opportunities
- Promote the arts and develop cultural enrichment opportunities

## **Business Development & Entrepreneurialism**

**Goal: Create usable industrial sites**

Strategies:

- Determine feasibility of new industrial/business park
- Assess re-use of some industrial buildings

**Goal: Utilize existing commercial and retail business space**

Strategies:

- Recruit shopping and dining retail businesses
- Upgrade/renovate buildings in downtown business district

**Goal: Encourage entrepreneurial activity and provide support**

**Strategies:**

- Create a business advisory group to provide mentoring and technical support to small businesses
- Establish a Business Development Center with shared resources to assist start-ups
- Establish a local Business Investors Group to assist with capital for new small businesses

**Goal: Build a skilled workforce for the future**

**Strategies:**

- Engage the business community in K-14 education
- Create a business-education partnership program
- Expose youth to new business models of the future
- Promote healthy lifestyles for citizens

## Vision Task Force Members

### Steering Committee

Hope Surratt, Co-Chair  
*Ballard, Surratt & Co.*

Raleigh York, Jr. Co-Chair  
*Thomasville City Council*

Deboy Beamon  
*Thomasville High School*

Pat Shelton  
*Thomasville City Council*

Doug Croft  
*Thomasville Area Chamber of  
Commerce*

Scott Styers  
*Thomasville City Council*

Tommy Hodges  
*Tom A. Finch Community YMCA*

Jane Wilder  
*Thomasville Medical Center*

Tony Hyde  
*NewBridge Bank*

Philip Young  
*Carolina Safety Sport*

### Task Force

Martin Beale  
*Citizens Insurance Group, Inc.*

Kelly Craver  
*Thomasville City Manager*

Joe Bennett  
*Mayor of Thomasville*

Mike Everhart  
*Modern Motors*

Christian Brandyberry, DMD  
*McGhee & Brandyberry*

Debbie Fanary  
*Mountcastle Insurance*

Carol Brown  
*Thomasville Beautification  
Committee*

Marc Goodman  
*Marc's Barber Shop*

Kevan Callicutt  
*A Cleaner World*

Robert Green  
*J.C. Green & Sons Funeral Home*

Keith Carroll  
*Mt. Zion Wesleyan Church*

Stamey Hardin  
*Carolina AutoCare*

James Carter  
*Cornerstone Church of Christ*

Wayne Herrick, MD  
*Retired Orthopaedic Surgeon*



Robert Hyatt  
*Davidson County Manager*

Kathie Johnson, PhD  
*Thomasville Medical Center*

Harold Kennedy  
*Rex Oil Company*

Karl Milliren, DVM  
*Thomasville Veterinary Hospital*

Fred Mock, EdD  
*Davidson County Schools*

Marquis Ramsey  
*St. Stephen Progressive Baptist  
Church*

Linda Roney  
*High Point Regional Health System*

Steve Swaney  
*Monkeez Brew*

Keith Tobin, EdS  
*Thomasville City Schools*

Sam Watford  
*Watford Construction*

David Williams, MD  
*Thomasville Pediatrics*

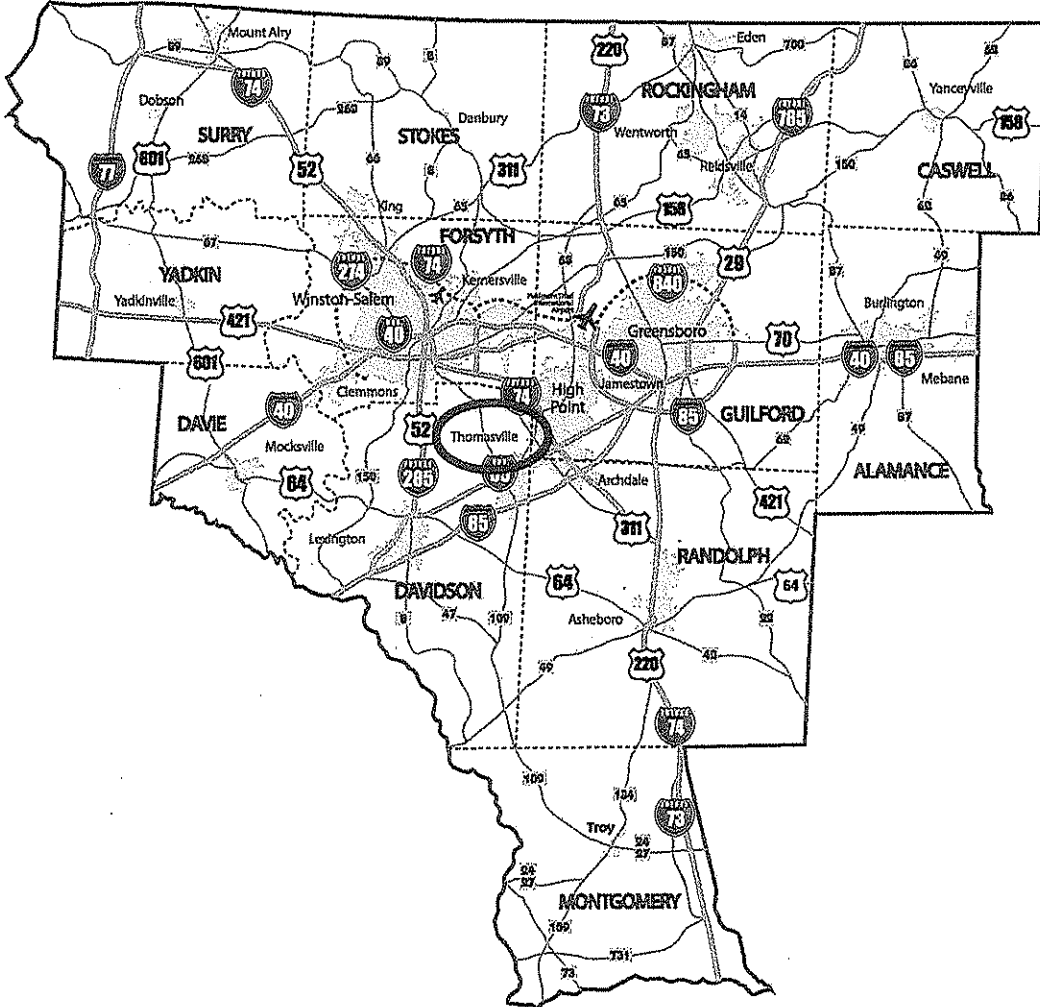


**Energizing and Empowering  
Leaders for Success**

Process Facilitator:  
Susanne D. Sartelle, CCE, MLDR  
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Map 1.0



**Table 1.0**

**Thomasville  
2005-2009 American Community Survey 5-Year Estimates**

Source: [www.census.gov](http://www.census.gov)

| <b>Social Characteristics - <u>show more</u></b>                          | <b>Estimate</b> | <b>Percent</b> | <b>U.S.</b> | <b>Margin of Error</b> |
|---------------------------------------------------------------------------|-----------------|----------------|-------------|------------------------|
| >>                                                                        |                 |                |             |                        |
| Average household size                                                    | 2.46            | (X)            | 2.60        | +/-0.08                |
| Average family size                                                       | 3.07            | (X)            | 3.19        | +/-0.13                |
| Population 25 years and over                                              | 17,001          |                |             | +/-524                 |
| High school graduate or higher                                            | (X)             | 72.5           | 84.6%       | (X)                    |
| Bachelor's degree or higher                                               | (X)             | 13.0           | 27.5%       | (X)                    |
| Civilian veterans (civilian population 18 years and over)                 | 1,956           | 10.3           | 10.1%       | +/-369                 |
| With a Disability                                                         | (X)             | (X)            | (X)         | (X)                    |
| Foreign born                                                              | 2,107           | 8.1            | 12.4%       | +/-428                 |
| Male, Now married, except separated (population 15 years and over)        | 4,566           | 52.0           | 52.3%       | +/-347                 |
| Female, Now married, except separated (population 15 years and over)      | 4,464           | 39.9           | 48.4%       | +/-331                 |
| Speak a language other than English at home (population 5 years and over) | 2,799           | 11.5           | 19.6%       | +/-558                 |
| Household population                                                      | 25,376          |                |             | +/-297                 |
| Group quarters population                                                 | (X)             | (X)            | (X)         | (X)                    |
| <b>Economic Characteristics - <u>show more</u></b>                        |                 |                |             |                        |
| >>                                                                        |                 |                |             |                        |
| In labor force (population 16 years and over)                             | 12,685          | 64.5           | 65.0%       | +/-566                 |
| Mean travel time to work in minutes (workers 16 years and over)           | 19.5            | (X)            | 25.2        | +/-1.1                 |
| Median household income (in 2009 inflation-adjusted dollars)              | 36,399          | (X)            | 51,425      | +/-2,518               |
| Median family income (in 2009 inflation-adjusted dollars)                 | 42,615          | (X)            | 62,363      | +/-3,499               |
| Per capita income (in 2009 inflation-adjusted dollars)                    | 17,601          | (X)            | 27,041      | +/-1,075               |
| Families below poverty level                                              | (X)             | 21.3           | 9.9%        | +/-3.6                 |
| Individuals below poverty level                                           | (X)             | 25.4           | 13.5%       | +/-3.4                 |

| <b>Housing Characteristics - <a href="#">show more</a> &gt;&gt;</b> | <b>Estimate</b> | <b>Percent</b> | <b>U.S.</b> | <b>Margin of Error</b> |
|---------------------------------------------------------------------|-----------------|----------------|-------------|------------------------|
| Total housing units                                                 | 11,337          |                |             | +/-434                 |
| Occupied housing units                                              | 10,333          | 91.1           | 88.2%       | +/-360                 |
| Owner-occupied housing units                                        | 6,198           | 60.0           | 66.9%       | +/-383                 |
| Renter-occupied housing units                                       | 4,135           | 40.0           | 33.1%       | +/-377                 |
| Vacant housing units                                                | 1,004           | 8.9            | 11.8%       | +/-286                 |
| Owner-occupied homes                                                | 6,198           |                |             | +/-383                 |
| Median value (dollars)                                              | 102,900         | (X)            | 185,400     | +/-3,372               |
| Median of selected monthly owner costs                              |                 |                |             |                        |
| With a mortgage (dollars)                                           | 994             | (X)            | 1,486       | +/-37                  |
| Not mortgaged (dollars)                                             | 289             | (X)            | 419         | +/-17                  |

| <b>ACS Demographic Estimates - <a href="#">show more</a> &gt;&gt;</b> | <b>Estimate</b> | <b>Percent</b> | <b>U.S.</b> | <b>Margin of Error</b> |
|-----------------------------------------------------------------------|-----------------|----------------|-------------|------------------------|
| Total population                                                      | 26,048          |                |             | +/-55                  |
| Male                                                                  | 12,026          | 46.2           | 49.3%       | +/-388                 |
| Female                                                                | 14,022          | 53.8           | 50.7%       | +/-390                 |
| Median age (years)                                                    | 34.1            | (X)            | 36.5        | +/-1.6                 |
| Under 5 years                                                         | 1,699           | 6.5            | 6.9%        | +/-299                 |
| 18 years and over                                                     | 19,052          | 73.1           | 75.4%       | +/-462                 |
| 65 years and over                                                     | 3,796           | 14.6           | 12.6%       | +/-386                 |
| One race                                                              | 25,657          | 98.5           | 97.8%       | +/-225                 |
| White                                                                 | 18,021          | 69.2           | 74.5%       | +/-792                 |
| Black or African American                                             | 5,613           | 21.5           | 12.4%       | +/-514                 |
| American Indian and Alaska Native                                     | 165             | 0.6            | 0.8%        | +/-122                 |
| Asian                                                                 | 191             | 0.7            | 4.4%        | +/-177                 |
| Native Hawaiian and Other Pacific Islander                            | 39              | 0.1            | 0.1%        | +/-76                  |
| Some other race                                                       | 1,628           | 6.3            | 5.6%        | +/-560                 |
| Two or more races                                                     | 391             | 1.5            | 2.2%        | +/-219                 |
| Hispanic or Latino (of any race)                                      | 2,992           | 11.5           | 15.1%       | +/-589                 |

Source: U.S. Census Bureau, 2005-2009 American Community Survey

**Explanation of Symbols:**

\*\*\*\* - The median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.

\*\*\*\*\* - The estimate is controlled. A statistical test for sampling variability is not appropriate.

'N' - Data for this geographic area cannot be displayed because the number of sample cases is too small.

'(X)' - The value is not applicable or not available.

**Table 2.0**

**Davidson County Largest Employers 2010, First Quarter**

Headquartered or Significant presence in Thomasville

Presence but no main office in Thomasville

Outside of Thomasville

Source: *Employment Security Commission*

<http://esesc23.esc.state.nc.us/d4/QCEWLargestEmployers.aspx>

Source: *Thomasville Area Chamber of Commerce*

| Company Name                                    | Industry                          | Employment Range |
|-------------------------------------------------|-----------------------------------|------------------|
| Davidson County Board of Education              | Education & Health Services       | 1000+            |
| County of Davidson                              | Public Administration             | 1000+            |
| Atrium Companies, Inc.                          | Manufacturing                     | 500 - 999        |
| Wal-Mart Associates, Inc.                       | Trade, Transportation & Utilities | 500 - 999        |
| Lexington Memorial Hospital                     | Education & Health Services       | 500 - 999        |
| Davidson County Community College               | Education & Health Services       | 500 - 999        |
| Lexington City Schools                          | Education & Health Services       | 500 - 999        |
| Thomasville Medical Center                      | Education & Health Services       | 500 - 999        |
| Thomasville City Schools                        | Education & Health Services       | 500 - 999        |
| Old Dominion Freight Lines                      | Trade, Transportation & Utilities | 500 - 999        |
| Food Lion, LLC                                  | Trade, Transportation & Utilities | 250 - 499        |
| PPG Industries Inc.                             | Manufacturing                     | 250 - 499        |
| Bradley Personnel, Inc.                         | Professional & Business Services  | 250 - 499        |
| Jeld-Wen                                        | Manufacturing                     | 250 - 499        |
| City of Lexington                               | Public Administration             | 250 - 499        |
| Leggett & Platt Inc.                            | Manufacturing                     | 250 - 499        |
| RCR Race Operations, LLC                        | Leisure & Hospitality             | 250 - 499        |
| City of Thomasville                             | Public Administration             | 250 - 499        |
| Lowe's Home Centers, Inc.                       | Trade, Transportation & Utilities | 250 - 499        |
| Lexington Home Brands                           |                                   | 250 - 499        |
| Shelba D. Johnson Trucking                      | Trade, Transportation & Utilities | 250 - 499        |
| Thomasville Furniture Industries, Inc.          | Manufacturing                     | 100 - 249        |
| New Bridge Bank (formerly Lexington State Bank) | Financial Activities              | 100 - 249        |
| ASCO Switch Enterprises, LP                     | Trade, Transportation & Utilities | 100 - 249        |
| Carilion labs, LLC                              | Education & Health Services       | 100 - 249        |
| Facility Logistic Services, LLC                 | Trade, Transportation & Utilities | 100 - 249        |
| Century Hosiery, Inc.                           | Manufacturing                     | 100 - 249        |

|                                  |                                   |           |
|----------------------------------|-----------------------------------|-----------|
| United Church Homes and Services | Education & Health Services       | 100 - 249 |
| Murrow's Transfer                | Trade, Transportation & Utilities | 100 - 249 |
| BrassCraft                       |                                   | 100 - 249 |
| Whitewood Furniture              |                                   | 100 - 249 |
| Unilin Flooring                  | Manufacturing                     | 100 - 249 |
| Britthaven of Davidson           | Education & Health Services       | 100 - 249 |
| Lowes Millwork                   | Manufacturing                     | 100 - 249 |
| Piedmont Crossing                |                                   | 100 - 249 |
| Expoack                          |                                   | 100 - 249 |
| Dantherm Filtration              |                                   | 100 - 249 |
| Hughes Supply                    |                                   | 100 - 249 |
| Parkdale Milles                  | Manufacturing                     | 100 - 249 |
| Wright of Thomasville            |                                   | 100 - 249 |
| Xceldyne Technologies            |                                   | 100 - 249 |
| STN Cushion                      |                                   | 100 - 249 |

**Table 2.01**

**Workforce & Unemployment - Davidson County**

Source: *Employment Security Commission*; <http://esesc23.esc.state.nc.us/d4>

| <u>Area Name</u> | <u>Year</u> | <u>Month</u> | <u>Adjusted</u> | <u>Labor Force</u> | <u>Employed</u> | <u>Unemployed</u> | <u>Unemployment Rate (%)</u> |
|------------------|-------------|--------------|-----------------|--------------------|-----------------|-------------------|------------------------------|
| Davidson County  | 2007        | 12           | Unadjusted      | 78,401             | 74,073          | 4,328             | 5.5                          |
| Davidson County  | 2008        | 12           | Unadjusted      | 77,616             | 70,165          | 7,451             | 9.6                          |
| Davidson County  | 2009        | 12           | Unadjusted      | 78,012             | 67,970          | 10,042            | 12.9                         |
| North Carolina   | 2007        | 12           | Unadjusted      | 4,521,363          | 4,303,213       | 218,150           | 4.8                          |
| North Carolina   | 2008        | 12           | Unadjusted      | 4,550,485          | 4,180,746       | 369,739           | 8.1                          |
| North Carolina   | 2009        | 12           | Unadjusted      | 4,488,354          | 3,997,906       | 490,448           | 10.9                         |

**Table 2.02**

**City and County Workforce**

Source: *Employment Security Commission*

**Thomasville City Workforce - 2010**

|            | Jan   | Feb   | Mar   | Apr   | May   | June  | July  | Aug | Sept | Oct | Nov | Dec | AnnAv |
|------------|-------|-------|-------|-------|-------|-------|-------|-----|------|-----|-----|-----|-------|
| LaborForce | 12034 | 11980 | 12100 | 11979 | 11964 | 11855 | 11877 |     |      |     |     |     |       |
| Employed   | 10467 | 10433 | 10597 | 10585 | 10586 | 10490 | 10508 |     |      |     |     |     |       |
| Unemployed | 1567  | 1547  | 1503  | 1394  | 1378  | 1365  | 1369  |     |      |     |     |     |       |
| Rate%      | 13.0  | 12.9  | 12.4  | 11.6  | 11.5  | 11.5  | 11.5  |     |      |     |     |     |       |

**Davidson County Workforce - 2010**

|            | Jan   | Feb   | Mar   | Apr   | May   | June  | July  | Aug | Sept | Oct | Nov | Dec | AnnAv |
|------------|-------|-------|-------|-------|-------|-------|-------|-----|------|-----|-----|-----|-------|
| LaborForce | 77483 | 77303 | 77516 | 76570 | 76460 | 75844 | 75684 |     |      |     |     |     |       |
| Employed   | 66538 | 66323 | 67365 | 67286 | 67297 | 66684 | 66801 |     |      |     |     |     |       |
| Unemployed | 10945 | 10980 | 10151 | 9284  | 9163  | 9160  | 8883  |     |      |     |     |     |       |
| Rate%      | 14.1  | 14.2  | 13.1  | 12.1  | 12.0  | 12.1  | 11.7  |     |      |     |     |     |       |

**Thomasville City Workforce - 2009**

|            | Jan   | Feb   | Mar   | Apr   | May   | June  | July  | Aug   | Sept  | Oct   | Nov   | Dec   | AnnAv |
|------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| LaborForce | 12318 | 12410 | 12439 | 12424 | 12472 | 12501 | 12468 | 12374 | 12326 | 12389 | 12272 | 12168 | 12380 |
| Employed   | 11076 | 11006 | 10983 | 11017 | 10959 | 10913 | 10835 | 10807 | 10872 | 10870 | 10799 | 10692 | 10902 |
| Unemployed | 1242  | 1404  | 1456  | 1407  | 1513  | 1588  | 1633  | 1567  | 1454  | 1519  | 1473  | 1476  | 1478  |
| Rate%      | 10.1  | 11.3  | 11.7  | 11.3  | 12.1  | 12.7  | 13.1  | 12.7  | 11.8  | 12.3  | 12.0  | 12.1  | 11.9  |

**Davidson County Workforce - 2009**

|            | Jan   | Feb   | Mar   | Apr   | May   | June  | July  | Aug   | Sept  | Oct   | Nov   | Dec   | AnnAv |
|------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| LaborForce | 79372 | 79992 | 80143 | 79755 | 79928 | 79686 | 79274 | 78901 | 78687 | 78934 | 78429 | 78012 | 79259 |
| Employed   | 70411 | 69966 | 69816 | 70037 | 69666 | 69372 | 68876 | 68699 | 69116 | 69100 | 68648 | 67970 | 69306 |
| Unemployed | 8961  | 10026 | 10327 | 9718  | 10262 | 10314 | 10398 | 10202 | 9571  | 9834  | 9781  | 10042 | 9953  |
| Rate%      | 11.3  | 12.5  | 12.9  | 12.2  | 12.8  | 12.9  | 13.1  | 12.9  | 12.2  | 12.5  | 12.5  | 12.9  | 12.6  |

**Thomasville City Workforce - 2008**

|            | Jan   | Feb   | Mar   | Apr   | May   | June  | July  | Aug   | Sept  | Oct   | Nov   | Dec   | AnnAv |
|------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| LaborForce | 12262 | 12230 | 12250 | 12295 | 12327 | 12293 | 12242 | 12194 | 12280 | 12229 | 12119 | 12047 | 12231 |
| Employed   | 11529 | 11485 | 11528 | 11570 | 11494 | 11452 | 11299 | 11278 | 11391 | 11314 | 11144 | 11037 | 11377 |
| Unemployed | 733   | 745   | 722   | 725   | 833   | 841   | 943   | 916   | 889   | 915   | 975   | 1010  | 854   |
| Rate%      | 6.0   | 6.1   | 5.9   | 5.9   | 6.8   | 6.8   | 7.7   | 7.5   | 7.2   | 7.5   | 8.0   | 8.4   | 7.0   |

**Davidson County Workforce - 2008**

| Davidson County |       |       |       |       |       |       |       |       |       |       |       |       |       |
|-----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|                 | Jan   | Feb   | Mar   | Apr   | May   | June  | July  | Aug   | Sept  | Oct   | Nov   | Dec   | AnnAv |
| LaborForce      | 77950 | 77837 | 77821 | 77884 | 78076 | 78036 | 77712 | 77586 | 78047 | 78316 | 77841 | 77616 | 77894 |
| Employed        | 73288 | 73010 | 73281 | 73552 | 73066 | 72801 | 71825 | 71697 | 72410 | 71924 | 70843 | 70165 | 72322 |
| Unemployed      | 4662  | 4827  | 4540  | 4332  | 5010  | 5235  | 5887  | 5889  | 5637  | 6392  | 6998  | 7451  | 5572  |
| Rate%           | 6.0   | 6.2   | 5.8   | 5.6   | 6.4   | 6.7   | 7.6   | 7.6   | 7.2   | 8.2   | 9.0   | 9.6   | 7.2   |



**Table 2.03**

**Closings/Layoffs since 1-1-07**

Area: Davidson County

Source: *Employment Security Commission*

| <u>Effective Date</u> | <u>Company</u>                             | <u>City</u>   | <u>Product</u>   | <u>Affected</u> | <u>Reason</u>       | <u>Closing or Layoff</u> |
|-----------------------|--------------------------------------------|---------------|------------------|-----------------|---------------------|--------------------------|
| 06/26/2008            | Caylor Concrete                            | Thomasville   | Concrete         | 60              | Not stated          | CL                       |
| 04/07/2010            | Jarvis Construction Co.                    | Lexington     | Construction     |                 | Fire                | CL                       |
| 06/07/2008            | Ken's Custom Cornices                      | Silver Valley | Cornices         | 5               | Fire                | CL                       |
| 07/31/2008            | TI Industries                              | Lexington     | Molding mfg.     | 37              | Import competition  | LY                       |
| 08/15/2008            | TI Industries                              | Lexington     | Molding mfg.     | 10              | Import competition  | CL                       |
| 02/01/2009            | Commercial Carving Co.                     | Thomasville   | Quality millwork | 53              | Slow sales          | CL                       |
| 04/01/2007            | Thomasville Furniture Ind., Inc.           | Thomasville   | Furniture mfg.   | 12              | Cost cuts           | LY                       |
| 07/01/2007            | Thomasville Furniture Ind., Inc. (Plant C) | Thomasville   | Furniture mfg.   | 90              | Cost cuts           | CL                       |
| 07/01/2007            | Thomasville Furniture Ind., Inc.           | Thomasville   | Furniture mfg.   | 80              | Cost cuts           | LY                       |
| 09/08/2008            | Stanley Furniture Co.                      | Lexington     | Furniture mfg.   | 350             | Consolidation       | CL                       |
| 09/30/2008            | Linwood Furniture                          | Lexington     | Furniture mfg.   | 12              | Economic conditions | LY                       |
| 10/10/2008            | Linwood Furniture                          | Lexington     | Furniture mfg.   | 7               | Economic conditions | LY                       |
| 01/07/2009            | Carter Furniture                           | Denton        | Furniture mfg.   | 16              | Economic conditions | CL                       |
| 04/30                 | Warvel Products                            | Linwood       | Office           | 35              | Import competition  | CL                       |

|                |                                |             |                          |     |                            |    |
|----------------|--------------------------------|-------------|--------------------------|-----|----------------------------|----|
| /2009          |                                |             | furniture                |     |                            |    |
| 05/01<br>/2009 | Discount Quality Furniture     | Thomasville | Furniture mfg.           | 40  | Financial difficulty       | LY |
| 09/11<br>/2009 | Furniture Brands International | Thomasville | Furniture mfg.           |     | Economic conditions        | LY |
| 12/31<br>/2009 | Stanley Furniture Company      | Lexington   | Furniture mfg.           | 28  | Consolidation/Robbinsville | CL |
| 01/22<br>/2010 | Ploi & Co.                     | Lexington   | Furniture mfg.           | 11  | Liquidation                | CL |
| 09/04<br>/2007 | The Dispatch                   | Lexington   | Newspaper printing       | 14  | Consolidation              | LY |
| 03/01<br>/2008 | The Dispatch                   | Lexington   | Newspaper                | 5   | Cost cuts                  | LY |
| 02/29<br>/2008 | Lexington Abrasive Belts, Inc. | Lexington   | Abrasives                |     | Acquisition                | CL |
| 06/30<br>/2009 | PPG Industries                 | Lexington   | Wind industry fiberglass | 110 | Economic conditions        | LY |
| 02/01<br>/2007 | Morton Metalcraft              | Lexington   | Heavy equipment parts    | 25  | Declining demand           | LY |
| 03/01<br>/2007 | Morton Metalcraft              | Lexington   | Heavy equipment parts    | 12  | Declining demand           | LY |
| 04/01<br>/2007 | Morton Metalcraft              | Lexington   | Heavy equipment parts    | 16  | Declining demand           | LY |
| 10/26<br>/2007 | PGT Industries                 | Lexington   | Metal doors              | 3   | Restructuring              | CL |
| 06/30<br>/2008 | Navis Global TubeTex           | Lexington   | Textile machinery        | 20  | Outsourcing                | LY |
| 09/08<br>/2008 | Diebold, Inc.                  | Lexington   | ATM mfg.                 | 50  | Relocation to Greensboro   | CL |
| 12/31<br>/2008 | Navis Global TubeTex           | Lexington   | Textile machinery        | 40  | Outsourcing                | LY |
| 12/01<br>/2009 | Diebold, Inc.                  | Lexington   | ATM mfg.                 | 80  | Offshoring                 | LY |

|            |                                  |             |                         |     |                          |    |
|------------|----------------------------------|-------------|-------------------------|-----|--------------------------|----|
| 10/01/2009 | Tyco Electronics Ltd.            | Wallburg    | Electronics components  | 400 | Consolidation/Greensboro | CL |
| 12/31/2009 | Foam-Tech Inc.                   | Lexington   | Polyurethane components | 25  | Financial difficulty     | CL |
| 07/12/2008 | Danny Nicholson Inc.             | Lexington   | Trucking firm           | 75  | Bankruptcy               | CL |
| 09/03/2010 | Windstream Corp.                 | Lexington   | Communications          | 40  | Acquisition              | LY |
| 02/29/2008 | Furniture Makers Supply Co.      | Lexington   | Industrial supplies     | 8   | Acquisition              | CL |
| 01/23/2009 | ASMO North Carolina (AMT)        | Thomasville | Window motors           | 107 | Restructuring            | CL |
| 04/08/2010 | R I R Inc.                       | Lexington   | Wholesaler              | 2   | Bankruptcy               | CL |
| 04/21/2010 | Signature Window & Door Inc.     | Denton      | Building materials      |     | Bankruptcy               | CL |
| 02/23/2009 | Smurfit-Stone Container Corp.    | Lexington   | Corrugated packaging    | 16  | Economic conditions      | LY |
| 05/09/2009 | Smurfit-Stone Container Corp.    | Lexington   | Corrugated containers   | 78  | Bankruptcy               | CL |
| 07/29/2009 | Designer Sweets Bakery           | Lexington   | Bakery                  |     | Not stated               | CL |
| 03/15/2009 | Goody's Family Clothing          | Lexington   | Clothing store          | 30  | Liquidation              | CL |
| 11/26/2008 | Thomasville Furniture Industries | Thomasville | Furniture outlet        |     | Not stated               | CL |
| 01/01/2007 | Biscuitville                     | Lexington   | Restaurant              | 10  | Fire                     | CL |
| 06/24/2007 | Southern Lunch                   | Lexington   | Restaurant              | 20  | Fire                     | CL |
| 09/07/2008 | Zaxby's                          | Lexington   | Restaurant              | 33  | Renovation               | CL |
| 12/13/2008 | Miss Ruby's Tea Room             | Lexington   | Tea room                | 3   | Retirement               | CL |
| 02/16      | La Fuente                        | Lexington   | Restaurant              | 4   | Sales tax problem        | CL |

|             |                                  |             |                  |    |                  |    |
|-------------|----------------------------------|-------------|------------------|----|------------------|----|
| /2009       | Mexican Restaurant               |             |                  |    |                  |    |
| 02/22 /2010 | John Wayne's Lexington Barbecue  | Lexington   | Restaurant       | 20 | Owner's decision | CL |
| 06/01 /2010 | Waffle House (Piedmont Drive)    | Lexington   | Restaurant       | 20 | Owner's decision | CL |
| 07/29 /2010 | Tarheel Q                        | Lexington   | Restaurant       | 15 | Fire             | CL |
| 06/04 /2008 | 2 Good 2 Be Used                 | Lexington   | Consignment shop |    | Owner's decision | CL |
| 07/31 /2008 | Peacock Baitshop on Thom-A-Lex   | Lexington   | Bait and tackle  | 1  | Lost lease       | CL |
| 07/29 /2009 | Polka Dot Patch                  | Lexington   | Gift shop        |    | Not stated       | CL |
| 12/08 /2009 | Hollywood Video                  | Lexington   | Video store      | 5  | Competition      | CL |
| 01/01 /2010 | Blockbuster Video                | Lexington   | Video store      | 5  | Competition      | CL |
| 02/03 /2010 | Movie Gallery Inc.               | Tyro        | Movie rentals    | 4  | Bankruptcy       | CL |
| 02/03 /2010 | Movie Gallery Inc.               | Lexington   | Movie rentals    | 4  | Bankruptcy       | CL |
| 08/11 /2010 | Bargain Time                     | Lexington   | Discount store   |    | Not stated       | CL |
| 08/11 /2010 | Chelsea's Manor                  | Lexington   | Giftshop         |    | Not stated       | CL |
| 05/01 /2008 | NewBridge Bank                   | Thomasville | Banking          |    | Underperformance | CL |
| 01/01 /2010 | NewBridge Bancorp (Westside 64)  | Lexington   | Bank             | 6  | Consolidation    | CL |
| 04/30 /2010 | NewBridge Bancorp (Cotton Grove) | Lexington   | Bank             | 9  | Consolidation    | CL |
|             |                                  |             |                  |    |                  |    |

|                |                                                 |             |                           |   |                     |    |
|----------------|-------------------------------------------------|-------------|---------------------------|---|---------------------|----|
| 04/30<br>/2010 | NewBridge<br>Bancorp<br>(Talbert)               | Lexington   | Bank                      | 6 | Consolidation       | CL |
| 07/29<br>/2009 | Coltrane & Co.                                  | Lexington   | Real estate               | 2 | Not stated          | CL |
| 04/21<br>/2010 | Colonial<br>Properties of<br>Thomasville<br>LLC | Denton      | Property<br>management    |   | Bankruptcy          | CL |
| 06/04<br>/2008 | Kepley<br>Photography                           | Lexington   | Commercial<br>photography |   | Retirement          | CL |
| 07/11<br>/2008 | N.C. DMV                                        | Thomasville | License plate<br>agency   |   | Fraud investigation | CL |
| 09/20<br>/2007 | Hospice of<br>Davidson Co.                      | Lexington   | Hospice                   | 5 | Restructuring       | LY |
| 06/05<br>/2008 | Denton Center<br>LLC                            | Lexington   | Medical<br>office         |   | Not stated          | CL |
| 02/28<br>/2010 | Lexington<br>Memorial<br>Hospital               | Lexington   | Hospital                  | 2 | Restructuring       | LY |
| 07/11<br>/2008 | Furniture Brands<br>International,<br>Inc.      | Lexington   | Corporate<br>headquarters |   | Relocating/Missouri | LY |
|                |                                                 |             |                           |   |                     |    |

**Table 2.04**

**Quarterly Census of Employment and Wages (QCEW)**

Area: Davidson County; Period: 2010, 01 Qtr

Source: *Employment Security Commission*

| Industry Sector                          | Establishments | Employment | Total Wages     | Taxable Wages   | NAICS Code |
|------------------------------------------|----------------|------------|-----------------|-----------------|------------|
| Agriculture, Forestry, Fishing & Hunting | 15             | 49.0       | \$315,688.00    | \$305,757.00    | 11         |
| Mining                                   | 5              | 61.0       | \$416,856.00    | \$362,460.00    | 21         |
| Utilities                                | 4              | 124.0      | \$1,337,283.00  | \$1,186,863.00  | 22         |
| Construction                             | 428            | 1,631.0    | \$11,011,686.00 | \$10,645,368.00 | 23         |
| Manufacturing                            | 263            | 8,442.0    | \$71,862,099.00 | \$66,508,379.00 | 31         |
| Wholesale Trade                          | 183            | 1,907.0    | \$18,383,366.00 | \$16,243,588.00 | 42         |
| Retail Trade                             | 435            | 4,279.0    | \$22,108,782.00 | \$20,616,420.00 | 44         |
| Transportation and Warehousing           | 91             | 1,061.0    | \$9,466,934.00  | \$7,149,445.00  | 48         |
| Information                              | 24             | 270.0      | \$1,997,527.00  | \$1,835,058.00  | 51         |
| Finance and Insurance                    | 128            | 659.0      | \$6,684,860.00  | \$5,353,868.00  | 52         |
| Real Estate and Rental and Leasing       | 97             | 281.0      | \$1,771,701.00  | \$1,694,811.00  | 53         |
| Professional and Technical Services      | 215            | 786.0      | \$7,598,154.00  | \$6,996,986.00  | 54         |
| Management of Companies and Enterprises  | 13             | 394.0      | \$5,125,725.00  | \$4,060,406.00  | 55         |
| Administrative and Waste Services        | 178            | 1,734.0    | \$7,601,263.00  | \$7,142,374.00  | 56         |
| Educational Services                     | 80             | 4,821.0    | \$38,216,573.00 | \$494,220.00    | 61         |
| Health Care and Social                   | 194            | 4,788.0    | \$37,872,050.00 | \$24,850,688.00 | 62         |

|                                           |     |         |                 |                |    |
|-------------------------------------------|-----|---------|-----------------|----------------|----|
| Assistance                                |     |         |                 |                |    |
| Arts,<br>Entertainment,<br>and Recreation | 35  | 421.0   | \$4,607,355.00  | \$3,622,310.00 | 71 |
| Accommodation<br>and Food<br>Services     | 204 | 3,168.0 | \$9,386,939.00  | \$9,171,549.00 | 72 |
| Other Services,<br>Ex. Public<br>Admin    | 215 | 836.0   | \$4,728,160.00  | \$4,417,334.00 | 81 |
| Public<br>Administration                  | 24  | 2,106.0 | \$18,212,317.00 | \$57,167.00    | 92 |
| Unclassified                              | 86  | 27.0    | \$380,263.00    | \$241,333.00   | 99 |

**Table 2.05**

**Occupational Employment Statistics (OES)**

Area : Davidson County Period: 2010

Source: *Employment Security Commission*

| Occupational Group                                 | Response Rate(%) | Estimated Employment | Estimated Entry Wage | Estimated Average Wage | Estimated Experienced Wage | SOC Code |
|----------------------------------------------------|------------------|----------------------|----------------------|------------------------|----------------------------|----------|
| Total all occupations                              | 92               | 37,300               | \$8.60               | \$16.19                | \$19.98                    | 000000   |
| Management Occupations                             | 92               | 1,310                | \$23.41              | \$42.34                | \$51.81                    | 110000   |
| Business and Financial Operations Occupations      | 88               | 900                  | \$14.67              | \$24.19                | \$28.96                    | 130000   |
| Computer and Mathematical Occupations              | 88               | 260                  | \$16.60              | \$25.47                | \$29.90                    | 150000   |
| Architecture and Engineering Occupations           | 93               | 350                  | \$16.38              | \$26.44                | \$31.47                    | 170000   |
| Life, Physical, and Social Science Occupations     | 83               | 80                   | \$17.52              | \$23.97                | \$27.19                    | 190000   |
| Community and Social Services Occupations          | 100              | 440                  | \$11.48              | \$16.77                | \$19.42                    | 210000   |
| Legal Occupations                                  | 100              | 90                   | \$16.87              | \$33.86                | \$42.35                    | 230000   |
| Education, Training, and Library Occupations       | 96               | 3,410                | \$10.98              | \$18.70                | \$22.55                    | 250000   |
| Arts, Design, Entertainment, Sports, and Media Occ | 86               | 200                  | \$8.66               | \$16.48                | \$20.39                    | 270000   |



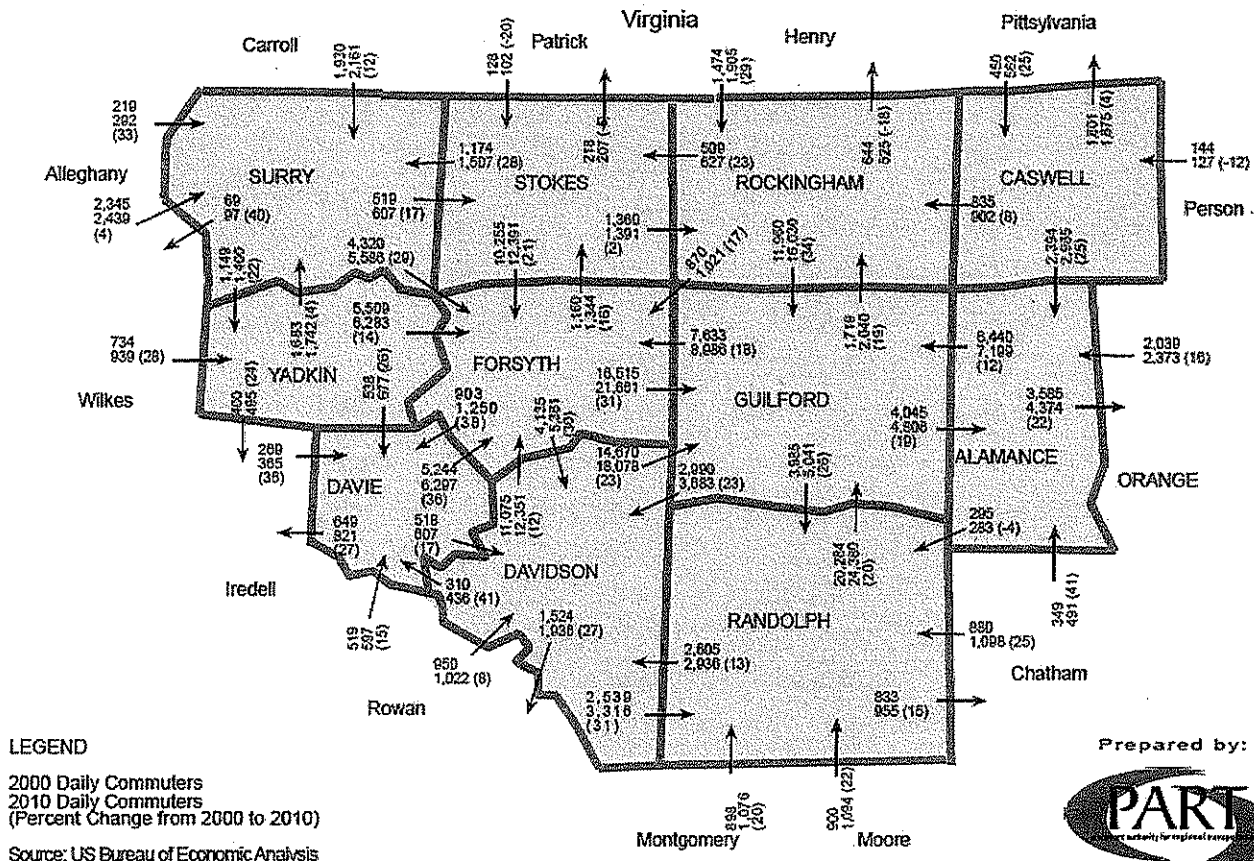
|                                                    |    |       |         |         |         |        |
|----------------------------------------------------|----|-------|---------|---------|---------|--------|
| Healthcare Practitioners and Technical Occupations | 95 | 1,770 | \$14.65 | \$29.81 | \$37.38 | 290000 |
| Healthcare Support Occupations                     | 96 | 850   | \$8.21  | \$11.48 | \$13.12 | 310000 |
| Protective Service Occupations                     | 93 | 540   | \$7.68  | \$14.59 | \$18.04 | 330000 |
| Food Preparation and Serving Related Occupations   | 90 | 3,440 | \$7.50  | \$8.97  | \$9.70  | 350000 |
| Building & Grounds Cleaning & Maintenance Occup.   | 94 | 1,130 | \$7.97  | \$10.29 | \$11.46 | 370000 |
| Personal Care and Service Occupations              | 92 | 970   | \$7.41  | \$10.48 | \$12.02 | 390000 |
| Sales and Related Occupations                      | 92 | 2,870 | \$7.60  | \$14.48 | \$17.93 | 410000 |
| Office and Administrative Support Occupations      | 92 | 5,440 | \$9.57  | \$14.28 | \$16.63 | 430000 |
| Construction and Extraction Occupations            | 96 | 2,190 | \$10.19 | \$15.23 | \$17.75 | 470000 |
| Installation, Maintenance, and Repair Occupations  | 94 | 1,220 | \$12.08 | \$18.76 | \$22.10 | 490000 |
| Production Occupations                             | 91 | 6,860 | \$9.28  | \$13.84 | \$16.13 | 510000 |
| Transportation and Material Moving Occupations     | 92 | 2,980 | \$8.52  | \$13.05 | \$15.31 | 530000 |

**Table 3.0**

| Commuter Patterns | 2000<br>OUT to | 2010<br>OUT to | % Change   | 2000<br>IN from | 2010<br>IN from | % Change   |
|-------------------|----------------|----------------|------------|-----------------|-----------------|------------|
| Forsyth           | 11,075         | 12,351         | 12%        | 4,135           | 5,381           | 30%        |
| Guilford          | 14,670         | 18,078         | 23%        | 2,990           | 3,683           | 23%        |
| Davie             | 310            | 436            | 41%        | 518             | 607             | 17%        |
| Rowan             | 1,524          | 1,936          | 27%        | 950             | 1,022           | 8%         |
| Randolph          | 2,539          | 3,316          | 31%        | 2,605           | 2,936           | 13%        |
| <b>Totals</b>     | <b>30,118</b>  | <b>36,117</b>  | <b>20%</b> | <b>11,198</b>   | <b>13,629</b>   | <b>22%</b> |

**Map 3.0**

**Forecasted 2010 Commuting Patterns in the Piedmont Triad**



**Table 4.0**

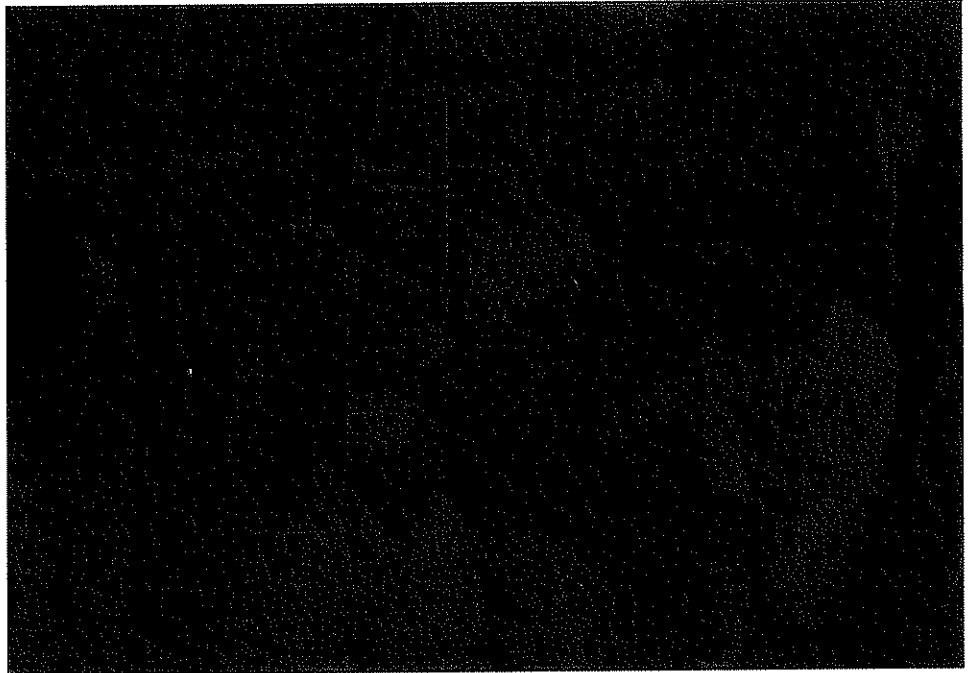
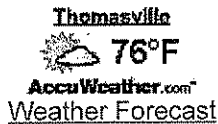
**Thomasville Occupancy Tax Collections**

Source: *City of Thomasville*

| YEAR | AMT COLLECTED | CHANGE FROM PREVIOUS YEAR | CHANGE AS % |
|------|---------------|---------------------------|-------------|
| 2010 | \$ 71,434.41  | \$ (16,773.41)            | -19%        |
| 2009 | \$ 88,207.82  | \$ (27,187.99)            | -24%        |
| 2008 | \$ 115,395.81 | \$ 795.39                 | 1%          |
| 2007 | \$ 114,600.42 | \$ (4,845.79)             | -4%         |
| 2006 | \$ 119,446.21 | \$ (8,348.51)             | -7%         |
| 2005 | \$ 127,794.72 | \$ 8,748.48               | 7%          |
| 2004 | \$ 119,046.24 | \$ (5,344.83)             | -4%         |
| 2003 | \$ 124,391.07 | \$ (1,511.50)             | -1%         |
| 2002 | \$ 125,902.57 | \$ 874.38                 | 1%          |
| 2001 | \$ 125,028.19 | \$ 35,367.01              | 39%         |
| 2000 | \$ 89,661.18  | \$ 34,454.76              | 62%         |
| 1999 | \$ 55,206.42  |                           |             |



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