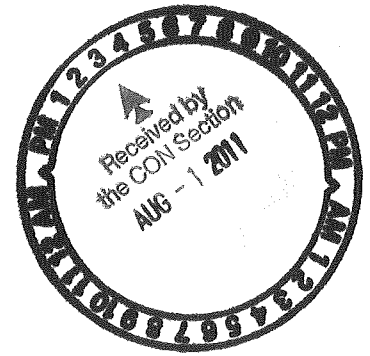


**Comments in Opposition to
Project ID # M-8689-11
Cape Fear Valley North Hospital**



Comments Submitted by FirstHealth of the Carolinas

Pursuant to NCGS § 131E-185, FirstHealth of the Carolinas (FirstHealth) submits these comments in opposition to Cape Fear Valley North (CFV-North), a CON application filed by Cumberland County Hospital System, Inc., d/b/a Cape Fear Valley Medical Center (CFVMC).

Overview

The *2011 State Medical Facilities Plan (SMFP)* contains a need determination for 65 new acute care beds in the Cumberland/Hoke Service Area. There are two applicants for these beds, CFVMC and FirstHealth. CFVMC proposes to build a new hospital with 65 beds on Ramsey Street in Fayetteville, only 11.5 miles from its main campus in Fayetteville. FirstHealth proposes to build a new hospital with 65 beds in Hoke County, which has no hospital. Only FirstHealth's proposal meets the need determination in the SMFP and satisfies the review criteria in the CON Law. Accordingly, only FirstHealth's proposal should be approved.

There is no need for a 65-bed hospital in northern Cumberland County. Cumberland County is already served by 490 licensed acute care beds just 11.5 miles away from the proposed site on Ramsey Street. CFV-North unnecessarily duplicates services that are available at CFVMC's main campus. CFVMC's inventory of 490 acute care beds does not include the 41 beds that CFVMC never developed in Project I.D. No. M-7093-04.¹ See Attachment 1. The CON for Project I.D. No. M-7093-04 was issued on March 2, 2005. These beds were supposed to be developed on the main campus of CFVMC. Despite the fact that the CON is more than six years old, the CON has never been developed.² CFVMC claims that these 41 beds will be used for Hoke Community Medical Center, but it is unknown when that project will ever be developed.³ But the fact that CFVMC has now earmarked these 41 beds for Hoke County does not change the central fact that these beds were supposed to be used on the main campus of CFVMC, where CFVMC now says it is so busy that it needs more beds. After allowing these beds to languish for years, CFVMC decided to earmark these beds for Hoke County only after it learned of FirstHealth's plan in Spring 2009 to develop a hospital in Hoke County. CFVMC therefore knowingly created an alleged "shortage" of beds on the main campus because of its failure to develop the project as it was originally approved.

The 65 beds are needed in Hoke County, where there is no hospital. For the reasons stated below, the CON Section should deny CFVMC's application.

¹The 490 acute care beds does not include the 138 acute care beds at Womack Army Medical Center, which are available to serve the military population and their families.

²In Project I.D. No. M-7093-04, CFVMC was approved to add 44 new beds. Only three of these beds were ever developed

³CFVMC's Hoke Community Medical Center is under appeal by FirstHealth, and CFVMC has appealed FirstHealth's 8-bed hospital in Hoke County. FirstHealth has repeatedly offered to drop its appeal if CFVMC would drop its appeal of FirstHealth's 8-bed hospital, but CFVMC has rejected this offer.

REVIEW CRITERIA FOR NEW INSTITUTIONAL HEALTH SERVICES

- (1) The proposed project shall be consistent with all applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, operating rooms or home health offices that may be approved.

Policy Gen-3 applies to this application. Policy Gen-3 provides:

A certificate of need applicant applying to develop or offer a new institutional health service for which there is a need determination in the North Carolina State Medical Facilities Plan shall demonstrate how the project will promote safety and quality in the delivery of health care services while promoting equitable access and maximizing healthcare value for resources expended. A certificate of need applicant shall document its plans for providing access to services for patients with limited financial resources and demonstrate the availability of capacity to provide these services. A certificate of need applicant shall also document how its projected volumes incorporate these concepts in meeting the need identified in the State Medical Facilities Plan as well as addressing the needs of all residents in the proposed service area.

CFVMC's does not meet the requirements of Policy Gen-3 for two reasons.

First, there is no need for a hospital in northern Cumberland County. CFVMC, with 490 beds, is only 11.5 miles from the proposed Ramsey Street location. See Attachment 2. Since there is no need for the project, the project does not maximize healthcare value for the resources expended. Rather, it represents an unnecessary expenditure of \$87,332,825. See application, page 197. This is not a cost-effective approach to healthcare. CFVMC, with 490 licensed beds, and another 41 beds that have not been developed, has sufficient capacity to treat its current and expected patient load. See application, page 83. The population that CFVMC proposes to serve, which are residents of Cumberland, Harnett and Sampson Counties, are already well served by existing hospitals and hospitals that are slated to be open before CFV-North opens in 2014.

According to its patient origin table on page 147, CFVMC includes Harnett County as party of its primary and secondary service areas. Yet, there is one full-service hospital in Dunn (Harnett County) already, Betsy Johnson Regional Hospital (BJRH). BJRH has 101 acute care beds, and according to its 2011 Hospital License Renewal Application, its average daily census was 65.49, so it has capacity to treat more patients. See Attachment 3.

There is another full-service 50-bed hospital under construction in Lillington (Harnett County), Central Hospital, that is scheduled to open before CFV-North opens. See Attachment 4. Via a settlement agreement entered into in 2009, Good Hope Hospital is approved to open 34 replacement beds in Erwin (Harnett County) by 2013. Harnett County residents are already well

served and are projected to be amply served in the future with as many as three hospitals in their county. These factors are not discussed or considered anywhere in the CFVMC application.

Moreover, Harnett residents who do outmigrate to places outside of Harnett County for their healthcare tend not to go to CFVMC in large numbers. According to CFVMC's 2011 Hospital License Renewal Application, only 655 residents of Harnett County received general acute inpatient services at CFVMC in FFY 2010. See Attachment 5. This is further documented by the small numbers seen in the patient origin tables on pages 145 and 146 of the CFVMC application. Rather, Harnett residents who chose to leave the county for their healthcare needs are pre-disposed to go to Wake County. For example, WakeMed Cary and WakeMed's New Bern Avenue campus provided general acute inpatient services to 2,306 residents of Harnett County in FFY 2010. This is nearly 4 times the number of Harnett residents who received acute inpatient hospital services at CFVMC in FFY 2010. See Attachments 6 and 7. There is nothing in the application to explain how the existence of CFV-North would reverse this trend.

CFVMC also proposes to serve one zip code that straddles Cumberland County and Sampson County, 28344. This zip code has a population of 3,425. See application, page 108. This zip code includes the Town of Godwin, North Carolina. The Town of Godwin is actually closer to BJRH in Dunn than it is to CFV-North. Compare Exhibits 8 and 9. CFVMC does not explain why residents of this zip code would be inclined to choose CFV-North over BJRH or some other facility.

Second, the CFV-North project does not promote equitable access. The CFV-North project is designed to serve patients who already have access to care, *i.e.*, residents of Cumberland County, Harnett County and one zip code in Sampson County. The CFV-North project ignores the needs of Hoke County, which has no hospital. Many Hoke residents live at or below poverty level and are medically underserved, as is well documented in FirstHealth's 2011 CON application for 65 beds in Hoke County. Public transportation in Hoke County is scarce. Hoke County is not included in either the primary or secondary service area for CFV-North. See application, page 108. It must be remembered that the need determination in the 2011 SMFP was for Cumberland *and* Hoke Counties, not just Cumberland County. There was certainly no need determination for new acute care beds to serve residents of Harnett and Sampson Counties, since both of these counties have a significant surplus of beds. See Table 5A of the 2011 SMFP. CFVMC may claim that it has "already" met the needs of Hoke residents based on the prior approval of its 2010 Hoke County Medical Center application, but given CFVMC's history of not developing those beds, one may legitimately ask whether that project is ever going to be built, or if CFVMC will continue to "sit" on those beds just like it has done for the last six years. If CFVMC were serious about Hoke Community Medical Center, it would have dropped its appeal of FirstHealth's proposal in Hoke County, instead of using FirstHealth's 8-bed hospital as a reason not to build a 41-bed hospital. See Attachment 10. When it comes time to decide where these 65 beds belong, Hoke County presents a far more compelling case than northern Cumberland County given the complete lack of hospital services in Hoke County.

Policy Gen-3 speaks to the needs of *all residents of the service area*, not just some residents of the service area. The service area, as defined by the SMFP, is Cumberland and Hoke Counties. CFV-North is not intended to serve the needs of all residents of the service area, and accordingly,

the application does not satisfy Policy Gen-3. Accordingly, CFV-North does not meet Policy Gen-3 or Criterion 1, and should be disapproved.

- (3) The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.

CFVMC proposes to construct a new hospital adjacent to its existing Health Pavilion North in northern Fayetteville/Cumberland County.

Population to be Served

10A NCAC 14C .3801(4) identifies the "service area" of the acute care beds need determined in the 2011 State Medical Facilities Plan (SMFP) as the "single or multi-county area as used in the development of the acute care bed need determination in the applicable State Medical Facilities Plan." On page 59 of the 2011 SMFP, the multi-county service area is clearly defined as Cumberland-Hoke.

In response to 10A NCAC 14C .3801, CFVMC states that "CFV North prepared the responses in this Application in compliance with the definitions stated in 10 NCAC 14C .3801." As such, CFVMC must address "the need that this population (Cumberland-Hoke) has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed," however, CFVMC's response does not represent what it actually proposes in the application.

On page 80 of the application, CFVMC states that "The proposed CFV North Service Area was defined based upon proximity to the proposed hospital and review of current utilization and patient origin at CFVMC and patient origin of CFVMC's outpatient center, Health Pavilion North, located on the site of the proposed CFV North." This explanation is in direct conflict with the Acute Care Bed Service Area as defined in the 2011 SMFP and 10A NCAC 14C .3801.

The following table is from page 147 of the application and shows the smaller, more restrictive service area that CFVMC proposes.

**CFV North
Service Area**

Zip	County
Primary Service Area	
28301	Cumberland
28303	Cumberland
28311	Cumberland
28312	Cumberland
28344	Cumberland/Sampson
28356	Cumberland
28390	Cumberland/Harnett
28395	Cumberland
Secondary Service Area	
28323	Harnett
28326	Harnett

This table includes only parts of Cumberland County and no mention of Hoke County. As such, it is impossible for CFVMC to address the extent to which **all residents of the area** (Cumberland and Hoke Counties) have access to the proposed services. CFVMC effectively eliminates Hoke County from the state-defined service area Cumberland-Hoke.

Additionally, CFVMC fails to address the following key issues:

1. Nearly 50% of zip code 28326 is located in Moore County and CFVMC does not address how changes in population growth that occur in Moore County, as opposed to Harnett County, affect their projections.
2. CFVMC does not address the construction of Central Hospital in Harnett County, which is projected to be completed in December 2012. Central Hospital will be operation at least two years prior to CFV-North's completion and with the presence of a WakeMed-partner facility in Harnett County, CFVMC can expect increased competition in Harnett, Sampson, and Cumberland County. In particular, CFVMC does not explain why it would be reasonable to expect that CFV-North would attract patients from Harnett in view of the fact that the new hospital will be opening well before CFV-North. CFV-North does not address the 34 beds for which Good Hope has been approved to construct a replacement hospital in Erwin. Nor does it address the fact that BJRH has excess capacity. Finally, it does not address the fact that Harnett residents who leave Harnett County for healthcare prefer to go to Wake County, not CFVMC, for their healthcare.
3. The population growth in the primary service area is either negative or below 1%. See application, page 86. The population in the secondary service area,

Harnett County, is slightly larger, but as noted above, Harnett County is already well served and may have as many as three hospitals open before CFV-North opens. Further, while CFVMC theorizes on page 86 of the application that this population is large enough to support a hospital that does not answer the key question: does this population, which is already well served, *need* another hospital? The answer to that question is no. These 65 beds belong in Hoke County, not Cumberland County.

4. As to the Cumberland County zip codes CFVMC proposes to serve, CFVMC fails to explain why residents of these zip codes would chose to go to CFV-North over CFVMC, especially when CFVMC is only 11.5 miles away and offers more services than CFV-North is proposing to offer. CFVMC provides no information to suggest that these Cumberland residents are having any trouble accessing healthcare.
5. On page 80 of its application, CFVMC says that 70% of the residents of zip code 28301 live closer to CFV-North. The population of zip code 28301 is actually projected to decrease by 2016. See application, pages 86 and 108. On page 80, CFVMC says that CFV-North is closer for 8% of zip code 28303. That means that 92% of the residents of that zip code live closer to another hospital. The population of this zip code is also projected to decline by 2016. See application, page 86. On page 80, CFVMC claims that 40% of zip code 28312 lives closer to CFV-North, which means that 60% of the residents of that zip code live closer to another hospital. Population growth in this zip code is essentially flat. See application, page 86. On page 108, CFVMC says that 100% of zip code 28311 lives closer to CFV-North, but as shown on page 86, the population growth in this zip code is only 0.1%. Zip code 29344, which straddles the Sampson/Cumberland border and comprises the Town of Godwin, is actually closer to BJRH than to CFV-North. Population growth in this zip code is also essentially flat. See page 86. On page 111, CFVMC says that 100% of the zip codes of 28390 and 29395 live closer to CFV-North. Yet, as shown on page 86, population growth in these zip codes is flat. The Harnett County zip codes that comprise the secondary service area, are now served by one hospital in Harnett, and will have as many as three hospitals by 2013. These Harnett residents also outmigrate in large numbers to Wake County. These facts do not demonstrate a need for a 65-bed hospital on Ramsey Street.
6. CFVMC talks about how carefully this project was planned, going all the way back to 2001. What CFVMC fails to tell the reader is that in 2005, CFVMC received a CON for 44 beds that would have allowed CFVMC to do what it wants to do now. CFVMC, however, "sat" on these beds for the last six years and has yet to develop them. The beds are "supposed" to go to Hoke County but it is unknown when CFVMC will develop that project.
7. On pages 83 and 84 of its application, CFVMC talks about how busy it has been recently, including recent approvals for temporary bed increases from Licensure. This does not demonstrate the need for a new 65-bed hospital or have any bearing on the projections that CFVMC has provided in its application. It simply means that CFVMC is busy now; it does not tell us, with

any reasonable degree of certainty, what the future holds. A temporary bed increase is due to short term situations (e.g., flu or other epidemics). Over six federal fiscal years, CFVMC has had significant ups and downs in occupancy rates, as reflected on page 83 of its application. Moreover, CFVMC has had 41 beds in limbo for the last six years that could have been used to address any needs.

8. On page 111, CFVMC assumes that 70% of the patient days in its defined zip codes will shift to CFV-North. For the reasons described above, this is a questionable assumption to start with, but CFVMC does not explain why any of the "factors" that are used to substantiate this assumption would lead to this 70% figure. There is simply no way one can look at these factors listed on page 112 and find that they correlate to 70%, as opposed to 60%, 50%, 40% or some other number. CFVMC is simply guessing on the percent of patient days that will shift to CFV-North.

In-migration Double Counting

Based on the 2011 SMFP and 10A NCAC 14C .3801(4) the Acute Care Bed Service Area for the 65 acute care bed need determination is Cumberland and Hoke Counties. On page 108 of the application, CFVMC identifies an "In-migration Assumption" of 10% of the projected utilization in each project year. As a result of this assumption, CFVMC effectively double counts its in-migration patients as the following table and discussion highlight. This means that CFVMC's projections are unreasonable and unreliable. This problem is carried throughout the application and impacts all services proposed at CFV-North.

Because Harnett and Sampson Counties are not part of the state-defined Hoke/Cumberland service area, any patient volume from Harnett and Sampson Counties is, by definition, immigration, i.e., people coming from outside the service area.

The following table shows the number of patient days projected to come from CFVMC's improper service area:

	FFY2015	FFY2016	FFY2017
Projected Pt Days	12,591	14,353	16,986

On page 149 of the application, CFVMC identifies that the patient original percent from Cumberland County is equal to 81.7 percent of total projected patient days. This results in the following number of projected patient days originating from Cumberland County:

	FFY2015	FFY2016	FFY2017
Projected Pt Days	12,591	14,353	16,986
Cumberland County	81.7%	81.7%	81.7%

Patient Day Origin %			
Cumberland County Patient Days	10,287	11,726	13,877

CFVMC projects no patients originating from Hoke County and as previously stated a 10.0 percent in-migration (CON application page 108). The following table shows the result:

	FFY2015	FFY2016	FFY2017
Cumberland County Patient Days	10,287	11,726	13,877
Hoke County Patient Days	0	0	0
Service Area Patient Days	10,287	11,726	13,877
In-migration	10.0%	10.0%	10.0%
In-migration Patient Days	1,029	1,173	1,388
Total Patient Days	11,316	12,899	15,265

Using the state defined service area of Cumberland and Hoke County and the in-migration assumption of 10.0 percent, CFVMC overstates its days of care by the following days and percentages:

	FFY2015	FFY2016	FFY2017
Total Patient Days	11,316	12,899	15,265
CFVMC Projected Pt Days	12,591	14,353	16,986
Overstated Days	1,275	1,454	1,721
Overstated %	10.1%	10.1%	10.1%

As a result of CFVMC's incorrectly stated service area, CFV-North's actual utilization will be considerable less than what is calculated in the application, as the following table illustrates:

	Utilization Based on State Defined Service Area	CFVMC Calculated Utilization
	FFY2017	FFY2017
Total Patient Days	15,265	16,986
Days	365	365
ADC	41.8	46.5
Utilization of 65 Acute Care Beds	64.3%	71.6%

The in-migration double counting occurs in each and every projection that CFVMC proposes in the application, including the following:

Inpatient Days – As previously discussed.

Observation Days – Observation days are based on a ratio of 1 observation day per every 10.4 inpatient days, this results in the following overstatement of observation days:

	FFY2015	FFY2016	FFY2017
Total Patient Days	11,316	12,899	15,265
Observation Days Ratio	1:10.4	1:10.4	1:10.4
Observation Days	1,088	1,240	1,468
CFVMC Projected Observation Days	1,211	1,380	1,633
Overstated Days	123	140	165
Overstated %	10.1%	10.1%	10.1%

The observation calculation using the correct service area results in a need for fewer observation beds as the following table highlights:

	FFY2015	FFY2016	FFY2017
Observation Days	1,088	1,240	1,468
ADC	3.0	3.4	4.0
Bed Need at 66.7%	4.5	5.1	6.0
CFVMC Projected Observation Beds	5.0	6.0	7.0
Overstated Beds	0.5	0.9	1.0

Inpatient Surgeries

The following table shows the number of inpatient surgeries projected to come from CFVMC's improper service area:

	FFY2015	FFY2016	FFY2017
Projected IP Surgery	347	393	462

On page 150 of the application, CFVMC identifies that the patient original percent from Cumberland County is equal to 79.3 percent of total projected IP surgeries. This results in the following number of projected IP surgeries originating from Cumberland County:

	FFY2015	FFY2016	FFY2017
Projected IP Surgery	347	393	462
Cumberland County IP Surgery Origin %	79.3%	79.3%	79.3%
Cumberland County IP Surgery	275	312	366

CFVMC projects no patients originating from Hoke County and as previously stated a 10.0 percent in-migration (CON application page 108). The following table shows the result:

	FFY2015	FFY2016	FFY2017
Cumberland County IP Surgery	275	312	366
Hoke County IP Surgery	0	0	0
Service Area IP Surgery	275	312	366
In-migration	10.0%	10.0%	10.0%
In-migration IP Surgery	28	31	37
Total IP Surgery	303	343	403

Using the state defined service area of Cumberland and Hoke County and the in-migration assumption of 10.0 percent, CFVMC overstates its IP surgery by the following surgeries and percentages:

	FFY2015	FFY2016	FFY2017
Total IP Surgery	303	343	403
CFVMC Projected IP Surgery	347	393	462
Overstated IP Surgeries	44	50	59
Overstated %	12.7%	12.7%	12.8%

Outpatient Surgeries

The following table shows the number of outpatient surgeries projected to come from CFVMC's improper service area:

	FFY2015	FFY2016	FFY2017
Projected IP Surgery	1,157	1,332	1,592

On page 150 of the application, CFVMC identifies that the patient original percent from Cumberland County is equal to 79.3 percent of total projected OP surgeries. This results in the following number of projected OP surgeries originating from Cumberland County:

	FFY2015	FFY2016	FFY2017
Projected OP Surgery	1,157	1,332	1,592
Cumberland County OP Surgery Origin %	79.3%	79.3%	79.3%
Cumberland County OP Surgery	918	1,056	1,262

CFVMC projects no patients originating from Hoke County and as previously stated a 10.0 percent in-migration (CON application page 108). The following table shows the result:

	FFY2015	FFY2016	FFY2017
Cumberland County OP Surgery	918	1,056	1,262
Hoke County OP Surgery	0	0	0
Service Area OP Surgery	918	1,056	1,262
In-migration	10.0%	10.0%	10.0%
In-migration OP Surgery	92	106	126
Total IP Surgery	1,010	1,162	1,388

Using the state defined service area of Cumberland and Hoke County and the in-migration assumption of 10.0 percent, CFVMC overstates its OP surgery by the following surgeries and percentages:

	FFY2015	FFY2016	FFY2017
Total OP Surgery	1,010	1,162	1,388
CFVMC Projected OP Surgery	1,157	1,332	1,592
Overstated OP Surgeries	147	170	204
Overstated %	12.7%	12.7%	12.8%

As a result of CFVMC's incorrectly stated service area, CFV North's actual surgical utilization will be considerable less than what is calculated in the application, as the following table illustrates:

	Utilization Based on State Defined Service Area	CFVMC Calculated Utilization
	FFY2017	FFY2017
Total Weighted Surgical Hours	3,291	3,775
OR s Need at 1,872 Hours per OR	1.8	2.0
Utilization of 2 ORs at 2,340 hours per OR	70%	81%

Emergency Visits

The following table shows the number of emergency (ED) visits projected to come from CFVMC's improper service area:

	FFY2015	FFY2016	FFY2017
Projected ED Visits	19,678	23,414	28,920

On page 149 of the application, CFVMC identifies that the patient original percent from Cumberland County is equal to 78.4 percent of total projected ED visits. This results in the following number of projected ED visits originating from Cumberland County:

	FFY2015	FFY2016	FFY2017
Projected ED Visits	19,678	23,414	28,920
Cumberland County ED Visit Origin %	78.4%	78.4%	78.4%
Cumberland County ED Visits	15,428	18,357	22,673

CFVMC projects no patients originating from Hoke County and as previously stated a 10.0 percent in-migration (CON application page 108). The following table shows the result:

	FFY2015	FFY2016	FFY2017
Cumberland County ED Visits	15,428	18,357	22,673
Hoke County ED Visits	0	0	0
Service Area ED Visits	15,428	18,357	22,673
In-migration	10.0%	10.0%	10.0%
In-migration ED Visits	1,543	1,836	2,267
Total ED Visits	16,971	20,193	24,940

Using the state defined service area of Cumberland and Hoke County and the in-migration assumption of 10.0 percent, CFVMC overstates its ED visits by the following visits and percentages:

	FFY2015	FFY2016	FFY2017
Total ED Visits	16,971	20,193	24,940
CFVMC Projected ED Visits	19,678	23,414	28,920
Overstated ED Visits	2,707	3,221	3,980
Overstated %	13.8%	13.8%	13.8%

As a result of CFVMC's incorrectly stated service area, CFV North's actual ED visit utilization will be considerably less than what is calculated in the application, as the following table illustrates and will require fewer treatment rooms:

	Utilization Based on State Defined Service Area	CFVMC Calculated Utilization
	FFY2017	FFY2017
Total Weighted ED Visits	24,940	28,920
Treatment Room Need at 1,330 Visits per Room	18.8	21.7
Treatment Room Need at 1,500 Visits per Room	16.6	19.3
Average of 2 Standards	17	20

OP Visits

The following table shows the number of outpatient (OP) visits projected to come from CFVMC's improper service area:

	FFY2015	FFY2016	FFY2017
Projected OP Visits	12,892	14,936	17,962

On page 149 of the application, CFVMC identifies that the patient original percent from Cumberland County is equal to 78.2 percent of total projected OP visits. This results in the following number of projected OP visits originating from Cumberland County:

	FFY2015	FFY2016	FFY2017
Projected OP Visits	12,892	14,936	17,962
Cumberland County OP Visit Origin %	78.2%	78.2%	78.2%
Cumberland County OP Visits	10,082	11,680	14,046

CFVMC projects no patients originating from Hoke County and as previously stated a 10.0 percent in-migration (CON application page 108). The following table shows the result:

	FFY2015	FFY2016	FFY2017
Cumberland County OP Visits	10,082	11,680	14,046
Hoke County OP Visits	0	0	0
Service Area OP Visits	10,082	11,680	14,046
In-migration	10.0%	10.0%	10.0%
In-migration OP Visits	1,008	1,168	1,405
Total OP Visits	11,090	12,848	15,451

Using the state defined service area of Cumberland and Hoke County and the in-migration assumption of 10.0 percent, CFVMC overstates its OP visits by the following visits and percentages:

	FFY2015	FFY2016	FFY2017
Total OP Visits	11,090	12,848	15,451
CFVMC Projected OP Visits	12,892	14,936	17,962
Overstated OP Visits	1,802	2,088	2,511
Overstated %	14.0%	14.0%	14.0%

Additionally, CFVMC must address "the need that this population (Cumberland-Hoke) has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed," however, CFVMC does not address how any of these categories of patients who reside in Hoke County will have access to the proposed services.

Based on the overstated utilization of the proposed acute care beds, operating rooms, and emergency department, CFVMC also has not adequately demonstrated the need for the proposed ancillary and support services.

CFVMC did not adequately demonstrate the need the population projected to be served has for the proposed project. Therefore, CFVMC is not conforming with this criterion as conditioned in 10A NCAC 14C .2303.

- (3a) In the case of a reduction or elimination of a service, including the relocation of a facility or a service, the applicant shall demonstrate that the needs of the population presently served will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly to obtain needed health care.

In a previous CON application, CFVMC proposed and was approved to relocate one operating room from Highsmith-Rainey Memorial Hospital (HRMH) to its proposed Hoke County hospital. In this application, CFVMC proposes to relocate an additional two operating rooms from HRMH to CFV North, which will leave HRMH will only one operating room. Even CFVMC's own operating room analysis on page 153 of the application indicates that HRMH needs more than 1.0 operating room. In both of its scenarios and using a best case scenario of patient shifting, etc. HRMH needs more than 1.0 operating room. Using SMFP time per case, HRMH needs 1.4 operating rooms and using HLRA reported time per case, HRMH needs 1.2 operating rooms. In either case, based on current volumes, HRMH needs more than 1.0 operating room. Therefore, CFVMC is not conforming with this criterion.

- (4) Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.

Since there is no need for the CFV-North project, it is not the least costly or most effective alternative. Therefore, the application is non-conforming with Criterion 4.

Further, CFVMC has had a "least costly or more effective" alternative to address its needs in Fayetteville as far back as 2005. The entire 44-bed project was supposed to

cost about \$2.7 million, including the cost overrun on that project that was approved in 2006. See Attachments 1 and 11.

It should also be noted that to the extent that surgical services and emergency department services may complement the already-existing services at the Ramsey Street location, CFVMC could apply to move operating rooms to Ramsey Street and develop a free-standing ED on Ramsey Street without building a 65-bed hospital. These would be more cost effective approaches than building an unnecessary 65-bed hospital 11.5 miles from the main campus.

- (5) Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.

CFVMC projects a total capital cost for the project of \$87,332,825, including \$6,395,732 for site costs, \$44,372,384 for construction, \$15,060,709 for fixed equipment, moveable equipment, and furniture, \$4,162,339 for architect, engineering and other fees, \$10,464,113 for financing costs, and \$6,877,548 for other miscellaneous costs. In Section VIII.3 of the application, CFVMC indicates that \$86,470,000 in capital costs will be financed with a bond issue, and an additional \$862,825 will be funded through the net premium of the bond issue. In Section IX of the application, CFVMC projects \$1.05 million in start-up expenses and \$8.40 million in initial operating expenses, for a total working capital requirement of \$9.45 million, which CFVMC states will be financed through accumulated reserves.

In Exhibit 4 of the application, CFVMC provides a letter dated June 15, 2011, from Sandra Williams, CFO, Cape Fear Valley Health System, which states

"Cumberland County Hospital System, Inc., d/b/a Cape Fear Valley Health system ("CFVHS"), intends to file a CON application to build a 65-bed acute care satellite hospital in Northern Cumberland County, called Cape Fear North Hospital. This letter is to confirm the availability of funding sufficient to cover the capital and operating needs of that project and CFVHS's commitment to provide that funding."

Also in Exhibit 4 of the application, CFVMC provides a letter dated May 24, 2011, from Thomas M. Brewer, Jr., Managing Director, BB&T Capital Markets, which states

"BB&T Capital Markets, Healthcare Finance Group (BB&T) understands that Cumberland County Hospital System, Inc., d/b/a Cape Fear Valley Health System ("CFVHS") is applying for a Certificate of Need ("CON") for construction of a new hospital in Cumberland County (the "Project"). It is

our understanding that the intent is to fund part of the Project with \$87 million of tax-exempt bond proceeds."

The two exhibits indicate that CFVHS has not demonstrated sufficient funding for the project. The total capital costs are represented to be \$87,332,825. See page 197 of the application. The BB&T letter states there will be a bond issue of \$87 million. That leaves a deficit of \$332,825. Sandra Williams' letter only commits to use CFVHS's reserves for purposes of the start up and initial operating expenses. Her letter does not state that CFVHS's reserves will be used for any capital costs.

CFVHS cannot come back now with the required documentation for the missing \$332,825 because that would be an amendment to the application. See 10A NCAC 14C.0204 (an applicant may not amend an application). Nor would it be appropriate for the Agency to conditionally approve CFVHS upon submission of the required documentation. This is a competitive review and there are numerous other problems with the CFVHS application, as discussed in these comments. See *Dialysis Care of North Carolina, LLC v. NCDHHS*, 137 N.C. App. 638, 650, 529 S.E.2d 257, 264 (2000)(in a non-competitive review, applicant conditionally approved to provide missing evidence of portion of financing).

Further, the Williams letter and the BB&T letter clearly indicate that Cumberland County Hospital System, Inc., d/b/a Cape Fear Valley Health System will fund the proposed 65-bed hospital. On page 14 of the application, CFVMC clearly indicates that Cape Fear Valley Health System and CFVMC are two distinct and separate entities. CFVMC states "Cumberland County Hospital System, Inc. ("CCHS") doing business as Cape Fear Valley Medical Center ("CFVMC") is the flag ship of Cape Fear Valley Health System ("CFVHS"). CFVHS operates a variety of healthcare facilities from its headquarters in Fayetteville, North Carolina including a tertiary acute care hospital..." The "tertiary acute care hospital" mentioned in this passage obviously means CFVMC, so CFVMC is a distinct and separate entity from Cape Fear Valley Health System.

As both exhibits identify Cumberland County Hospital System, Inc., d/b/a Cape Fear Valley Health System as the receiving source of funds for the proposed project and Section I.12 clearly indicates that Cape Fear Valley Health System and CFVMC are two distinct and separate entities, then Cumberland County Hospital System, Inc., d/b/a Cape Fear Valley Health System should have been the applicant in the application and identified in Section I.1 or at a minimum CFVMC needed to include a letter stating that Cumberland County Hospital System, Inc., d/b/a Cape Fear Valley Health System would transfer the identified funds to CFVMC for the proposed project as Cumberland County Hospital System, Inc., d/b/a Cape Fear Valley Medical Center is the applicant identified in Section I.1. As such, CFVMC does not include any documentation that would indicate that CFVMC can commit or obligate nearly \$98.0 million for the proposed project.

Furthermore, CFVMC used unreasonable volume projections to project revenues and expenses during the first three years of operation after development. As such, it is impossible for the analyst to determine the financial feasibility of the project without making assumptions that may or may not be justified based on an inability to project how the facility would be staffed and operated with 10% fewer days, surgeries, and visits.

Additionally, the Agency should also consider whether CFVMC is going to be able to fund this 65-bed hospital for \$87,332,825, plus the 41-bed hospital in Hoke (\$92,269,192) plus the replacement hospital in Bladen County (unknown, but probably more than the \$34 million FirstHealth plans to spend on an 8-bed hospital in Hoke County). See Attachment 12 (purchase and sale agreement for Bladen County Hospital obligating CFVHS to undertake "commercially reasonable efforts" to obtain a USDA loan to build a 25 bed replacement hospital for Bladen).

In May 2008, Mr. Nagowski told Ms. Hoffman of the CON Section that CFVHS was experiencing financial problems. This was *before* plans were announced for Hoke Community Hospital, the Bladen replacement hospital and CFV-North. See Attachment 13. What has changed since 2008 that would allow CFVHS to afford all of these projects or that would make a financial institution and the U.S. Department of Agriculture feel comfortable loaning CFVHS what will likely be more than \$200 million in a relatively short time frame? CFVHS does not explain. CFVHS's audited financials show that it has cash and cash equivalents of \$67.3 million and short term investments of \$41.8 million. This is not enough to fund both CFV-North and Hoke Community Medical Center. Even though CFVHS is proposing bond financing, how would taking on all the debt associated with these projects affect CFVHS's bond rating, days cash on hand, and its ability to fund more routine capital projects, like replacing outdated equipment? Again, CFVHS does not explain, and the Agency should question CFVHS's ability to fund the project.

Most recently, on July 20, 2011, Mr. Nagowski informed EVERYONE in a memorandum that CFVMC was facing severe reimbursement cuts of approximately \$23 million. See Attachment 14. In 2010, CFVMC's operating income (before applying investment earnings was approximately \$10 million). A \$23 million reimbursement shortfall leaves CFVMC with a \$13 million loss. Again, it is reasonable to question whether CFVMC will be able to fund all of these projects (Hoke, Bladen and CFV-North) and whether CFVMC will be able to secure financing. The Agency must take all of these projects into account; it would not be appropriate to isolate CFV-North from the other projects. In fact, Question 10 in Section VII, page 200 of the application, asks the applicant to explain how it can afford to undertake all of these projects. All of these projects are supposed to be going on at approximately the same time.

- (6) The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.

CFVMC proposes to construct a new hospital in north Fayetteville/Cumberland County, to include 65 general acute beds, 7 observation beds, 20 ED treatment rooms, and two operating rooms. The 2011 State Medical Facilities Plan establishes a need 65 acute care beds in the Cumberland/Hoke Acute Care Bed Service Area. However, CFVMC did not adequately demonstrate the need for all of the proposed services based on identifying a smaller, restrictive service area than the service area defined in the 2011 SMFP and in 10A NCAC 14C .3801(4). Specifically, CFVMC overestimated the need for inpatient days of care, inpatient surgeries, outpatient surgeries, outpatient visits, and ED visits. As a result of these overstatements, CFVMC does not demonstrate the need for all of the proposed services including 2 acute care beds, 1 observation bed, and 3 ED treatment rooms. Consequently, CFVMC did not adequately demonstrate the proposed project will not result in the unnecessary duplication of existing or approved health service capabilities or facilities. Therefore, CFVMC is not conforming with this criterion.

Further, CFV North unnecessarily duplicates the services offered at the CFV Main Campus.

- (13) The applicant shall demonstrate the contribution of the proposed service in meeting the health-related needs of the elderly and of members of medically underserved groups, such as medically indigent or low income persons, Medicaid and Medicare recipients, racial and ethnic minorities, women, and handicapped persons, which have traditionally experienced difficulties in obtaining equal access to the proposed services, particularly those needs identified in the State Health Plan as deserving of priority. For the purpose of determining the extent to which the proposed service will be accessible, the applicant shall show:
- (a) The extent to which medically underserved populations currently use the applicant's existing services in comparison to the percentage of the population in the applicant's service area which is medically underserved;
 - (c) That the elderly and the medically underserved groups identified in this subdivision will be served by the applicant's proposed services and the extent to which each of these groups is expected to utilize the proposed services; and

10A NCAC 14C .3801(4) identifies the "service area" of the acute care beds need determined in the 2011 State Medical Facilities Plan (SMFP) as the "single or multi-county area as used in the development of the acute care bed need determination in the applicable State Medical Facilities Plan." On page 59 of the 2011 SMFP, the multi-county service area is clearly defined as Cumberland-Hoke.

In response to 10A NCAC 14C .3801, CFVMC states that "CFV North prepared the responses in this Application in compliance with the definitions stated in 10 NCAC 14C .3801." As such, CFVMC must address "the need that this population

(Cumberland-Hoke) has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed," however, CFVMC's response does not represent what it actually proposes in the application.

On page 80 of the application, CFVMC states that "The proposed CFV North Service Area was defined based upon proximity to the proposed hospital and review of current utilization and patient origin at CFVMC and patient origin of CFVMC's outpatient center, Health Pavilion North, located on the site of the proposed CFV North." This explanation is in direct conflict with the Acute Care Bed Service Area as defined in the 2011 SMFP and 10A NCAC 14C .3801.

The following table is from page 147 of the application and shows the smaller, more restrictive service area that CFVMC proposes.

**CFV North
Service Area**

Zip	County
Primary Service Area	
28301	Cumberland
28303	Cumberland
28311	Cumberland
28312	Cumberland
28344	Cumberland/Sampson
28356	Cumberland
28390	Cumberland/Harnett
28395	Cumberland
Secondary Service Area	
28323	Harnett
28326	Harnett

This table includes only parts of Cumberland County and no mention of Hoke County. As such, it is impossible for CFVMC to address the extent to which **all residents of the area** (Cumberland and Hoke Counties) have access to the proposed services. CFVMC effectively eliminates Hoke County from the state-defined service area Cumberland-Hoke.

- (18a) The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost-effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application is for a service on which competition will not have a favorable impact.

CFVMC did not adequately demonstrate that the proposed project will have a positive effect on the cost effectiveness of the proposed services. See Criteria (1), (3), (3a), (4), (5), (6), and (13). Therefore, CFVMC is not conforming with this criterion.

COMPARATIVE ANALYSIS

GEOGRAPHIC ACCESS

Inpatient Patient Origin

County	FirstHealth	CFVMC
<i>State Defined Acute Care Bed Service Area</i>		
Cumberland	26.1%	81.7%
Hoke	61.1%	0.0%
Total	87.2%	81.7%
Other/In-migration	12.8%	18.3%

Emergency Department Patient Origin

County	FirstHealth	CFVMC
<i>State Defined Acute Care Bed Service Area</i>		
Cumberland	15.2%	78.4%
Hoke	67.1%	0.0%
Total	82.3%	78.4%
Other/In-migration	17.7%	21.6%

FirstHealth proposes a greater percentage of projected inpatient and emergency department patients to originate from the service area as defined in the 2011 SMFP and in 10A NCAC 14C .3801(4) and is clearly the superior applicant.

SCOPE OF SERVICES

The following table compares the scope of health services proposed by each applicant, as described in Section II of the respective applications and as indicated by the schematic drawings included in the applications.

SERVICES	FIRSTHEALTH	CFV NORTH
Beds		
Medical-Surgical	48	57
OB/LDRP	3	0
Gyn	2	0
Pediatrics	4	0
ICU	8	8
TOTAL LICENSED ACUTE CARE BEDS	65	65
OBSERVATION BEDS (NOT LICENSED BEDS)	0	7
SURGERY		
Operating Rooms	2	2
Pre-operative and Post-operative rooms/bays	11	12
Radiology		
Radiography/Fluoroscopy Rooms	2	2
Mammography	1	1
Ultrasound	1	1
CT Scanner	1	1
MRI Scanner	1 (mobile)	1 (mobile)
Nuclear Medicine	1	1
Laboratory		
Diagnostic Lab	Yes	Yes
Pathology	Yes	Yes
Blood Bank	Yes	Yes
Emergency Room		
Treatment Rooms/Bays	12	20
REHABILITATION		
Physical Therapy	Yes	Yes
Speech Therapy	Yes	Yes
Occupational Therapy	Yes	Yes
CARDIOPULMONARY/RESPIRATORY THERAPY	Yes	Yes
PHARMACY	Yes	Yes
DIETARY	Yes	Yes
MEDICAL RECORDS	Yes	Yes

As shown in the table above, there are few differences between the two proposals. However, FirstHealth also proposes to develop specialized units including OB, GYN, and Pediatrics. Therefore, the proposal submitted by FirstHealth is a more effective alternative than the proposal submitted by CFVMC with regard to the scope of services proposed to be provided.

SUMMARY

The following is a summary of the reasons CFVMC's proposal is a less effective alternative than the proposal submitted by FirstHealth.

- CFVMC did not demonstrate that its volume projections were reasonable based on a service area that is different from the service area identified in the 2011 SMFP and in 10A NCAC 14C .3801(4). See Criterion (3) for discussion.
- CFVMC did not demonstrate the need for several service components and the related space to be constructed. See Criterion (3) and (6) for discussion.
- CFVMC did not demonstrate that its proposal will not result in duplication of services or a loss of access to services at HRMH due to the relocation of two operating rooms to CFV North. See Criterion (3a) and (6) for discussion.
- CFVMC did not demonstrate that it had the funds to develop the proposed project. See Criterion (5) for discussion.
- CFVMC did not demonstrate that its projected revenue for the first three years the proposed facility will actually be operational are reasonable. See Criterion (5) for discussion.
- CFVMC did not demonstrate that its projected operating costs for the first three years the proposed facility will actually be operational are reasonable. See Criterion (5) for discussion.
- CFVMC did not demonstrate that residents of the service area (Cumberland/Hoke) specifically, the elderly and members of medically underserved groups, such as medically indigent or low income persons, Medicaid and Medicare recipients, racial and ethnic minorities, women, and handicapped persons, which have traditionally experienced difficulties in obtaining equal access to the proposed services who live in Hoke County. See Criterion (3) and (13) for discussion.

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Facility Services

CERTIFICATE OF NEED

for

Project Identification Number M-7093-04

FID# 943057

ISSUED TO: Cumberland County Hospital System, Inc.
d/b/a Cape Fear Valley Health System
1638 Owen Drive
P.O. Box 2000
Fayetteville, NC 28302-2000

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(e). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: Cape Fear Valley Medical Center shall add no more than 44 acute care beds for a total acute care complement of 438 acute care beds after completion of this project. The 44 new beds will be added in existing space and will be located as follows: 3 North Nephrology - 1 bed; Coronary Surgery ICU - 3 beds; 3 North Observation - 9 beds; 2 East Observation - 15 beds; 4 North - 16 beds
Upon completion of this project and Project I.D. #M-7069-04, Cape Fear Valley Medical Center shall be licensed for no more than 484 beds/Cumberland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Cape Fear Valley Medical Center
1638 Owen Drive, Fayetteville, NC

MAXIMUM CAPITAL EXPENDITURE: \$1,851,245

TIMETABLE: Contract Award _____ March 4, 2005
Completion of Phase I (28) beds _____ June 15, 2005
50 percent completion of Phase II _____ November 15, 2005
Completion of Phase II (16 beds) _____ April 15, 2005

FIRST PROGRESS REPORT DUE: May 1, 2005

This certificate is effective as of the 2nd day of March, 2005.

Lee B. Hoffman

Chief, Certificate of Need Section
Division of Facility Services

Attachment 2

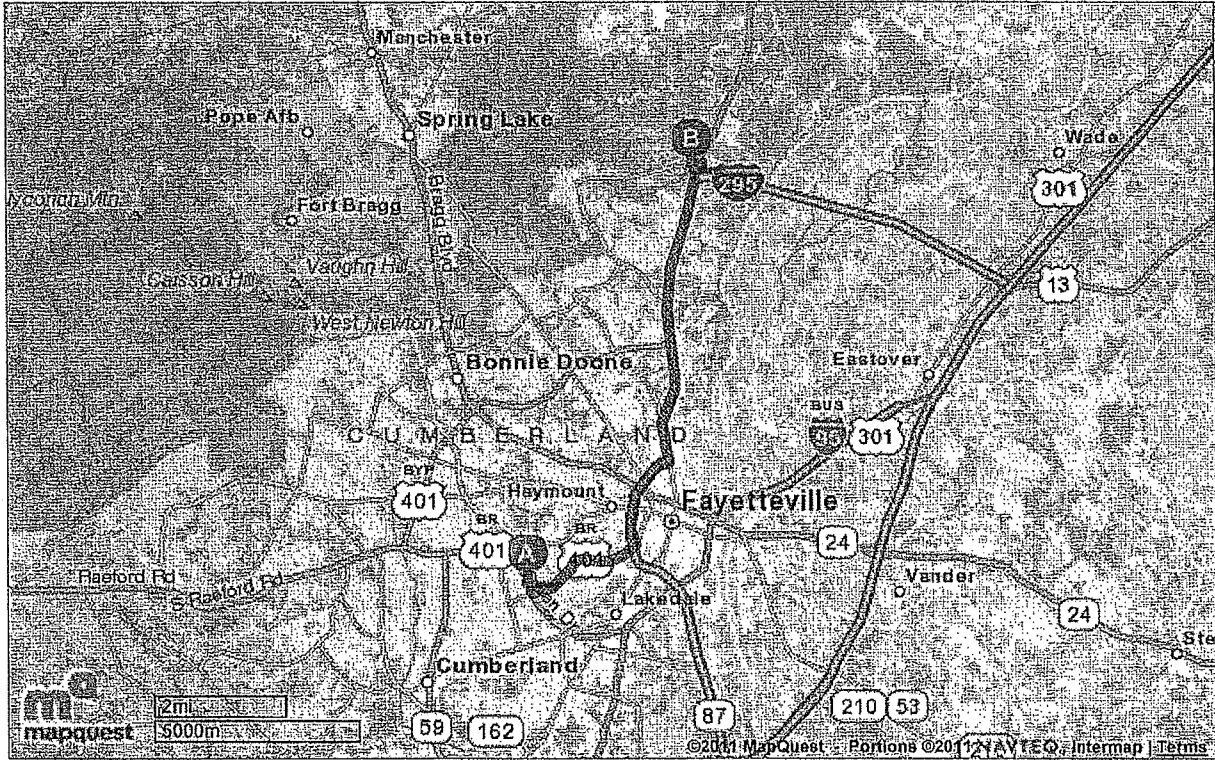


Notes

Trip to:
 6387 Ramsey St
 Fayetteville, NC 28311-9441
 11.53 miles
 17 minutes

	1638 Owen Dr Fayetteville, NC 28304-3424	Miles Per Section	Miles Driven	
	1. Start out going SOUTH on OWEN DR toward VILLAGE DR.	Go 0.1 Mi	0.1 mi	
	2. Turn LEFT onto VILLAGE DR. <i>If you are on OWEN DR and reach BOONE TRAIL EXT you've gone about 0.2 miles too far</i>	Go 1.2 Mi	1.4 mi	
		3. Turn RIGHT onto ROBESON ST / US-401-BR.	Go 1.4 Mi	2.8 mi
		4. Merge onto US-401-BR N / MARTIN LUTHER KING JR FWY via the ramp on the LEFT. <i>If you are on ROBESON ST and reach ITALY ST you've gone about 0.1 miles too far</i>	Go 2.1 Mi	4.8 mi
	5. Turn LEFT onto US-401-BR / RAMSEY ST. Continue to follow RAMSEY ST.	Go 6.4 Mi	11.2 mi	
	6. Turn RIGHT onto SUMMERCHASE DR. <i>SUMMERCHASE DR is 0.1 miles past ANDREWS RD</i> <i>If you reach NANDINA CT you've gone about 0.1 miles too far</i>	Go 0.04 Mi	11.3 mi	
	7. Make a U-TURN onto SUMMERCHASE DR.	Go 0.04 Mi	11.3 mi	
		8. Take the 1st LEFT onto RAMSEY ST / US-401 S. <i>If you are on W SUMMERCHASE DR and reach ST THOMAS RD you've gone about 0.1 miles too far</i>	Go 0.2 Mi	11.5 mi
	9. 6387 RAMSEY ST is on the RIGHT. <i>Your destination is just past ANDREWS RD</i> <i>If you reach FARMERS RD you've gone about 0.3 miles too far</i>		11.5 mi	
	6387 Ramsey St Fayetteville, NC 28311-9441	11.5 mi	11.5 mi	

Total Travel Estimate: 11.53 miles - about 17 minutes



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Attachment 3

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

For Official Use Only
License # H0224 Medicare # 340071
Computer: 922969
PC LS Date 12/9/10
License Fee: \$2,217.50

**2011
HOSPITAL LICENSE
RENEWAL APPLICATION**

Legal Identity of Applicant: Harnett Health System, Inc
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

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

PRIMARY: Betsy Johnson Regional Hospital
Other: _____
Other: _____

Facility Mailing Address: P O Dwr 1706
Dunn, NC 28335

Facility Site Address: 800 Tilghman Dr
Dunn, NC 28334

County: Harnett
Telephone: (910)892-7161
Fax: (910)891-6030

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

Chief Executive Officer: Kenneth E. Bryan Title: CEO
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:
Name: Deborah Whittington Telephone: 910-892-1000 x4114
E-Mail: dwhitt@bjrh.org

152407
12-1-10
\$2,217.50

All responses should pertain to October 1, 2009 through September 30, 2010.

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

List Name(s) of facilities:	Address:	Type of Business / Service:
Harnett Health Angier Medical Services	Po Box 1833 Angier, NC 27501	Family Practice
Harnett Health Lillington Medical Services	716 North 10th Street Lillington, NC 27546	Family Practice
Premiere Pediatrics	802 Tilghman Drive Dunn, NC 2884	Pediatric Practice / Adolescent practice

Please attach a separate sheet for additional listings

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

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

Owner: Harnett Health System, Inc
 Federal Employer ID# 56-0603898
 Street/Box: P O Dwr 1706
 City: Dunn State: NC Zip: 28335
 Telephone: (910)892-7161 Fax: (910) 891-6030
 CEO: 910-892-7619

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

If 'Yes', name of Health System*: Harnett Health Systems, Inc.

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

If 'Yes', name of CEO: Kenneth E. Bryan

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

If "YES", name of building owner:
Betsy Johnson Hospital Authority, eff. 9/23/03

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

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

Name: Wake Med
 Street/Box: 3000 New Bern Avenue
 City: Raleigh State: NC Zip: 27610
 Telephone: (919)350-8000

All responses should pertain to October 1, 2009 through September 30, 2010.

Ownership Disclosure continued...

3. Vice President of Nursing and Patient Care Services: Vicki Allen
4. Director of Planning: Mike Jones

Facility Data

A. Reporting Period All responses should pertain to the period October 1, 2009 to September 30, 2010.

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

a. Admissions to Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	6093	
b. Discharges from Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	6119	
c. Average Daily Census: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	65.49	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No
		X
If 'Yes', what is the current number of licensed beds?	—	
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:	—	
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	1626	

C. Designation and Accreditation

1. Are you a designated trauma center? ___ Yes (___ Designated Level #) X No
2. Are you a critical access hospital (CAH)? ___ Yes X No
3. Are you a long term care hospital (LTCH)? ___ Yes X No
4. Is this facility TJC accredited? X Yes ~~___~~ No Expiration Date: 2-20-2013
5. Is this facility DNV accredited? ___ Yes X No Expiration Date: _____
6. Is this facility AOA accredited? ___ Yes X No Expiration Date: _____
7. Are you a Medicare deemed provider? X Yes ___ No

All responses should pertain to October 1, 2009 through September 30, 2010.

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

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

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

<i>Campus</i> _____	Licensed Acute Care (provide details below)	Licensed Beds as of September 30, 2010	Staffed Beds as of September 30, 2010	Annual Census Inpt. Days of Care
<i>Intensive Care Units</i>				
a.	Burn *			*
b.	Cardiac			
c.	Cardiovascular Surgery			
d.	Medical/Surgical	6	6	
e.	Neonatal Beds Level IV ** (Not Normal Newborn)			**
f.	Pediatric			
g.	Respiratory Pulmonary			
h.	Other (List)			
<i>Other Units</i>				
i.	Gynecology			
j.	Medical/Surgical ***	72	60	***
k.	Neonatal Level III ** (Not Normal Newborn)			**
l.	Neonatal Level II ** (Not Normal Newborn)	5	3	**
m.	Obstetric (including LDRP)	11	10	
n.	Oncology			
o.	Orthopedics			
p.	Pediatric	7	5	
q.	Other (List)			
1. Total General Acute Care Beds/Days (a through q)		101	84	
2. Comprehensive In-Patient Rehabilitation		0		
3. Inpatient Hospice		0		
4. Detoxification		0		
5. Substance Abuse / Chemical Dependency Treatment		0		
6. Psychiatry		0		
7. Nursing Facility		0		
8. Adult Care Home		0		
9. Other		0		
10. Totals (1 through 9)		101		

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
 ** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
 *** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

All responses should pertain to October 1, 2009 through September 30, 2010.

D. Beds by Service (Inpatient) continued

Number of Swing Beds *	
Number of Skilled Nursing days in Swing Beds	
Number of unlicensed observation beds	11

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

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

Primary Payer Source	Inpatient Days of Care (from p. 4, item D. 1.)	Emergency Visits (from p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (from p.8, Table 8. b)	Ambulatory Surgical Cases (from p. 8, Table 8. b)
Self Pay/Indigent/Charity	2434	11769	2063	96	76
Medicare & Medicare Managed Care	14089	6899	22177	365	1163
Medicaid	4603	12581	9799	345	678
Commercial Insurance	1937	5682	11862	208	1028
Managed Care	482	1623	3610	51	188
Other (Specify)	635	2029	2064	49	93
TOTAL	24180	40583	51575	1114	2826

F. Services and Facilities

1. Obstetrics	Enter Number of Infants
a. Live births (Vaginal Deliveries)	491
b. Live births (Cesarean Section)	302
c. Stillbirths	1

d. Delivery Rooms - Delivery Only (not Cesarean Section)	
e. Delivery Rooms - Labor and Delivery, Recovery	6
f. Delivery Rooms - LDRP (include Item "m" on Page 4)	
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	16

2. **Abortion Services** Number of procedures per Year 0

All responses should pertain to October 1, 2009 through September 30, 2010.

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

- a. Total Number of ED Exam Rooms: 23
- a.1. #Trauma Rooms 2 a.2. #Fast Track Rooms 0
- b. Total Number of ED visits for reporting period: 40583
- c. Total Number of admits from the ED for reporting period: 4757
- d. Total Number of Urgent Care visits for reporting period: 0
- e. Does your ED provide services 24 hours a day 7 days per week? Yes No
 If no, specify days/hours of operation:
- f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No
 If no, specify days/hours physician is on duty:

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

- a. Does the facility operate an air ambulance service? Yes No
- b. If "Yes", complete the following chart.

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

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

- a. Blood Bank/Transfusion Services Yes No
- b. Histopathology Laboratory Yes No
- c. HIV Laboratory Testing Yes No
- Number during reporting period
- HIV Serology 268
- HIV Culture 0
- d. Organ Bank Yes No
- e. Pap Smear Screening Yes No

6. Transplantation Services - Number of transplants

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

Do you perform living donor transplants? Yes No.

All responses should pertain to October 1, 2009 through September 30, 2010.

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

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

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

Name of Mobile Vendor: _____

Number of 8-hour days per week the mobile unit is onsite: _____ 8-hour days per week.
 (Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

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

All responses should pertain to October 1, 2009 through September 30, 2010.

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

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

(Campus – If multiple sites: _____)

a) Surgical Operating Rooms

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

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

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

CON Project ID Number(s) _____

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

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

Total Number of Procedure Rooms: 0

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 2

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

CON Project ID Number(s) _____

	Number of Cases	Number of Procedures*
GI Endoscopy	681	1444
Non-GI Endoscopy	98	117
Totals	779	1551

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

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

All responses should pertain to October 1, 2009 through September 30, 2010.

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

(Campus – If multiple sites: _____)

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	0	
Open Heart Surgery (from 7.(b) 4.)	0	
General Surgery	456	809
Neurosurgery	0	0
Obstetrics and GYN (excluding C-Sections)	123	257
Ophthalmology	1	632
Oral Surgery	0	57
Orthopedics	192	237
Otolaryngology	12	427
Plastic Surgery	0	0
Urology	10	48
Vascular	0	283
Other Surgeries (specify) Podiatry	18	76
Other Surgeries (specify)	0	0
Number of C-Section's Performed in Dedicated C-Section ORs	0	
Number of C-Section's Performed in Other ORs	302	
Total Surgical Cases	1114	2826

e) Non-Surgical Cases by Category Table

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

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	0	0
Cystoscopy	8	6
Non-GI Endoscopies (not reported in 8. c)	0	0
GI Endoscopies (not reported in 8. c)	62	63
YAG Laser	0	0
Other (specify) Holmium Laser	4	22
Other (specify) HPS Laser	1	22
Other (specify)	0	1
Total Non-Surgical Cases	65	114

All responses should pertain to October 1, 2009 through September 30, 2010.

9. Average Operating Room Availability and Average Case Times:

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1872 hours per OR per year.

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

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

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
7.6 hrs	253	115	88

* Use only Hours per Day **routinely** scheduled when determining. Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.

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

All responses should pertain to October 1, 2009 through September 30, 2010.

10a. Magnetic Resonance Imaging (MRI)

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

Number of fixed MRI scanners-closed (<i>do not include any Policy AC-3 scanners</i>)	# Units 1	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
# of fixed MRI scanners-open (<i>do not include any Policy AC-3 scanners</i>)	0	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Number of Policy AC-3 MRI scanners used for general clinical purposes	0							
Total Fixed MRI Scanners	1	273	194	467	727	1551	2278	2745
Procedures performed on mobile MRI scanners only at this site		N/A						
Name(s) of Mobile MRI Provider(s): N/A								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes	N/A							
Other Human Research MRI scanners	N/A							

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

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	2
70540	MRI Orbit/Face/Neck w/o	2
70542	MRI Orbit/Face/Neck with contrast	0
70543	MRI Orbit/Face/Neck w/o & with	13
70544	MRA Head w/o	90
70545	MRA Head with contrast	0
70546	MRA Head w/o & with	0
70547	MRA Neck w/o	8
70548	MRA Neck with contrast	0
70549	MRA Neck w/o & with	35
70551	MRI Brain w/o	149
70552	MRI Brain with contrast	1
Subtotal for this page		300

All responses should pertain to October 1, 2009 through September 30, 2010.

10b. MRI Procedures by CPT Codes *continued*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	546
7055A	IAC Screening	0
71550	MRI Chest w/o	0
71551	MRI Chest with contrast	0
71552	MRI Chest w/o & with	0
71555	MRA Chest with OR without contrast	1
72126	Cervical Spine Infusion only	0
72141	MRI Cervical Spine w/o	227
72142	MRI Cervical Spine with contrast	1
72156	MRI Cervical Spine w/o & with	47
72146	MRI Thoracic Spine w/o	56
72147	MRI Thoracic Spine with contrast	0
72157	MRI Thoracic Spine w/o & with	20
72148	MRI Lumbar Spine w/o	529
72149	MRI Lumbar Spine with contrast	0
72158	MRI Lumbar Spine w/o & with	114
72159	MRA Spinal Canal w/o OR with contrast	0
72195	MRI Pelvis w/o	14
72196	MRI Pelvis with contrast	0
72197	MRI Pelvis w/o & with	16
72198	MRA Pelvis w/o OR with Contrast	0
73218	MRI Upper Ext, other than joint w/o	9
73219	MRI Upper Ext, other than joint with contrast	0
73220	MRI Upper Ext, other than joint w/o & with	4
73221	MRI Upper Ext, any joint w/o	203
73222	MRI Upper Ext, any joint with contrast	8
73223	MRI Upper Ext, any joint w/o & with	3
73225	MRA Upper Ext, w/o OR with contrast	0
73718	MRI Lower Ext other than joint w/o	46
73719	MRI Lower Ext other than joint with contrast	0
73720	MRI Lower Ext other than joint w/o & with	51
73721	MRI Lower Ext any joint w/o	367
73722	MRI Lower Ext any joint with contrast	0
73723	MRI Lower Ext any joint w/o & with	12
73725	MRA Lower Ext w/o OR with contrast	2
74181	MRI Abdomen w/o	43
74182	MRI Abdomen with contrast	0
	Subtotal for this page	2319

All responses should pertain to October 1, 2009 through September 30, 2010.

10b. MRI Procedures by CPT Codes *continued*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	96
74185	MRA Abdomen w/o OR with contrast	21
75552	MRI Cardiac Morphology w/o	0
75553	MRI Cardiac Morphology with contrast	0
75554	MRI Cardiac Function Complete	0
75555	MRI Cardiac Function Limited	0
75556	MRI Cardiac Velocity Flow Mapping	0
76093	MRI Breast, unilateral w/o and/or with contrast	9
76094	MRI Breast, bilateral w/o and/or with contrast	0
76125	Cineradiography to complement exam	0
76390	MRI Spectroscopy	0
76393	MRI Guidance for needle placement	0
76394	MRI Guidance for tissue ablation	0
76400	MRI Bone Marrow blood supply	0
7649A	MR functional imaging	0
7649D	MRI infant spine comp w/ & w/o contrast	0
7649E	Spine (infants) w/o infusion	0
7649H	MR functional imaging	0
N/A	Clinical Research Scans	0
Subtotal for this page		126
Total Number of Procedures for all pages		2745

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 2
 Does the hospital contract for mobile CT scanner services? ___ Yes No
 If yes, identify the mobile CT vendor N/A

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	5213	X	1.00	=	5213.00
2	Head with contrast	43	X	1.25	=	53.75
3	Head without and with contrast	102	X	1.75	=	108.50
4	Body without contrast	3905	X	1.50	=	5857.50
5	Body with contrast	4057	X	1.75	=	7099.75
6	Body without contrast and with contrast	921	X	2.75	=	2532.75
7	Biopsy in addition to body scan with or without contrast	51	X	2.75	=	140.25
8	Abscess drainage in addition to body scan with or without contrast	4	X	4.00	=	16.00

All responses should pertain to October 1, 2009 through September 30, 2010.

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

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

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0	—	—	—
Mobile PET Scanner	0	—	—	—
PET pursuant to Policy AC-3	0	—	—	—
Other Human Research PET Scanner	0	—	—	—
Ultrasound equipment	3	2036	6099	8135
Mammography equipment	1	1	4134	4135
Bone Density Equipment	1	2	934	936
Fixed X-ray Equipment (excluding fluoroscopic)	4	4885	23396	28281
Fixed Fluoroscopic X-ray Equipment	1	113	474	587
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	0	—	—	—
Coincidence Camera	0	—	—	—
Mobile Coincidence Camera	0	—	—	—
Vendor:				
SPECT	—	—	—	—
Mobile SPECT	0	—	—	—
Vendor:				
Gamma Camera	2	404	1383	1787
Mobile Gamma Camera	0	—	—	—
Vendor:				

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

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile				

Lithotripsy Vendor/Owner:

All responses should pertain to October 1, 2009 through September 30, 2010.

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

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	
77404	Radiation treatment delivery (11-19 MeV)	
77406	Radiation treatment delivery (>=20 MeV)	
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	
77409	Radiation treatment delivery (11-19 MeV)	
77411	Radiation treatment delivery (>=20 MeV)	
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	
77414	Radiation treatment delivery (11-19 MeV)	
77416	Radiation treatment delivery (>= 20 MeV)	
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery	
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance; entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	
Total Procedures -- Linear Accelerators		0
Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multisource Cobalt 60 based (Gamma Knife)	
Total Procedures -- Gamma Knife®		

All responses should pertain to October 1, 2009 through September 30, 2010.

11. Linear Accelerator Treatment Data *continued*

a. Number of unduplicated patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. . # patients _____ (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.
b. Total number of Linear Accelerator(s) <u>1</u>
c. Number of Linear Accelerators configured for stereotactic radiosurgery
d. Number of simulators (machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient.”(GS 131E-176(24b))
e. Number of CyberKnife® Systems: _____, Gamma Knife® _____ Other specialized Linear Accelerators _____ Identify Manufacturer of Equipment _____

12. Telemedicine

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

13. Additional Services:

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

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

b) Hospice Inpatient Unit Data:

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

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
Out of State										
Total All Ages										

All responses should pertain to October 1, 2009 through September 30, 2010.

13. Additional Services: *continued*

c) Mental Health and Substance Abuse

1. If psychiatric care has a different name than the hospital, please indicate:

2. If address is different than the hospital, please indicate:

3. Director of the above services.

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

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

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

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

All responses should pertain to October 1, 2009 through September 30, 2010.

13. Additional Services: continued

c) Mental Health and Substance Abuse continued

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

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

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin -General Acute Care Inpatient Services

Facility County: Harnett

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

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	2
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene	1	76. Randolph	1
5. Ashe		41. Guilford		77. Richmond	1
6. Avery		42. Halifax		78. Robeson	3
7. Beaufort	2	43. Harnett	4050	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	2	45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	527
11. Buncombe		47. Hoke	2	83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	722	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	7	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	1
20. Cherokee		56. Macon		92. Wake	193
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg	1	96. Wayne	9
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	449	62. Montgomery		98. Wilson	1
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	2	65. New Hanover	2		
30. Davie		66. Northampton		101. Georgia	
31. Duplin	8	67. Onslow		102. South Carolina	1
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	6
35. Franklin		71. Pender	2	106. Other	123
36. Gaston		72. Perquimans		Total No. of Patients	6119

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin – Inpatient Surgical Cases

Facility County: Harnett

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett	804	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	108
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	116	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	3	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	1
20. Cherokee		56. Macon		92. Wake	15
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	2
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	57	62. Montgomery		98. Wilson	1
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin	2	67. Onslow	2	102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	1
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	1114

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin – Ambulatory Surgical Cases

Facility County: Harnett

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	2
6. Avery		42. Halifax		78. Robeson	4
7. Beaufort		43. Harnett	1813	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	2	45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	308
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	345	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	3	89. Tyrrell	
18. Catawba		54. Lenoir	3	90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	52
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	98
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	158	62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash	1	100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin	30	67. Onslow	2	102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	5
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	2826

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Harnett

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	2
7. Beaufort		43. Harnett	584	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	1	45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	71
11. Buncombe		47. Hoke	1	83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	79	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	3	89. Tyrrell	
18. Catawba		54. Lenoir	2	90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	17
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	30	62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	2		
30. Davie		66. Northampton		101. Georgia	
31. Duplin	1	67. Onslow	1	102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	1
35. Franklin		71. Pender	1	106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	796

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: **Harnett**

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

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander									
Alleghany									
Anson									
Ashe									
Avery									
Beaufort									
Bertie									
Bladen									
Brunswick									
Buncombe									
Burke									
Cabarrus									
Caldwell									
Camden									
Carteret									
Caswell									
Catawba									
Chatham									
Cherokee									
Chowan									
Clay									
Cleveland									
Columbus									
Craven									
Cumberland									
Currituck									
Dare									
Davidson									
Davie									
Duplin									
Durham									
Edgecombe									
Forsyth									
Franklin									
Gaston									
Gates									
Graham									
Granville									
Greene									
Guilford									
Halifax									
Harnett									
Haywood									
Henderson									
Hertford									
Hoke									
Hyde									
Iredell									
Jackson									
Johnston									

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

All responses should pertain to October 1, 2009 through September 30, 2010.

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

Facility County: Harnett
 (Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln									
Macon									
Madison									
Martin									
McDowell									
Mecklenburg									
Mitchell									
Montgomery									
Moore									
Nash									
New Hanover									
Northampton									
Onslow									
Orange									
Pamlico									
Pasquotank									
Pender									
Perquimans									
Person									
Pitt									
Polk									
Randolph									
Richmond									
Robeson									
Rockingham									
Rowan									
Rutherford									
Sampson									
Scotland									
Stanly									
Stokes									
Surry									
Swain									
Transylvania									
Tyrrell									
Union									
Vance									
Wake									
Warren									
Washington									
Watauga									
Wayne									
Wilkes									
Wilson									
Yadkin									
Yancey									
Out of State									
TOTALS									

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

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin - MRI Services

Facility County: Harnett

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort	1	43. Harnett	1723	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	2	45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	157
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	250	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	10	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	2
20. Cherokee		56. Macon		92. Wake	43
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	2
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	158	62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash	1	100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	32
36. Gaston		72. Perquimans		Total No. of Patients	2379

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

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin – Linear Accelerator Treatment

Facility County: Harnett

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

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

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin – PET Scanner

Facility County: Harnett

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

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

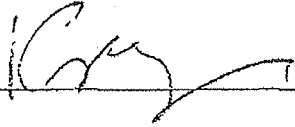
2011 Renewal Application for Hospital:
Betsy Johnson Regional Hospital

License No: H0224
Facility ID: 922969

All responses should pertain to October 1, 2009 through September 30, 2010.

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2011 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2011 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature:  _____ Date: 11-23-10

PRINT NAME
OF APPROVING OFFICIAL Kenneth E. Bryan

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



Harnett Health System

NEWS RELEASE

For Immediate Release:

Date: May 12, 2011

Contact: Jennifer Franklin

Office: 910-892-1000, ext. 4960

Mobile: 910-814-7385

Jennifer.Franklin@harnetthealth.org

Harnett Health System Celebrates the New Central Hospital With a Ground Breaking Ceremony

Dunn, N.C. (May 12, 2011) Bright sunny skies surrounded the long awaited ground breaking ceremony today for the Central Hospital. The event marked the beginning of the Central Hospital's construction project to address the ever growing and changing health care needs of Harnett and surrounding Counties.

More than 250 people gathered in brightly decorated tents at the site on US 401 across from the Harnett County Government Complex. The event kicked off as the leaders of the original partners of the 2005 Certificate of Need who committed to bringing this hospital into existence, Dr. William K. Atkinson, president and CEO of WakeMed Health & Hospitals; Tim McNeill, chairman of Harnett County Board of Commissioners; Dr. Ron Maddox, chairman of Harnett Health System Board of Trustees; Oscar Harris, mayor of the City of Dunn; Ray Weeks, chairman of the Betsy Johnson Regional Hospital Board of Trustees and Ken Bryan, president and CEO of Harnett Health System, spoke. Randy Gore, state director of the US Department of Agriculture's Rural Development then joined the partners in moving a shovel full of dirt celebrating this pinnacle achievement in bringing unified healthcare across Harnett County and beyond.

"Harnett Health's success is a result of a wide range of strong partners that together have made it possible to construct this hospital," stated Ken Bryan, president and CEO of Harnett Health System. "We celebrate today our vision becoming a reality – the development of a progressive hospital with highly-trained physicians and staff who are committed to providing our patients excellent medical care."

The two-story Hospital will total 122,000 sq. feet on a 20 acre site within the 130 acre Brightwater Park, with fifty(50) inpatient beds, 24-hour Emergency Department, Imaging, MRI, Cardiovascular Diagnostics and Outpatient Surgical Services. Clinical services will be supported by full-service Laboratory, Pharmacy, Physical Therapy and Food & Nutrition Services. The building and site are designed to accommodate future vertical and horizontal expansions, and incorporate many sustainable design elements, such as capturing rain water for irrigation and use of drought tolerant, low maintenance landscaping materials. Construction is expected to take 18 to 20 months.

-More-

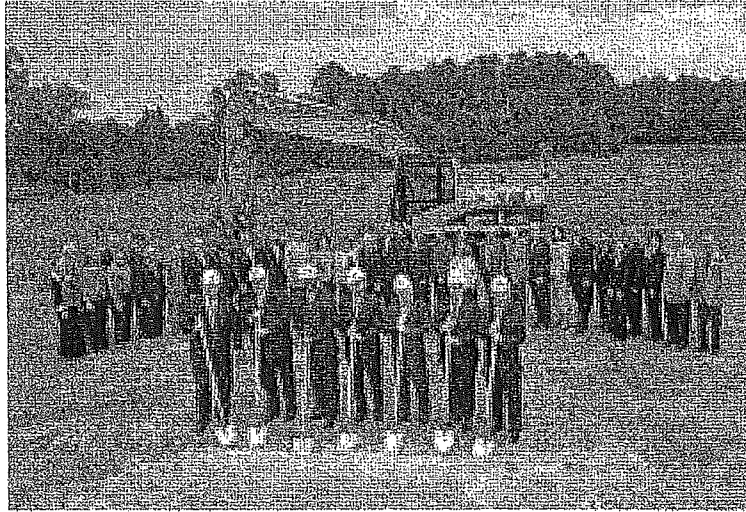


PHOTO: Left to Right Breaking Ground: Dr. William Atkinson, president and CEO of WakeMed Health & Hospitals; Tim McNeill, chairman of Harnett County Board of Commissioners; Randy Gore, state director of US Department of Agriculture's Rural Development; Dr. Ron Maddox, chairman of Harnett Health System Board of Trustees; Oscar Harris, mayor of the City of Dunn; Ray Weeks, chairman of the Betsy Johnson Regional Hospital Board of Trustees and Ken Bryan, president and CEO of Harnett Health System.

Left to Right Front Row: Cornelia Stewart, vice chairman of Harnett Health System Board of Trustees; Heather Williams, member of Harnett Health System Board of Trustees; Ernest A Iphin, member of Harnett Health System Board of Trustees Member; T.C. Godwin, past member of Betsy Johnson Regional Hospital Board of Trustees; Donnie Olds, member of Harnett Health System Board of Trustees; Walter Weeks, member of Harnett Health System Board of Trustees; Walter Massey, member of Betsy Johnson Regional Hospital Board of Trustees; Joe Miriello, past member of Betsy Johnson Regional Hospital Board of Trustees; Wayne Barbour, past member of Betsy Johnson Regional Hospital Board of Trustees; Ted Fitzgerald, member of Betsy Johnson Regional Hospital Board of Trustees; Kathleen Gormley, executive vice president, Operations & Ambulatory Development; Pat Fitzgerald, representing US Representative Renee E Ilmers; Linda Hayes, secretary of the North Carolina Department of Juvenile Justice & Delinquency Prevention; Representative David Lewis; Jim Burgin, Harnett County Commissioner; Gary House, Harnett County Commissioner; Beatrice Hill, vice chairman of Harnett County Commissioners; Dan Andrews, Harnett County Commissioner; Johnson Tilghman, chairman Harnett Forward Together Committee; Frank B. Holding, Sr., executive vice chairman of First Citizens Bank; Ben Thompson, Wyrick Robbins Yates & Ponton LLP; Vicki Allen, chief nursing officer of Harnett Health System; Trent Carpenter, vice president of First Citizens Bank; Eric Young, Chief Financial Officer of Harnett Health System; Missy Warren, senior project manager of Brasfield & Gorrie; Mike Jones, vice president of Central Campus & Support Services of Harnett Health System; Sondra Davis, vice president of Human Resources & System Development of Harnett Health System; Dr. Wallace Horne, vice president of Medical Affairs of Harnett Health System; Jim Godfrey, senior project architect of Perkins + Will.

Left to Right Back Row: Dwight Snow, past member of Betsy Johnson Regional Hospital Board of Trustees; Teddy Byrd, secretary of Harnett Health System Board of Trustees; Wiley Pope, member of Harnett Health System Board of Trustees.

About Harnett Health

Harnett Health System is a private, not-for-profit health care organization based in Dunn, N.C. The system encompasses a network of health care facilities throughout Harnett and Johnston Counties, including a 101-bed full-service hospital in Dunn; out-patient rehab/wellness center in Benson; a family medicine practice in Angier; family medicine, OB/GYN and pediatrics practice in Lillington; and pediatric, OB/GYN and internal

medicine practices in Dunn. Serving patients since 1940, the hospital has over 100 affiliated physicians and over 750 employees. For more information, visit our website at www.harnetthealth.org.

###

Attachments

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

For Official Use Only
License # H0213 Medicare # 340028
Computer: 943057
PC LT Date 12/22/10
License Fee: \$11,250.00

2011
**HOSPITAL LICENSE
RENEWAL APPLICATION**

Legal Identity of Applicant: Cumberland County Hospital System, Inc.
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

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

PRIMARY: Cape Fear Valley Medical Center
Other: Southeastern Regional Rehabilitation Center;
Other: _____

Facility Mailing Address: P O Box 2000
Fayetteville, NC 28302-2000

Facility Site Address: 1638 Owen Dr
Fayetteville, NC 28304

County: Cumberland
Telephone: (910)609-4000
Fax: (910)609-6160

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

Chief Executive Officer: Michael Nagowski Title: CEO
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: Sandy Godwin Telephone: (910) 615-6852
E-Mail: stgodwin@capefearvalley.com

PAID
CK. NO. 734952
DATE 12-20-10 710
\$11,250.00

All responses should pertain to October 1, 2009 through September 30, 2010.

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

List Name(s) of facilities:	Address:	Type of Business / Service:
Cape Fear Valley Medical Center	1638 Owen Drive Fayetteville, NC 28304	General IP & OP Services w/ Psych
Southeastern Regional Rehabilitation Center	1638 Owen Drive Fayetteville, NC 28304	IP Rehab Services

Please attach a separate sheet for additional listings

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

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

Owner: Cumberland County Hospital System, Inc.
 Federal Employer ID# 56-0845796
 Street/Box: P O Box 2000, 1638 Owen Dr
 City: Fayetteville State: NC Zip: 28302-2000
 Telephone: (910)609-6700 Fax: (910)609-6160 615-6160
 CEO: Michael Nagowski, CEO

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

If 'Yes', name of Health System*: Cape Fear Valley Health System

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

If 'Yes', name of CEO: Michael Nagowski

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

If "YES", name of building owner:

Per 2007 renewal no longer lease bldg.

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

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

Name: _____
 Street/Box: _____
 City: _____ State: _____ Zip: _____
 Telephone: () _____

All responses should pertain to October 1, 2009 through September 30, 2010.

Ownership Disclosure continued...

3. Vice President of Nursing and Patient Care Services:

Debbie Marshburn

4. Director of Planning:

Sandy Godwin

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2009 to September 30, 2010.**

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

a. Admissions to Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	29,287	
b. Discharges from Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	29,189	
c. Average Daily Census: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	427.2	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No ✓
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	10,375	

C. Designation and Accreditation

- Are you a designated trauma center? ___ Yes (___ Designated Level #) ✓ No
- Are you a critical access hospital (CAH)? ___ Yes ✓ No
- Are you a long term care hospital (LTCH)? ___ Yes ✓ No
- Is this facility TJC accredited? ✓ Yes ✗ No Expiration Date: 6/26/12
- Is this facility DNV accredited? ___ Yes ✓ No Expiration Date: _____
- Is this facility AOA accredited? ___ Yes ✓ No Expiration Date: _____
- Are you a Medicare deemed provider? ✓ Yes ___ No

All responses should pertain to October 1, 2009 through September 30, 2010.

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

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

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

Licensed Acute Care (provide details below)	Licensed Beds as of September 30, 2010	Staffed Beds as of September 30, 2010	Annual Census Inpt. Days of Care
<i>Campus</i> _____			
Intensive Care Units			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery	11	11	3540
d. Medical/Surgical	54	54	10303
e. Neonatal Beds Level IV ** (Not Normal Newborn)	21	21	** 7508
f. Pediatric	5	5	1153
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology	24	24	6317
j. Medical/Surgical ***	219	219	***82187
k. Neonatal Level III ** (Not Normal Newborn)	23	23	** 6576
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	36	36	11185
n. Oncology	39	39	13646
o. Orthopedics	34	34	10334
p. Pediatric	24	24	3177
q. Other (List)			
1. Total General Acute Care Beds/Days (a through q)	490	490	155926
2. Comprehensive In-Patient Rehabilitation	78	72	17098
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	4	0	
6. Psychiatry	28	26	4266
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	600	588	177290

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

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

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

All responses should pertain to October 1, 2009 through September 30, 2010.

D. Beds by Service (Inpatient) continued

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0
Number of unlicensed observation beds	0

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

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

Primary Payer Source	Inpatient Days of Care (from p. 4, item D. 1.)	Emergency Visits (from p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (from p. 8, Table 8. b)	Ambulatory Surgical Cases (from p. 8, Table 8. b)
Self Pay/Indigent/Charity	6869	24048	19991	369	294
Medicare & Medicare Managed Care	76281	22708	42138	3149	1874
Medicaid	39121	39836	28542	1739	1171
Commercial Insurance	17128	11878	25197	1454	1694
Managed Care	8160	8872	22225	679	935
Other (Specify)	8367	15486	13333	524	638
TOTAL	155926	122828	151426	7914	6606

F. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	3151
b. Live births (Cesarean Section)	1437
c. Stillbirths	45

d. Delivery Rooms - Delivery Only (not Cesarean Section)	
e. Delivery Rooms - Labor and Delivery, Recovery	13
f. Delivery Rooms - LDRP (include Item "m" on Page 4)	2
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient):	48

2. Abortion Services

Number of procedures per Year 20

All responses should pertain to October 1, 2009 through September 30, 2010.

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

- a. Total Number of ED Exam Rooms: 76
- a.1. #Trauma Rooms 4 a.2. #Fast Track Rooms _____
- b. Total Number of ED visits for reporting period: 122,828
- c. Total Number of admits from the ED for reporting period: 20,669
- d. Total Number of Urgent Care visits for reporting period: 21,058
- e. Does your ED provide services 24 hours a day 7 days per week? Yes No
 If no, specify days/hours of operation: _____
- f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No
 If no, specify days/hours physician is on duty: _____

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

- a. Does the facility operate an air ambulance service? Yes No
- b. If "Yes", complete the following chart.

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

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

- a. Blood Bank/Transfusion Services Yes No
- b. Histopathology Laboratory Yes No
- c. HIV Laboratory Testing Yes No
 Number during reporting period
 HIV Serology 2167
 HIV Culture _____
- d. Organ Bank Yes No
- e. Pap Smear Screening Yes No

6. Transplantation Services - Number of transplants

N/A

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

Do you perform living donor transplants? Yes No.

All responses should pertain to **October 1, 2009 through September 30, 2010.**

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

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization- ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Fixed Equipment	3		1
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger			
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	1637	1010	353
4. Number of Procedures* Performed in Mobile Units			

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

Name of Mobile Vendor: N/A

Number of 8-hour days per week the mobile unit is onsite: N/A 8-hour days per week.
 (Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	3
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	234
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	0
4. Total Open Heart Surgery Procedures (2. + 3.)	234
Procedures on Patients Age 14 and younger	
5. Of total in #2, Number of Procedures on Patients Age 14 & younger	0
6. Of total in #3, Number of Procedures on Patients Age 14 & younger	0

All responses should pertain to October 1, 2009 through September 30, 2010.

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

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

(Campus – If multiple sites: _____)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	2
Dedicated C-Section	3
Other Dedicated Inpatient Surgery	
Dedicated Ambulatory Surgery	
Shared - Inpatient / Ambulatory Surgery	13
Total of Surgical Operating Rooms	18

Number of additional CON approved surgical operating rooms pending development: 1

CON Project ID Number(s) M-8004-07

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

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

Total Number of Procedure Rooms: _____

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 4

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

CON Project ID Number(s) _____

	Number of Cases	Number of Procedures*
GI Endoscopy	2196	2952
Non-GI Endoscopy	135	145
Totals	2331	3097

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

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

All responses should pertain to October 1, 2009 through September 30, 2010.

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

(Campus – If multiple sites: _____)

d) Surgical Cases by Specialty Area Table

Enter the number of **surgical cases** by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	1194	218
Open Heart Surgery (from 7.(b) 4.)	234	
General Surgery	1959	2822
Neurosurgery	182	203
Obstetrics and GYN (excluding C-Sections)	525	1661
Ophthalmology		
Oral Surgery	5	5
Orthopedics	1455	677
Otolaryngology	24	378
Plastic Surgery		14
Urology	117	628
Vascular	658	
Other Surgeries (specify)	124	
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs	1437	
Number of C-Section's Performed in Other ORs		
Total Surgical Cases	7914	6606

e) Non-Surgical Cases by Category Table

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

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy	124	437
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)		
YAG Laser		
Other (specify) Bronchs	89	82
Other (specify)		
Other (specify)		
Total Non-Surgical Cases	213	519

All responses should pertain to October 1, 2009 through September 30, 2010.

9. Average Operating Room Availability and Average Case Times:

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1872 hours per OR per year.

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

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

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
9	252	164	107

* Use only Hours per Day **routinely** scheduled when determining. Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.

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

All responses should pertain to October 1, 2009 through September 30, 2010.

10a. Magnetic Resonance Imaging (MRI)

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

Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	# Units 3	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
# of fixed MRI scanners-open (do not include any Policy AC-3 scanners)		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Number of Policy AC-3 MRI scanners used for general clinical purposes								
Total Fixed MRI Scanners	3	1611	2419	4030	2130	2642	4772	8802
Procedures performed on mobile MRI scanners only at this site								
Name(s) of Mobile MRI Provider(s):	N/A							
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes								
Other Human Research MRI scanners								

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

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	7
70540	MRI Orbit/Face/Neck w/o	14
70542	MRI Orbit/Face/Neck with contrast	1
70543	MRI Orbit/Face/Neck w/o & with	41
70544	MRA Head w/o	1136
70545	MRA Head with contrast	1
70546	MRA Head w/o & with	42
70547	MRA Neck w/o	666
70548	MRA Neck with contrast	4
70549	MRA Neck w/o & with	395
70551	MRI Brain w/o	1310
70552	MRI Brain with contrast	22
	Subtotal for this page	3039

All responses should pertain to October 1, 2009 through September 30, 2010.

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

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	1325
7055A	IAC Screening	0
71550	MRI Chest w/o	8
71551	MRI Chest with contrast	0
71552	MRI Chest w/o & with	5
71555	MRA Chest with OR without contrast	23
72126	Cervical Spine Infusion only	0
72141	MRI Cervical Spine w/o	476
72142	MRI Cervical Spine with contrast	1
72156	MRI Cervical Spine w/o & with	153
72146	MRI Thoracic Spine w/o	172
72147	MRI Thoracic Spine with contrast	2
72157	MRI Thoracic Spine w/o & with	131
72148	MRI Lumbar Spine w/o	782
72149	MRI Lumbar Spine with contrast	0
72158	MRI Lumbar Spine w/o & with	234
72159	MRA Spinal Canal w/o OR with contrast	0
72195	MRI Pelvis w/o	59
72196	MRI Pelvis with contrast	1
72197	MRI Pelvis w/o & with	102
72198	MRA Pelvis w/o OR with Contrast	0
73218	MRI Upper Ext, other than joint w/o	18
73219	MRI Upper Ext, other than joint with contrast	0
73220	MRI Upper Ext, other than joint w/o & with	9
73221	MRI Upper Ext, any joint w/o	243
73222	MRI Upper Ext, any joint with contrast	72
73223	MRI Upper Ext, any joint w/o & with	17
73225	MRA Upper Ext, w/o OR with contrast	0
73718	MRI Lower Ext other than joint w/o	104
73719	MRI Lower Ext other than joint with contrast	0
73720	MRI Lower Ext other than joint w/o & with	75
73721	MRI Lower Ext any joint w/o	345
73722	MRI Lower Ext any joint with contrast	20
73723	MRI Lower Ext any joint w/o & with	45
73725	MRA Lower Ext w/o OR with contrast	375
74181	MRI Abdomen w/o	328
74182	MRI Abdomen with contrast	0
	Subtotal for this page	5125

All responses should pertain to October 1, 2009 through September 30, 2010.

10b. MRI Procedures by CPT Codes *continued*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	337
74185	MRA Abdomen w/o OR with contrast	301
75552	MRI Cardiac Morphology w/o	0
75553	MRI Cardiac Morphology with contrast	0
75554	MRI Cardiac Function Complete	0
75555	MRI Cardiac Function Limited	0
75556	MRI Cardiac Velocity Flow Mapping	0
76093	MRI Breast, unilateral w/o and/or with contrast	0
76094	MRI Breast, bilateral w/o and/or with contrast	0
76125	Cineradiography to complement exam	0
76390	MRI Spectroscopy	0
76393	MRI Guidance for needle placement	0
76394	MRI Guidance for tissue ablation	0
76400	MRI Bone Marrow blood supply	0
7649A	MR functional imaging	0
7649D	MRI infant spine comp w/ & w/o contrast	0
7649E	Spine (infants) w/o infusion	0
7649H	MR functional imaging	0
N/A	Clinical Research Scans	0
Subtotal for this page		638
Total Number of Procedures for all pages		8802

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 4
 Does the hospital contract for mobile CT scanner services? ___ Yes No
 If yes, identify the mobile CT vendor _____

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	15510	X	1.00	=	15510.00
2	Head with contrast	223	X	1.25	=	278.75
3	Head without and with contrast	273	X	1.75	=	477.75
4	Body without contrast	11857	X	1.50	=	17785.50
5	Body with contrast	11458	X	1.75	=	20051.50
6	Body without contrast and with contrast	1897	X	2.75	=	5216.75
7	Biopsy in addition to body scan with or without contrast	232	X	2.75	=	638.00
8	Abscess drainage in addition to body scan with or without contrast	88	X	4.00	=	352.00

Revised 08/2010 *Body = Abdomen, upper extremity, lower extremity, pelvis, thorax, neck, cervical spine, lumbar spine, Ankle*

All responses should pertain to October 1, 2009 through September 30, 2010.

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

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

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	1	21	1537	1558
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	10	9768	9045	18813
Mammography equipment	3	11	9459	9470
Bone Density Equipment	1	3	1053	1056
Fixed X-ray Equipment (excluding fluoroscopic)	7	50228	64296	114524
Fixed Fluoroscopic X-ray Equipment	3	2359	2038	4397
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	2	1945	3713	5658
Coincidence Camera				
Mobile Coincidence Camera				
Vendor:				
SPECT	6	2091	1698	3788
Mobile SPECT				
Vendor: Cameras are Gamma & SPECT				
Gamma Camera	6	4081	8611	12692
Mobile Gamma Camera				
Vendor:				

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

10e. Lithotripsy **N/A**

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile				

Lithotripsy Vendor/Owner:

All responses should pertain to October 1, 2009 through September 30, 2010.

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

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	20
77404	Radiation treatment delivery (11-19 MeV)	88
77406	Radiation treatment delivery (>=20 MeV)	
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	
77409	Radiation treatment delivery (11-19 MeV)	
77411	Radiation treatment delivery (>=20 MeV)	
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	7413
77414	Radiation treatment delivery (11-19 MeV)	6987
77416	Radiation treatment delivery (>= 20 MeV)	
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery	3690
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	2940
Total Procedures – Linear Accelerators		21138
Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multisource Cobalt 60 based (Gamma Knife)	
Total Procedures – Gamma Knife®		

All responses should pertain to October 1, 2009 through September 30, 2010.

11. Linear Accelerator Treatment Data continued

a. Number of unduplicated patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. . # patients 850 (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.)

b. Total number of Linear Accelerator(s) 4

c. Number of Linear Accelerators configured for stereotactic radiosurgery 0

d. Number of simulators (machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient.”(GS 131E-176(24b)) 0

e. Number of CyberKnife® Systems: 0, Gamma Knife® 0
 Other specialized Linear Accelerators 0
 Identify Manufacturer of Equipment _____

12. Telemedicine

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

13. Additional Services:

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

	Check		Check
1. Cardiac Rehab Program (Outpatient)	✓	5. Rehabilitation Outpatient Unit	✓
2. Chemotherapy	✓	6. Podiatric Services	✓
3. Clinical Psychology Services	✓	7. Genetic Counseling Service	✓
4. Dental Services	✓	8. Number of Acute Dialysis Stations	9

b) Hospice Inpatient Unit Data: N/A

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

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
Out of State										
Total All Ages										

All responses should pertain to October 1, 2009 through September 30, 2010.

13. Additional Services: continued

c) **Mental Health and Substance Abuse**

N/A

1. If psychiatric care has a different name than the hospital, please indicate:

2. If address is different than the hospital, please indicate:

3. Director of the above services.

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

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

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

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders	Seperat bldg. on campus				28	28

All responses should pertain to October 1, 2009 through September 30, 2010.

13. Additional Services: continued

c) Mental Health and Substance Abuse *continued*

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers						
.3200 Social setting detoxification for substance abusers						
.3300 Outpatient detoxification for substance abusers						
.3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders						
.3500 Outpatient facilities for individuals with substance abuse disorders	seperate bldg. on campus					
.3600 Outpatient narcotic addiction treatment						
.3700 Day treatment facilities for individuals with substance abuse disorders						
Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type) # of Treatment beds _____ # of Medical Detox beds <u>4</u>	seperate building on campus				4	4

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin -General Acute Care Inpatient Services

Facility County: Cumberland

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

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	3	37. Gates	1	73. Person	
2. Alexander		38. Graham		74. Pitt	6
3. Alleghany		39. Granville	2	75. Polk	
4. Anson	2	40. Greene	1	76. Randolph	3
5. Ashe	1	41. Guilford	4	77. Richmond	14
6. Avery		42. Halifax	1	78. Robeson	1867
7. Beaufort	1	43. Harnett	655	79. Rockingham	3
8. Bertie	1	44. Haywood	5	80. Rowan	1
9. Bladen	583	45. Henderson		81. Rutherford	1
10. Brunswick	9	46. Hertford		82. Sampson	1068
11. Buncombe		47. Hoke	1355	83. Scotland	68
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus	1	49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	1
15. Camden		51. Johnston	36	87. Swain	
16. Carteret	1	52. Jones	1	88. Transylvania	
17. Caswell	1	53. Lee	168	89. Tyrrell	
18. Catawba	1	54. Lenoir	2	90. Union	
19. Chatham	2	55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	47
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	2	59. McDowell		95. Watauga	
24. Columbus	41	60. Mecklenburg	11	96. Wayne	21
25. Craven	2	61. Mitchell		97. Wilkes	
26. Cumberland	228210	62. Montgomery	1	98. Wilson	3
27. Currituck	1	63. Moore	50	99. Yadkin	
28. Dare		64. Nash	8	100. Yancey	
29. Davidson		65. New Hanover	6		
30. Davie		66. Northampton	1	101. Georgia	24
31. Duplin	27	67. Onslow	9	102. South Carolina	51
32. Durham	2	68. Orange	3	103. Tennessee	4
33. Edgecombe	3	69. Pamlico	1	104. Virginia	33
34. Forsyth	2	70. Pasquotank		105. Other States	229
35. Franklin		71. Pender	8	106. Other	
36. Gaston	1	72. Perquimans		Total No. of Patients	29287

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin – Inpatient Surgical Cases

Facility County: Cumberland

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	2	37. Gates	1	73. Person	
2. Alexander		38. Graham		74. Pitt	2
3. Alleghany		39. Granville	2	75. Polk	
4. Anson		40. Greene		76. Randolph	1
5. Ashe		41. Guilford	2	77. Richmond	5
6. Avery		42. Halifax		78. Robeson	588
7. Beaufort	1	43. Harnett	224	79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	193	45. Henderson		81. Rutherford	
10. Brunswick	3	46. Hertford		82. Sampson	380
11. Buncombe		47. Hoke	358	83. Scotland	18
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	9	87. Swain	
16. Carteret		52. Jones	1	88. Transylvania	
17. Caswell		53. Lee	50	89. Tyrrell	
18. Catawba		54. Lenoir	1	90. Union	
19. Chatham	1	55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	14
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	11	60. Mecklenburg	7	96. Wayne	9
25. Craven	1	61. Mitchell		97. Wilkes	
26. Cumberland	5913	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	17	99. Yadkin	
28. Dare		64. Nash	3	100. Yancey	
29. Davidson		65. New Hanover	2		
30. Davie		66. Northampton		101. Georgia	7
31. Duplin	7	67. Onslow	4	102. South Carolina	14
32. Durham	1	68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	9
34. Forsyth		70. Pasquotank		105. Other States	49
35. Franklin		71. Pender	2	106. Other	
36. Gaston	1	72. Perquimans		Total No. of Patients	7914

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin – Ambulatory Surgical Cases

Facility County: Cumberland

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	3
3. Alleghany		39. Granville	2	75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	3	77. Richmond	2
6. Avery		42. Halifax	1	78. Robeson	573
7. Beaufort		43. Harnett	134	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	117	45. Henderson		81. Rutherford	
10. Brunswick	11	46. Hertford	4	82. Sampson	246
11. Buncombe		47. Hoke	294	83. Scotland	11
12. Burke		48. Hyde		84. Stanly	1
13. Cabarrus	1	49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson	1	86. Surry	
15. Camden		51. Johnston	20	87. Swain	
16. Carteret	6	52. Jones		88. Transylvania	
17. Caswell	1	53. Lee	52	89. Tyrrell	
18. Catawba		54. Lenoir	1	90. Union	2
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	20
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	1	59. McDowell		95. Watauga	
24. Columbus	4	60. Mecklenburg	1	96. Wayne	2
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	4990	62. Montgomery		98. Wilson	1
27. Currituck		63. Moore	12	99. Yadkin	
28. Dare	1	64. Nash	1	100. Yancey	
29. Davidson		65. New Hanover	7		
30. Davie		66. Northampton		101. Georgia	4
31. Duplin	12	67. Onslow	14	102. South Carolina	13
32. Durham	1	68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	6
34. Forsyth	2	70. Pasquotank		105. Other States	18
35. Franklin		71. Pender	6	106. Other	
36. Gaston		72. Perquimans	1	Total No. of Patients	106010

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: **Cumberland**

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	1	40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	3
6. Avery		42. Halifax		78. Robeson	122
7. Beaufort		43. Harnett	39	79. Rockingham	
8. Bertie		44. Haywood	2	80. Rowan	
9. Bladen	56	45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	70
11. Buncombe		47. Hoke	92	83. Scotland	3
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	2	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	7	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	3
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	3	60. Mecklenburg	1	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	1882	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	4	99. Yadkin	
28. Dare		64. Nash	1	100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	5
31. Duplin	1	67. Onslow		102. South Carolina	4
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico	1	104. Virginia	3
34. Forsyth		70. Pasquotank		105. Other States	24
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	2331

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: Cumberland

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

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander									
Alleghany									
Anson		1	1						
Ashe									
Avery									
Beaufort		8	8						
Bertie									
Bladen		61	61						
Brunswick		3	3						
Buncombe									
Burke									
Cabarrus									
Caldwell									
Camden									
Carteret									
Caswell									
Catawba									
Chatham		2	2						
Cherokee									
Chowan									
Clay									
Cleveland									
Columbus		6	6						
Craven		10	10						
Cumberland		3632	3632						
Currituck									
Dare									
Davidson		3	3						
Davie									
Duplin									
Durham									
Edgecombe									
Forsyth									
Franklin		8	8						
Gaston									
Gates									
Graham									
Granville									
Greene									
Gulford									
Halifax		5	5						
Harnett		19	19						
Haywood									
Henderson									
Hertford									
Hoke		105	105						
Hyde									
Iredell									
Jackson									
Johnston		11	11						

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

All responses should pertain to October 1, 2009 through September 30, 2010.

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

Facility County: Cumberland

(Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee		37	37						
Lenoir									
Lincoln									
Macon									
Madison									
Martin									
McDowell									
Mecklenburg									
Mitchell		5	5						
Montgomery									
Moore									
Nash									
New Hanover		8	8						
Northampton		6	6						
Onslow									
Orange									
Pamlico									
Pasquotank		2	2						
Pender									
Perquimans									
Person									
Pitt									
Polk									
Randolph									
Richmond		1	1						
Robeson		118	118						
Rockingham									
Rowan									
Rutherford									
Sampson		41	41						
Scotland									
Stanly									
Stokes									
Surry									
Swain									
Transylvania									
Tyrrell									
Union									
Vance									
Wake		10	10						
Warren									
Washington									
Watauga									
Wayne									
Wilkes									
Wilson									
Yadkin		1	1						
Yancey									
Out of State		163	163						
TOTALS			4266						

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

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin - MRI Services

Facility County: Cumberland

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates	1	73. Person	
2. Alexander		38. Graham		74. Pitt	2
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	1
5. Ashe		41. Guilford	1	77. Richmond	7
6. Avery		42. Halifax		78. Robeson	355
7. Beaufort		43. Harnett	118	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	125	45. Henderson		81. Rutherford	1
10. Brunswick	1	46. Hertford	1	82. Sampson	224
11. Buncombe	1	47. Hoke	248	83. Scotland	13
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus	3	49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	1
15. Camden		51. Johnston	5	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	45	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	1
20. Cherokee		56. Macon		92. Wake	12
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	15	60. Mecklenburg	4	96. Wayne	4
25. Craven	1	61. Mitchell		97. Wilkes	
26. Cumberland	5054	62. Montgomery		98. Wilson	1
27. Currituck	1	63. Moore	10	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	3		
30. Davie		66. Northampton		101. Georgia	6
31. Duplin	4	67. Onslow	2	102. South Carolina	13
32. Durham		68. Orange	2	103. Tennessee	2
33. Edgecombe	1	69. Pamlico		104. Virginia	10
34. Forsyth	1	70. Pasquotank		105. Other States	53
35. Franklin	1	71. Pender	1	106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	6356

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

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin – Linear Accelerator Treatment

Facility County: Cumberland

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	44
7. Beaufort		43. Harnett	63	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	10	45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	33
11. Buncombe		47. Hoke	31	83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	4	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	3	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	1
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	655	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	3	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	2
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	850

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin - PET Scanner

Facility County: Cumberland

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	2
6. Avery		42. Halifax		78. Robeson	87
7. Beaufort		43. Harnett	29	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	31	45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	55
11. Buncombe		47. Hoke	61	83. Scotland	3
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus	1	49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	1	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	11	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	3
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	4	60. Mecklenburg	1	96. Wayne	1
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	1239	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	2	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	1
31. Duplin	1	67. Onslow		102. South Carolina	3
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	2
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	19
36. Gaston		72. Perquimans		Total No. of Patients	1558

2011 Renewal Application for Hospital:
Cape Fear Valley Medical Center

License No: H0213
Facility ID: 943057

All responses should pertain to October 1, 2009 through September 30, 2010.

This application must be completed and submitted with ONE COPY to the Acute and Home Care
License and Certification Section, Division of Health Service Regulation prior to the issuance of a 2011
hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2011 in accordance
with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes
adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the
accuracy of this information.

Signature: Michael Nagowski

Date: 11/30/10

PRINT NAME Michael Nagowski
OF APPROVING OFFICIAL

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

Attachment B

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

For Official Use Only
License # H0276 Medicare # 340173
Computer: 990332
PC _____ Date _____

License Fee: \$3,810.00

2011
HOSPITAL LICENSE
RENEWAL APPLICATION

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

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

PRIMARY: WakeMed Cary Hospital
Other: _____
Other: _____

Facility Mailing Address: P O Box 14465
Raleigh, NC 27620-4465

Facility Site Address: 1900 Kildaire Farm Rd.
Cary, NC 27518

County: Wake
Telephone: (919) 350-2300
Fax: (919) 350-2555

Administrator/Director: David Coulter
Title: Senior VP/Administrator
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: William K. Atkinson, PhD Title: President/CEO
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: W. Stan Taylor Telephone: (919) 350-8108

E-Mail: staylor@wakemed.org

All responses should pertain to October 1, 2009 through September 30, 2010.

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

List Name(s) of facilities:	Address:	Type of Business / Service:
List of facilities is attached.		

Please attach a separate sheet for additional listings

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

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

Owner: WakeMed
Federal Employer ID# 56-6017737
Street/Box: 3000 New Bern Ave
City: Raleigh State: NC Zip: 27610
Telephone: (919) 350-8000 Fax: (919) 350-8868
CEO: William K. Atkinson, Ph.D., President/CEO

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

If 'Yes', name of Health System*: WakeMed dba WakeMed Health and Hospitals

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

If 'Yes', name of CEO: William K. Atkinson, Ph.D., President/CEO

- a. Legal entity is: For Profit Not For Profit
- b. Legal entity is: Corporation LLP Partnership
 Proprietorship LLC Government Unit

c. Does the above entity (partnership, corporation, etc.) LEASE the building from which services are offered? Yes No

If "YES", name of building owner:

See list of facilities on pages 2.1 and 2.2.

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

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

Name: _____
Street/Box: _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____

All responses should pertain to October 1, 2009 through September 30, 2010.

Hospitals and Medical Facilities WakeMed Health and Hospitals			
Hospital Facilities Address Phone #	Mailing Address Business Office Phone #	Facility's Tax Number	Medicare Provider #
WakeMed Raleigh Campus 3000 New Bern Avenue Raleigh, NC 27610 919-350-8000	P.O. Box 14465 Raleigh, NC 27620-4465 919-350-8000	56-6017737	34-0069
WakeMed Cary Hospital 1900 Kildaire Farm Road Cary, NC 27518 919-350-2300	P.O. Box 8025 Cary, NC 27518-8025 919-350-2300	56-6017737	34-0173
WakeMed Fuquay-Varina Outpatient & Skilled Nursing Facility 400 W. Ransom Street Fuquay-Varina, NC 27526 919-350-4646	400 W. Ransom Street Fuquay-Varina, NC 27526 919-350-4646	56-6017737	34-5308
WakeMed Zebulon/Wendell Outpatient & Skilled Nursing Facility 535 W. Gannon Avenue Zebulon, NC 27597 919-350-4700	535 W. Gannon Avenue Zebulon, NC 27597 919-350-4700	56-6017737	34-5469
WakeMed Rehabilitation Hospital 3000 New Bern Avenue P.O. Box 14465 Raleigh, NC 27610 919-350-7876	P.O. Box 14465 Raleigh, NC 27620-4465 919-350-7876	56-6017737	34-T069
WakeMed Wake Forest Road Outpatient Rehab Center 3701 Wake Forest Road Raleigh, NC 27609 919-350-4200	3701 Wake Forest Road Raleigh, NC 27609 919-350-4200 (Leased) Continental Development Company, NC LLC	56-6017737	34-0069
WakeMed Apex Healthplex 120 Healthplex Way Apex, NC 27502 919-350-4300	120 Healthplex Way Apex, NC 27502 919-350-4300 (Leased) WakeMed Property Services	56-6017737	34-0173
WakeMed Clayton Medical Park 555 Medical Park Place Clayton, N.C. 27520 919-350-4242	555 Medical Park Place Clayton, N.C. 27520 919-350-4242 (Leased) WakeMed Property Services	56-6017737	34-0069

All responses should pertain to October 1, 2009 through September 30, 2010.

Hospitals and Medical Facilities WakeMed Health and Hospitals			
Hospital Facilities Address Phone #	Mailing Address Business Office Phone #	Facility's Tax Number	Medicare Provider #
WakeMed North Healthplex 10000 Falls of Neuse Road Raleigh, N.C. 27614 919-350-1300	10000 Falls of Neuse Road Raleigh, N.C. 27614 919-350-1300 (Leased) WakeMed Property Services	56-6017737	34-0069
WakeMed Home Health 2920 Highwoods Blvd Suite 200 Raleigh, NC 27604 919-350-7990	P.O. Box 14999 Raleigh, NC 27620-4999 919-350-7990 (Leased) Highwoods Properties	56-6017737	34-7179
WakeMed Brier Creek Medical Park 10208 Cerny Street Raleigh, NC 27617 919-350-0978	P.O. 14465 Raleigh, NC 27620-4465 919-350-0978 (Leased) Brier Creek Medical Partners LLC	56-6017737	34-0069
WakeMed Banks Kerr Family YMCA 2500 Wakefield Pines Drive Raleigh, NC 27614 919- 562-9622	P.O. 14465 Raleigh, NC 27620 919-350-3800 (Leased) YMCA of the Triangle	56-6017737	34-0069
WakeMed Alexander YMCA 1603 Hillsborough St Raleigh, NC 27605 919-832-9622	P.O. 14465 Raleigh, NC 27620 919-350-3800 (Leased) YMCA of the Triangle	56-6017737	34-0069
WakeMed Cary Family YMCA 101 YMCA Drive Cary, NC 27513 919-469-9622	P.O. Box 8025 Cary, NC 27518-8025 919-350-1875 (Leased) YMCA of the Triangle	56-6017737	34-0173
Kraft Family YMCA 8921 Holly Springs Road Apex, NC 27539 919-657-9622	P.O. Box 14465 Raleigh, NC 27690 919-350-1875 (Leased) YMCA of the Triangle	56-6017737	34-0173

All responses should pertain to October 1, 2009 through September 30, 2010.

Ownership Disclosure continued . . .

3. Vice President of Nursing and Patient Care Services:
Mary Ann Wilcox, MS, RNC, CNA, BC, Senior Vice President and Chief Nursing Officer
4. Director of Planning: W. Stan Taylor, Vice President Corporate Planning

Facility Data

A. **Reporting Period** All responses should pertain to the period **October 1, 2009 to September 30, 2010.**

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

a. Admissions to Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	10,425	
b. Discharges from Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	10,410	
c. Average Daily Census: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	112	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	4,967	

C. **Designation and Accreditation**

1. Are you a designated trauma center? ___ Yes (___ Designated Level #) ___ X No
2. Are you a critical access hospital (CAH)? ___ Yes X No
3. Are you a long term care hospital (LTCH)? ___ Yes X No
4. Is this facility TJC accredited? X Yes ___ No Expiration Date: 1/10/2013
5. Is this facility DNV accredited? ___ Yes X No Expiration Date: _____
6. Is this facility AOA accredited? ___ Yes X No Expiration Date: _____
7. Are you a Medicare deemed provider? ___ Yes ___ X No

All responses should pertain to October 1, 2009 through September 30, 2010.

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

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

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

Licensed Acute Care (provide details below)		Licensed Beds as of September 30, 2010	Staffed Beds as of September 30, 2010	Annual Census Inpt. Days of Care
<i>Campus</i>	WakeMed Cary Hospital All Sites			
<i>Intensive Care Units</i>				
a.	Burn *	0	0	* 0
b.	Cardiac	0	0	0
c.	Cardiovascular Surgery	0	0	0
d.	Medical/Surgical	12	12	2,722
e.	Neonatal Beds Level IV ** (Not Normal Newborn)	0	0	** 0
f.	Pediatric	0	0	0
g.	Respiratory Pulmonary	0	0	0
h.	Other (List)	0	0	0
<i>Other Units</i>				
i.	Gynecology	0	0	0
j.	Medical/Surgical ***	110	110	*** 33,539
k.	Neonatal Level III ** (Not Normal Newborn)	8	8	** 1,835
l.	Neonatal Level II ** (Not Normal Newborn)	0	0	** 0
m.	Obstetric (including LDRP)	26	26	6,373
n.	Oncology	0	0	0
o.	Orthopedics	0	0	0
p.	Pediatric	0	0	0
q.	Other (List)	0	0	0
1.	Total General Acute Care Beds/Days (a through q)	156	156	44,469
2.	Comprehensive In-Patient Rehabilitation	0	0	0
3.	Inpatient Hospice	0	0	0
4.	Detoxification	0	0	0
5.	Substance Abuse / Chemical Dependency Treatment	0	0	0
6.	Psychiatry	0	0	0
7.	Nursing Facility	36	36	12,072
8.	Adult Care Home	0	0	0
9.	Other	0	0	0
10.	Totals (1 through 9)	192	192	56,541

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
 ** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
 *** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

All responses should pertain to October 1, 2009 through September 30, 2010.

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

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

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

Licensed Acute Care (provide details below)	Licensed Beds as of September 30, 2009	Staffed Beds as of September 30, 2009	Annual Census Inpt. Days of Care
<i>Campus WakeMed Cary Hospital Only</i>			
<i>Intensive Care Units</i>			
a. Burn *	0	0	* 0
b. Cardiac	0	0	0
c. Cardiovascular Surgery	0	0	0
d. Medical/Surgical	12	12	2,722
e. Neonatal Beds Level IV ** (Not Normal Newborn)	0	0	** 0
f. Pediatric	0	0	0
g. Respiratory Pulmonary	0	0	0
h. Other (List)	0	0	0
<i>Other Units</i>			
i. Gynecology	0	0	0
j. Medical/Surgical ***	110	110	*** 33,539
k. Neonatal Level III ** (Not Normal Newborn)	8	8	** 1,835
l. Neonatal Level II ** (Not Normal Newborn)	0	0	** 0
m. Obstetric (including LDRP)	26	26	6,373
n. Oncology	0	0	0
o. Orthopedics	0	0	0
p. Pediatric	0	0	0
q. Other (List)	0	0	0
1. Total General Acute Care Beds/Days (a through q)	156	156	44,469
2. Comprehensive In-Patient Rehabilitation	0	0	0
3. Inpatient Hospice	0	0	0
4. Detoxification	0	0	0
5. Substance Abuse / Chemical Dependency Treatment	0	0	0
6. Psychiatry	0	0	0
7. Nursing Facility	0	0	0
8. Adult Care Home	0	0	0
9. Other	0	0	0
10. Totals (1 through 9)	156	156	44,469

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

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

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

All responses should pertain to October 1, 2009 through September 30, 2010.

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

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

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

Licensed Acute Care (provide details below)		Licensed Beds as of September 30, 2009	Staffed Beds as of September 30, 2009	Annual Census Inpt. Days of Care
<i>Campus</i>	WakeMed Apex Healthplex			
<i>Intensive Care Units</i>				
a.	Burn *	0	0	* 0
b.	Cardiac	0	0	0
c.	Cardiovascular Surgery	0	0	0
d.	Medical/Surgical	0	0	0
e.	Neonatal Beds Level IV ** (Not Normal Newborn)	0	0	** 0
f.	Pediatric	0	0	0
g.	Respiratory Pulmonary	0	0	0
h.	Other (List)	0	0	0
<i>Other Units</i>				
i.	Gynecology	0	0	0
j.	Medical/Surgical ***	0	0	*** 0
k.	Neonatal Level III ** (Not Normal Newborn)	0	0	** 0
l.	Neonatal Level II ** (Not Normal Newborn)	0	0	** 0
m.	Obstetric (including LDRP)	0	0	0
n.	Oncology	0	0	0
o.	Orthopedics	0	0	0
p.	Pediatric	0	0	0
q.	Other (List)	0	0	0
1.	Total General Acute Care Beds/Days (a through q)	0	0	0
2.	Comprehensive In-Patient Rehabilitation	0	0	0
3.	Inpatient Hospice	0	0	0
4.	Detoxification	0	0	0
5.	Substance Abuse / Chemical Dependency Treatment	0	0	0
6.	Psychiatry	0	0	0
7.	Nursing Facility	0	0	0
8.	Adult Care Home	0	0	0
9.	Other	0	0	0
10.	Totals (1 through 9)	0	0	0

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

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

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

All responses should pertain to October 1, 2009 through September 30, 2010.

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

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

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

Licensed Acute Care (provide details below)		Licensed Beds as of September 30, 2009	Staffed Beds as of September 30, 2009	Annual Census Inpt. Days of Care
<i>Campus</i>	WakeMed Fuquay Varina Nursing Facility			
Intensive Care Units				
a.	Burn *	0	0	* 0
b.	Cardiac	0	0	0
c.	Cardiovascular Surgery	0	0	0
d.	Medical/Surgical	0	0	0
e.	Neonatal Beds Level IV ** (Not Normal Newborn)	0	0	** 0
f.	Pediatric	0	0	0
g.	Respiratory Pulmonary	0	0	0
h.	Other (List)	0	0	0
Other Units				
i.	Gynecology	0	0	0
j.	Medical/Surgical ***	0	0	*** 0
k.	Neonatal Level III ** (Not Normal Newborn)	0	0	** 0
l.	Neonatal Level II ** (Not Normal Newborn)	0	0	** 0
m.	Obstetric (including LDRP)	0	0	0
n.	Oncology	0	0	0
o.	Orthopedics	0	0	0
p.	Pediatric	0	0	0
q.	Other (List)	0	0	0
1. Total General Acute Care Beds/Days (a through q)		0	0	0
2. Comprehensive In-Patient Rehabilitation		0	0	0
3. Inpatient Hospice		0	0	0
4. Detoxification		0	0	0
5. Substance Abuse / Chemical Dependency Treatment		0	0	0
6. Psychiatry		0	0	0
7. Nursing Facility		36	36	12,072
8. Adult Care Home		0	0	0
9. Other		0	0	0
10. Totals (1 through 9)		36	36	12,072

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

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

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

All responses should pertain to October 1, 2009 through September 30, 2010.

D. Beds by Service (Inpatient) continued WakeMed Cary Hospital All Sites

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0
Number of unlicensed observation beds	35

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

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

Primary Payer Source	Inpatient Days of Care (from p. 4, item D. 1.)	Emergency Visits (from p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (from p.8, Table 8. b)	Ambulatory Surgical Cases (from p. 8, Table 8. b)
Self Pay/Indigent/Charity	1,593	11,658	1,039	98	126
Medicare & Medicare Managed Care	21,540	11,025	11,102	957	1,848
Medicaid	3,630	9,044	2,047	181	301
Commercial Insurance	320	888	348	11	33
Managed Care	16,563	24,774	15,660	1,454	4,027
Other (Specify)	823	2,469	533	67	122
TOTAL	44,469	59,858	30,729	2,768	6,457

F. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	1,653
b. Live births (Cesarean Section)	839
c. Stillbirths	24

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	10
f. Delivery Rooms - LDRP (include Item "m" on Page 4)	0
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	26

2. Abortion Services

Number of procedures per Year 6

All responses should pertain to October 1, 2009 through September 30, 2010.

D. Beds by Service (Inpatient) continued WakeMed Cary Hospital Only

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0
Number of unlicensed-observation beds	35

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

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

Primary Payer Source	Inpatient Days of Care (from p. 4, item D. 1.)	Emergency Visits (from p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (from p.8, Table 8. b)	Ambulatory Surgical Cases (from p. 8, Table 8. b)
Self Pay/Indigent/Charity	1,593	7,872	813	98	126
Medicare & Medicare Managed Care	21,540	9,441	9,580	957	1,848
Medicaid	3,630	5,930	1,708	181	301
Commercial Insurance	320	486	271	11	33
Managed Care	16,563	16,189	13,183	1,454	4,027
Other (Specify)	823	1,580	431	67	122
TOTAL	44,469	41,498	25,986	2,768	6,457

F. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	1,653
b. Live births (Cesarean Section)	839
c. Stillbirths	24

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	10
f. Delivery Rooms -- LDRP (include Item "m" on Page 4)	0
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	26

2. Abortion Services

Number of procedures per Year

6

All responses should pertain to October 1, 2009 through September 30, 2010.

D. Beds by Service (Inpatient) continued WakeMed Apex Healthplex Only

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0
Number of unlicensed observation beds	0

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

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

Primary Payer Source	Inpatient Days of Care (from p. 4, item D. 1.)	Emergency Visits (from p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (from p.8, Table 8. b)	Ambulatory Surgical Cases (from p. 8, Table 8. b)
Self Pay/Indigent/Charity	0	3,786	226	0	0
Medicare & Medicare Managed Care	0	1,584	1,522	0	0
Medicaid	0	3,114	339	0	0
Commercial Insurance	0	402	77	0	0
Managed Care	0	8,585	2,477	0	0
Other (Specify)	0	889	102	0	0
TOTAL	0	18,360	4,743	0	0

F. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	0
b. Live births (Cesarean Section)	0
c. Stillbirths	0
d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	0
f. Delivery Rooms -- LDRP (include Item "m" on Page 4)	0
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	0

2. Abortion Services

Number of procedures per Year 0

All responses should pertain to October 1, 2009 through September 30, 2010.

3. **Emergency Department Services** (cases equal visits to ED) WakeMed Cary Hospital All Sites

- a. Total Number of ED Exam Rooms: 38
- a.1. #Trauma Rooms 3 (CPR) a.2. #Fast Track Rooms 0
- b. Total Number of ED visits for reporting period: 59,858 (Includes ED admits from Item c)
- c. Total Number of admits from the ED for reporting period: 6,741
- d. Total Number of Urgent Care visits for reporting period: 0
- e. Does your ED provide services 24 hours a day 7 days per week? Yes No
 If no, specify days/hours of operation:
- f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No
 If no, specify days/hours physician is on duty:

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

- a. Does the facility operate an air ambulance service? Yes No
- b. If "Yes", complete the following chart. See Note.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary	0	0	0	0
Fixed Wing	0	0	0	0

Note: See License for WakeMed Raleigh.

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

- a. Blood Bank/Transfusion Services Yes No
- b. Histopathology Laboratory Yes No
- c. HIV Laboratory Testing Yes No
 Number during reporting period
 HIV Serology 344
 HIV Culture 0
- d. Organ Bank Yes No
- e. Pap Smear Screening Yes No

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

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	0	i. Kidney/Liver	0	k. Lung	0
b. Bone Marrow-Autologous	0	j. Liver	0	l. Pancreas	0
c. Cornea	8	f. Heart/Liver	0	m. Pancreas/Kidney	0
d. Heart	0	g. Heart/Kidney	0	n. Pancreas/Liver	0
e. Heart/Lung	0	h. Kidney	0	o. Other	0

Do you perform living donor transplants? Yes No

All responses should pertain to October 1, 2009 through September 30, 2010.

3. **Emergency Department Services** (cases equal visits to ED) WakeMed Cary Hospital Only

- a. Total Number of ED Exam Rooms: 26
- a.1. #Trauma Rooms 3 (CPR) a.2. #Fast Track Rooms 0
- b. Total Number of ED visits for reporting period: 41,498 (Includes ED Admits from Item c)
- c. Total Number of admits from the ED for reporting period: 5,977
- d. Total Number of Urgent Care visits for reporting period: 0
- e. Does your ED provide services 24 hours a day 7 days per week? Yes No
 If no, specify days/hours of operation:
- f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No
 If no, specify days/hours physician is on duty:

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

- a. Does the facility operate an air ambulance service? Yes No
- b. If "Yes", complete the following chart. See Note.

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

Note: See License for WakeMed Raleigh.

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

- a. Blood Bank/Transfusion Services Yes No
- b. Histopathology Laboratory Yes No
- c. HIV Laboratory Testing Yes No
- Number during reporting period
- HIV Serology 310
- HIV Culture 0
- d. Organ Bank Yes No
- e. Pap Smear Screening Yes No

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

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	0	i. Kidney/Liver	0	k. Lung	0
b. Bone Marrow-Autologous	0	j. Liver	0	l. Pancreas	0
c. Cornea	8	f. Heart/Liver	0	m. Pancreas/Kidney	0
d. Heart	0	g. Heart/Kidney	0	n. Pancreas/Liver	0
e. Heart/Lung	0	h. Kidney	0	o. Other	0

Do you perform living donor transplants? Yes No.

All responses should pertain to October 1, 2009 through September 30, 2010.

3. Emergency Department Services (cases equal visits to ED) WakeMed Apex HealthPlex Only

- a. Total Number of ED Exam Rooms: 12
- a.1. #Trauma Rooms 0 a.2. #Fast Track Rooms 0
- b. Total Number of ED visits for reporting period: 18,360 (Includes ED admits from Item c)
- c. Total Number of admits from the ED for reporting period: 764
- d. Total Number of Urgent Care visits for reporting period: 0
- e. Does your ED provide services 24 hours a day 7 days per week? Yes No
If no, specify days/hours of operation:
- f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No
If no, specify days/hours physician is on duty:

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

- a. Does the facility operate an air ambulance service? Yes No
- b. If "Yes", complete the following chart. See Note.

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

Note: See License for WakeMed Raleigh.

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

- a. Blood Bank/Transfusion Services Yes No
- b. Histopathology Laboratory Yes No
- c. HIV Laboratory Testing Yes No
Number during reporting period
HIV Serology 34
HIV Culture 0
- d. Organ Bank Yes No
- e. Pap Smear Screening Yes No

6. Transplantation Services - Number of transplants

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

Do you perform living donor transplants? Yes No.

All responses should pertain to October 1, 2009 through September 30, 2010.

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

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization- ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Fixed Equipment		1	0
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	0	0	0
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	368	8	92 Note: EP procedures are now currently done in the Cath Lab
4. Number of Procedures* Performed in Mobile Units	0	0	0

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

Name of Mobile Vendor: Not Applicable

Number of 8-hour days per week the mobile unit is onsite: Not Applicable 8-hour days per week.

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

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

All responses should pertain to October 1, 2009 through September 30, 2010.

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

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

(Campus – If multiple sites: WakeMed Cary Hospital Only)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	2
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	9
Total of Surgical Operating Rooms	11

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

CON Project ID Number(s) Not applicable

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

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

Total Number of Procedure Rooms: 2

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 4

Number of additional CON approved GI Endoscopy Rooms pending development: See note.

CON Project ID Number(s) J-7583-06 will replace 1 Endo room to be converted to an OR in J-7350-05.

	Number of Cases	Number of Procedures*
GI Endoscopy	3,034	3,643
Non-GI Endoscopy	0	0
Totals	3,034	3,643

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

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

All responses should pertain to October 1, 2009 through September 30, 2010.

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

(Campus -- If multiple sites: WakeMed Cary Hospital Only)

d) Surgical Cases by Specialty Area Table

Enter the number of **surgical cases** by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area -- the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	12	0
Open Heart Surgery (from 7.(b) 4.)	0	
General Surgery	1,017	2,483
Neurosurgery	11	11
Obstetrics and GYN (excluding C-Sections)	154	1,392
Ophthalmology	1	883
Oral Surgery	10	15
Orthopedics	553	682
Otolaryngology	15	559
Plastic Surgery	13	115
Urology	146	317
Vascular	7	0
Other Surgeries (specify)	0	0
Other Surgeries (specify)	0	
Number of C-Section's Performed in Dedicated C-Section ORs	829	
Number of C-Section's Performed in Other ORs	0	
Total Surgical Cases	2,768	6,457

e) Non-Surgical Cases by Category Table

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

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	18	152
Cystoscopy	126	571
Non-GI Endoscopies (not reported in 8. c)	0	0
GI Endoscopies (not reported in 8. c)	0	0
YAG Laser	0	169
Other (specify) Minor Procedures	9	493
Other (specify)	0	0
Other (specify)	0	0
Total Non-Surgical Cases	153	1,385

All responses should pertain to October 1, 2009 through September 30, 2010.

9. Average Operating Room Availability and Average Case Times:

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1872 hours per OR per year.

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

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

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
8.9	260	158	83

* Use only Hours per Day **routinely** scheduled when determining. Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.

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

All responses should pertain to October 1, 2009 through September 30, 2010.

10a. Magnetic Resonance Imaging (MRI) WakeMed Cary Hospital All Sites

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

Number of fixed MRI scanners-closed (<i>do not include any Policy AC-3 scanners</i>)	# Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	1	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
# of fixed MRI scanners-open (<i>do not include any Policy AC-3 scanners</i>)	0							
Number of Policy AC-3 MRI scanners used for general clinical purposes	0							
Total Fixed MRI Scanners	1	448	702	1,150	922	1,673	2,595	3,745
Procedures performed on mobile MRI scanners only at this site		0	0	0	0	335	781	1,116
Name(s) of Mobile MRI Provider(s): Alliance Imaging								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes	0	0	0	0	0	0	0	0
Other Human Research MRI scanners	0	0	0	0	0	0	0	0

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

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	1
70540	MRI Orbit/Face/Neck w/o	1
70542	MRI Orbit/Face/Neck with contrast	0
70543	MRI Orbit/Face/Neck w/o & with	37
70544	MRA Head w/o	238
70545	MRA Head with contrast	0
70546	MRA Head w/o & with	2
70547	MRA Neck w/o	17
70548	MRA Neck with contrast	1
70549	MRA Neck w/o & with	177
70551	MRI Brain w/o	857
70552	MRI Brain with contrast	3
Subtotal for this page		1,334

All responses should pertain to October 1, 2009 through September 30, 2010.

10a. Magnetic Resonance Imaging (MRI) WakeMed Cary Hospital Only

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

Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	# Units 1	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
# of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	0	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Number of Policy AC-3 MRI scanners used for general clinical purposes	0							
Total Fixed MRI Scanners	1	448	702	1,150	922	1,673	2,595	
Procedures performed on mobile MRI scanners only at this site		0	0	0	0	0	0	0
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes	0	0	0	0	0	0	0	0
Other Human Research MRI scanners	0	0	0	0	0	0	0	0

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

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	1
70540	MRI Orbit/Face/Neck w/o	0
70542	MRI Orbit/Face/Neck with contrast	0
70543	MRI Orbit/Face/Neck w/o & with	28
70544	MRA Head w/o	215
70545	MRA Head with contrast	0
70546	MRA Head w/o & with	2
70547	MRA Neck w/o	17
70548	MRA Neck with contrast	1
70549	MRA Neck w/o & with	177
70551	MRI Brain w/o	754
70552	MRI Brain with contrast	3
Subtotal for this page		1,198

All responses should pertain to October 1, 2009 through September 30, 2010.

10a. Magnetic Resonance Imaging (MRI) WakeMed Apex Healthplex

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

Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	# Units 0	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
# of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	0	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Number of Policy AC-3 MRI scanners used for general clinical purposes	0							
Total Fixed MRI Scanners	0	0	0	0	0	0	0	0
Procedures performed on mobile MRI scanners only at this site		0	0	0	0	335	781	1,116
Name(s) of Mobile MRI Provider(s): Alliance Imaging								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes	0	0	0	0	0	0	0	0
Other Human Research MRI scanners	0	0	0	0	0	0	0	0

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

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	0
70540	MRI Orbit/Face/Neck w/o	1
70542	MRI Orbit/Face/Neck with contrast	0
70543	MRI Orbit/Face/Neck w/o & with	9
70544	MRA Head w/o	23
70545	MRA Head with contrast	0
70546	MRA Head w/o & with	0
70547	MRA Neck w/o	0
70548	MRA Neck with contrast	0
70549	MRA Neck w/o & with	0
70551	MRI Brain w/o	103
70552	MRI Brain with contrast	0
Subtotal for this page		136

All responses should pertain to October 1, 2009 through September 30, 2010.

10b. MRI Procedures by CPT Codes *continued*. . . . WakeMed Cary Hospital All Sites

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	482
7055A	IAC Screening	0
71550	MRI Chest w/o	7
71551	MRI Chest with contrast	0
71552	MRI Chest w/o & with	0
71555	MRA Chest with OR without contrast	0
72126	Cervical Spine Infusion only	0
72141	MRI Cervical Spine w/o	373
72142	MRI Cervical Spine with contrast	3
72156	MRI Cervical Spine w/o & with	50
72146	MRI Thoracic Spine w/o	107
72147	MRI Thoracic Spine with contrast	0
72157	MRI Thoracic Spine w/o & with	39
72148	MRI Lumbar Spine w/o	599
72149	MRI Lumbar Spine with contrast	2
72158	MRI Lumbar Spine w/o & with	132
72159	MRA Spinal Canal w/o OR with contrast	0
72195	MRI Pelvis w/o	26
72196	MRI Pelvis with contrast	0
72197	MRI Pelvis w/o & with	54
72198	MRA Pelvis w/o OR with Contrast	0
73218	MRI Upper Ext, other than joint w/o	29
73219	MRI Upper Ext, other than joint with contrast	0
73220	MRI Upper Ext, other than joint w/o & with	7
73221	MRI Upper Ext, any joint w/o	197
73222	MRI Upper Ext, any joint with contrast	215
73223	MRI Upper Ext, any joint w/o & with	10
73225	MRA Upper Ext, w/o OR with contrast	0
73718	MRI Lower Ext other than joint w/o	55
73719	MRI Lower Ext other than joint with contrast	0
73720	MRI Lower Ext, other than joint w/o & with	33
73721	MRI Lower Ext any joint w/o	485
73722	MRI Lower Ext any joint with contrast	0
73723	MRI Lower Ext any joint w/o & with	24
73725	MRA Lower Ext w/o OR with contrast	0
74181	MRI Abdomen w/o	116
74182	MRI Abdomen with contrast	11
Subtotal for this page		3,056

All responses should pertain to October 1, 2009 through September 30, 2010.

10b. MRI Procedures by CPT Codes *continued*. . . . WakeMed Cary Hospital Only

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	400
7055A	IAC Screening	0
71550	MRI Chest w/o	3
71551	MRI Chest with contrast	0
71552	MRI Chest w/o & with	0
71555	MRA Chest with OR without contrast	0
72126	Cervical Spine Infusion only	0
72141	MRI Cervical Spine w/o	269
72142	MRI Cervical Spine with contrast	2
72156	MRI Cervical Spine w/o & with	43
72146	MRI Thoracic Spine w/o	78
72147	MRI Thoracic Spine with contrast	0
72157	MRI Thoracic Spine w/o & with	35
72148	MRI Lumbar Spine w/o	381
72149	MRI Lumbar Spine with contrast	2
72158	MRI Lumbar Spine w/o & with	91
72159	MRA Spinal Canal w/o OR with contrast	0
72195	MRI Pelvis w/o	13
72196	MRI Pelvis with contrast	0
72197	MRI Pelvis w/o & with	44
72198	MRA Pelvis w/o OR with Contrast	0
73218	MRI Upper Ext, other than joint w/o	18
73219	MRI Upper Ext, other than joint with contrast	0
73220	MRI Upper Ext, other than joint w/o & with	7
73221	MRI Upper Ext, any joint w/o	130
73222	MRI Upper Ext, any joint with contrast	106
73223	MRI Upper Ext, any joint w/o & with	7
73225	MRA Upper Ext, w/o OR with contrast	0
73718	MRI Lower Ext other than joint w/o	44
73719	MRI Lower Ext other than joint with contrast	0
73720	MRI Lower Ext other than joint w/o & with	29
73721	MRI Lower Ext any joint w/o	334
73722	MRI Lower Ext any joint with contrast	0
73723	MRI Lower Ext any joint w/o & with	16
73725	MRA Lower Ext w/o OR with contrast	0
74181	MRI Abdomen w/o	94
74182	MRI Abdomen with contrast	0
Subtotal for this page		2,146

All responses should pertain to October 1, 2009 through September 30, 2010.

10b. MRI Procedures by CPT Codes *continued* WakeMed Apex Healthplex

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	82
7055A	IAC Screening	0
71550	MRI Chest w/o	4
71551	MRI Chest with contrast	0
71552	MRI Chest w/o & with	0
71555	MRA Chest with OR without contrast	0
72126	Cervical Spine Infusion only	0
72141	MRI Cervical Spine w/o	104
72142	MRI Cervical Spine with contrast	1
72156	MRI Cervical Spine w/o & with	7
72146	MRI Thoracic Spine w/o	29
72147	MRI Thoracic Spine with contrast	0
72157	MRI Thoracic Spine w/o & with	4
72148	MRI Lumbar Spine w/o	218
72149	MRI Lumbar Spine with contrast	0
72158	MRI Lumbar Spine w/o & with	41
72159	MRA Spinal Canal w/o OR with contrast	0
72195	MRI Pelvis w/o	13
72196	MRI Pelvis with contrast	0
72197	MRI Pelvis w/o & with	10
72198	MRA Pelvis w/o OR with Contrast	0
73218	MRI Upper Ext, other than joint w/o	11
73219	MRI Upper Ext, other than joint with contrast	0
73220	MRI Upper Ext, other than joint w/o & with	0
73221	MRI Upper Ext, any joint w/o	67
73222	MRI Upper Ext, any joint with contrast	109
73223	MRI Upper Ext, any joint w/o & with	3
73225	MRA Upper Ext, w/o OR with contrast	0
73718	MRI Lower Ext other than joint w/o	11
73719	MRI Lower Ext other than joint with contrast	0
73720	MRI Lower Ext other than joint w/o & with	4
73721	MRI Lower Ext any joint w/o	151
73722	MRI Lower Ext any joint with contrast	0
73723	MRI Lower Ext any joint w/o & with	8
73725	MRA Lower Ext w/o OR with contrast	0
74181	MRI Abdomen w/o	22
74182	MRI Abdomen with contrast	11
	Subtotal for this page	910

All responses should pertain to October 1, 2009 through September 30, 2010.

10b. MRI Procedures by CPT Codes *continued* WakeMed Cary Hospital All Sites

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	280
74185	MRA Abdomen w/o OR with contrast	6
75552	MRI Cardiac Morphology w/o	0
75553	MRI Cardiac Morphology with contrast	0
75554	MRI Cardiac Function Complete	0
75555	MRI Cardiac Function Limited	0
75556	MRI Cardiac Velocity Flow Mapping	0
76093	MRI Breast, unilateral w/o and/or with contrast	0
76094	MRI Breast, bilateral w/o and/or with contrast	0
76125	Cineradiography to complement exam	0
76390	MRI Spectroscopy	0
76393	MRI Guidance for needle placement	0
76394	MRI Guidance for tissue ablation	0
76400	MRI Bone Marrow blood supply	0
7649A	MR functional imaging	0
7649D	MRI infant spine comp w/ & w/o contrast	0
7649E	Spine (infants) w/o infusion	0
7649H	MR functional imaging	0
N/A	Clinical Research Scans	0
Subtotal for this page		286
Total Number of Procedures for all pages		4,676

10c. Computed Tomography (CT)

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

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	8,850	X	1.00	=	8,850.00
2	Head with contrast	105	X	1.25	=	131.25
3	Head without and with contrast	63	X	1.75	=	110.25
4	Body without contrast	3,926	X	1.50	=	5,889.00
5	Body with contrast	9,079	X	1.75	=	15,888.25
6	Body without contrast and with contrast	321	X	2.75	=	882.75
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	0.00
8	Abscess drainage in addition to body scan with or without contrast	41	X	4.00	=	164.00

All responses should pertain to October 1, 2009 through September 30, 2010.

10b. MRI Procedures by CPT Codes *continued*. . . . WakeMed Cary Hospital Only

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	251
74185	MRA Abdomen w/o OR with contrast	4
75552	MRI Cardiac Morphology w/o	0
75553	MRI Cardiac Morphology with contrast	0
75554	MRI Cardiac Function Complete	0
75555	MRI Cardiac Function Limited	0
75556	MRI Cardiac Velocity Flow Mapping	0
76093	MRI Breast, unilateral w/o and/or with contrast	0
76094	MRI Breast, bilateral w/o and/or with contrast	0
76125	Cineradiography to complement exam	0
76390	MRI Spectroscopy	0
76393	MRI Guidance for needle placement	0
76394	MRI Guidance for tissue ablation	0
76400	MRI Bone Marrow blood supply	0
7649A	MR functional imaging	0
7649D	MRI infant spine comp w/ & w/o contrast	0
7649E	Spine (infants) w/o infusion	0
7649H	MR functional imaging	0
N/A	Clinical Research Scans	0
Subtotal for this page		255
Total Number of Procedures for all pages		3,599

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 2
 Does the hospital contract for mobile CT scanner services? ___ Yes X No
 If yes, identify the mobile CT vendor _____

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	7,112	X	1.00	=	7,112.00
2	Head with contrast	86	X	1.25	=	107.50
3	Head without and with contrast	58	X	1.75	=	101.50
4	Body without contrast	3,207	X	1.50	=	4,810.50
5	Body with contrast	7,348	X	1.75	=	12,859.00
6	Body without contrast and with contrast	272	X	2.75	=	748.00
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	0
8	Abscess drainage in addition to body scan with or without contrast	41	X	4.00	=	164.00

All responses should pertain to October 1, 2009 through September 30, 2010.

10b. MRI Procedures by CPT Codes *continued* WakeMed Apex Healthplex

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	29
74185	MRA Abdomen w/o OR with contrast	2
75552	MRI Cardiac Morphology w/o	0
75553	MRI Cardiac Morphology with contrast	0
75554	MRI Cardiac Function Complete	0
75555	MRI Cardiac Function Limited	0
75556	MRI Cardiac Velocity Flow Mapping	0
76093	MRI Breast, unilateral w/o and/or with contrast	0
76094	MRI Breast, bilateral w/o and/or with contrast	0
76125	Cineradiography to complement exam	0
76390	MRI Spectroscopy	0
76393	MRI Guidance for needle placement	0
76394	MRI Guidance for tissue ablation	0
76400	MRI Bone Marrow blood supply	0
7649A	MR functional imaging	0
7649D	MRI infant spine comp w/ & w/o contrast	0
7649E	Spine (infants) w/o infusion	0
7649H	MR functional imaging	0
N/A	Clinical Research Scans	0
	Subtotal for this page	31
	Total Number of Procedures for all pages	1,077

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 1
 Does the hospital contract for mobile CT scanner services? Yes No
 If yes, identify the mobile CT vendor _____

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	1,738	X	1.00	=	1,738.00
2	Head with contrast	19	X	1.25	=	23.75
3	Head without and with contrast	5	X	1.75	=	8.75
4	Body without contrast	719	X	1.50	=	1,078.50
5	Body with contrast	1,731	X	1.75	=	3,029.25
6	Body without contrast and with contrast	49	X	2.75	=	134.75
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	0
8	Abscess drainage in addition to body scan with or without contrast	0	X	4.00	=	0

All responses should pertain to October 1, 2009 through September 30, 2010.

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	0	X	1.00	=	0
2	Head with contrast	0	X	1.25	=	0
3	Head without and with contrast	0	X	1.75	=	0
4	Body without contrast	0	X	1.50	=	0
5	Body with contrast	0	X	1.75	=	0
6	Body without contrast and with contrast	0	X	2.75	=	0
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	0
8	Abscess drainage in addition to body scan with or without contrast	0	X	4.00	=	0

10d. Other Imaging Equipment WakeMed Cary Hospital All Sites

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0	0	0	0
Mobile PET Scanner	0	0	0	0
PET pursuant to Policy AC-3	0	0	0	0
Other Human Research PET Scanner	0	0	0	0
Ultrasound equipment	4	1,103	6,464	7,567
Mammography equipment	6	6	3,787	3,793
Bone Density Equipment	2	4	527	531
Fixed X-ray Equipment (excluding fluoroscopic)	8	6,951	30,167	37,118
Fixed Fluoroscopic X-ray Equipment	4	388	2,304	2,692
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	0	0	0	0
Coincidence Camera	0	0	0	0
Mobile Coincidence Camera	0	0	0	0
Vendor:				
SPECT	2	495	974	1,469
Mobile SPECT	0	0	0	0
Vendor:				
Gamma Camera	0	0	0	0
Mobile Gamma Camera	0	0	0	0
Vendor:				

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

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	0	0	0	0
Mobile	1	0	283	283

Lithotripsy Vendor/Owner:
Triangle Lithotripsy

All responses should pertain to October 1, 2009 through September 30, 2010.

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

	Type of CT Scan	# of Scans		Conversion Factor	=	HECT Units
1	Head without contrast	0	X	1.00	=	0
2	Head with contrast	0	X	1.25	=	0
3	Head without and with contrast	0	X	1.75	=	0
4	Body without contrast	0	X	1.50	=	0
5	Body with contrast	0	X	1.75	=	0
6	Body without contrast and with contrast	0	X	2.75	=	0
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	0
8	Abscess drainage in addition to body scan with or without contrast	0	X	4.00	=	0

10d. Other Imaging Equipment WakeMed Cary Hospital Only

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0	0	0	0
Mobile PET Scanner	0	0	0	0
PET pursuant to Policy AC-3	0	0	0	0
Other Human Research PET Scanner	0	0	0	0
Ultrasound equipment	3	1,103	4,977	6,080
Mammography equipment	4	6	3,199	3,205
Bone Density Equipment	1	4	411	415
Fixed X-ray Equipment (excluding fluoroscopic)	5	6,951	21,544	28,495
Fixed Fluoroscopic X-ray Equipment	3	388	2,034	2,422
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	0	0	0	0
Coincidence Camera	0	0	0	0
Mobile Coincidence Camera	0	0	0	0
Vendor:				
SPECT	2	495	974	1,469
Mobile SPECT	0	0	0	0
Vendor:				
Gamma Camera	0	0	0	0
Mobile Gamma Camera	0	0	0	0
Vendor:				

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

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	0	0	0	0
Mobile	1	0	283	283

Lithotripsy Vendor/Owner:
Triangle Lithotripsy

All responses should pertain to October 1, 2009 through September 30, 2010.

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	0	X	1.00	=	0
2	Head with contrast	0	X	1.25	=	0
3	Head without and with contrast	0	X	1.75	=	0
4	Body without contrast	0	X	1.50	=	0
5	Body with contrast	0	X	1.75	=	0
6	Body without contrast and with contrast	0	X	2.75	=	0
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	0
8	Abscess drainage in addition to body scan with or without contrast	0	X	4.00	=	0

10d. Other Imaging Equipment . WakeMed Apex Healthplex Only

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0	0	0	0
Mobile PET Scanner	0	0	0	0
PET pursuant to Policy AC-3	0	0	0	0
Other Human Research PET Scanner	0	0	0	0
Ultrasound equipment	1	0	1,487	1,487
Mammography equipment	2	0	588	588
Bone Density Equipment	1	0	116	116
Fixed X-ray Equipment (excluding fluoroscopic)	3	0	8,623	8,623
Fixed Fluoroscopic X-ray Equipment	1	0	270	270
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	0	0	0	0
Coincidence Camera	0	0	0	0
Mobile Coincidence Camera	0	0	0	0
Vendor:				
SPECT	0	0	0	0
Mobile SPECT	0	0	0	0
Vendor:				
Gamma Camera	0	0	0	0
Mobile Gamma Camera	0	0	0	0
Vendor:				

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

10e. Lithotripsy

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

Lithotripsy Vendor/Owner:

All responses should pertain to October 1, 2009 through September 30, 2010.

11. Linear Accelerator Treatment Data (including Cyberknife® & Similar Equipment) Not Applicable

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

All responses should pertain to October 1, 2009 through September 30, 2010.

11. Linear Accelerator Treatment *continued*

NOT APPLICABLE

a. Number of unduplicated patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. . # patients _____ (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.
b. Total number of Linear Accelerator(s)
c. Number of Linear Accelerators configured for stereotactic radiosurgery
d. Number of simulators (machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b))
e. Number of CyberKnife® Systems: _____, Gamma Knife® _____ Other specialized Linear Accelerators _____ Identify Manufacturer of Equipment _____

12. Telemedicine

- a. Does your facility utilize telemedicine to have images read at another facility? Yes
- b. Does your facility read telemedicine images? Yes

13. Additional Services:

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

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

b) Hospice Inpatient Unit Data:

NOT APPLICABLE

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

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
Out of State										
Total All Ages										

All responses should pertain to October 1, 2009 through September 30, 2010.

13. Additional Services; continued NOT APPLICABLE

c) Mental Health and Substance Abuse

1. If psychiatric care has a different name than the hospital, please indicate:

2. If address is different than the hospital, please indicate:

3. Director of the above services.

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

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

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

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

All responses should pertain to October 1, 2009 through September 30, 2010.

13. Additional Services: *continued* NOT APPLICABLE

c) Mental Health and Substance Abuse *continued*

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

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

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin -General Acute Care Inpatient Services

Facility County: Wake

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

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	13	37. Gates	0	73. Person	7
2. Alexander	0	38. Graham	0	74. Pitt	3
3. Alleghany	0	39. Granville	12	75. Polk	0
4. Anson	0	40. Greene	1	76. Randolph	3
5. Ashe	0	41. Guilford	1	77. Richmond	2
6. Avery	0	42. Halifax	3	78. Robeson	4
7. Beaufort	0	43. Harnett	417	79. Rockingham	0
8. Bertie	0	44. Haywood	0	80. Rowan	0
9. Bladen	0	45. Henderson	0	81. Rutherford	0
10. Brunswick	2	46. Hertford	0	82. Sampson	41
11. Buncombe	2	47. Hoke	0	83. Scotland	4
12. Burke	0	48. Hyde	0	84. Stanly	0
13. Cabarrus	0	49. Iredell	0	85. Stokes	0
14. Caldwell	0	50. Jackson	0	86. Surry	0
15. Camden	0	51. Johnston	306	87. Swain	0
16. Carteret	2	52. Jones	0	88. Transylvania	0
17. Caswell	2	53. Lee	66	89. Tyrrell	1
18. Catawba	1	54. Lenoir	6	90. Union	1
19. Chatham	99	55. Lincoln	1	91. Vance	10
20. Cherokee	0	56. Macon	1	92. Wake	8,969
21. Chowan	2	57. Madison	0	93. Warren	4
22. Clay	0	58. Martin	0	94. Washington	1
23. Cleveland	0	59. McDowell	0	95. Watauga	0
24. Columbus	0	60. Mecklenburg	3	96. Wayne	17
25. Craven	6	61. Mitchell	0	97. Wilkes	0
26. Cumberland	11	62. Montgomery	0	98. Wilson	5
27. Currituck	0	63. Moore	13	99. Yadkin	0
28. Dare	0	64. Nash	26	100. Yancey	0
29. Davidson	1	65. New Hanover	2		
30. Davie	0	66. Northampton	2	101. Georgia	6
31. Duplin	12	67. Onslow	8	102. South Carolina	10
32. Durham	108	68. Orange	20	103. Tennessee	2
33. Edgecombe	2	69. Pamlico	1	104. Virginia	14
34. Forsyth	1	70. Pasquotank	0	105. Other States	123
35. Franklin	42	71. Pender	3	106. Other	0
36. Gaston	0	72. Perquimans	0	Total No. of Patients	10,425

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin -- Inpatient Surgical Cases

Facility County: Wake

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	6	37. Gates	0	73. Person	3
2. Alexander	0	38. Graham	0	74. Pitt	1
3. Alleghany	0	39. Granville	2	75. Polk	0
4. Anson	0	40. Greene	0	76. Randolph	2
5. Ashe	0	41. Guilford	0	77. Richmond	2
6. Avery	0	42. Halifax	2	78. Robeson	1
7. Beaufort	0	43. Harnett	129	79. Rockingham	0
8. Bertie	0	44. Haywood	0	80. Rowan	0
9. Bladen	0	45. Henderson	0	81. Rutherford	0
10. Brunswick	1	46. Hertford	0	82. Sampson	22
11. Buncombe	0	47. Hoke	0	83. Scotland	2
12. Burke	0	48. Hyde	0	84. Stanly	0
13. Cabarrus	0	49. Iredell	0	85. Stokes	0
14. Caldwell	0	50. Jackson	0	86. Surry	0
15. Camden	0	51. Johnston	139	87. Swain	0
16. Carteret	0	52. Jones	0	88. Transylvania	0
17. Caswell	1	53. Lee	31	89. Tyrrell	1
18. Catawba	0	54. Lenoir	0	90. Union	0
19. Chatham	24	55. Lincoln	1	91. Vance	6
20. Cherokee	0	56. Macon	0	92. Wake	2,238
21. Chowan	3	57. Madison	0	93. Warren	1
22. Clay	0	58. Martin	0	94. Washington	0
23. Cleveland	0	59. McDowell	0	95. Watauga	0
24. Columbus	0	60. Mecklenburg	0	96. Wayne	6
25. Craven	3	61. Mitchell	0	97. Wilkes	0
26. Cumberland	5	62. Montgomery	0	98. Wilson	4
27. Currituck	0	63. Moore	6	99. Yadkin	0
28. Dare	0	64. Nash	11	100. Yancey	0
29. Davidson	0	65. New Hanover	1		
30. Davie	0	66. Northampton	0	101. Georgia	1
31. Duplin	8	67. Onslow	6	102. South Carolina	5
32. Durham	31	68. Orange	6	103. Tennessee	1
33. Edgecombe	0	69. Pamlico	0	104. Virginia	3
34. Forsyth	0	70. Pasquotank	0	105. Other States	22
35. Franklin	31	71. Pender	0	106. Other	0
36. Gaston	0	72. Perquimans	0	Total No. of Patients	2,768

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin – Ambulatory Surgical Cases

Facility County: Wake

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	13	37. Gates	0	73. Person	8
2. Alexander	0	38. Graham	0	74. Pitt	5
3. Alleghany	0	39. Granville	12	75. Polk	0
4. Anson	0	40. Greene	0	76. Randolph	2
5. Ashe	1	41. Guilford	14	77. Richmond	1
6. Avery	1	42. Halifax	2	78. Robeson	6
7. Beaufort	2	43. Harnett	318	79. Rockingham	2
8. Bertie	0	44. Haywood	1	80. Rowan	1
9. Bladen	3	45. Henderson	0	81. Rutherford	0
10. Brunswick	1	46. Hertford	3	82. Sampson	95
11. Buncombe	0	47. Hoke	0	83. Scotland	0
12. Burke	0	48. Hyde	0	84. Stanly	0
13. Cabarrus	0	49. Iredell	0	85. Stokes	0
14. Caldwell	0	50. Jackson	0	86. Surry	0
15. Camden	1	51. Johnston	387	87. Swain	0
16. Carteret	3	52. Jones	0	88. Transylvania	0
17. Caswell	2	53. Lee	51	89. Tyrrell	0
18. Catawba	1	54. Lenoir	4	90. Union	0
19. Chatham	58	55. Lincoln	0	91. Vance	11
20. Cherokee	0	56. Macon	0	92. Wake	5,134
21. Chowan	1	57. Madison	0	93. Warren	1
22. Clay	0	58. Martin	0	94. Washington	0
23. Cleveland	0	59. McDowell	1	95. Watauga	1
24. Columbus	0	60. Mecklenburg	4	96. Wayne	12
25. Craven	3	61. Mitchell	0	97. Wilkes	0
26. Cumberland	33	62. Montgomery	0	98. Wilson	9
27. Currituck	0	63. Moore	6	99. Yadkin	1
28. Dare	0	64. Nash	22	100. Yancey	0
29. Davidson	3	65. New Hanover	1		
30. Davie	2	66. Northampton	0	101. Georgia	0
31. Duplin	44	67. Onslow	3	102. South Carolina	5
32. Durham	51	68. Orange	33	103. Tennessee	1
33. Edgecombe	5	69. Pamlico	0	104. Virginia	10
34. Forsyth	1	70. Pasquotank	1	105. Other States	21
35. Franklin	37	71. Pender	1	106. Other	0
36. Gaston	1	72. Perquimans	0	Total No. of Patients	6,457

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin -- Gastrointestinal Endoscopy (GI) Cases

Facility County: Wake

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	2	37. Gates	0	73. Person	0
2. Alexander	0	38. Graham	0	74. Pitt	2
3. Alleghany	0	39. Granville	3	75. Polk	0
4. Anson	0	40. Greene	0	76. Randolph	0
5. Ashe	1	41. Guilford	2	77. Richmond	2
6. Avery	0	42. Halifax	0	78. Robeson	0
7. Beaufort	0	43. Harnett	151	79. Rockingham	0
8. Bertie	1	44. Haywood	0	80. Rowan	0
9. Bladen	0	45. Henderson	0	81. Rutherford	0
10. Brunswick	1	46. Hertford	0	82. Sampson	10
11. Buncombe	1	47. Hoke	0	83. Scotland	2
12. Burke	0	48. Hyde	0	84. Stanly	0
13. Cabarrus	0	49. Iredell	0	85. Stokes	0
14. Caldwell	0	50. Jackson	0	86. Surry	0
15. Camden	0	51. Johnston	100	87. Swain	0
16. Carteret	1	52. Jones	0	88. Transylvania	0
17. Caswell	0	53. Lee	11	89. Tyrrell	0
18. Catawba	0	54. Lenoir	2	90. Union	1
19. Chatham	14	55. Lincoln	0	91. Vance	2
20. Cherokee	0	56. Macon	0	92. Wake	2,618
21. Chowan	0	57. Madison	0	93. Warren	0
22. Clay	0	58. Martin	0	94. Washington	1
23. Cleveland	0	59. McDowell	0	95. Watauga	0
24. Columbus	0	60. Mecklenburg	2	96. Wayne	4
25. Craven	0	61. Mitchell	1	97. Wilkes	0
26. Cumberland	3	62. Montgomery	0	98. Wilson	0
27. Currituck	0	63. Moore	2	99. Yadkin	0
28. Dare	0	64. Nash	9	100. Yancey	0
29. Davidson	0	65. New Hanover	2		
30. Davie	0	66. Northampton	1	101. Georgia	1
31. Duplin	2	67. Onslow	9	102. South Carolina	5
32. Durham	12	68. Orange	13	103. Tennessee	1
33. Edgecombe	1	69. Pamlico	0	104. Virginia	3
34. Forsyth	1	70. Pasquotank	0	105. Other States	18
35. Franklin	16	71. Pender	0	106. Other	0
36. Gaston	0	72. Perquimans	0	Total No. of Patients	3,034

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston NOT APPLICABLE

Facility County: Wake

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

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander									
Alleghany									
Anson									
Ashe									
Avery									
Beaufort									
Bertie									
Bladen									
Brunswick									
Buncombe									
Burke									
Cabarrus									
Caldwell									
Camden									
Carteret									
Caswell									
Catawba									
Chatham									
Cherokee									
Chowan									
Clay									
Cleveland									
Columbus									
Craven									
Cumberland									
Currituck									
Dare									
Davidson									
Davie									
Duplin									
Durham									
Edgecombe									
Forsyth									
Franklin									
Gaston									
Gates									
Graham									
Granville									
Greene									
Guilford									
Halifax									
Harnett									
Haywood									
Henderson									
Hertford									
Hoke									
Hyde									
Iredell									
Jackson									
Johnston									

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

All responses should pertain to October 1, 2009 through September 30, 2010.

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

Facility County: Wake

NOT APPLICABLE

(Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln									
Macon									
Madison									
Martin									
McDowell									
Mecklenburg									
Mitchell									
Montgomery									
Moore									
Nash									
New Hanover									
Northampton									
Onslow									
Orange									
Pamlico									
Pasquotank									
Pender									
Perquimans									
Person									
Pitt									
Polk									
Randolph									
Richmond									
Robeson									
Rockingham									
Rowan									
Rutherford									
Sampson									
Scotland									
Stanly									
Stokes									
Sury									
Swain									
Transylvania									
Tyrrell									
Union									
Vance									
Wake									
Warren									
Washington									
Watauga									
Wayne									
Wilkes									
Wilson									
Yadkin									
Yancey									
Out of State									
TOTALS									

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

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin - MRI Services

WakeMed Cary Hospital All Sites

Facility County: Wake

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	3	37. Gates	0	73. Person	1
2. Alexander	0	38. Graham	0	74. Pitt	3
3. Alleghany	0	39. Granville	2	75. Polk	0
4. Anson	0	40. Greene	0	76. Randolph	0
5. Ashe	0	41. Guilford	1	77. Richmond	0
6. Avery	0	42. Halifax	3	78. Robeson	2
7. Beaufort	0	43. Harnett	138	79. Rockingham	0
8. Bertie	0	44. Haywood	0	80. Rowan	0
9. Bladen	1	45. Henderson	0	81. Rutherford	0
10. Brunswick	0	46. Hertford	2	82. Sampson	12
11. Buncombe	1	47. Hoke	0	83. Scotland	0
12. Burke	0	48. Hyde	0	84. Stanly	0
13. Cabarrus	0	49. Iredell	0	85. Stokes	0
14. Caldwell	0	50. Jackson	0	86. Surry	0
15. Camden	0	51. Johnston	112	87. Swain	0
16. Carteret	0	52. Jones	0	88. Transylvania	0
17. Caswell	1	53. Lee	30	89. Tyrrell	0
18. Catawba	0	54. Lenoir	1	90. Union	1
19. Chatham	39	55. Lincoln	0	91. Vance	3
20. Cherokee	0	56. Macon	0	92. Wake	3,409
21. Chowan	0	57. Madison	0	93. Warren	2
22. Clay	0	58. Martin	0	94. Washington	0
23. Cleveland	0	59. McDowell	1	95. Watauga	0
24. Columbus	0	60. Mecklenburg	2	96. Wayne	9
25. Craven	1	61. Mitchell	0	97. Wilkes	0
26. Cumberland	4	62. Montgomery	1	98. Wilson	1
27. Currituck	0	63. Moore	3	99. Yadkin	0
28. Dare	0	64. Nash	5	100. Yancey	0
29. Davidson	0	65. New Hanover	0		0
30. Davie	0	66. Northampton	1	101. Georgia	0
31. Duplin	1	67. Onslow	1	102. South Carolina	2
32. Durham	26	68. Orange	6	103. Tennessee	1
33. Edgecombe	1	69. Pamlico	0	104. Virginia	3
34. Forsyth	1	70. Pasquotank	0	105. Other States	34
35. Franklin	11	71. Pender	2	106. Other	0
36. Gaston	0	72. Perquimans	1	Total No. of Patients	3,885

Are mobile MRI services currently provided at your hospital? yes Apex no Cary Hospital

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin - MRI Services

WakeMed Cary Hospital Only

Facility County: **Wake**

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	2	37. Gates	0	73. Person	1
2. Alexander	0	38. Graham	0	74. Pitt	2
3. Alleghany	0	39. Granville	1	75. Polk	0
4. Anson	0	40. Greene	0	76. Randolph	0
5. Ashe	0	41. Guilford	0	77. Richmond	0
6. Avery	0	42. Halifax	3	78. Robeson	2
7. Beaufort	0	43. Harnett	103	79. Rockingham	0
8. Bertie	0	44. Haywood	0	80. Rowan	0
9. Bladen	0	45. Henderson	0	81. Rutherford	0
10. Brunswick	0	46. Hertford	2	82. Sampson	10
11. Buncombe	1	47. Hoke	0	83. Scotland	0
12. Burke	0	48. Hyde	0	84. Stanly	0
13. Cabarrus	0	49. Iredell	0	85. Stokes	0
14. Caldwell	0	50. Jackson	0	86. Surry	0
15. Camden	0	51. Johnston	86	87. Swain	0
16. Carteret	0	52. Jones	0	88. Transylvania	0
17. Caswell	1	53. Lee	23	89. Tyrrell	0
18. Catawba	0	54. Lenoir	1	90. Union	1
19. Chatham	22	55. Lincoln	0	91. Vance	3
20. Cherokee	0	56. Macon	0	92. Wake	2,540
21. Chowan	0	57. Madison	0	93. Warren	0
22. Clay	0	58. Martin	0	94. Washington	0
23. Cleveland	0	59. McDowell	0	95. Watauga	0
24. Columbus	0	60. Mecklenburg	1	96. Wayne	7
25. Craven	1	61. Mitchell	0	97. Wilkes	0
26. Cumberland	2	62. Montgomery	1	98. Wilson	0
27. Currituck	0	63. Moore	3	99. Yadkin	0
28. Dare	0	64. Nash	2	100. Yancey	0
29. Davidson	0	65. New Hanover	0		
30. Davie	0	66. Northampton	0	101. Georgia	0
31. Duplin	1	67. Onslow	1	102. South Carolina	2
32. Durham	20	68. Orange	3	103. Tennessee	1
33. Edgecombe	1	69. Pamlico	0	104. Virginia	3
34. Forsyth	1	70. Pasquotank	0	105. Other States	33
35. Franklin	4	71. Pender	2	106. Other	0
36. Gaston	0	72. Perquimans	1	Total No. of Patients	2,894

Are mobile MRI services currently provided at your hospital? yes _____ no X

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin - MRI Services

WakeMed Apex HealthPlex Only

Facility County: Wake

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates	0	73. Person	0
2. Alexander	0	38. Graham	0	74. Pitt	1
3. Alleghany	0	39. Granville	1	75. Polk	0
4. Anson	0	40. Greene	0	76. Randolph	0
5. Ashe	0	41. Guilford	1	77. Richmond	0
6. Avery	0	42. Halifax	0	78. Robeson	0
7. Beaufort	0	43. Harnett	35	79. Rockingham	0
8. Bertie	0	44. Haywood	0	80. Rowan	0
9. Bladen	1	45. Henderson	0	81. Rutherford	0
10. Brunswick	0	46. Hertford	0	82. Sampson	2
11. Buncombe	0	47. Hoke	0	83. Scotland	0
12. Burke	0	48. Hyde	0	84. Stanly	0
13. Cabarrus	0	49. Iredell	0	85. Stokes	0
14. Caldwell	0	50. Jackson	0	86. Surry	0
15. Camden	0	51. Johnston	26	87. Swain	0
16. Carteret	0	52. Jones	0	88. Transylvania	0
17. Caswell	0	53. Lee	7	89. Tyrrell	0
18. Catawba	0	54. Lenoir	0	90. Union	0
19. Chatham	17	55. Lincoln	0	91. Vance	0
20. Cherokee	0	56. Macon	0	92. Wake	869
21. Chowan	0	57. Madison	0	93. Warren	2
22. Clay	0	58. Martin	0	94. Washington	0
23. Cleveland	0	59. McDowell	1	95. Watauga	0
24. Columbus	0	60. Mecklenburg	1	96. Wayne	2
25. Craven	0	61. Mitchell	0	97. Wilkes	0
26. Cumberland	2	62. Montgomery	0	98. Wilson	1
27. Currituck	0	63. Moore	0	99. Yadkin	0
28. Dare	0	64. Nash	3	100. Yancey	0
29. Davidson	0	65. New Hanover	0		
30. Davie	0	66. Northampton	1	101. Georgia	0
31. Duplin	0	67. Onslow	0	102. South Carolina	0
32. Durham	6	68. Orange	3	103. Tennessee	0
33. Edgecombe	0	69. Pamlico	0	104. Virginia	0
34. Forsyth	0	70. Pasquotank	0	105. Other States	1
35. Franklin	7	71. Pender	0	106. Other	0
36. Gaston	0	72. Perquimans	0	Total No. of Patients	991

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

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin – Linear Accelerator Treatment

NOT APPLICABLE

Facility County: Wake

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

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

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin -- PET Scanner

NOT APPLICABLE

Facility County: Wake

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

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

2011 Renewal Application for Hospital:
WakeMed Cary

License No: H0276
Facility ID: 990332

All responses should pertain to October 1, 2009 through September 30, 2010.

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2011 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2011 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature:  Date: 12/21/10

PRINT NAME
OF APPROVING OFFICIAL William K. Atkinson

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

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

For Official Use Only
License # H0276 NF Provider #
Computer FID: 990332
Hospital: WakeMed Cary Hospital

NURSING CARE FACILITY/UNIT BEDS 2011 Annual Data Supplement to Hospital License Application

To be completed by each hospital reporting Nursing Facility/Unit Beds as part of its total licensed capacity.

A separate form should be completed for each site.

Legal Identity of Applicant: WakeMed Health and Hospitals
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

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

PRIMARY: WakeMed Cary Hospital
Other: WakeMed Fuquay-Varina Outpatient and Skilled Nursing Facility
Other: _____

Facility Mailing Address: Street/P.O. Box: 400 West Ransom Street
City: Fuquay Varina, State: NC Zip: 27526

Facility Site Address: 400 West Ransom Street
City: Fuquay Varina, State: NC Zip: 27526
County: Wake
Telephone: (919) 350-4600 Fax: (919) 350-4652

E-mail Address of Administrator: abene@wakemed.org

2. Was this facility in operation throughout the entire 12-month reporting period ending September 30, 2010?
 Yes No

If No, for what period was the facility in operation? ____ / ____ / ____ through ____ / ____ / ____
month/day/year month/day/year

If No, for what reason was the facility not in full operation during this period? _____

2. Was there a change of ownership anytime between October 1, 2009 to September 30, 2010? Yes No

If Yes, what was the date of the change? ____ / ____ / ____

PART A OWNERSHIP DISCLOSURE

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

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

Owner: WakeMed Health and Hospitals
Federal Employer ID # 56-6017737
Street: 3000 New Bern Ave
City: Raleigh State: NC Zip: 27610
Telephone: (919) 350-8000 Fax: (919) 350-8868
Senior Officer: William K. Atkinson, Ph.D. President/CEO

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

If Yes, name of building owner:
NA

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

If Yes, name and address of the management company.

Name: N/A
Street: _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____

3. If this business is a subsidiary of another entity, please identify the parent company below:

Name: NONE
Street: _____
Mailing _____
(if different from Street)
City: _____
State: _____ Zip: _____
Telephone: (____) _____ Fax: (____) _____
Senior Officer: _____

PART B OPERATIONS

1. Facility Personnel

a. Administration

Name of the Administrator: Ann C. Bene', RN, BSN, MBA, NE-BC

Date Hired As Administrator: 11/2003 N.C. License Number: N/A

b. Nursing

Name of the Director: Teresa M. Johnson, RN, MSN, APRN-BC, NE-BC

Date Hired As D.O.N.: 7/13/2005 License Number: 136567

c. Medical Director:

Name of Medical Director: H. West Lawson, MD

Date Hired as Medical Director: 7/1999

Office Address: WakeMed
3000New Bern Ave, Raleigh, NC 27610

3. Environmental Enhancements Supporting Culture Change

(Enhancements refers to practices and products that help create a homelike atmosphere within the nursing home. These may be unique to one facility or they may be central to a particular model for culture change. All enhancements improve resident quality of life.) This information is collected for statistical purposes only.

Please check Yes or No if the facility is:

	Yes	No
a. Currently practicing a formalized culture change process/program?		X
b. Currently implementing enhancements, but following no formalized culture change process?		X

If Yes to 2a or 2b above, please check which components have been implemented:

<input type="checkbox"/>	Cats	<input type="checkbox"/>	Children	<input type="checkbox"/>	Staff Empowerment	<input type="checkbox"/>	Residential building design
<input type="checkbox"/>	Dogs	<input type="checkbox"/>	Plants	<input type="checkbox"/>	Neighborhoods	<input type="checkbox"/>	Residential dining enhancements
<input type="checkbox"/>	Birds	<input type="checkbox"/>	Gardens	<input type="checkbox"/>	Other Animals	<input type="checkbox"/>	Snoezelen
<input type="checkbox"/>	Bathing	<input type="checkbox"/>	Teams	<input type="checkbox"/>	Aroma Therapy	<input type="checkbox"/>	Other enhancements
							Please specify

If Yes to 2a, indicate the culture change philosophy being practiced (i.e.: Eden Alternative, Pioneer Network, Well Spring Model, Person Centered Care, etc.): _____

PART C PATIENT SERVICES

(Please fill in any blanks and make changes where necessary. Check Yes or No.)

1. Continuing Care Retirement Communities (CCRC)
 - a. Is the facility licensed by the Department of Insurance as a Continuing Care Retirement Community? Yes X No (1a)
 - b. Does the CCRC own or operate a licensed home care agency? Yes X No (1b)
2. Does the facility have an adult day care program? Yes X No
 - a. If Yes, indicate maximum number of clients that can be served on a daily basis. (2a)
3. Does the facility provide hospice care? Yes X No (3)
4. Does the facility have an adult respite program? Yes X No (4)
5. Does this nursing facility provide outpatient rehabilitation therapy? Yes X No (5)
6. Was there a change to the licensed bed capacity between Oct 1, 2009 to Sept 30, 2010? Yes X No
 - a. If Yes, what was the effective date of the change? / / (6a)
 - b. If Yes, indicate previous number of licensed beds (Nursing Fac, Adult Care). NF Adult (6b)
7. Is the facility a Combination Facility, thereby incorporating licensed ACH beds? Yes X No
 - a. If Yes, indicate which rules the facility chooses to apply to the operation

of these ACH BEDS (NH rules, ACH rules or both NH & ACH)
Licensure Rules

Nursing Home
 ACH Licensure Rules

If check both, complete checklist enclosed and submit with application.

8. Beds By Type (*Must complete Alzheimer's Special Care Unit data supplement sheet)
 - a. Nursing Facility Beds (NF) (TOTAL) 36
 1. General Nursing Facility Beds 36
 2. *Alzheimer's Resident Special Care Unit Beds 0 *
 3. HIV/AIDS Resident Beds 0
 4. Traumatic Brain Injury Resident Beds 0
 5. Ventilator Dependent Resident Beds 0
 6. Other (specify but do not include Medicare only unit): 0
 - b. Adult Care Home Beds (ACH) (TOTAL) 0
 1. General Adult Care Home Beds 0
 2. * Alzheimer's Special Care Unit Beds 0 *
 - c. Total Licensed Beds 36

9. Bed Certification (based on form DHSR-4501, Breakdown of Room Numbers and Beds)

a. Number of beds certified for Medicare only (Title 18 only)	0
b. Number of beds dually certified for both Medicare & Medicaid (Title 18/19)	36
c. Number of beds certified for Medicaid only (Title 19 only)	0

PART D PATIENT CENSUS

Important: Report patient census data for September 30, 2010 only.

1. Number of patients in facility on September 30, 2010

Nursing	Adult Care
35	0

2. Statistics on Nursing Home Patients

(a) Number of Nursing Level of Care patients on September 30, 2010 by age group	Male	Female
Under 35	3	1
35 - 64 years old	13	6
65 - 74 years old	1	2
75 - 84 years old	1	3
85 years old and older	1	4

(b) Nursing hours worked on this day for Nursing Patients by direct care RNs, LPNs and Nurse Aides.	96
---	----

3. Statistics on Adult Care Home residents on September 30, 2010 by age groups

	Male	Female
Under 35	0	0
35 - 64 years old	0	0
65 - 74 years old	0	0
75 - 84 years old	0	0
85 years old and older	0	0

PART E **PATIENT UTILIZATION DATA**

Answer these questions for the reporting period of October 1, 2009 through September 30, 2010.

1. Beginning Census, Admissions, Discharges, and Deaths by Level of Care

- The Beginning Census refers to the number of patients/residents in your facility on October 1, 2009.
- Admissions refers to the number of persons admitted during the period from Oct 1, 2009 through Sept 30, 2010.
- Discharges and Deaths refer to all discharges and deaths from October 1, 2009 through September 30, 2010.

Tips:

- Your Beginning Census plus Admissions minus your total Discharges plus Deaths should be equal to, or less than, your facility's licensed capacity.
- Your totals for Beginning Census and for Admissions should agree with your totals on Counties of Patient Origin for Nursing Care and Adult Care, respectively.

Patients/Residents	Beginning Census	Admissions	Discharges (excluding deaths)	Deaths
(1) Nursing Patients	31	69	59	6
(2) Adult Care Home Residents	0	0	0	0

2. Inpatient Days of Care

Number of Days of Inpatient Care rendered during the reporting period.

a. Nursing Care (NC)

(1) NC Days Reimbursed by Medicare	5,991
(2) NC Days Reimbursed by Medicaid	1,972
(3) NC Days Reimbursed by Private Pay	1,093
(4) NC Days Reimbursed by Other	1,436
(5) Total { (1) + (2) + (3) + (4) }	10,492

b. Adult Care Home (ACH) Not Applicable

(1) ACH Days reimbursed by Private Pay	
(2) ACH Days reimbursed by County Special Assistance	
(3) ACH Days reimbursed by Other	
(4) Total { (1) + (2) + (3) }	

3. Counties of Origin for Nursing Care Patients

- For the period of October 1, 2009 through September 30, 2010, list in Column A the counties where Nursing Care patients lived before coming to your facility.
- For each county in Column B1 give the number of nursing patients, from that county, who were living in the facility on October 1, 2009.
- For each county, in Column B2 give the total number of additional Nursing Care patients, from that county, who were admitted between October 1, 2009 and September 30, 2010.
- Report patients who were not NC residents as Out-of-State on lines 26 through 30. Attach additional sheets if needed.

For questions please call Medical Facilities Planning at (919) 855-3865

A Permanent County of Residence for Individuals prior to Admission (if out-of-state indicate in last lines below)	B Patient Census during reporting period:		C TOTAL B1 plus B2	D For each county indicate number of patients whose care was paid for, in whole or in part by Medicaid (Title XIX) program
	B1 In Facility at beginning	B2 Admitted during period		
EXAMPLE: 1. Wake				
2. Yadkin				
1. Wake (92)	23	50	73	
2. Grandville (39)	0	1	1	
3. Harnett (43)	2	1	3	
4. Johnston (51)	3	13	16	
5. Franklin (35)	1	2	3	
6. Wilson (98)	0	0	0	
7. Orange (68)	1	1	2	
8. Durham (32)	1	1	2	
9.				
10. Other Out of state/country				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26. Georgia				
27. South Carolina				
28. Virginia				
29. Tennessee				
31. TOTALS	31	69	100	

NOTE: Totals should correspond with the figures given in response to Question 1 under Patient Utilization

4. Counties of Origin for Adult Care Home Residents Not Applicable

- For the period of October 1, 2009 through September 30, 2010, list in Column A the counties where Adult Care Home residents lived before coming to your facility.
- For each county in Column B1 give the number of Adult Care Home residents, from that county, who were living in the facility on October 1, 2009.
- For each county, in Column B2 give the total number of additional Adult Care Home residents, from that county, who were admitted between October 1, 2009 and September 30, 2010.
- Report residents who were not NC residents as Out-of-State on lines 26 through 30. Attach additional sheets if needed.

For questions please call Adult Care Licensure at (919)855-3765

A Permanent County of Residence for Individuals prior to Admission (if out-of-state indicate in last lines below)	B Patient Census during reporting period:		C TOTAL B1 plus B2	D For each county indicate number of patients whose care was paid for, in whole or in part by Medicaid (Title XIX) program
	B1 In Facility at beginning	B2 Admitted during period		
EXAMPLE: 1. Wake	50	185	235	175
2. Yadkin	1	2	3	2
1. N/A				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26. Georgia				
27. South Carolina				
28. Virginia				
29. Tennessee				
30. Other Out-of-State				
31. TOTALS				

NOTE: Totals should correspond with the figures given in response to Question 1 under Patient Utilization

PART F CURRENT OPERATING STATISTICS

1. Current Per Diem Reimbursement Rates/Charges.

Please state the CURRENT (as of the date the application is signed) basic daily charges/rates for residents or patients in your facility in the following categories of care.

For questions please call Craig Smith at (919) 855-3873

Private Pay (Usual Customary Charge)	Private Room (1 bed/room)	Semi-Private (2 beds/room)	Ward
Nursing Care	\$430.00	\$375.00	\$
Adult Care Home	\$	\$	\$
Special Care Unit (specify)	\$	\$	\$
Special Care Unit (specify)	\$	\$	\$

Medicare	Code	Rate
Three most frequent RUGS codes and rates paid for them	1. RMA	\$319.13
	2 SE2	\$314.51
	3 RHB	\$348.80

Medicaid	Quarterly Rates			
	Oct.-Dec.	Jan.-Mar.	Apr.-June	July-Sept.
Nursing Care	\$148.52(Oct) \$156.75(Nov-Dec)	\$159.25	\$156.72	\$159.63

Medicaid Nursing Care	Rate
Special Care Unit (specify)	\$
Special Care Unit (specify)	\$

State/County Special Assistance	Rate
Adult Care Home	\$
Special Care Unit (specify)	\$
Special Care Unit (specify)	\$

Please complete only if applicable:

Alzheimer's/Dementia Special Care Unit	Rate
Additional cost or fee to resident	\$

(Use reverse side or separate sheet if needed)

2. Total Current Staff for Existing Facility

Do not include the following: courtesy or attending staff, private duty nurses, volunteer workers or the same employee in more than one category. These employees were on the payroll as of 10/1/2010 month/day/year

For questions please call Craig Smith at (919) 855-3873

	Average Annual Salary	Hourly Consulting Fee	Total Facility FTE's	Total Facility Annual Consul. Hrs.
Routine Services				
Registered Nurses	\$53,747		8.0	
Licensed Practical Nurses (LPNs)	\$40,268		4.30	
Certified Nurse Aides	\$25,012		19.65	
Medical Director	N/A			
Director of Nurses	\$103,605		0.6	
Assistant Director of Nurses	\$69,222		2.0	
Staff Development Coordinator	N/A		0	
Ward Secretary	N/A		0	
Medical Records	N/A			
Pharmacy Consultant		\$70/month	0.2	
Administration and General				
Administrator	\$126,589		0.1	
Assistant Administrator	N/A			
Other Office Personnel	\$35,922		2.0	
Dietary				
Licensed Dietitian	\$57,595		0.2	
Food Service Supervisor	\$32,386		1.0	
Cooks	\$29,162		2.6	
Dietary Aides	N/A		0	
Social Work Services				
Social Services Director	\$50,398		1	
Social Services Assistant(s)	N/A			
Activity Services				
Activity Director	\$47,008		0.5	
Activity Assistant(s)	N/A			
Housekeeping/Laundry				
Housekeeping Supervisor	N/A			
Laundry Supervisor	N/A			
Housekeeping Aides	\$25,730		2.0	
Laundry Aides	N/A			
Maintenance				
Maintenance Supervisor	N/A			
Janitors	N/A			
Ancillary Services				
Physical Therapist	\$66,165		2.0	
Rehabilitation Aide	N/A			
Respiratory Therapist	N/A			
Occupational Therapist (therapy super)	\$76,170		1.00	
Speech/Hearing Therapist	\$77,771		0.10	
Total Positions / Total Consultant Hours			47.25	

ADULT CARE HOME (ACH) SUPPLEMENT Not Applicable

For questions please call Adult Care Licensure at (919) 855-3765

1. Please give the number (1, 2, 3, etc.) of Adult Care residents currently in facility with a physician's diagnosis of the following: a) **Mental Illness (MI)** which includes a psychiatric illness but does not include mental retardation, developmental disabilities or Alzheimer's/Dementia; b) **Mental Retardation/Developmentally Disabled (MR/DD)** such as Downs syndrome, autism, cerebral palsy, or epilepsy; or c) **Alzheimer's Disease** or related dementia which may include multi-infarct dementia, Parkinson's Disease, Huntington's Disease, Creutzfeldt-Jakob Disease or Picks Disease. If a resident is dually diagnosed, only count the resident once, based on the primary diagnosis.

Resident Age - years	MI	MR/DD	Alzheimer's/Related Dementia
Under 35	0	0	0
35 - 64	0	0	0
65 - 74	0	0	0
75 - 84	0	0	0
85 or older	0	0	0
TOTAL	0	0	0

2. On September 30, 2010, number of Adult Care residents receiving Medicaid reimbursed Basic Adult Care Home Personal Care (not Enhanced): 0
3. On September 30, 2010, number of Adult Care residents receiving Medicaid reimbursed Enhanced Adult Care Home Personal Care: 0
4. On September 30, 2010, number of Adult Care residents on State/County Special Assistance (SA): 0
5. On September 30, 2010, number of private pay Adult Care residents: 0
6. Current total monthly private pay charge (average base plus add-ons if more than one price) for:

	Rate
Private Room (1 bedroom)	\$
Semi-Private (2 beds/room)	\$
3 or more beds/room	\$

7. Check any that apply:

	Number of Beds
<input type="checkbox"/> Alzheimer's Special Care Unit in facility [Rules 13F .1300 apply]	

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

For Official Use Only

License # H0199 Medicare # 340069
Computer: 943528
PC _____ Date _____

Attachment
7

License Fee: \$12,615.00

2011
HOSPITAL LICENSE
RENEWAL APPLICATION

Legal Identity of Applicant: WakeMed

(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As

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

PRIMARY: WakeMed

Other:

Other:

Facility Mailing Address: P O Box 14465
Raleigh, NC 27620-4465

Facility Site Address: 3000 New Bern Ave
Raleigh, NC 27610

County: Wake
Telephone: (919) 350-8000
Fax: (919) 350-8868

Administrator/Director: William K. Atkinson, Ph.D.

Title: President/CEO

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

Chief Executive Officer: William K. Atkinson, PhD Title: President/CEO

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

Name of the person to contact for any questions regarding this form:

Name: W. Stan Taylor Telephone: (919) 350-8108

E-Mail: staylor@wakemed.org

All responses should pertain to October 1, 2009 through September 30, 2010.

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

List Name(s) of facilities:	Address:	Type of Business / Service:
<u>List of facilities is attached.</u>		

Please attach a separate sheet for additional listings

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

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

Owner: WakeMed
Federal Employer ID# 56-6017737
Street/Box: 3000 New Bern Ave
City: Raleigh State: NC Zip: 27610
Telephone: (919) 350-8000 Fax: (919) 350-8868
CEO: William K. Atkinson, Ph.D., President/CEO

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

If 'Yes', name of Health System*: WakeMed dba WakeMed Health and Hospitals

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

If 'Yes', name of CEO: William K. Atkinson, Ph.D., President/CEO

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

If "YES", name of building owner:

See list of facilities on pages 2.1 and 2.2.

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

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

Name: _____
Street/Box: _____
City: _____ State: _____ Zip: _____
Telephone: () _____

All responses should pertain to October 1, 2009 through September 30, 2010.

Hospitals and Medical Facilities WakeMed Health and Hospitals			
Hospital Facilities Address Phone #	Mailing Address Business Office Phone #	Facility's Tax Number	Medicare Provider #
WakeMed Raleigh Campus 3000 New Bern Avenue Raleigh, NC 27610 919-350-8000	P.O. Box 14465 Raleigh, NC 27620-4465 919-350-8000	56-6017737	34-0069
WakeMed Cary Hospital 1900 Kildaire Farm Road Cary, NC 27518 919-350-2300	P.O. Box 8025 Cary, NC 27518-8025 919-350-2300	56-6017737	34-0173
WakeMed Fuquay-Varina Outpatient & Skilled Nursing Facility 400 W. Ransom Street Fuquay-Varina, NC 27526 919-350-4646	400 W. Ransom Street Fuquay-Varina, NC 27526 919-350-4646	56-6017737	34-5308
WakeMed Zebulon/Wendell Outpatient & Skilled Nursing Facility 535 W. Gannon Avenue Zebulon, NC 27597 919-350-4700	535 W. Gannon Avenue Zebulon, NC 27597 919-350-4700	56-6017737	34-5469
WakeMed Rehabilitation Hospital 3000 New Bern Avenue P.O. Box 14465 Raleigh, NC 27610 919-350-7876	P.O. Box 14465 Raleigh, NC 27620-4465 919-350-7876	56-6017737	34-T069
WakeMed Wake Forest Road Outpatient Rehab Center 3701 Wake Forest Road Raleigh, NC 27609 919-350-4200	3701 Wake Forest Road Raleigh, NC 27609 919-350-4200 (Leased) Continental Development Company, NC LLC	56-6017737	34-0069
WakeMed Apex Healthplex 120 Healthplex Way Apex, NC 27502 919-350-4300	120 Healthplex Way Apex, NC 27502 919-350-4300 (Leased) WakeMed Property Services	56-6017737	34-0173
WakeMed Clayton Medical Park 555 Medical Park Place Clayton, N.C. 27520 919-350-4242	555 Medical Park Place Clayton, N.C. 27520 919-350-4242 (Leased) WakeMed Property Services	56-6017737	34-0069

All responses should pertain to October 1, 2009 through September 30, 2010.

Hospitals and Medical Facilities WakeMed Health and Hospitals			
Hospital Facilities Address Phone #	Mailing Address Business Office Phone #	Facility's Tax Number	Medicare Provider #
WakeMed North Healthplex 10000 Falls of Neuse Road Raleigh, N.C. 27614 919-350-1300	10000 Falls of Neuse Road Raleigh, N.C. 27614 919-350-1300 (Leased) WakeMed Property Services	56-6017737	34-0069
WakeMed Home Health 2920 Highwoods Blvd Suite 200 Raleigh, NC 27604 919-350-7990	P.O. Box 14999 Raleigh, NC 27620-4999 919-350-7990 (Leased) Highwoods Properties	56-6017737	34-7179
WakeMed Brier Creek Medical Park 10208 Cerry Street Raleigh, NC 27617 919-350-0978	P.O. 14465 Raleigh, NC 27620-4465 919-350-0978 (Leased) Brier Creek Medical Partners LLC	56-6017737	34-0069
WakeMed Banks Kerr Family YMCA 2500 Wakefield Pines Drive Raleigh, NC 27614 919- 562-9622	P.O. 14465 Raleigh, NC 27620 919-350-3800 (Leased) YMCA of the Triangle	56-6017737	34-0069
WakeMed Alexander YMCA 1603 Hillsborough St Raleigh, NC 27605 919-832-9622	P.O. 14465 Raleigh, NC 27620 919-350-3800 (Leased) YMCA of the Triangle	56-6017737	34-0069
WakeMed Cary Family YMCA 101 YMCA Drive Cary, NC 27513 919-469-9622	P.O. Box 8025 Cary, NC 27518-8025 919-350-1875 (Leased) YMCA of the Triangle	56-6017737	34-0173
Kraft Family YMCA 8921 Holly Springs Road Apex, NC 27539 919-657-9622	P.O. Box 14465 Raleigh, NC 27690 919-350-1875 (Leased) YMCA of the Triangle	56-6017737	34-0173

All responses should pertain to October 1, 2009 through September 30, 2010.

Ownership Disclosure continued. . .

3. Vice President of Nursing and Patient Care Services:
Mary Ann Wilcox, MS,RNC, CNAAC, BC, Senior Vice President and Chief Nursing Officer
4. Director of Planning: W. Stan Taylor, Vice President Corporate Planning

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2009 to September 30, 2010.**

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

a. Admissions to Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	35,474	
b. Discharges from Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	35,542	
c. Average Daily Census: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	459	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes X	No
If 'Yes', what is the current number of licensed beds?	678	
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:	Addition	
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	17,438	

C. Designation and Accreditation

1. Are you a designated trauma center? X Yes (1 Designated Level #) No
2. Are you a critical access hospital (CAH)? Yes X No
3. Are you a long term care hospital (LTCH)? Yes X No
4. Is this facility TJC accredited? X Yes No Expiration Date: 1/10/2013
5. Is this facility DNV accredited? Yes X No Expiration Date:
6. Is this facility AOA accredited? Yes X No Expiration Date:
7. Are you a Medicare deemed provider? Yes X No

All responses should pertain to October 1, 2009 through September 30, 2010.

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

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

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

Licensed Acute Care (provide details below)		Licensed Beds as of September 30, 2010	Staffed Beds as of September 30, 2010	Annual Census Inpt. Days of Care
Campus	WakeMed Raleigh All Sites			
<i>Intensive Care Units</i>				
a.	Burn *	0	0	0
b.	Cardiac	46	38	7,847
c.	Cardiovascular Surgery	12	12	3,688
d.	Medical/Surgical	18	18	5,898
e.	Neonatal Beds Level IV ** (Not Normal Newborn)	12	12	** 3,637
f.	Pediatric	8	8	1,779
g.	Respiratory Pulmonary	0	0	0
h.	Other (List) (Neurology)	8	8	2,552
<i>Other Units</i>				
i.	Gynecology	0	0	0
j.	Medical/Surgical ***	333	310	***106,350
k.	Neonatal Level III ** (Not Normal Newborn)	24	24	** 8,404
l.	Neonatal Level II ** (Not Normal Newborn)	0	0	** 0
m.	Obstetric (including LDRP)	56	56	13,717
n.	Oncology	0	0	0
o.	Orthopedics	33	27	8,467
p.	Pediatric	25	25	5,275
q.	Other (List)	0	0	0
1.	Total General Acute Care Beds/Days (a through q)	575	538	167,614
2.	Comprehensive In-Patient Rehabilitation	84	84	28,220
3.	Inpatient Hospice	0	0	0
4.	Detoxification	0	0	0
5.	Substance Abuse / Chemical Dependency Treatment	0	0	0
6.	Psychiatry	0	0	0
7.	Nursing Facility	19	19	4,946
8.	Adult Care Home	0	0	0
9.	Other	0	0	0
10.	Totals (1 through 9). SEE NOTE BELOW	678	641	200,780

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

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

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

See notes following Table D for WakeMed Raleigh New Bern Ave Only.

Revised 08/2010

All responses should pertain to October 1, 2009 through September 30, 2010.

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

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

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

Licensed Acute Care (provide details below)	Licensed Beds as of September 30, 2010	Staffed Beds as of September 30, 2010	Annual Census Inpt. Days of Care
<i>Campus WakeMed Raleigh New Bern Ave Only</i>			
<i>Intensive Care Units</i>			
a. Burn *	0	0	0
b. Cardiac	46	38	7,847
c. Cardiovascular Surgery	12	12	3,688
d. Medical/Surgical	18	18	5,898
e. Neonatal Beds Level IV ** (Not Normal Newborn)	12	12	** 3,637
f. Pediatric	8	8	1,779
g. Respiratory Pulmonary	0	0	0
h. Other (List) (Neurology)	8	8	2,552
<i>Other Units</i>			
i. Gynecology	0	0	0
j. Medical/Surgical ***	333	310	***106,350
k. Neonatal Level III ** (Not Normal Newborn)	24	24	** 8,404
l. Neonatal Level II ** (Not Normal Newborn)	0	0	** 0
m. Obstetric (including LDRP)	56	56	13,717
n. Oncology	0	0	0
o. Orthopedics	33	27	8,467
p. Pediatric	25	25	5,275
q. Other (List)	0	0	0
1. Total General Acute Care Beds/Days (a through q)	575	538	167,614
2. Comprehensive In-Patient Rehabilitation	0	0	0
3. Inpatient Hospice	0	0	0
4. Detoxification	0	0	0
5. Substance Abuse / Chemical Dependency Treatment	0	0	0
6. Psychiatry	0	0	0
7. Nursing Facility	0	0	0
8. Adult Care Home	0	0	0
9. Other	0	0	0
10. Totals (1 through 9) SEE NOTE NEXT PAGE	575	538	167,614

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
 ** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
 *** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

All responses should pertain to October 1, 2009 through September 30, 2010.

NOTE:

The difference between Licensed and Staffed Beds in the table on page 4.1 for WakeMed Raleigh New Bern Ave Only is 37 beds. Please see notes below that reconcile the difference. Staffed beds are reported at September 2010, the end of FY 2010.

25 pediatric beds are out of service pending OB renovation per approved CON, Project ID Number J-8445-09.

6 neurology beds were closed pending relocation of a population from WakeMed Cary Hospital.

6 neurosurgery beds are currently flexed out but can be reopened on demand.

All responses should pertain to October 1, 2009 through September 30, 2010.

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

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

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

Licensed Acute Care (provide details below)		Licensed Beds as of September 30, 2010	Staffed Beds as of September 30, 2010	Annual Census Inpt. Days of Care
<i>Campus</i>	WakeMed North Healthplex			
<i>Intensive Care Units</i>				
a.	Burn *	0	0	* 0
b.	Cardiac	0	0	0
c.	Cardiovascular Surgery	0	0	0
d.	Medical/Surgical	0	0	0
e.	Neonatal Beds Level IV ** (Not Normal Newborn)	0	0	** 0
f.	Pediatric	0	0	0
g.	Respiratory Pulmonary	0	0	0
h.	Other (List)	0	0	0
<i>Other Units</i>				
i.	Gynecology	0	0	0
j.	Medical/Surgical ***	0	0	*** 0
k.	Neonatal Level III ** (Not Normal Newborn)	0	0	** 0
l.	Neonatal Level II ** (Not Normal Newborn)	0	0	** 0
m.	Obstetric (including LDRP)	0	0	0
n.	Oncology	0	0	0
o.	Orthopedics	0	0	0
p.	Pediatric	0	0	0
q.	Other (List)	0	0	0
1. Total General Acute Care Beds/Days (a through q)		0	0	0
2. Comprehensive In-Patient Rehabilitation		0	0	0
3. Inpatient Hospice		0	0	0
4. Detoxification		0	0	0
5. Substance Abuse / Chemical Dependency Treatment		0	0	0
6. Psychiatry		0	0	0
7. Nursing Facility		0	0	0
8. Adult Care Home		0	0	0
9. Other		0	0	0
10. Totals (1 through 9)		0	0	0

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

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

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

All responses should pertain to October 1, 2009 through September 30, 2010.

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

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

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

Licensed Acute Care (provide details below)	Licensed Beds as of September 30, 2010	Staffed Beds as of September 30, 2010	Annual Census Inpt. Days of Care
<i>Campus</i> <u>WakeMed Rehab Hospital</u>			
<i>Intensive Care Units</i>			
a. Burn *	0	0	* 0
b. Cardiac	0	0	0
c. Cardiovascular Surgery	0	0	0
d. Medical/Surgical	0	0	0
e. Neonatal Beds Level IV ** (Not Normal Newborn)	0	0	** 0
f. Pediatric	0	0	0
g. Respiratory Pulmonary	0	0	0
h. Other (List)	0	0	0
<i>Other Units</i>			
i. Gynecology	0	0	0
j. Medical/Surgical ***	0	0	*** 0
k. Neonatal Level III ** (Not Normal Newborn)	0	0	** 0
l. Neonatal Level II ** (Not Normal Newborn)	0	0	** 0
m. Obstetric (including LDRP)	0	0	0
n. Oncology	0	0	0
o. Orthopedics	0	0	0
p. Pediatric	0	0	0
q. Other (List)	0	0	0
1. Total General Acute Care Beds/Days (a through q)	0	0	0
2. Comprehensive In-Patient Rehabilitation	84	84	28,220
3. Inpatient Hospice	0	0	0
4. Detoxification	0	0	0
5. Substance Abuse / Chemical Dependency Treatment	0	0	0
6. Psychiatry	0	0	0
7. Nursing Facility	0	0	0
8. Adult Care Home	0	0	0
9. Other	0	0	0
10. Totals (1 through 9)	84	84	28,220

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
 ** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
 *** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

All responses should pertain to October 1, 2009 through September 30, 2010.

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

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

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

Licensed Acute Care (provide details below)	Licensed Beds as of September 30, 2010	Staffed Beds as of September 30, 2010	Annual Census Inpt. Days of Care
<i>Campus</i> <u>WakeMed Zebulon/Wendell NF</u>			
<i>Intensive Care Units</i>			
a. Burn *	0	0	* 0
b. Cardiac	0	0	0
c. Cardiovascular Surgery	0	0	0
d. Medical/Surgical	0	0	0
e. Neonatal Beds Level IV ** (Not Normal Newborn)	0	0	** 0
f. Pediatric	0	0	0
g. Respiratory Pulmonary	0	0	0
h. Other (List)	0	0	0
<i>Other Units</i>			
i. Gynecology	0	0	0
j. Medical/Surgical ***	0	0	*** 0
k. Neonatal Level III ** (Not Normal Newborn)	0	0	** 0
l. Neonatal Level II ** (Not Normal Newborn)	0	0	** 0
m. Obstetric (including LDRP)	0	0	0
n. Oncology	0	0	0
o. Orthopedics	0	0	0
p. Pediatric	0	0	0
q. Other (List)	0	0	0
1. Total General Acute Care Beds/Days (a through q)	0	0	0
2. Comprehensive In-Patient Rehabilitation	0	0	0
3. Inpatient Hospice	0	0	0
4. Detoxification	0	0	0
5. Substance Abuse / Chemical Dependency Treatment	0	0	0
6. Psychiatry	0	0	0
7. Nursing Facility	19	19	4,946
8. Adult Care Home	0	0	0
9. Other	0	0	0
10. Totals (1 through 9)	19	19	4,946

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

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

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

All responses should pertain to October 1, 2009 through September 30, 2010.

D. Beds by Service (Inpatient) continued WakeMed Raleigh All Sites

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0
Number of unlicensed observation beds	78

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

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

Primary Payer Source	Inpatient Days of Care (from p. 4, item D. 1.)	Emergency Visits (from p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (from p.8, Table 8. b)	Ambulatory Surgical Cases (from p. 8, Table 8. b)
Self Pay/Indigent/Charity	6,149	32,833	22,600	564	817
Medicare & Medicare Managed Care	83,017	21,111	51,153	3,585	2,090
Medicaid	39,898	44,160	43,976	1,995	2,389
Commercial Insurance	1,483	1,504	2,076	99	79
Managed Care	32,761	38,707	113,055	2,535	6,543
Other (Specify)	4,306	6,861	5,965	356	644
TOTAL	167,614	145,176	238,825	9,134	12,562

F. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	3,685
b. Live births (Cesarean Section)	1,253
c. Stillbirths	34

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	1
f. Delivery Rooms - LDRP (include Item "m" on Page 4)	32
g. Normal newborn bassinets (Level I Neonatal Services)	36
Do not include with totals under the section entitled Beds by Service (Inpatient)	

2. Abortion Services

Number of procedures per Year

12

All responses should pertain to October 1, 2009 through September 30, 2010.

D. Beds by Service (Inpatient) continued WakeMed Raleigh New Bern Avenue Only

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0
Number of unlicensed observation beds	74

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

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

Primary Payer Source	Inpatient Days of Care (from p. 4, item D. 1.)	Emergency Visits (from p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (from p.8, Table 8. b)	Ambulatory Surgical Cases (from p. 8, Table 8. b)
Self Pay/Indigent/Charity	6,149	25,115	21,776	564	685
Medicare & Medicare Managed Care	83,017	17,447	43,529	3,585	1,483
Medicaid	39,898	37,464	42,250	1,995	2,137
Commercial Insurance	1,483	1,234	1,684	99	60
Managed Care	32,761	24,487	92,478	2,535	4,160
Other (Specify)	4,306	5,410	5,327	356	517
TOTAL	167,614	111,157	207,044	9,134	9,042

F. Services and Facilities

1. Obstetrics	Enter Number of Infants
a. Live births (Vaginal Deliveries)	3,685
b. Live births (Cesarean Section)	1,253
c. Stillbirths	34

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	1
f. Delivery Rooms - LDRP (include Item "m" on Page 4)	32
g. Normal newborn bassinets (Level I Neonatal Services)	36
Do not include with totals under the section entitled Beds by Service (Inpatient)	

2. **Abortion Services** Number of procedures per Year 12

All responses should pertain to October 1, 2009 through September 30, 2010.

D. Beds by Service (Inpatient) continued WakeMed North HealthPlex Only

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0
Number of unlicensed observation beds	4

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

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

Primary Payer Source	Inpatient Days of Care (from p. 4, Item D. 1.)	Emergency Visits (from p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (from p.8, Table 8. b)	Ambulatory Surgical Cases (from p. 8, Table 8. b)
Self Pay/Indigent/Charity	0	7,718	824	0	132
Medicare & Medicare Managed Care	0	3,664	7,624	0	607
Medicaid	0	6,696	1,726	0	252
Commercial Insurance	0	270	392	0	19
Managed Care	0	14,220	20,577	0	2,383
Other (Specify)	0	1,451	638	0	127
TOTAL	0	34,019	31,781	0	3,520

F. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	0
b. Live births (Cesarean Section)	0
c. Stillbirths	0

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

2. Abortion Services

Number of procedures per Year 0

All responses should pertain to October 1, 2009 through September 30, 2010.

3. Emergency Department Services (cases equal visits to ED) WakeMed Raleigh All Sites

- a. Total Number of ED Exam Rooms: 99
- a.1. #Trauma Rooms 3 a.2. #Fast Track Rooms 0
- b. Total Number of ED visits for reporting period: 145,176 (Includes ED admits from Item c)
- c. Total Number of admits from the ED for reporting period: 19,155
- d. Total Number of Urgent Care visits for reporting period: 0
- e. Does your ED provide services 24 hours a day 7 days per week? Yes No
 If no, specify days/hours of operation:
- f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No
 If no, specify days/hours physician is on duty:

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

- a. Does the facility operate an air ambulance service? Yes No
- b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary	1	0	1	436
Fixed Wing	0	0	0	0

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

- a. Blood Bank/Transfusion Services Yes No
- b. Histopathology Laboratory Yes No
- c. HIV Laboratory Testing Yes No
- Number during reporting period
- HIV Serology 4,949
- HIV Culture 0
- d. Organ Bank Yes No
- e. Pap Smear Screening Yes No

6. Transplantation Services - Number of transplants

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

Do you perform living donor transplants? Yes No.

All responses should pertain to October 1, 2009 through September 30, 2010.

3. Emergency Department Services (cases equal visits to ED) WakeMed New Bern Ave Only

- a. Total Number of ED Exam Rooms: 80
- a.1. #Trauma Rooms 3 a.2. #Fast Track Rooms 0
- b. Total Number of ED visits for reporting period: 111,157 (Includes ED admits from Item c)
- c. Total Number of admits from the ED for reporting period: 17,033
- d. Total Number of Urgent Care visits for reporting period: 0
- e. Does your ED provide services 24 hours a day 7 days per week? Yes No
 If no, specify days/hours of operation:
- f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No
 If no, specify days/hours physician is on duty:

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

- a. Does the facility operate an air ambulance service? Yes No
- b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary	1	0	1	436
Fixed Wing	0	0	0	0

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

- a. Blood Bank/Transfusion Services Yes No
- b. Histopathology Laboratory Yes No
- c. HIV Laboratory Testing Yes No
 Number during reporting period
 HIV Serology 4,765
 HIV Culture _____
- d. Organ Bank Yes No
- e. Pap Smear Screening Yes No

6. Transplantation Services - Number of transplants

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

Do you perform living donor transplants? Yes No.

All responses should pertain to October 1, 2009 through September 30, 2010.

3. Emergency Department Services (cases equal visits to ED) WakeMed North HealthPlex Only

- a. Total Number of ED Exam Rooms: 19
- a.1. #Trauma Rooms 0 a.2. #Fast Track Rooms 0
- b. Total Number of ED visits for reporting period: 34,019 (Includes ED admits from item c)
- c. Total Number of admits from the ED for reporting period: 2,122
- d. Total Number of Urgent Care visits for reporting period: 0
- e. Does your ED provide services 24 hours a day 7 days per week? Yes No
 If no, specify days/hours of operation:
- f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No
 If no, specify days/hours physician is on duty:

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

- a. Does the facility operate an air ambulance service? Yes No
- b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary	0	0	0	0
Fixed Wing	0	0	0	0

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

- a. Blood Bank/Transfusion Services Yes No
- b. Histopathology Laboratory Yes No
- c. HIV Laboratory Testing Yes No
- Number during reporting period
- HIV Serology 184
- HIV Culture 0
- d. Organ Bank Yes No
- e. Pap Smear Screening Yes No

6. Transplantation Services - Number of transplants

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

Do you perform living donor transplants? Yes No.

All responses should pertain to October 1, 2009 through September 30, 2010.

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

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization- ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Fixed Equipment	9		2
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	0	0	0
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	5,702	3,952	1,699
4. Number of Procedures* Performed in Mobile Units	0	0	0

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

Name of Mobile Vendor: Not Applicable

Number of 8-hour days per week the mobile unit is onsite: Not Applicable 8-hour days per week.

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

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	5
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	861
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	16
4. Total Open Heart Surgery Procedures (2. + 3.)	877
Procedures on Patients Age 14 and younger	
5. Of total in #2, Number of Procedures on Patients Age 14 & younger	0
6. Of total in #3, Number of Procedures on Patients Age 14 & younger	0

All responses should pertain to October 1, 2009 through September 30, 2010.

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

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

(Campus – *If multiple sites:* WakeMed Raleigh All Sites)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	4
Dedicated C-Section	3
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	4
Shared - Inpatient / Ambulatory Surgery	18
Total of Surgical Operating Rooms	29

Number of additional CON approved surgical operating rooms pending development: See pages 8.1 & 8.2.

CON Project ID Number(s) See notes on pages 8.1 & 8.2.

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

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

Total Number of Procedure Rooms: 2 (3 in development at Raleigh New Bern Ave)

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 6

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

CON Project ID Number(s) See notes pages 8.1 and page 8.2

	Number of Cases	Number of Procedures*
GI Endoscopy	3,981	4,857
Non-GI Endoscopy	147	147
Totals	4,128	5,004

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

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

All responses should pertain to October 1, 2009 through September 30, 2010.

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

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

(Campus – *If multiple sites: WakeMed Raleigh New Bern Avenue Only*)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	4
Dedicated C-Section	3
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	18
Total of Surgical Operating Rooms	25

Number of additional CON approved surgical operating rooms pending development: 4

CON Project ID Number(s) J-7350-05 (award of ORs) ; J-8364-09 (relocation)

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

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

Total Number of Procedure Rooms: 1 (3 in development at Raleigh New Bern Ave)

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 4

Number of additional CON approved GI Endoscopy Rooms pending development: See note below.

CON Project ID Number (s) J-7588-06 replaces 2 Endo rooms to be converted to OR s in J-7350-05.

	Number of Cases	Number of Procedures*
GI Endoscopy	3,434	4,214
Non-GI Endoscopy	147	147
Totals	3,581	4,361

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

All responses should pertain to October 1, 2009 through September 30, 2010.

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

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

(Campus – If multiple sites: WakeMed North HealthPlex Only)

a) Surgical Operating Rooms

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

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

Number of additional CON approved surgical operating rooms pending development: 1 dedicated C-Sec room

CON Project ID Number(s) J-7843-07

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

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

Total Number of Procedure Rooms: 1

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 2

Number of additional CON approved GI Endoscopy Rooms pending development: See note below.

CON Project ID Number(s) J-7586-06 replaces 1 Endo room to be converted to an OR in J-7350-05.

	Number of Cases	Number of Procedures*
GI Endoscopy	547	643
Non-GI Endoscopy	0	0
Totals	547	643

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes..

All responses should pertain to October 1, 2009 through September 30, 2010.

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

(Campus – If multiple sites: WakeMed Raleigh All Sites)

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	282	13
Open Heart Surgery (from 7.(b) 4.)	877	
General Surgery	1,884	2,287
Neurosurgery	848	632
Obstetrics and GYN (excluding C-Sections)	387	1,640
Ophthalmology	2	431
Oral Surgery	27	117
Orthopedics	2,111	3,009
Otolaryngology	376	2,928
Plastic Surgery	137	173
Urology	161	489
Vascular	597	34
Other Surgeries (specify) See pages 9.1 & 9.2	209	809
Other Surgeries (specify)	0	
Number of C-Section's Performed in Dedicated C-Section ORs	1,236	
Number of C-Section's Performed in Other ORs	0	
Total Surgical Cases	9,134	12,562

e) Non-Surgical Cases by Category Table

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

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	0	285
Cystoscopy	0	0
Non-GI Endoscopies (not reported in 8. c)	0	0
GI Endoscopies (not reported in 8. c)	0	0
YAG Laser	0	0
Other (specify) Dental	0	890
Other (specify) Minor Procedures	24	34
Other (specify)	0	0
Total Non-Surgical Cases	24	1,209

All responses should pertain to October 1, 2009 through September 30, 2010.

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

(Campus – If multiple sites: **WakeMed Raleigh New Bern Avenue Only**)

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	282	13
Open Heart Surgery (from 7.(b) 4.)	877	
General Surgery	1,884	2,056
Neurosurgery	848	632
Obstetrics and GYN (excluding C-Sections)	387	1,431
Ophthalmology	2	5
Oral Surgery	27	117
Orthopedics	2,111	1,934
Otolaryngology	376	1,621
Plastic Surgery	137	170
Urology	161	467
Vascular	597	34
Other Surgeries Cystoscopy, Podiatry, Angio	209	562
Other Surgeries (specify)	0	
Number of C-Section's Performed in Dedicated C-Section ORs	1,236	
Number of C-Section's Performed in Other Ors	0	
Total Surgical Cases	9,134	9,042

e) Non-Surgical Cases by Category Table

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

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	0	0
Cystoscopy	0	0
Non-GI Endoscopies (not reported in 8. c)	0	0
GI Endoscopies (not reported in 8. c)	0	0
YAG Laser	0	0
Other (specify) Dental	0	890
Other (specify) Minor Procedures	24	34
Other (specify)	0	0
Total Non-Surgical Cases	24	924

All responses should pertain to October 1, 2009 through September 30, 2010.

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

(Campus – If multiple sites: WakeMed North HealthPlex Only)

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	0	0
Open Heart Surgery (from 7.(b) 4.)	0	
General Surgery	0	231
Neurosurgery	0	0
Obstetrics and GYN (excluding C-Sections)	0	209
Ophthalmology	0	426
Oral Surgery	0	0
Orthopedics	0	1,075
Otolaryngology	0	1,307
Plastic Surgery	0	3
Urology	0	22
Vascular	0	0
Other Surgeries Podiatry	0	247
Other Surgeries (specify)	0	
Number of C-Section's Performed in Dedicated C-Section ORs	0	
Number of C-Section's Performed in Other ORs	0	
Total Surgical Cases	0	3,520

e) Non-Surgical Cases by Category Table

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

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	0	285
Cystoscopy	0	0
Non-GI Endoscopies (not reported in 8. c)	0	0
GI Endoscopies (not reported in 8. c)	0	0
YAG Laser	0	0
Other (specify)	0	0
Other (specify)	0	0
Other (specify)	0	0
Total Non-Surgical Cases	0	285

All responses should pertain to October 1, 2009 through September 30, 2010.

9. Average Operating Room Availability and Average Case Times: WakeMed Raleigh All Sites

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1872 hours per OR per year.

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

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

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
10.8	260	260	109

* Use only Hours per Day routinely scheduled when determining. Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.

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

All responses should pertain to October 1, 2009 through September 30, 2010.

9. Average Operating Room Availability and Average Case Times: WakeMed Raleigh New Bern

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1872 hours per OR per year.

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

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

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
11.3	260	260	124

* Use only Hours per Day routinely scheduled when determining. Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.

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

All responses should pertain to October 1, 2009 through September 30, 2010.

9. Average Operating Room Availability and Average Case Times: WakeMed North Healthplex

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1872 hours per OR per year.

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

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

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
8	260	0	70

* Use only Hours per Day routinely scheduled when determining. Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.

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

All responses should pertain to October 1, 2009 through September 30, 2010.

10a. Magnetic Resonance Imaging (MRI) WakeMed Raleigh All Sites

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

Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	# Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
# of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	0							
Number of Policy AC-3 MRI scanners used for general clinical purposes	0							
Total Fixed MRI Scanners	2	1,382	3,038	4,420	1,712	4,037	5,749	10,169
Procedures performed on mobile MRI scanners only at this site		0	0	0	286	690	976	976
Name(s) of Mobile MRI Provider(s): WakeMed								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes	0	0	0	0	0	0	0	0
Other Human Research MRI scanners	0	0	0	0	0	0	0	0

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

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	1
70540	MRI Orbit/Face/Neck w/o	17
70542	MRI Orbit/Face/Neck with contrast	0
70543	MRI Orbit/Face/Neck w/o & with	107
70544	MRA Head w/o	54
70545	MRA Head with contrast	0
70546	MRA Head w/o & with	0
70547	MRA Neck w/o	41
70548	MRA Neck with contrast	16
70549	MRA Neck w/o & with	408
70551	MRI Brain w/o	3,309
70552	MRI Brain with contrast	51
	Subtotal for this page	4,004

All responses should pertain to October 1, 2009 through September 30, 2010.

10a. Magnetic Resonance Imaging (MRI) WakeMed Raleigh New Bern

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

Number of fixed MRI scanners-closed (<i>do not include any Policy AC-3 scanners</i>)	# Units 2	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
# of fixed MRI scanners-open (<i>do not include any Policy AC-3 scanners</i>)	0	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Number of Policy AC-3 MRI scanners used for general clinical purposes	0							
Total Fixed MRI Scanners	2	1,382	3,038	4,420	1,712	4,037	5,749	10,169
Procedures performed on mobile MRI scanners only at this site		0	0	0	0	0	0	0
Name(s) of Mobile MRI Provider(s): Not Applicable								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes	0	0	0	0	0	0	0	0
Other Human Research MRI scanners	0	0	0	0	0	0	0	0

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

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	1
70540	MRI Orbit/Face/Neck w/o	15
70542	MRI Orbit/Face/Neck with contrast	0
70543	MRI Orbit/Face/Neck w/o & with	95
70544	MRA Head w/o	53
70545	MRA Head with contrast	0
70546	MRA Head w/o & with	0
70547	MRA Neck w/o	41
70548	MRA Neck with contrast	16
70549	MRA Neck w/o & with	408
70551	MRI Brain w/o	3,228
70552	MRI Brain with contrast	51
Subtotal for this page		3,908

All responses should pertain to October 1, 2009 through September 30, 2010.

10a. Magnetic Resonance Imaging (MRI) WakeMed North Healthplex

Indicate the number of machines/instruments (units) and the number of the following types of procedures performed during the 12-month reporting period at your facility. For Hospitals that operate medical equipment at multiple sites, please copy this and provide separate pages for each site.

Number of fixed MRI scanners-closed (<i>do not include any Policy AC-3 scanners</i>)	# Units 0	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
# of fixed MRI scanners-open (<i>do not include any Policy AC-3 scanners</i>)	0	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Number of Policy AC-3 MRI scanners used for general clinical purposes	0							
Total Fixed MRI Scanners	0	0	0	0	0	0	0	
Procedures performed on mobile MRI scanners only at this site		0	0	0	286	690	976	976
Name(s) of Mobile MRI Provider(s): <u>WakeMed</u>								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes	0	0	0	0	0	0	0	0
Other Human Research MRI scanners	0	0	0	0	0	0	0	0

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

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	0
70540	MRI Orbit/Face/Neck w/o	2
70542	MRI Orbit/Face/Neck with contrast	0
70543	MRI Orbit/Face/Neck w/o & with	12
70544	MRA Head w/o	1
70545	MRA Head with contrast	0
70546	MRA Head w/o & with	0
70547	MRA Neck w/o	0
70548	MRA Neck with contrast	0
70549	MRA Neck w/o & with	0
70551	MRI Brain w/o	81
70552	MRI Brain with contrast	0
	Subtotal for this page	96

All responses should pertain to October 1, 2009 through September 30, 2010.

10b. MRI Procedures by CPT Codes *continued*. . . . WakeMed Raleigh All Sites

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	1,346
7055A	IAC Screening	0
71550	MRI Chest w/o	28
71551	MRI Chest with contrast	1
71552	MRI Chest w/o & with	16
71555	MRA Chest with OR without contrast	0
72126	Cervical Spine Infusion only	0
72141	MRI Cervical Spine w/o	973
72142	MRI Cervical Spine with contrast	39
72156	MRI Cervical Spine w/o & with	110
72146	MRI Thoracic Spine w/o	261
72147	MRI Thoracic Spine with contrast	7
72157	MRI Thoracic Spine w/o & with	81
72148	MRI Lumbar Spine w/o	1,097
72149	MRI Lumbar Spine with contrast	6
72158	MRI Lumbar Spine w/o & with	363
72159	MRA Spinal Canal w/o OR with contrast	0
72195	MRI Pelvis w/o	65
72196	MRI Pelvis with contrast	4
72197	MRI Pelvis w/o & with	108
72198	MRA Pelvis w/o OR with Contrast	0
73218	MRI Upper Ext, other than joint w/o	32
73219	MRI Upper Ext, other than joint with contrast	1
73220	MRI Upper Ext, other than joint w/o & with	25
73221	MRI Upper Ext, any joint w/o	212
73222	MRI Upper Ext, any joint with contrast	5
73223	MRI Upper Ext, any joint w/o & with	15
73225	MRA Upper Ext, w/o OR with contrast	1
73718	MRI Lower Ext other than joint w/o	98
73719	MRI Lower Ext other than joint with contrast	2
73720	MRI Lower Ext other than joint w/o & with	102
73721	MRI Lower Ext any joint w/o	562
73722	MRI Lower Ext any joint with contrast	2
73723	MRI Lower Ext any joint w/o & with	24
73725	MRA Lower Ext w/o OR with contrast	2
74181	MRI Abdomen w/o	200
74182	MRI Abdomen with contrast	2
	Subtotal for this page	5,790

All responses should pertain to October 1, 2009 through September 30, 2010.

10b. MRI Procedures by CPT Codes *continued.* . . . WakeMed Raleigh New Bern

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	1,233
7055A	IAC Screening	0
71550	MRI Chest w/o	27
71551	MRI Chest with contrast	0
71552	MRI Chest w/o & with	16
71555	MRA Chest with OR without contrast	0
72126	Cervical Spine Infusion only	0
72141	MRI Cervical Spine w/o	874
72142	MRI Cervical Spine with contrast	33
72156	MRI Cervical Spine w/o & with	98
72146	MRI Thoracic Spine w/o	236
72147	MRI Thoracic Spine with contrast	6
72157	MRI Thoracic Spine w/o & with	75
72148	MRI Lumbar Spine w/o	964
72149	MRI Lumbar Spine with contrast	6
72158	MRI Lumbar Spine w/o & with	312
72159	MRA Spinal Canal w/o OR with contrast	0
72195	MRI Pelvis w/o	55
72196	MRI Pelvis with contrast	1
72197	MRI Pelvis w/o & with	90
72198	MRA Pelvis w/o OR with Contrast	0
73218	MRI Upper Ext, other than joint w/o	16
73219	MRI Upper Ext, other than joint with contrast	1
73220	MRI Upper Ext, other than joint w/o & with	21
73221	MRI Upper Ext, any joint w/o	88
73222	MRI Upper Ext, any joint with contrast	5
73223	MRI Upper Ext, any joint w/o & with	8
73225	MRA Upper Ext, w/o OR with contrast	1
73718	MRI Lower Ext other than joint w/o	98
73719	MRI Lower Ext other than joint with contrast	2
73720	MRI Lower Ext other than joint w/o & with	102
73721	MRI Lower Ext any joint w/o	562
73722	MRI Lower Ext any joint with contrast	2
73723	MRI Lower Ext any joint w/o & with	24
73725	MRA Lower Ext w/o OR with contrast	2
74181	MRI Abdomen w/o	200
74182	MRI Abdomen with contrast	2
	Subtotal for this page	5,160

All responses should pertain to October 1, 2009 through September 30, 2010.

10b. MRI Procedures by CPT Codes *continued*. . . . WakeMed North Healthplex

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	113
7055A	IAC Screening	0
71550	MRI Chest w/o	1
71551	MRI Chest with contrast	1
71552	MRI Chest w/o & with	0
71555	MRA Chest with OR without contrast	0
72126	Cervical Spine Infusion only	0
72141	MRI Cervical Spine w/o	99
72142	MRI Cervical Spine with contrast	6
72156	MRI Cervical Spine w/o & with	12
72146	MRI Thoracic Spine w/o	25
72147	MRI Thoracic Spine with contrast	1
72157	MRI Thoracic Spine w/o & with	6
72148	MRI Lumbar Spine w/o	133
72149	MRI Lumbar Spine with contrast	0
72158	MRI Lumbar Spine w/o & with	51
72159	MRA Spinal Canal w/o OR with contrast	0
72195	MRI Pelvis w/o	10
72196	MRI Pelvis with contrast	3
72197	MRI Pelvis w/o & with	18
72198	MRA Pelvis w/o OR with Contrast	0
73218	MRI Upper Ext, other than joint w/o	16
73219	MRI Upper Ext, other than joint with contrast	0
73220	MRI Upper Ext, other than joint w/o & with	4
73221	MRI Upper Ext, any joint w/o	124
73222	MRI Upper Ext, any joint with contrast	0
73223	MRI Upper Ext, any joint w/o & with	7
73225	MRA Upper Ext, w/o OR with contrast	0
73718	MRI Lower Ext other than joint w/o	0
73719	MRI Lower Ext other than joint with contrast	0
73720	MRI Lower Ext other than joint w/o & with	0
73721	MRI Lower Ext any joint w/o	0
73722	MRI Lower Ext any joint with contrast	0
73723	MRI Lower Ext any joint w/o & with	0
73725	MRA Lower Ext w/o OR with contrast	0
74181	MRI Abdomen w/o	0
74182	MRI Abdomen with contrast	0
	Subtotal for this page	630

All responses should pertain to October 1, 2009 through September 30, 2010.

10b. MRI Procedures by CPT Codes *continued*. . . . WakeMed Raleigh All Sites

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	363
74185	MRA Abdomen w/o OR with contrast	30
75552	MRI Cardiac Morphology w/o	0
75553	MRI Cardiac Morphology with contrast	0
75554	MRI Cardiac Function Complete	0
75555	MRI Cardiac Function Limited	0
75556	MRI Cardiac Velocity Flow Mapping	0
76093	MRI Breast, unilateral w/o and/or with contrast	0
76094	MRI Breast, bilateral w/o and/or with contrast	0
76125	Cineradiography to complement exam	0
76390	MRI Spectroscopy	1
76393	MRI Guidance for needle placement	0
76394	MRI Guidance for tissue ablation	0
76400	MRI Bone Marrow blood supply	0
7649A	MR functional imaging	0
7649D	MRI infant spine comp w/ & w/o contrast	0
7649E	Spine (infants) w/o infusion	0
7649H	MR functional imaging	0
N/A	Clinical Research Scans	0
	Subtotal for this page	394
	Total Number of Procedures for all pages	10,188

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 5

Does the hospital contract for mobile CT scanner services? ___ Yes X No

If yes, identify the mobile CT vendor _____

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	23,863	X	1.00	=	23,863.00
2	Head with contrast	417	X	1.25	=	521.25
3	Head without and with contrast	201	X	1.75	=	351.75
4	Body without contrast	7,744	X	1.50	=	11,616.00
5	Body with contrast	19,555	X	1.75	=	34,221.25
6	Body without contrast and with contrast	1,409	X	2.75	=	3,874.75
7	Biopsy in addition to body scan with or without contrast	178	X	2.75	=	489.50
8	Abscess drainage in addition to body scan with or without contrast	129	X	4.00	=	516.00

All responses should pertain to October 1, 2009 through September 30, 2010.

10b. MRI Procedures by CPT Codes *continued* . . . WakeMed Raleigh New Bern Ave

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	324
74185	MRA Abdomen w/o OR with contrast	29
75552	MRI Cardiac Morphology w/o	0
75553	MRI Cardiac Morphology with contrast	0
75554	MRI Cardiac Function Complete	0
75555	MRI Cardiac Function Limited	0
75556	MRI Cardiac Velocity Flow Mapping	0
76093	MRI Breast, unilateral w/o and/or with contrast	0
76094	MRI Breast, bilateral w/o and/or with contrast	0
76125	Cineradiography to complement exam	0
76390	MRI Spectroscopy	1
76393	MRI Guidance for needle placement	0
76394	MRI Guidance for tissue ablation	0
76400	MRI Bone Marrow blood supply	0
7649A	MR functional imaging	0
7649D	MRI infant spine comp w/ & w/o contrast	0
7649E	Spine (infants) w/o infusion	0
7649H	MR functional imaging	0
N/A	Clinical Research Scans	0
	Subtotal for this page	354
	Total Number of Procedures for all pages	9,422

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 4
 Does the hospital contract for mobile CT scanner services? Yes X No
 If yes, identify the mobile CT vendor _____

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	19,843	X	1.00	=	19,843.00
2	Head with contrast	380	X	1.25	=	475.00
3	Head without and with contrast	185	X	1.75	=	323.75
4	Body without contrast	6,062	X	1.50	=	9,093.00
5	Body with contrast	15,867	X	1.75	=	27,767.25
6	Body without contrast and with contrast	1,143	X	2.75	=	3,143.25
7	Biopsy in addition to body scan with or without contrast	178	X	2.75	=	489.50
8	Abscess drainage in addition to body scan with or without contrast	129	X	4.00	=	516.00

All responses should pertain to October 1, 2009 through September 30, 2010.

10b. MRI Procedures by CPT Codes *continued*. . . . WakeMed North Healthplex

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	39
74185	MRA Abdomen w/o OR with contrast	1
75552	MRI Cardiac Morphology w/o	0
75553	MRI Cardiac Morphology with contrast	0
75554	MRI Cardiac Function Complete	0
75555	MRI Cardiac Function Limited	0
75556	MRI Cardiac Velocity Flow Mapping	0
76093	MRI Breast, unilateral w/o and/or with contrast	0
76094	MRI Breast, bilateral w/o and/or with contrast	0
76125	Cineradiography to complement exam	0
76390	MRI Spectroscopy	0
76393	MRI Guidance for needle placement	0
76394	MRI Guidance for tissue ablation	0
76400	MRI Bone Marrow blood supply	0
7649A	MR functional imaging	0
7649D	MRI infant spine comp w/ & w/o contrast	0
7649E	Spine (infants) w/o infusion	0
7649H	MR functional imaging	0
N/A	Clinical Research Scans	0
	Subtotal for this page	40
	Total Number of Procedures for all pages	766

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 1
 Does the hospital contract for mobile CT scanner services? Yes X No
 If yes, identify the mobile CT vendor _____

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	4,020	X	1.00	=	4,020.00
2	Head with contrast	37	X	1.25	=	46.25
3	Head without and with contrast	16	X	1.75	=	28.00
4	Body without contrast	1,682	X	1.50	=	2,523.00
5	Body with contrast	3,688	X	1.75	=	6,454.00
6	Body without contrast and with contrast	266	X	2.75	=	731.50
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	0
8	Abscess drainage in addition to body scan with or without contrast	0	X	4.00	=	0

All responses should pertain to October 1, 2009 through September 30, 2010.

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	0	X	1.00	=	0
2	Head with contrast	0	X	1.25	=	0
3	Head without and with contrast	0	X	1.75	=	0
4	Body without contrast	0	X	1.50	=	0
5	Body with contrast	0	X	1.75	=	0
6	Body without contrast and with contrast	0	X	2.75	=	0
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	0
8	Abscess drainage in addition to body scan with or without contrast	0	X	4.00	=	0

10d. Other Imaging Equipment WakeMed Raleigh All Sites

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0	0	0	0
Mobile PET Scanner	0	0	0	0
PET pursuant to Policy AC-3	0	0	0	0
Other Human Research PET Scanner	0	0	0	0
Ultrasound equipment	9	2,514	16,971	19,485
Mammography equipment	6	13	8,413	8,426
Bone Density Equipment	3	0	1,073	1,073
Fixed X-ray Equipment (excluding fluoroscopic)	20	44,590	138,005	182,595
Fixed Fluoroscopic X-ray Equipment	6	668	6,545	7,213
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	3	1,617	2,786	4,403
Coincidence Camera	0	0	0	0
Mobile Coincidence Camera				
Vendor:	0	0	0	0
SPECT	4	2,304	1,073	3,377
Mobile SPECT				
Vendor:	0	0	0	0
Gamma Camera	0	0	0	0
Mobile Gamma Camera				
Vendor:	0	0	0	0

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

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	0	0	0	0
Mobile	1	0	43	43

Lithotripsy Vendor/Owner:
Carolina Lithotripsy

All responses should pertain to October 1, 2009 through September 30, 2010.

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	0	X	1.00	=	0
2	Head with contrast	0	X	1.25	=	0
3	Head without and with contrast	0	X	1.75	=	0
4	Body without contrast	0	X	1.50	=	0
5	Body with contrast	0	X	1.75	=	0
6	Body without contrast and with contrast	0	X	2.75	=	0
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	0
8	Abscess drainage in addition to body scan with or without contrast	0	X	4.00	=	0

10d. Other Imaging Equipment WakeMed Raleigh New Bern Ave Only

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0	0	0	0
Mobile PET Scanner	0	0	0	0
PET pursuant to Policy AC-3	0	0	0	0
Other Human Research PET Scanner	0	0	0	0
Ultrasound equipment	5	2,514	11,910	14,424
Mammography equipment	2	13	2,907	2,920
Bone Density Equipment	0	0	0	0
Fixed X-ray Equipment (excluding fluoroscopic)	14	44,507	115,059	159,566
Fixed Fluoroscopic X-ray Equipment	5	668	5,934	6,602
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	3	1,617	2,786	4,403
Coincidence Camera	0	0	0	0
Mobile Coincidence Camera	0	0	0	0
Vendor:				
SPECT	4	2,304	1,073	3,377
Mobile SPECT	0	0	0	0
Vendor:				
Gamma Camera	0	0	0	0
Mobile Gamma Camera	0	0	0	0
Vendor:				

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

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	0	0	0	0
Mobile	1	0	43	43

Lithotripsy Vendor/Owner:
Carolina Lithotripsy

All responses should pertain to October 1, 2009 through September 30, 2010.

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	0	X	1.00	=	0
2	Head with contrast	0	X	1.25	=	0
3	Head without and with contrast	0	X	1.75	=	0
4	Body without contrast	0	X	1.50	=	0
5	Body with contrast	0	X	1.75	=	0
6	Body without contrast and with contrast	0	X	2.75	=	0
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	0
8	Abscess drainage in addition to body scan with or without contrast	0	X	4.00	=	0

10d. Other Imaging Equipment . WakeMed North Healthplex Only

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0	0	0	0
Mobile PET Scanner	0	0	0	0
PET pursuant to Policy AC-3	0	0	0	0
Other Human Research PET Scanner	0	0	0	0
Ultrasound equipment	2	0	4,224	4,224
Mammography equipment	2	0	3,601	3,601
Bone Density Equipment	1	0	626	626
Fixed X-ray Equipment (excluding fluoroscopic)	3	0	16,002	16,002
Fixed Fluoroscopic X-ray Equipment	1	0	611	611
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	0	0	0	0
Coincidence Camera	0	0	0	0
Mobile Coincidence Camera				
Vendor:	0	0	0	0
SPECT	0	0	0	0
Mobile SPECT				
Vendor:	0	0	0	0
Gamma Camera	0	0	0	0
Mobile Gamma Camera				
Vendor:	0	0	0	0

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

10e. Lithotripsy

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

Lithotripsy Vendor/Owner:

All responses should pertain to October 1, 2009 through September 30, 2010.

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

	Type of CT Scan	# of Scans		Conversion Factor	=	HECT Units
1	Head without contrast	0	X	1.00	=	0
2	Head with contrast	0	X	1.25	=	0
3	Head without and with contrast	0	X	1.75	=	0
4	Body without contrast	0	X	1.50	=	0
5	Body with contrast	0	X	1.75	=	0
6	Body without contrast and with contrast	0	X	2.75	=	0
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	0
8	Abscess drainage in addition to body scan with or without contrast	0	X	4.00	=	0

10d. Other Imaging Equipment WakeMed Zebulon Only

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0	0	0	0
Mobile PET Scanner	0	0	0	0
PET pursuant to Policy AC-3	0	0	0	0
Other Human Research PET Scanner	0	0	0	0
Ultrasound equipment	0	0	0	0
Mammography equipment	0	0	0	0
Bone Density Equipment	0	0	0	0
Fixed X-ray Equipment (excluding fluoroscopic)	1	83	2,283	2,366
Fixed Fluoroscopic X-ray Equipment	0	0	0	0
Special Procedures/ Angiography (neuro & vascular, but not including cardiac cath.)	0	0	0	0
Coincidence Camera	0	0	0	0
Mobile Coincidence Camera	0	0	0	0
Vendor:				
SPECT	0	0	0	0
Mobile SPECT	0	0	0	0
Vendor:				
Gamma Camera	0	0	0	0
Mobile Gamma Camera	0	0	0	0
Vendor:				

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

10e. Lithotripsy

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

Lithotripsy Vendor/Owner:

All responses should pertain to October 1, 2009 through September 30, 2010.

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	0	X	1.00	=	0
2	Head with contrast	0	X	1.25	=	0
3	Head without and with contrast	0	X	1.75	=	0
4	Body without contrast	0	X	1.50	=	0
5	Body with contrast	0	X	1.75	=	0
6	Body without contrast and with contrast	0	X	2.75	=	0
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	0
8	Abscess drainage in addition to body scan with or without contrast	0	X	4.00	=	0

10d. Other Imaging Equipment WakeMed Raleigh Clayton Medical Park Only

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0	0	0	0
Mobile PET Scanner	0	0	0	0
PET pursuant to Policy AC-3	0	0	0	0
Other Human Research PET Scanner	0	0	0	0
Ultrasound equipment	1	0	725	725
Mammography equipment	1	0	1,585	1,585
Bone Density Equipment	1	0	348	348
Fixed X-ray Equipment (excluding fluoroscopic)	1	0	3,031	3,031
Fixed Fluoroscopic X-ray Equipment	0	0	0	0
Special Procedures/ Angiography (neuro & vascular, but not including cardiac cath.)	0	0	0	0
Coincidence Camera	0	0	0	0
Mobile Coincidence Camera	0	0	0	0
Vendor:				
SPECT	0	0	0	0
Mobile SPECT	0	0	0	0
Vendor:				
Gamma Camera	0	0	0	0
Mobile Gamma Camera	0	0	0	0
Vendor:				

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

10e. Lithotripsy

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

Lithotripsy Vendor/Owner:

All responses should pertain to October 1, 2009 through September 30, 2010.

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	0	X	1.00	=	0
2	Head with contrast	0	X	1.25	=	0
3	Head without and with contrast	0	X	1.75	=	0
4	Body without contrast	0	X	1.50	=	0
5	Body with contrast	0	X	1.75	=	0
6	Body without contrast and with contrast	0	X	2.75	=	0
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	0
8	Abscess drainage in addition to body scan with or without contrast	0	X	4.00	=	0

10d. Other Imaging Equipment WakeMed Brier Creek Medical Park Only

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0	0	0	0
Mobile PET Scanner	0	0	0	0
PET pursuant to Policy AC-3	0	0	0	0
Other Human Research PET Scanner	0	0	0	0
Ultrasound equipment	1	0	112	112
Mammography equipment	1	0	320	320
Bone Density Equipment	1	0	99	99
Fixed X-ray Equipment (excluding fluoroscopic)	1	0	1,630	1,630
Fixed Fluoroscopic X-ray Equipment	0	0	0	0
Special Procedures/ Angiography (neuro & vascular, but not including cardiac cath.)	0	0	0	0
Coincidence Camera	0	0	0	0
Mobile Coincidence Camera Vendor:	0	0	0	0
SPECT	0	0	0	0
Mobile SPECT Vendor:	0	0	0	0
Gamma Camera	0	0	0	0
Mobile Gamma Camera Vendor:	0	0	0	0

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

10e. Lithotripsy

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

Lithotripsy Vendor/Owner:

All responses should pertain to October 1, 2009 through September 30, 2010.

11. Linear Accelerator Treatment Data (including Cyberknife® & Similar Equipment) Not Applicable

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

All responses should pertain to October 1, 2009 through September 30, 2010.

13. Additional Services: *continued* NOT APPLICABLE

c) Mental Health and Substance Abuse

1. If psychiatric care has a different name than the hospital, please indicate:

2. If address is different than the hospital, please indicate:

3. Director of the above services.

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

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

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

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

All responses should pertain to October 1, 2009 through September 30, 2010.

13. Additional Services: *continued* NOT APPLICABLE

c) Mental Health and Substance Abuse *continued*

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

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

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin -General Acute Care Inpatient Services

Facility County: Wake

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

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	16	37. Gates	1	73. Person	11
2. Alexander	1	38. Graham	0	74. Pitt	43
3. Alleghany	1	39. Granville	151	75. Polk	1
4. Anson	1	40. Greene	15	76. Randolph	4
5. Ashe	1	41. Guilford	32	77. Richmond	5
6. Avery	0	42. Halifax	600	78. Robeson	28
7. Beaufort	15	43. Harnett	1,889	79. Rockingham	11
8. Bertie	8	44. Haywood	0	80. Rowan	5
9. Bladen	20	45. Henderson	0	81. Rutherford	0
10. Brunswick	15	46. Hertford	8	82. Sampson	1,208
11. Buncombe	6	47. Hoke	8	83. Scotland	7
12. Burke	4	48. Hyde	2	84. Stanly	1
13. Cabarrus	2	49. Iredell	3	85. Stokes	1
14. Caldwell	3	50. Jackson	4	86. Surry	0
15. Camden	0	51. Johnston	3,415	87. Swain	0
16. Carteret	38	52. Jones	5	88. Transylvania	0
17. Caswell	1	53. Lee	78	89. Tyrrell	0
18. Catawba	2	54. Lenoir	54	90. Union	1
19. Chatham	30	55. Lincoln	0	91. Vance	146
20. Cherokee	0	56. Macon	2	92. Wake	21,896
21. Chowan	1	57. Madison	0	93. Warren	30
22. Clay	1	58. Martin	5	94. Washington	5
23. Cleveland	2	59. McDowell	5	95. Watauga	0
24. Columbus	16	60. Mecklenburg	19	96. Wayne	897
25. Craven	16	61. Mitchell	0	97. Wilkes	1
26. Cumberland	169	62. Montgomery	3	98. Wilson	691
27. Currituck	1	63. Moore	31	99. Yadkin	0
28. Dare	6	64. Nash	1,041	100. Yancey	0
29. Davidson	4	65. New Hanover	33		
30. Davie	0	66. Northampton	152	101. Georgia	17
31. Duplin	188	67. Onslow	48	102. South Carolina	30
32. Durham	131	68. Orange	29	103. Tennessee	15
33. Edgecombe	111	69. Pamlico	2	104. Virginia	67
34. Forsyth	13	70. Pasquotank	5	105. Other States	370
35. Franklin	1,498	71. Pender	17	106. Other	0
36. Gaston	5	72. Perquimans	0	Total No. of Patients	35,474

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin – Inpatient Surgical Cases

Facility County: **Wake**

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	10	37. Gates	1	73. Person	2
2. Alexander	1	38. Graham	0	74. Pitt	19
3. Alleghany	0	39. Granville	56	75. Polk	0
4. Anson	0	40. Greene	4	76. Randolph	1
5. Ashe	1	41. Guilford	10	77. Richmond	1
6. Avery	0	42. Halifax	130	78. Robeson	9
7. Beaufort	6	43. Harnett	461	79. Rockingham	2
8. Bertie	3	44. Haywood	0	80. Rowan	5
9. Bladen	2	45. Henderson	0	81. Rutherford	0
10. Brunswick	6	46. Hertford	3	82. Sampson	266
11. Buncombe	2	47. Hoke	6	83. Scotland	4
12. Burke	0	48. Hyde	1	84. Stanly	1
13. Cabarrus	0	49. Iredell	1	85. Stokes	0
14. Caldwell	0	50. Jackson	0	86. Surry	0
15. Camden	0	51. Johnston	830	87. Swain	0
16. Carteret	11	52. Jones	2	88. Transylvania	0
17. Caswell	1	53. Lee	25	89. Tyrrell	0
18. Catawba	1	54. Lenoir	21	90. Union	3
19. Chatham	5	55. Lincoln	0	91. Vance	54
20. Cherokee	0	56. Macon	0	92. Wake	5,722
21. Chowan	0	57. Madison	0	93. Warren	14
22. Clay	0	58. Martin	3	94. Washington	1
23. Cleveland	2	59. McDowell	2	95. Watauga	0
24. Columbus	7	60. Mecklenburg	7	96. Wayne	175
25. Craven	9	61. Mitchell	0	97. Wilkes	0
26. Cumberland	70	62. Montgomery	1	98. Wilson	125
27. Currituck	0	63. Moore	9	99. Yadkin	0
28. Dare	1	64. Nash	236	100. Yancey	0
29. Davidson	3	65. New Hanover	21		
30. Davie	0	66. Northampton	32	101. Georgia	4
31. Duplin	34	67. Onslow	13	102. South Carolina	10
32. Durham	43	68. Orange	10	103. Tennessee	5
33. Edgecombe	36	69. Pamlico	0	104. Virginia	35
34. Forsyth	2	70. Pasquotank	1	105. Other States	84
35. Franklin	442	71. Pender	6	106. Other	0
36. Gaston	2	72. Perquimans	0	Total No. of Patients	9,134

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin – Ambulatory Surgical Cases

WakeMed Raleigh All Sites

Facility County: Wake

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	18	37. Gates	0	73. Person	6
2. Alexander	0	38. Graham	2	74. Pitt	11
3. Alleghany	0	39. Granville	118	75. Polk	0
4. Anson	3	40. Greene	14	76. Randolph	6
5. Ashe	1	41. Guilford	15	77. Richmond	5
6. Avery	0	42. Halifax	53	78. Robeson	18
7. Beaufort	8	43. Harnett	277	79. Rockingham	1
8. Bertie	8	44. Haywood	0	80. Rowan	1
9. Bladen	0	45. Henderson	0	81. Rutherford	0
10. Brunswick	1	46. Hertford	0	82. Sampson	62
11. Buncombe	0	47. Hoke	2	83. Scotland	6
12. Burke	1	48. Hyde	3	84. Stanly	0
13. Cabarrus	0	49. Iredell	1	85. Stokes	1
14. Caldwell	0	50. Jackson	1	86. Surry	0
15. Camden	0	51. Johnston	909	87. Swain	0
16. Carteret	6	52. Jones	2	88. Transylvania	0
17. Caswell	2	53. Lee	45	89. Tyrrell	0
18. Catawba	1	54. Lenoir	7	90. Union	1
19. Chatham	26	55. Lincoln	0	91. Vance	80
20. Cherokee	0	56. Macon	0	92. Wake	9,333
21. Chowan	0	57. Madison	0	93. Warren	15
22. Clay	0	58. Martin	2	94. Washington	2
23. Cleveland	1	59. McDowell	0	95. Watauga	0
24. Columbus	9	60. Mecklenburg	5	96. Wayne	73
25. Craven	9	61. Mitchell	0	97. Wilkes	0
26. Cumberland	49	62. Montgomery	10	98. Wilson	94
27. Currituck	0	63. Moore	9	99. Yadkin	0
28. Dare	1	64. Nash	178	100. Yancey	0
29. Davidson	0	65. New Hanover	11		
30. Davie	0	66. Northampton	12	101. Georgia	3
31. Duplin	15	67. Onslow	12	102. South Carolina	4
32. Durham	135	68. Orange	46	103. Tennessee	1
33. Edgecombe	26	69. Pamlico	1	104. Virginia	22
34. Forsyth	6	70. Pasquotank	5	105. Other States	38
35. Franklin	703	71. Pender	10	106. Other	0
36. Gaston	0	72. Perquimans	0	Total No. of Patients	12,562

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin – Ambulatory Surgical Cases

WakeMed Raleigh New Bern Ave Only

Facility County: Wake

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	15	37. Gates	0	73. Person	2
2. Alexander	0	38. Graham	2	74. Pitt	9
3. Alleghany	0	39. Granville	95	75. Polk	0
4. Anson	3	40. Greene	14	76. Randolph	6
5. Ashe	1	41. Guilford	14	77. Richmond	5
6. Avery	0	42. Halifax	50	78. Robeson	18
7. Beaufort	7	43. Harnett	247	79. Rockingham	1
8. Bertie	8	44. Haywood	0	80. Rowan	1
9. Bladen	0	45. Henderson	0	81. Rutherford	0
10. Brunswick	1	46. Hertford	0	82. Sampson	57
11. Buncombe	0	47. Hoke	2	83. Scotland	6
12. Burke	0	48. Hyde	3	84. Stanly	0
13. Cabarrus	0	49. Iredell	1	85. Stokes	1
14. Caldwell	0	50. Jackson	1	86. Surry	0
15. Camden	0	51. Johnston	691	87. Swain	0
16. Carteret	5	52. Jones	2	88. Transylvania	0
17. Caswell	2	53. Lee	41	89. Tyrrell	0
18. Catawba	1	54. Lenoir	6	90. Union	1
19. Chatham	21	55. Lincoln	0	91. Vance	35
20. Cherokee	0	56. Macon	0	92. Wake	6,631
21. Chowan	0	57. Madison	0	93. Warren	5
22. Clay	0	58. Martin	1	94. Washington	2
23. Cleveland	1	59. McDowell	0	95. Watauga	0
24. Columbus	9	60. Mecklenburg	5	96. Wayne	60
25. Craven	9	61. Mitchell	0	97. Wilkes	0
26. Cumberland	45	62. Montgomery	10	98. Wilson	83
27. Currituck	0	63. Moore	8	99. Yadkin	0
28. Dare	1	64. Nash	141	100. Yancey	0
29. Davidson	0	65. New Hanover	10		
30. Davie	0	66. Northampton	7	101. Georgia	2
31. Duplin	13	67. Onslow	11	102. South Carolina	3
32. Durham	84	68. Orange	40	103. Tennessee	1
33. Edgecombe	20	69. Pamlico	1	104. Virginia	18
34. Forsyth	5	70. Pasquotank	5	105. Other States	27
35. Franklin	399	71. Pender	10	106. Other	0
36. Gaston	0	72. Perquimans	0	Total No. of Patients	9,042

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin -- Ambulatory Surgical Cases

WakeMed North HealthPlex Only

Facility County: Wake

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	3	37. Gates	0	73. Person	4
2. Alexander	0	38. Graham	0	74. Pitt	2
3. Alleghany	0	39. Granville	23	75. Polk	0
4. Anson	0	40. Greene	0	76. Randolph	0
5. Ashe	0	41. Guilford	1	77. Richmond	0
6. Avery	0	42. Halifax	3	78. Robeson	0
7. Beaufort	1	43. Harnett	30	79. Rockingham	0
8. Bertie	0	44. Haywood	0	80. Rowan	0
9. Bladen	0	45. Henderson	0	81. Rutherford	0
10. Brunswick	0	46. Hertford	0	82. Sampson	5
11. Buncombe	0	47. Hoke	0	83. Scotland	0
12. Burke	1	48. Hyde	0	84. Stanly	0
13. Cabarrus	0	49. Iredell	0	85. Stokes	0
14. Caldwell	0	50. Jackson	0	86. Surry	0
15. Camden	0	51. Johnston	218	87. Swain	0
16. Carteret	1	52. Jones	0	88. Transylvania	0
17. Caswell	0	53. Lee	4	89. Tyrrell	0
18. Catawba	0	54. Lenoir	1	90. Union	0
19. Chatham	5	55. Lincoln	0	91. Vance	45
20. Cherokee	0	56. Macon	0	92. Wake	2,702
21. Chowan	0	57. Madison	0	93. Warren	10
22. Clay	0	58. Martin	1	94. Washington	0
23. Cleveland	0	59. McDowell	0	95. Watauga	0
24. Columbus	0	60. Mecklenburg	0	96. Wayne	13
25. Craven	0	61. Mitchell	0	97. Wilkes	0
26. Cumberland	4	62. Montgomery	0	98. Wilson	11
27. Currituck	0	63. Moore	1	99. Yadkin	0
28. Dare	0	64. Nash	37	100. Yancey	0
29. Davidson	0	65. New Hanover	1		
30. Davie	0	66. Northampton	5	101. Georgia	1
31. Duplin	2	67. Onslow	1	102. South Carolina	1
32. Durham	51	68. Orange	6	103. Tennessee	0
33. Edgecombe	6	69. Pamlico	0	104. Virginia	4
34. Forsyth	1	70. Pasquotank	0	105. Other States	11
35. Franklin	304	71. Pender	0	106. Other	0
36. Gaston	0	72. Perquimans	0	Total No. of Patients	3,520

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin – Gastrointestinal Endoscopy (GI) Cases **WakeMed Raleigh All Sites**

Facility County: Wake

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	3	37. Gates	0	73. Person	0
2. Alexander	0	38. Graham	0	74. Pitt	4
3. Alleghany	0	39. Granville	26	75. Polk	0
4. Anson	1	40. Greene	0	76. Randolph	0
5. Ashe	0	41. Guilford	5	77. Richmond	0
6. Avery	0	42. Halifax	47	78. Robeson	6
7. Beaufort	3	43. Harnett	264	79. Rockingham	1
8. Bertie	0	44. Haywood	0	80. Rowan	0
9. Bladen	3	45. Henderson	0	81. Rutherford	0
10. Brunswick	5	46. Hertford	0	82. Sampson	124
11. Buncombe	1	47. Hoke	0	83. Scotland	0
12. Burke	1	48. Hyde	0	84. Stanly	1
13. Cabarrus	0	49. Iredell	1	85. Stokes	0
14. Caldwell	0	50. Jackson	1	86. Surry	0
15. Camden	0	51. Johnston	421	87. Swain	0
16. Carteret	7	52. Jones	1	88. Transylvania	0
17. Caswell	0	53. Lee	5	89. Tyrrell	0
18. Catawba	1	54. Lenoir	6	90. Union	0
19. Chatham	1	55. Lincoln	0	91. Vance	28
20. Cherokee	0	56. Macon	0	92. Wake	2,324
21. Chowan	1	57. Madison	0	93. Warren	3
22. Clay	0	58. Martin	2	94. Washington	1
23. Cleveland	0	59. McDowell	3	95. Watauga	0
24. Columbus	5	60. Mecklenburg	1	96. Wayne	92
25. Craven	2	61. Mitchell	0	97. Wilkes	0
26. Cumberland	22	62. Montgomery	0	98. Wilson	61
27. Currituck	0	63. Moore	1	99. Yadkin	0
28. Dare	0	64. Nash	123	100. Yancey	0
29. Davidson	0	65. New Hanover	5		
30. Davie	1	66. Northampton	11	101. Georgia	0
31. Duplin	13	67. Onslow	6	102. South Carolina	3
32. Durham	22	68. Orange	7	103. Tennessee	2
33. Edgecombe	6	69. Pamlico	0	104. Virginia	9
34. Forsyth	0	70. Pasquotank	0	105. Other States	31
35. Franklin	254	71. Pender	2	106. Other	0
36. Gaston	1	72. Perquimans	0	Total No. of Patients	3,981

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin – Gastrointestinal Endoscopy (GI) Cases WakeMed Raleigh New Bern Ave Only

Facility County: Wake

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	3	37. Gates	0	73. Person	0
2. Alexander	0	38. Graham	0	74. Pitt	4
3. Alleghany	0	39. Granville	24	75. Polk	0
4. Anson	0	40. Greene	0	76. Randolph	0
5. Ashe	0	41. Guilford	5	77. Richmond	0
6. Avery	0	42. Halifax	46	78. Robeson	6
7. Beaufort	3	43. Harnett	259	79. Rockingham	1
8. Bertie	0	44. Haywood	0	80. Rowan	0
9. Bladen	2	45. Henderson	0	81. Rutherford	0
10. Brunswick	5	46. Hertford	0	82. Sampson	124
11. Buncombe	1	47. Hoke	0	83. Scotland	0
12. Burke	1	48. Hyde	0	84. Stanly	1
13. Cabarrus	0	49. Iredell	1	85. Stokes	0
14. Caldwell	0	50. Jackson	1	86. Surry	0
15. Camden	0	51. Johnston	407	87. Swain	0
16. Carteret	7	52. Jones	1	88. Transylvania	0
17. Caswell	0	53. Lee	5	89. Tyrrell	0
18. Catawba	1	54. Lenoir	6	90. Union	0
19. Chatham	1	55. Lincoln	0	91. Vance	22
20. Cherokee	0	56. Macon	0	92. Wake	1,936
21. Chowan	1	57. Madison	0	93. Warren	0
22. Clay	0	58. Martin	2	94. Washington	1
23. Cleveland	0	59. McDowell	3	95. Watauga	0
24. Columbus	5	60. Mecklenburg	1	96. Wayne	90
25. Craven	2	61. Mitchell	0	97. Wilkes	0
26. Cumberland	22	62. Montgomery	0	98. Wilson	60
27. Currituck	0	63. Moore	0	99. Yadkin	0
28. Dare	0	64. Nash	120	100. Yancey	0
29. Davidson	0	65. New Hanover	5		
30. Davie	1	66. Northampton	11	101. Georgia	0
31. Duplin	13	67. Onslow	5	102. South Carolina	3
32. Durham	18	68. Orange	5	103. Tennessee	2
33. Edgecombe	6	69. Pamlico	0	104. Virginia	8
34. Forsyth	0	70. Pasquotank	0	105. Other States	30
35. Franklin	144	71. Pender	2	106. Other	0
36. Gaston	1	72. Perquimans	0	Total No. of Patients	3,434

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin – Gastrointestinal Endoscopy (GI) Cases WakeMed North HealthPlex Only

Facility County: Wake

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	0	37. Gates	0	73. Person	0
2. Alexander	0	38. Graham	0	74. Pitt	0
3. Alleghany	0	39. Granville	2	75. Polk	0
4. Anson	1	40. Greene	0	76. Randolph	0
5. Ashe	0	41. Guilford	0	77. Richmond	0
6. Avery	0	42. Halifax	1	78. Robeson	0
7. Beaufort	0	43. Harnett	5	79. Rockingham	0
8. Bertie	0	44. Haywood	0	80. Rowan	0
9. Bladen	1	45. Henderson	0	81. Rutherford	0
10. Brunswick	0	46. Hertford	0	82. Sampson	0
11. Buncombe	0	47. Hoke	0	83. Scotland	0
12. Burke	0	48. Hyde	0	84. Stanly	0
13. Cabarrus	0	49. Iredell	0	85. Stokes	0
14. Caldwell	0	50. Jackson	0	86. Surry	0
15. Camden	0	51. Johnston	14	87. Swain	0
16. Carteret	0	52. Jones	0	88. Transylvania	0
17. Caswell	0	53. Lee	0	89. Tyrrell	0
18. Catawba	0	54. Lenoir	0	90. Union	0
19. Chatham	0	55. Lincoln	0	91. Vance	6
20. Cherokee	0	56. Macon	0	92. Wake	388
21. Chowan	0	57. Madison	0	93. Warren	3
22. Clay	0	58. Martin	0	94. Washington	0
23. Cleveland	0	59. McDowell	0	95. Watauga	0
24. Columbus	0	60. Mecklenburg	0	96. Wayne	2
25. Craven	0	61. Mitchell	0	97. Wilkes	0
26. Cumberland	0	62. Montgomery	0	98. Wilson	1
27. Currituck	0	63. Moore	1	99. Yadkin	0
28. Dare	0	64. Nash	3	100. Yancey	0
29. Davidson	0	65. New Hanover	0		
30. Davie	0	66. Northampton	0	101. Georgia	0
31. Duplin	0	67. Onslow	1	102. South Carolina	0
32. Durham	4	68. Orange	2	103. Tennessee	0
33. Edgecombe	0	69. Pamlico	0	104. Virginia	1
34. Forsyth	0	70. Pasquotank	0	105. Other States	1
35. Franklin	110	71. Pender	0	106. Other	0
36. Gaston	0	72. Perquimans	0	Total No. of Patients	547

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston NOT APPLICABLE

Facility County: **Wake**

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

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander									
Alleghany									
Anson									
Ashe									
Avery									
Beaufort									
Bertie									
Bladen									
Brunswick									
Buncombe									
Burke									
Cabarrus									
Caldwell									
Camden									
Carteret									
Caswell									
Catawba									
Chatham									
Cherokee									
Chowan									
Clay									
Cleveland									
Columbus									
Craven									
Cumberland									
Currituck									
Dare									
Davidson									
Davie									
Duplin									
Durham									
Edgecombe									
Forsyth									
Franklin									
Gaston									
Gates									
Graham									
Granville									
Greene									
Guilford									
Halifax									
Harnett									
Haywood									
Henderson									
Hertford									
Hoke									
Hyde									
Iredell									
Jackson									
Johnston									

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

All responses should pertain to October 1, 2009 through September 30, 2010.

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

Facility County: **Wake**

NOT APPLICABLE

(Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln									
Macon									
Madison									
Martin									
McDowell									
Mecklenburg									
Mitchell									
Montgomery									
Moore									
Nash									
New Hanover									
Northampton									
Onslow									
Orange									
Pamlico									
Pasquotank									
Pender									
Perquimans									
Person									
Pitt									
Polk									
Randolph									
Richmond									
Robeson									
Rockingham									
Rowan									
Rutherford									
Sampson									
Scotland									
Stanly									
Stokes									
Surry									
Swain									
Transylvania									
Tyrrell									
Union									
Vance									
Wake									
Warren									
Washington									
Watauga									
Wayne									
Wilkes									
Wilson									
Yadkin									
Yancey									
Out of State									
TOTALS									

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

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin - MRI Services

WakeMed Raleigh All Sites

Facility County: Wake

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	3	37. Gates	0	73. Person	4
2. Alexander	0	38. Graham	0	74. Pitt	12
3. Alleghany	0	39. Granville	41	75. Polk	0
4. Anson	1	40. Greene	1	76. Randolph	3
5. Ashe	0	41. Guilford	7	77. Richmond	1
6. Avery	0	42. Halifax	39	78. Robeson	7
7. Beaufort	3	43. Harnett	314	79. Rockingham	3
8. Bertie	2	44. Haywood	0	80. Rowan	1
9. Bladen	8	45. Henderson	2	81. Rutherford	0
10. Brunswick	2	46. Hertford	5	82. Sampson	162
11. Buncombe	2	47. Hoke	2	83. Scotland	1
12. Burke	3	48. Hyde	1	84. Stanly	0
13. Cabarrus	0	49. Iredell	1	85. Stokes	0
14. Caldwell	0	50. Jackson	0	86. Surry	1
15. Camden	0	51. Johnston	799	87. Swain	0
16. Carteret	6	52. Jones	0	88. Transylvania	0
17. Caswell	0	53. Lee	25	89. Tyrrell	0
18. Catawba	0	54. Lenoir	8	90. Union	1
19. Chatham	14	55. Lincoln	0	91. Vance	45
20. Cherokee	0	56. Macon	1	92. Wake	5,518
21. Chowan	2	57. Madison	0	93. Warren	15
22. Clay	0	58. Martin	0	94. Washington	1
23. Cleveland	0	59. McDowell	1	95. Watauga	0
24. Columbus	6	60. Mecklenburg	3	96. Wayne	99
25. Craven	8	61. Mitchell	0	97. Wilkes	0
26. Cumberland	32	62. Montgomery	1	98. Wilson	80
27. Currituck	0	63. Moore	18	99. Yadkin	1
28. Dare	3	64. Nash	187	100. Yancey	0
29. Davidson	2	65. New Hanover	9		
30. Davie	0	66. Northampton	18	101. Georgia	3
31. Duplin	21	67. Onslow	12	102. South Carolina	4
32. Durham	34	68. Orange	12	103. Tennessee	3
33. Edgecombe	15	69. Pamlico	0	104. Virginia	12
34. Forsyth	5	70. Pasquotank	1	105. Other States	58
35. Franklin	414	71. Pender	6	106. Other	0
36. Gaston	1	72. Perquimans	0	Total No. of Patients	8,136

Are mobile MRI services currently provided at your hospital? yes North no Raleigh New Bern Ave

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin - MRI Services

WakeMed Raleigh New Bern Ave Only

Facility County: **Wake**

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table I0a.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	2	37. Gates	0	73. Person	4
2. Alexander	0	38. Graham	0	74. Pitt	10
3. Alleghany	0	39. Granville	35	75. Polk	0
4. Anson	1	40. Greene	1	76. Randolph	3
5. Ashe	0	41. Guilford	6	77. Richmond	1
6. Avery	0	42. Halifax	38	78. Robeson	7
7. Beaufort	3	43. Harnett	304	79. Rockingham	2
8. Bertie	2	44. Haywood	0	80. Rowan	1
9. Bladen	8	45. Henderson	2	81. Rutherford	0
10. Brunswick	2	46. Hertford	5	82. Sampson	161
11. Buncombe	2	47. Hoke	2	83. Scotland	1
12. Burke	3	48. Hyde	1	84. Stanly	0
13. Cabarrus	0	49. Iredell	1	85. Stokes	0
14. Caldwell	0	50. Jackson	0	86. Surry	0
15. Camden	0	51. Johnston	781	87. Swain	0
16. Carteret	6	52. Jones	0	88. Transylvania	0
17. Caswell	0	53. Lee	25	89. Tyrrell	0
18. Catawba	0	54. Lenoir	8	90. Union	1
19. Chatham	14	55. Lincoln	0	91. Vance	34
20. Cherokee	0	56. Macon	1	92. Wake	4,825
21. Chowan	2	57. Madison	0	93. Warren	15
22. Clay	0	58. Martin	0	94. Washington	1
23. Cleveland	0	59. McDowell	1	95. Watauga	0
24. Columbus	6	60. Mecklenburg	3	96. Wayne	97
25. Craven	8	61. Mitchell	0	97. Wilkes	0
26. Cumberland	32	62. Montgomery	1	98. Wilson	77
27. Currituck	0	63. Moore	18	99. Yadkin	1
28. Dare	1	64. Nash	180	100. Yancey	0
29. Davidson	2	65. New Hanover	9		
30. Davie	0	66. Northampton	18	101. Georgia	3
31. Duplin	20	67. Onslow	11	102. South Carolina	4
32. Durham	31	68. Orange	12	103. Tennessee	3
33. Edgecombe	15	69. Pamlico	0	104. Virginia	11
34. Forsyth	5	70. Pasquotank	1	105. Other States	57
35. Franklin	322	71. Pender	5	106. Other	0
36. Gaston	1	72. Perquimans	0	Total No. of Patients	7,276

Are mobile MRI services currently provided at your hospital? yes _____ no X

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin - MRI Services

WakeMed North HealthPlex Only

Facility County: **Wake**

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates	0	73. Person	0
2. Alexander	0	38. Graham	0	74. Pitt	2
3. Alleghany	0	39. Granville	6	75. Polk	0
4. Anson	0	40. Greene	0	76. Randolph	0
5. Ashe	0	41. Guilford	1	77. Richmond	0
6. Avery	0	42. Halifax	1	78. Robeson	0
7. Beaufort	0	43. Harnett	10	79. Rockingham	1
8. Bertie	0	44. Haywood	0	80. Rowan	0
9. Bladen	0	45. Henderson	0	81. Rutherford	0
10. Brunswick	0	46. Hertford	0	82. Sampson	1
11. Buncombe	0	47. Hoke	0	83. Scotland	0
12. Burke	0	48. Hyde	0	84. Stanly	0
13. Cabarrus	0	49. Iredell	0	85. Stokes	0
14. Caldwell	0	50. Jackson	0	86. Surry	1
15. Camden	0	51. Johnston	18	87. Swain	0
16. Carteret	0	52. Jones	0	88. Transylvania	0
17. Caswell	0	53. Lee	0	89. Tyrrell	0
18. Catawba	0	54. Lenoir	0	90. Union	0
19. Chatham	0	55. Lincoln	0	91. Vance	11
20. Cherokee	0	56. Macon	0	92. Wake	693
21. Chowan	0	57. Madison	0	93. Warren	0
22. Clay	0	58. Martin	0	94. Washington	0
23. Cleveland	0	59. McDowell	0	95. Watauga	0
24. Columbus	0	60. Mecklenburg	0	96. Wayne	2
25. Craven	0	61. Mitchell	0	97. Wilkes	0
26. Cumberland	0	62. Montgomery	0	98. Wilson	3
27. Currituck	0	63. Moore	0	99. Yadkin	0
28. Dare	2	64. Nash	7	100. Yancey	0
29. Davidson	0	65. New Hanover	0		
30. Davie	0	66. Northampton	0	101. Georgia	0
31. Duplin	1	67. Onslow	1	102. South Carolina	0
32. Durham	3	68. Orange	0	103. Tennessee	0
33. Edgecombe	0	69. Pamlico	0	104. Virginia	1
34. Forsyth	0	70. Pasquotank	0	105. Other States	1
35. Franklin	92	71. Pender	1	106. Other	0
36. Gaston	0	72. Perquimans	0	Total No. of Patients	860

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

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin -- Linear Accelerator Treatment

NOT APPLICABLE

Facility County: Wake

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

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

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin – PET Scanner

NOT APPLICABLE

Facility County: Wake

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

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

2011 Renewal Application for Hospital:
WakeMed

License No: H0199
Facility ID: 943528

All responses should pertain to October 1, 2009 through September 30, 2010.

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2011 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2011 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: William K. Atkinson Date: 12.21.10

PRINT NAME
OF APPROVING OFFICIAL William K. Atkinson

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

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

For Official Use Only
License # H0199 NF Provider #
Computer FID: 943528
Hospital: WakeMed

NURSING CARE FACILITY/UNIT BEDS 2011 Annual Data Supplement to Hospital License Application

To be completed by each hospital reporting Nursing Facility/Unit Beds as part of its total licensed capacity.

A separate form should be completed for each site.

Legal Identity of Applicant: WakeMed Health and Hospitals
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

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

PRIMARY: WakeMed Zebulon Wendell Outpatient and Skilled Nursing Facility

Other: _____

Other: _____

Facility Mailing Address: Street/P.O. Box: 535 West Gannon Ave
City: Zebulon, State: NC Zip: 27597

Facility Site Address: 535 West Gannon Ave
City: Zebulon, State: NC Zip: 27597

County: Wake
Telephone: (919) 350-4700 Fax: (919) 350-4704

E-mail Address of Administrator: abene@wakemed.org

2. Was this facility in operation throughout the entire 12-month reporting period ending September 30, 2010?
 Yes No

If No, for what period was the facility in operation? ____ / ____ / ____ through ____ / ____ / ____
month/day/year month/day/year

If No, for what reason was the facility not in full operation during this period? _____

2. Was there a change of ownership anytime between October 1, 2009 to September 30, 2010? Yes No

If Yes, what was the date of the change? ____ / ____ / ____

PART A OWNERSHIP DISCLOSURE

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

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

Owner: WakeMed Health and Hospitals
Federal Employer ID # 56-6017737
Street: 3000 New Bern Ave
City: Raleigh State: NC Zip: 27610
Telephone: (919) 350-8000 Fax: (919) 350-8868

Senior Officer: William K. Atkinson, Ph.D. President and CEO

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

If Yes, name of building owner:

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

If Yes, name and address of the management company.

Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____

3. If this business is a subsidiary of another entity, please identify the parent company below:

Name: NONE
Street: _____
Mailing _____
(if different from Street)
City: _____
State: _____ Zip: _____
Telephone: (____) _____ Fax: (____) _____
Senior Officer: _____

PART B OPERATIONS

1. Facility Personnel

a. Administration

Name of the Administrator: Ann Bene' RN, BSN, MBA, NE-BC

Date Hired As Administrator: 9/6/1998 N.C. License Number: NA

b. Nursing

Name of the Director: Teresa M. Johnson, RN, MSN, APRN-BC, NE-BC

Date Hired As D.O.N.: 5/25/1998 License Number: 136567

c. Medical Director:

Name of Medical Director: Patrick O'Brien, MD

Date Hired as Medical Director: 7/10/2005

Office Address: WakeMed Rehabilitation Hospital, Medical Suite, 3000 New Bern Ave. Raleigh, NC 27610

3. Environmental Enhancements Supporting Culture Change

(Enhancements refers to practices and products that help create a homelike atmosphere within the nursing home. These may be unique to one facility or they may be central to a particular model for culture change. All enhancements improve resident quality of life.) This information is collected for statistical purposes only.

Please check Yes or No if the facility is:

	Yes	No
a. Currently practicing a formalized culture change process/program?		X
b. Currently implementing enhancements, but following no formalized culture change process?		X

If Yes to 2a or 2b above, please check which components have been implemented:

- | | | | | | | | |
|--------------------------|---------|--------------------------|----------|--------------------------|-------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Cats | <input type="checkbox"/> | Children | <input type="checkbox"/> | Staff Empowerment | <input type="checkbox"/> | Residential building design |
| <input type="checkbox"/> | Dogs | <input type="checkbox"/> | Plants | <input type="checkbox"/> | Neighborhoods | <input type="checkbox"/> | Residential dining enhancements |
| <input type="checkbox"/> | Birds | <input type="checkbox"/> | Gardens | <input type="checkbox"/> | Other Animals | <input type="checkbox"/> | Snoezelen |
| <input type="checkbox"/> | Bathing | <input type="checkbox"/> | Teams | <input type="checkbox"/> | Aroma Therapy | <input type="checkbox"/> | Other enhancements |
- Please specify

If Yes to 2a, indicate the culture change philosophy being practiced (i.e.: Eden Alternative, Pioneer Network, Well Spring Model, Person Centered Care, etc.): _____

PART C PATIENT SERVICES

(Please fill in any blanks and make changes where necessary. Check Yes or No.)

1. Continuing Care Retirement Communities (CCRC)
 - a. Is the facility licensed by the Department of Insurance as a Continuing Care Retirement Community? Yes No (1a)
 - b. Does the CCRC own or operate a licensed home care agency? Yes No (1b)
2. Does the facility have an adult day care program? Yes No
 - a. If Yes, indicate maximum number of clients that can be served on a daily basis. _____ (2a)
3. Does the facility provide hospice care? Yes No (3)
4. Does the facility have an adult respite program? Yes No (4)
5. Does this nursing facility provide outpatient rehabilitation therapy? Yes No (5)
6. Was there a change to the licensed bed capacity between Oct 1, 2009 to Sept 30, 2010? Yes No
 - a. If Yes, what was the effective date of the change? ___/___/___ (6a)
 - b. If Yes, indicate previous number of licensed beds (Nursing Fac, Adult Care). NF Adult (6b)
7. Is the facility a Combination Facility, thereby incorporating licensed ACH beds? Yes No
 - a. If Yes, indicate which rules the facility chooses to apply to the operation Nursing Home
of these ACH BEDS (NH rules, ACH rules or both NH & ACH)
Licensure Rules ACH Licensure Rules

If check both, complete checklist enclosed and submit with application.

8. Beds By Type (*Must complete Alzheimer's Special Care Unit data supplement sheet)

a. Nursing Facility Beds (NF)	(TOTAL)	19
1. General Nursing Facility Beds		19
2. *Alzheimer's Resident Special Care Unit Beds		0 *
3. HIV/AIDS Resident Beds		0
4. Traumatic Brain Injury Resident Beds		0
5. Ventilator Dependent Resident Beds		0
6. Other (specify but do not include Medicare only unit): _____		
b. Adult Care Home Beds (ACH)		(TOTAL)
1. General Adult Care Home Beds		0
2. * Alzheimer's Special Care Unit Beds		0 *
c. Total Licensed Beds		19

9. Bed Certification (based on form DHSR-4501, Breakdown of Room Numbers and Beds)

a. Number of beds certified for Medicare only (Title 18 only)	0
b. Number of beds dually certified for both Medicare & Medicaid (Title 18/19)	19
c. Number of beds certified for Medicaid only (Title 19 only)	0

PART D PATIENT CENSUS

Important: Report patient census data for September 30, 2010 only.

1. Number of patients in facility on September 30, 2010	Nursing	Adult Care
	18	0

2. Statistics on Nursing Home Patients

(a) Number of Nursing Level of Care patients on September 30, 2010 by age group	Male	Female
Under 35	1	1
35 - 64 years old	5	4
65 - 74 years old	1	3
75 - 84 years old	0	1
85 years old and older	0	2

(b) Nursing hours worked on this day for Nursing Patients by direct care RNs, LPNs and Nurse Aides.	80
---	----

3. Statistics on Adult Care Home residents on September 30, 2010 by age groups **Not Applicable**

	Male	Female
Under 35	0	0
35 - 64 years old	0	0
65 - 74 years old	0	0
75 - 84 years old	0	0
85 years old and older	0	0

PART E PATIENT UTILIZATION DATA

Answer these questions for the reporting period of October 1, 2009 through September 30, 2010.

1. Beginning Census, Admissions, Discharges, and Deaths by Level of Care

- The Beginning Census refers to the number of patients/residents in your facility on October 1, 2009.
- Admissions refers to the number of persons admitted during the period from Oct 1, 2009 through Sept 30, 2010.
- Discharges and Deaths refer to all discharges and deaths from October 1, 2009 through September 30, 2010.

Tips:

- Your Beginning Census plus Admissions minus your total Discharges plus Deaths should be equal to, or less than, your facility's licensed capacity.
- Your totals for Beginning Census and for Admissions should agree with your totals on Counties of Patient Origin for Nursing Care and Adult Care, respectively.

Patients/Residents	Beginning Census	Admissions	Discharges (excluding deaths)	Deaths
(1) Nursing Patients	13	229	224	0
(2) Adult Care Home Residents	0	0	0	0

2. Inpatient Days of Care

Number of Days of Inpatient Care rendered during the reporting period.

a. Nursing Care (NC)

(1) NC Days Reimbursed by Medicare	2,402
(2) NC Days Reimbursed by Medicaid	1,276
(3) NC Days Reimbursed by Private Pay	477
(4) NC Days Reimbursed by Other	617
(5) Total { (1) + (2) + (3) + (4) }	4,772

b. Adult Care Home (ACH) Not Applicable

(1) ACH Days reimbursed by Private Pay	
(2) ACH Days reimbursed by County Special Assistance	
(3) ACH Days reimbursed by Other	
(4) Total { (1) + (2) + (3) }	

3. Counties of Origin for Nursing Care Patients

- For the period of October 1, 2009 through September 30, 2010, list in Column A the counties where Nursing Care patients lived before coming to your facility.
- For each county in Column B1 give the number of nursing patients, from that county, who were living in the facility on October 1, 2009.
- For each county, in Column B2 give the total number of additional Nursing Care patients, from that county, who were admitted between October 1, 2009 and September 30, 2010.
- Report patients who were not NC residents as Out-of-State on lines 26 through 30. Attach additional sheets if needed.

For questions please call Medical Facilities Planning at (919) 855-3865

A Permanent County of Residence for Individuals prior to Admission (if out-of-state indicate in last lines below)	B Patient Census during reporting period:		C TOTAL B1 plus B2	D For each county indicate number of patients whose care was paid for, in whole or in part by Medicaid (Title XIX) program
	B1 In Facility at beginning	B2 Admitted during period		
EXAMPLE: 1. Wake				
2. Yadkin				
1. Wake	4	149	153	
2. Wilson	0	4	4	
3. Wayne	1	0	1	
4. Sampson		9	9	
5. Nash		21	21	
6. Orange		0	0	
7. Lee		0	0	
8. Johnston	4	21	25	
9. New Hanover		2	2	
10. Henderson			0	
11. Harnett	1	1	2	
12. Granville			0	
13. Franklin	3	14	17	
14. Forsyth			0	
15. Warren		3	3	
16. Durham				
17. Cumberland				
18. Catawawa				
19. Beaufort				
20. Halifax		2	2	
21. Buncombe				
22. Vance		2	2	
23. Northhampt				
24. Chatham				
25. Out of State		1	1	
26. Maryland				
27. South Carolina				
28. Virginia				
29. Tennessee				
30. Other Out-of-State				
31. TOTALS	13	229	242	

NOTE: Totals should correspond with the figures given in response to Question 1 under Patient Utilization

4. Counties of Origin for Adult Care Home Residents Not Applicable

- For the period of October 1, 2009 through September 30, 2010, list in Column A the counties where Adult Care Home residents lived before coming to your facility.
- For each county in Column B1 give the number of Adult Care Home residents, from that county, who were living in the facility on October 1, 2009.
- For each county, in Column B2 give the total number of additional Adult Care Home residents, from that county, who were admitted between October 1, 2009 and September 30, 2010.
- Report residents who were not NC residents as Out-of-State on lines 26 through 30. Attach additional sheets if needed.

For questions please call Adult Care Licensure at (919)855-3765

A Permanent County of Residence for Individuals prior to Admission (if out-of-state indicate in last lines below)	B Patient Census during reporting period:		C TOTAL B1 plus B2	D For each county indicate number of patients whose care was paid for, in whole or in part by Medicaid (Title XIX) program
	B1 In Facility at beginning	B2 Admitted during period		
EXAMPLE: 1. Wake	50	185	235	175
2. Yadkin	1	2	3	2
1. NA				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26. Georgia				
27. South Carolina				
28. Virginia				
29. Tennessee				
30. Other Out-of-State				
31. TOTALS				

NOTE: Totals should correspond with the figures given in response to Question 1 under Patient Utilization

PART F CURRENT OPERATING STATISTICS

1. Current Per Diem Reimbursement Rates/Charges.

Please state the CURRENT (as of the date the application is signed) basic daily charges/rates for residents or patients in your facility in the following categories of care.

For questions please call Craig Smith at (919) 855-3873

Private Pay (Usual Customary Charge)	Private Room (1 bed/room)	Semi-Private (2 beds/room)	Ward
Nursing Care	\$430.00	\$375.00	\$ NA
Adult Care Home	\$ NA	\$ NA	\$ NA
Special Care Unit (specify)	\$ NA	\$ NA	\$ NA
Special Care Unit (specify)	\$ NA	\$ NA	\$ NA

Medicare	Code	Rate
Three most frequent RUGS codes and rates paid for them	1. RMA	\$319.13
	2. RHA	\$323.34
	3. RHB	\$348.80

Medicaid	Quarterly Rates			
	Oct.-Dec.	Jan.-Mar.	Apr.-June	July-Sept.
Nursing Care	\$160.11 (Oct) \$159.55(Nov/Dec)	\$163.71	\$157.99	\$161.31

Medicaid Nursing Care	Rate
Special Care Unit (specify)	\$ NA
Special Care Unit (specify)	\$ NA

State/County Special Assistance	Rate
Adult Care Home	\$ NA
Special Care Unit (specify)	\$ NA
Special Care Unit (specify)	\$ NA

Please complete only if applicable:

Alzheimer's/Dementia Special Care Unit	Rate
Additional cost or fee to resident	\$ NA

(Use reverse side or separate sheet if needed)

2. Total Current Staff for Existing Facility

Do not include the following: courtesy or attending staff, private duty nurses, volunteer workers or the same employee in more than one category. These employees were on the payroll as of 10/1/2010 month/day/year

For questions please call Craig Smith at (919) 855-3873

	Average Annual Salary	Hourly Consulting Fee	Total Facility FTE's	Total Facility Annual Consul. Hrs.
Routine Services				
Registered Nurses	\$53,622		6.95	
Licensed Practical Nurses (LPNs)	N/A		0	
Certified Nurse Aides	\$28,011		8.19	
Medical Director	N/A			
Director of Nurses	\$103,605		0.4	
Assistant Director of Nurses	\$71,843		1.0	
Staff Development Coordinator	N/A		0	
Ward Secretary	N/A		0	
Medical Records	N/A		0	
Pharmacy Consultant		\$70/month		0.1
Administration and General				
Administrator	\$126,589		0.1	
Assistant Administrator	N/A		0	
Other Office Personnel	\$34,445		1.0	
Dietary				
Licensed Dietitian	\$37,163		0.2	
Food Service Supervisor	\$32,781		1.0	
Cooks	\$29,245		1.4	
Dietary Aides	N/A		0	
Social Work Services				
Social Services Director	\$43,077		1.2	
Social Services Assistant(s)	N/A			
Activity Services				
Activity Director	\$47,008		0.50	
Activity Assistant(s)	N/A		0	
Housekeeping/Laundry				
Housekeeping Supervisor	N/A		0	0.1
Laundry Supervisor	N/A		0	
Housekeeping Aides	N/A			1.5
Laundry Aides	N/A		0	
Maintenance				
Maintenance Supervisor	N/A		0	
Janitors	N/A		0	
Ancillary Services				
Physical Therapist	\$57,928		2.0	
Rehabilitation Aide	\$35,849		1.95	
Respiratory Therapist	N/A		0	
Occupational Therapist	\$77,844		1.6	
Speech/Hearing Therapist	\$74,818		0.2	
Total Positions / Total Consultant Hours			27.69	1.7

ADULT CARE HOME (ACH) SUPPLEMENT

Not Applicable

For questions please call Adult Care Licensure at (919) 855-3765

1. Please give the number (1, 2, 3, etc.) of Adult Care residents currently in facility with a physician's diagnosis of the following: a) **Mental Illness (MI)** which includes a psychiatric illness but does not include mental retardation, developmental disabilities or Alzheimer's/Dementia; b) **Mental Retardation/Developmentally Disabled (MR/DD)** such as Downs syndrome, autism, cerebral palsy, or epilepsy; or c) **Alzheimer's Disease** or related dementia which may include multi-infarct dementia, Parkinson's Disease, Huntington's Disease, Creutzfeldt-Jakob Disease or Picks Disease. If a resident is dually diagnosed, only count the resident once, based on the primary diagnosis.

Resident Age - years	MI	MR/DD	Alzheimer's/Related Dementia
Under 35			
35 - 64			
65 - 74			
75 - 84			
85 or older			
TOTAL			

2. On September 30, 2010, number of Adult Care residents receiving Medicaid reimbursed Basic Adult Care Home Personal Care (not Enhanced): _____
3. On September 30, 2010, number of Adult Care residents receiving Medicaid reimbursed Enhanced Adult Care Home Personal Care: _____
4. On September 30, 2010, number of Adult Care residents on State/County Special Assistance (SA): _____
5. On September 30, 2010, number of private pay Adult Care residents: _____
6. Current total monthly private pay charge (average base plus add-ons if more than one price) for:

	Rate
Private Room (1 bedroom)	\$
Semi-Private (2 beds/room)	\$
3 or more beds/room	\$

7. Check any that apply:

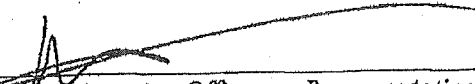
	Number of Beds
<input type="checkbox"/> Alzheimer's Special Care Unit in facility [Rules 13F .1300 apply]	

This application must be completed and submitted with the "Hospital License Renewal Application" for each hospital reporting Nursing Facility/Unit Beds as part of its total licensed capacity.

The undersigned submits this data supplement for licensure for the year 2011 and certifies the accuracy of this information.

William K. Atkinson, PhD
Name of Chief Administrative Officer

President & CEO
Title

Signature: 
(Chief Administrative Officer or Representative)

Date: 12.21.10

Please identify the contact person for questions regarding this application:

Name: W. Stan Taylor
(Contact Person)
Vice President, Corporate Planning

Telephone: (919) 350-8108














Attachment 8

mapquest m[®]

Trip to:
800 Tilghman Dr
Dunn, NC 28334-5510
8.95 miles
13 minutes

Notes

Betsy Johnson to
Godwin

	Godwin, NC	Miles Per Section	Miles Driven
	1. Start out going SOUTHEAST on MARKHAM ST toward EDGERTON ST.	Go 0.03 Mi	0.03 mi
	2. Turn LEFT onto EDGERTON ST.	Go 0.07 Mi	0.1 mi
 	3. Take the 1st RIGHT onto MAIN ST / NC-82. <i>If you are on JULIAN RD and reach ROSS WEST RD you've gone about 1.1 miles too far</i>	Go 0.2 Mi	0.3 mi
 	4. Take the 2nd LEFT onto DUNN RD / US-301. Continue to follow US-301. <i>US-301 is 0.1 miles past LUCAS ST If you are on GODWIN-FALCON RD and reach LEITHA LN you've gone about 0.1 miles too far</i>	Go 5.6 Mi	5.9 mi
	5. Turn LEFT onto ARROWHEAD RD. <i>ARROWHEAD RD is 0.3 miles past EMMETT RD If you reach AGNES LN you've gone about 0.5 miles too far</i>	Go 0.6 Mi	6.5 mi
	6. Take the 1st RIGHT onto CHICKEN FARM RD. <i>If you are on DORMAN RD and reach NC-82 you've gone about 1.7 miles too far</i>	Go 1.5 Mi	8.0 mi
	7. CHICKEN FARM RD becomes S MCKAY AVE.	Go 0.09 Mi	8.1 mi
	8. Turn LEFT onto SUSAN TART RD. <i>If you reach SHORT ST you've gone a little too far</i>	Go 0.7 Mi	8.8 mi
	9. Turn RIGHT onto TILGHMAN DR. <i>If you reach J W EDWARDS LN you've gone about 0.1 miles too far</i>	Go 0.1 Mi	8.9 mi
	10. 800 TILGHMAN DR. <i>If you reach HUNT VALLEY DR you've gone about 0.3 miles too far</i>		8.9 mi

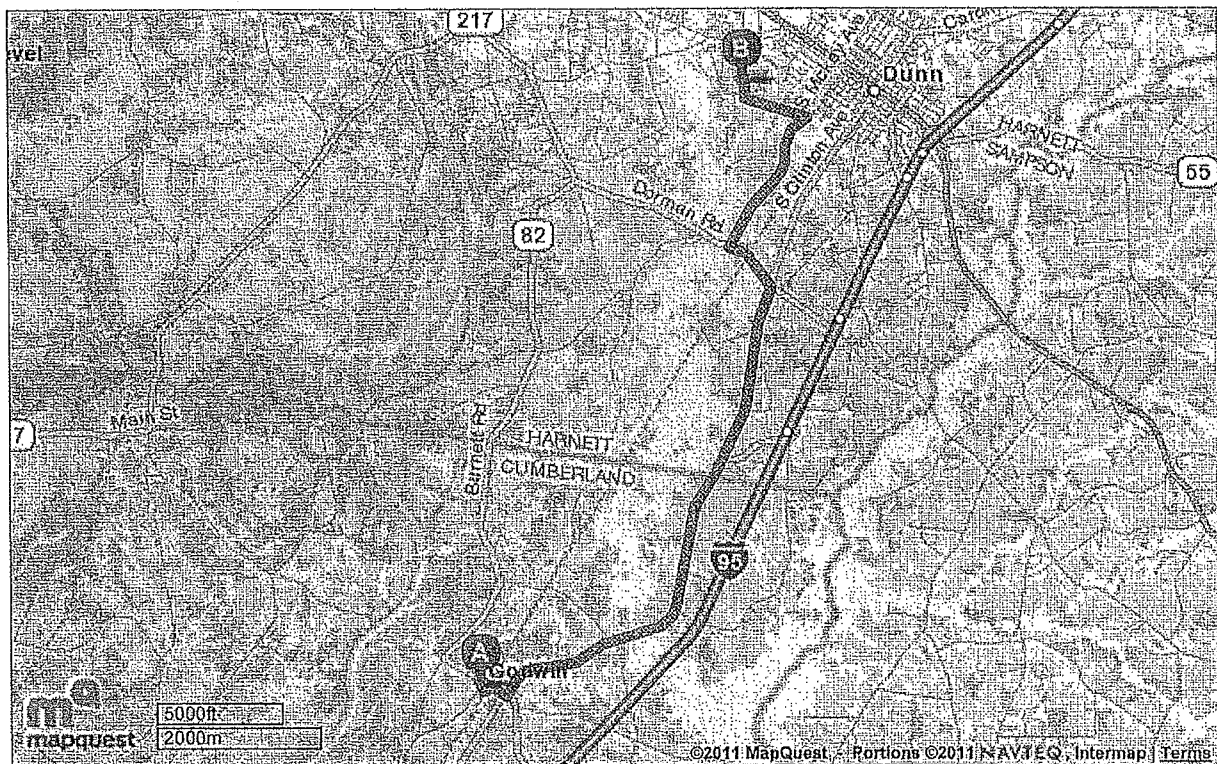


800 Tilghman Dr
Dunn, NC 28334-5510

8.9 mi

8.9 mi

Total Travel Estimate: 8.95 miles - about 13 minutes



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Attachment 9

mapquest m^a

Notes

Godwin to
CFV-North

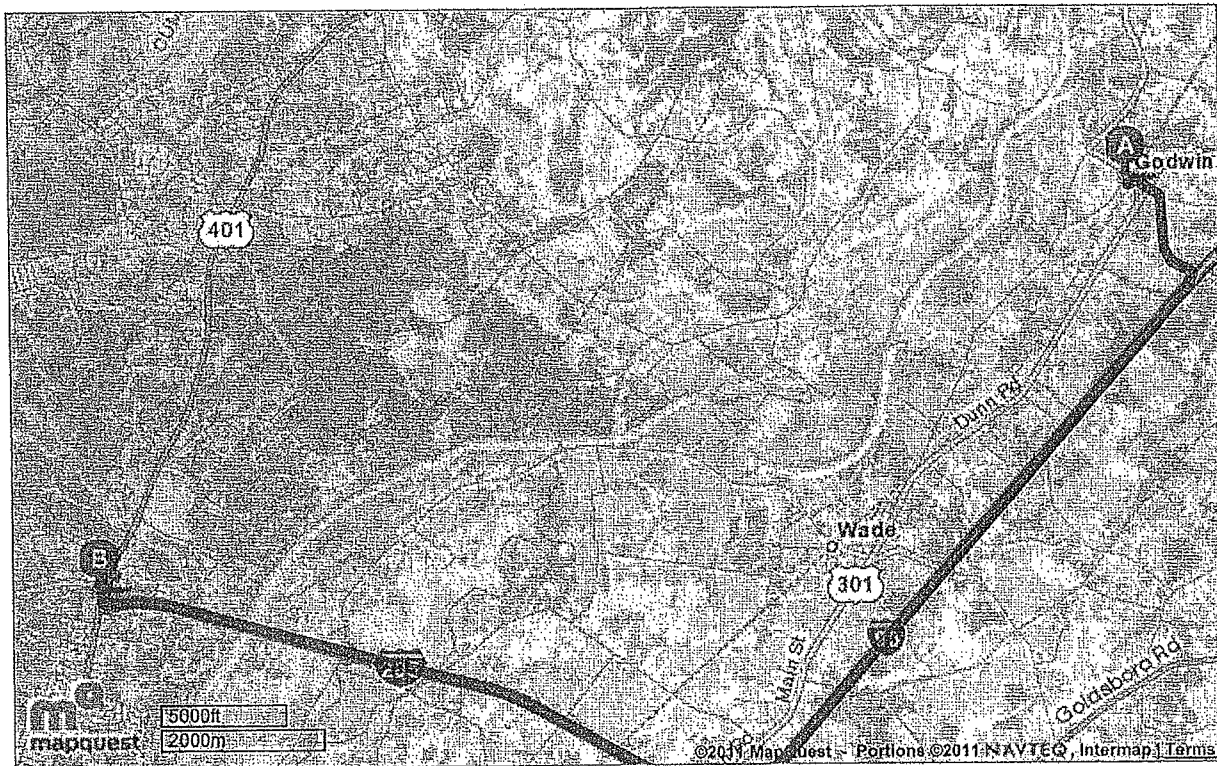
Trip to:
6387 Ramsey St
Fayetteville, NC 28311-9441
16.22 miles
18 minutes

	Godwin, NC	Miles Per Section	Miles Driven
	1. Start out going SOUTHEAST on MARKHAM ST toward EDGERTON ST.	Go 0.03 Mi	0.03 mi
	2. Turn LEFT onto EDGERTON ST.	Go 0.07 Mi	0.1 mi
 	3. Take the 1st RIGHT onto MAIN ST / NC-82. Continue to follow NC-82. <i>If you are on JULIAN RD and reach ROSS WEST RD you've gone about 1.1 miles too far</i>	Go 1.3 Mi	1.4 mi
 	4. Merge onto I-95 S. <i>If you reach DOUBLETREE CIR you've gone about 0.2 miles too far</i>	Go 7.0 Mi	8.3 mi
  	5. Merge onto I-295 S via EXIT 58 toward US-401.	Go 7.2 Mi	15.5 mi
 	6. Merge onto RAMSEY ST / US-401 N toward LILLINGTON / FAYETTEVILLE.	Go 0.4 Mi	15.9 mi
	7. Turn RIGHT onto SUMMERCHASE DR. <i>SUMMERCHASE DR is 0.1 miles past ANDREWS RD If you reach NANDINA CT you've gone about 0.1 miles too far</i>	Go 0.04 Mi	16.0 mi
	8. Make a U-TURN onto SUMMERCHASE DR.	Go 0.04 Mi	16.0 mi
 	9. Take the 1st LEFT onto RAMSEY ST / US-401 S. <i>If you are on W SUMMERCHASE DR and reach ST THOMAS RD you've gone about 0.1 miles too far</i>	Go 0.2 Mi	16.2 mi
	10. 6387 RAMSEY ST is on the RIGHT. <i>Your destination is just past ANDREWS RD If you reach FARMERS RD you've gone about 0.3 miles too far</i>		16.2 mi
	6387 Ramsey St	16.2 mi	16.2 mi



Fayetteville, NC 28311-9441

Total Travel Estimate: 16.22 miles - about 18 minutes

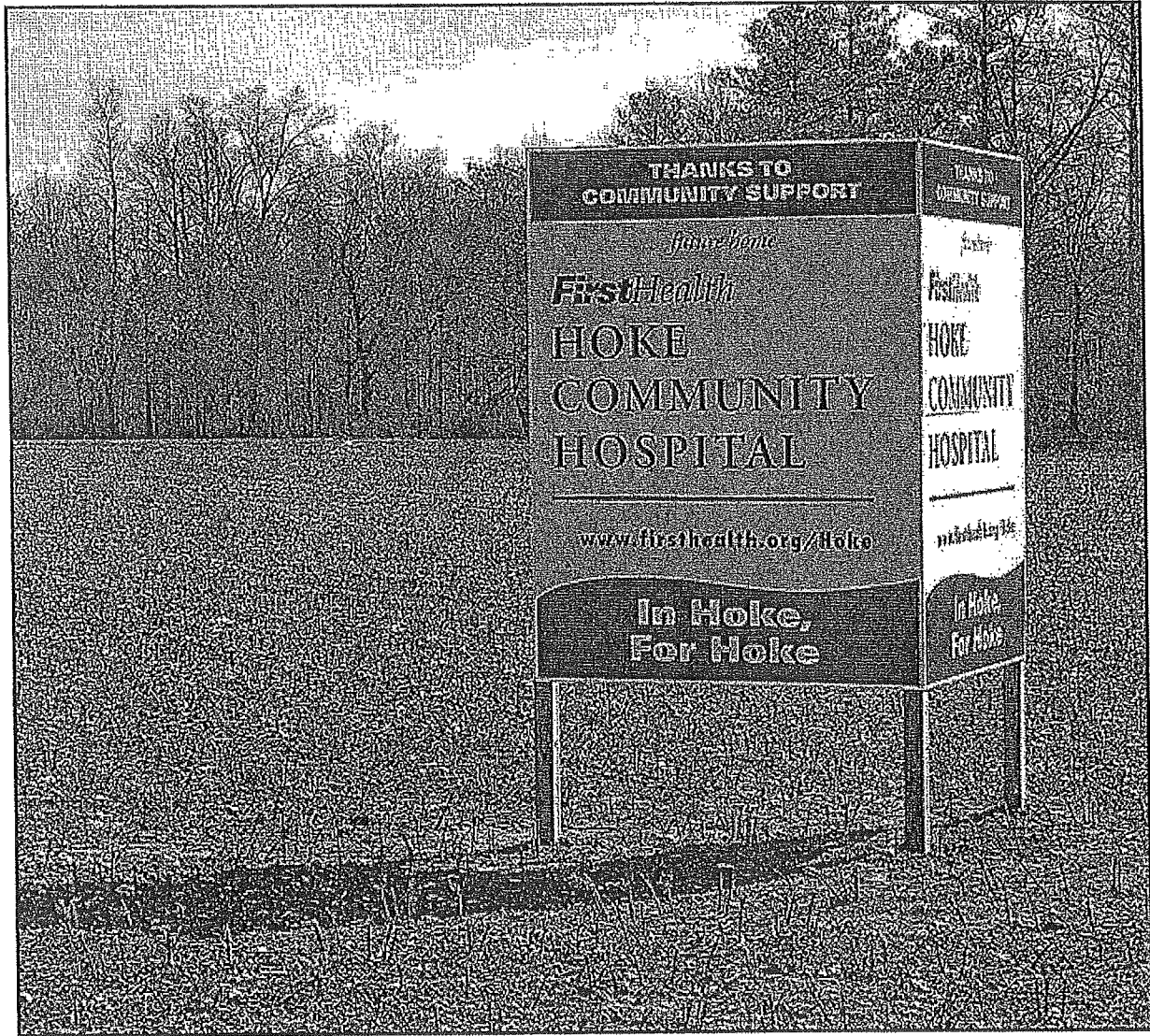


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Attachment
10

Hoke Commissioners Take Stand on Hospital Issue



A sign stands in a field on U.S. 401 in Raeford, where FirstHealth wants to build hospital.

By Ted M. Natt Jr.

Thursday, July 7, 2011

The Hoke County Board of Commissioners has apparently taken sides in the ongoing battle between FirstHealth of the Carolinas and Cape Fear Valley Health System over whose hospital plan best meets the need of county residents.

On Tuesday, the five-member board unanimously approved a resolution asking Fayetteville-based Cape Fear Valley to drop its legal appeals against Pinchurst-based FirstHealth.

The state has approved plans by each health system to build hospitals near Raeford, and both have used legal appeals to block the other from starting construction.

FirstHealth CEO Charles T. Frock applauded Hoke commissioners for adopting the resolution.

“FirstHealth has directly and consistently recommended a solution that both hospitals drop all appeals so both can begin building with the state’s support,” Frock said today in a statement. “Hoke citizens shouldn’t have to wait any longer for a hospital to be built in their county.”

Frock said FirstHealth is ready to build, even if Cape Fear Valley also begins construction.

“We support the availability of choice and competition in health care services,” he said. “The ball is in Cape Fear’s court and has been for months.”

Cape Fear Valley is “not necessarily opposed” to a two-hospital solution, CEO Mike Nagowski said.

“However, we do not feel that FirstHealth’s eight-bed hospital is the right solution for Hoke County,” Nagowski said today in a statement. “There are just too many questions that need answering.”

For more on this story, see the print edition of The Pilot.

STATE OF NORTH CAROLINA
Department of Health and Human Services

Attachment
11

Division of Facility Services

CERTIFICATE OF NEED

for

Project Identification Number M-7436-05
FID# 943057

ISSUED TO: Cumberland County Hospital System, Inc.
d/b/a Cape Fear Valley Health System
1638 Owen Drive
Fayetteville, NC 28304

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: To complete development of an additional 31 of 44 acute care beds as previously approved in Project I. D. #M-7093-04, at Cape Fear Valley Medical Center, by adding 2,455 square feet in renovation and 559 square feet of new construction

CONDITIONS: See Reverse Side

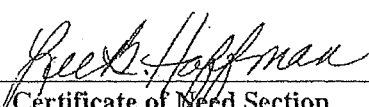
PHYSICAL LOCATION: Cape Fear Valley Medical Center
1638 Owen Drive
Fayetteville, NC 28304

MAXIMUM CAPITAL EXPENDITURE: \$980,381

TIMETABLE: See Reverse Side

NEXT PROGRESS REPORT DUE: August 30, 2006

This certificate is effective as of the 1st day of May, 2006.



Chief, Certificate of Need Section
Division of Facility Services

ASSET PURCHASE AGREEMENT

THIS ASSET PURCHASE AGREEMENT (the "Agreement") is made and entered into as of the Effective Date (as that term is immediately hereinafter defined), by and among the COUNTY OF BLADEN, a North Carolina political subdivision, doing business as BLADEN COUNTY HOSPITAL (the "Seller"), and CUMBERLAND COUNTY HOSPITAL SYSTEM, INC., a North Carolina nonprofit corporation, doing business as CAPE FEAR VALLEY HEALTH SYSTEM ("Purchaser"). The "Effective Date" shall mean the date that the last of Seller, Purchaser and Bladen Healthcare LLC (with respect to Sections 4 and 10(b) only) has executed this Agreement.

WITNESSETH:

WHEREAS, Seller (as Landlord) and Purchaser (as Tenant) are parties to that certain Lease and Operating Agreement, having an effective date of June 1, 2008, (the "Hospital Lease") whereby Purchaser leases from Seller the Leased Property (as that term is defined in Paragraph 3(b) of the Hospital Lease); and

WHEREAS, Seller (as Landlord) and Purchaser (as Tenant) are also parties to that certain Encumbered Lease Agreement, having an effective date of June 1, 2008, as amended (the "Encumbered Lease") whereby Purchaser leases from Seller the Encumbered Property (as that term is defined in Paragraph 3(a) of the Encumbered Lease); and

WHEREAS, pursuant to Paragraph 30 of the Hospital Lease, and Paragraph 30 of the Encumbered Lease, respectively, Purchaser has the right to purchase the Leased Property under the Hospital Lease and the Encumbered Property under the Encumbered Lease on certain terms and conditions set forth therein (collectively, the "Option"); and

WHEREAS, as contemplated by Paragraph 30 of the Hospital Lease, and Paragraph 30 of the Encumbered Lease, respectively, Seller and Purchaser now wish to accelerate the Option and waive certain of the procedural requirements of the Option set forth in the Hospital Lease; and

WHEREAS, the Hospital Lease and the Encumbered Lease, and, accordingly, the Option and the transactions contemplated by this Agreement, have been duly authorized and approved in accordance with the requirements of N.C. Gen. Stat. § 131E-13(d); and

WHEREAS, Seller has determined that it is in the best interests of the citizens of Bladen County that the Leased Property under the Hospital Lease and the Encumbered Property under the Encumbered Lease now be sold to Purchaser on the terms and conditions set forth in this Agreement; and

WHEREAS, Seller and Purchaser desire to enter into this Agreement to set forth the final terms and conditions under the Option upon which Seller will sell and Purchaser will acquire the Purchased Property (as that term is defined in Section 2 of this Agreement).

NOW THEREFORE, in consideration of the mutual promises hereinafter set forth and of other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Seller and Purchaser agree as follows:

1. DEFINITIONS. Any capitalized terms not otherwise defined in this Agreement shall have the meaning ascribed to them first in the Hospital Lease and, if not therein defined, then in the Encumbered Lease.

2. PURCHASE, SALE AND ASSIGNMENT. For the Consideration (as that term is defined in Section 3 of this Agreement), Seller agrees to sell, assign and transfer to Purchaser and Purchaser agrees to purchase and assume from Seller, the following property (collectively, the "Purchased Property"):

(a) Fee simple title to those certain parcels of real property located in Bladen County, North Carolina, which are defined in the Hospital Lease as the Hospital Real Property, and leasehold interest (with an option to purchase) in the Encumbered Lease as the Encumbered Real Property (but excluding the parcel known as 1001 West Broad Street), which Hospital Real Property and Encumbered Real Property are collectively more fully described on Exhibit A attached hereto and incorporated herein by reference, together with all improvements situated thereon, and all right, title and interest of Seller, if any, with respect to any rights, easements and appurtenances that benefit the same (the "Real Property");

(b) The Hospital Personal Property (as that term is defined in Paragraph 3(b) of the Hospital Lease); and

(c) Any other tangible or intangible assets of, or relating to, the Hospital or the Affiliated Operations not otherwise previously conveyed by Seller to Purchaser, pursuant to that certain Assignment and Assumption Agreement between Seller and Purchaser dated as of June 1, 2008 (the "Assignment and Assumption Agreement"); it being agreed and acknowledged by Seller and Purchaser that notwithstanding anything contained in the Assignment and Assumption Agreement to the contrary, the Assigned Leased Property (as defined in the Hospital Lease) and the Personal Property (as defined in the Assignment and Assumption Agreement), the transfer and assignment of such Assigned Leased Property and Personal Property by Seller to Purchaser shall survive and be unaffected by the termination of the Hospital Lease.

3. CONSIDERATION. The aggregate purchase price to be paid by Purchaser to Seller for the Purchased Property and Seller's covenants and agreements set forth herein shall be (i) Ten Dollars (\$10.00) and (ii) the covenants and agreements set forth herein, including:

(a) Purchaser's agreement to cause Bladen Healthcare, LLC to execute and deliver, and assume the obligations under, the Lease (as defined in Section 4 hereof);

(b) The waiver of any obligations of Seller set forth in Paragraph 8(c) of the Hospital Lease related to repairs and maintenance to the Hospital Real Property in excess of the Reserve Fund and remaining outstanding rent due under the Hospital Lease;

(c) The waiver of any credit equal to the total amount of rent paid by Purchaser under the Encumbered Lease with respect to 1001 West Broad, to which Purchaser may otherwise have been entitled to under the Option;

(d) Purchaser's agreement to the additional covenants set forth in Section 10(a)-(c) hereof related to the Replacement Hospital (as defined in Section 10(a) hereof), the SRMC Litigation (as defined in Section 10(b) hereof), and the Service Level and Ownership Covenant (as defined in Section 10(c) hereof); and

(e) Purchaser's agreement to the other terms and conditions set forth herein (collectively the "Consideration").

4. LEASE OF ENCUMBERED REAL PROPERTY. Seller is the borrower under that certain loan in the original principal amount of \$1,640,000.00 with an amount outstanding as of July 15, 2010 equal to \$760,526.90 (the "Loan"), which Loan is secured by that certain Deed of Trust and Security Agreement which encumbers the Encumbered Real Property, dated January 10, 2005, by and between Bladen County, North Carolina, a political subdivision existing under the Constitution and laws of the State of North Carolina (as Grantor) and PRLAP, Inc. (as Trustee) and Bank of America, N.A. (as Grantee) recorded in the Bladen County Register of Deeds at Book 560, Page 675-687 (the "Loan Security Documents"). All other documents executed and/or delivered by Seller in connection with entering into the Loan, together with the Loan Security Documents, are referred to herein as the "Loan Documents". At Closing, Purchaser and Seller shall enter into a lease agreement (the "Lease") whereby Seller shall lease the Encumbered Real Property to Bladen Healthcare, LLC, a wholly owned subsidiary of Purchaser, on terms and conditions reasonably acceptable to Purchaser and Seller, which terms shall include, without limitation: (i) a term equal to the remaining term of the Loan, (ii) monthly rental obligations equal to the current monthly debt service payments due under the Loan as expressly set forth on Exhibit E which payments shall in no event be subject to increase in the event that Seller's obligations under the Loan Documents are ever increased for any reason, (iii) an option granted to Purchaser to purchase the Encumbered Real Property at the end of the term of the Lease for Ten Dollars (\$10.00), or at any earlier time for an amount equal to the total rent due for the balance of the term of the Lease, and (iv) an obligation of Seller, to be satisfied at the time that the Lease is executed, to deliver (A) a written statement from the lender under the Loan providing that such lender consents to the Lease, that there is no default by Seller under the Loan Documents, and the amount of the then-existing indebtedness under the Loan, and (B) a subordination, nondisturbance and attornment agreement from the lender under the Loan satisfactory to Purchaser and in recordable form. The form of the Lease is attached hereto as Exhibit F.

5. DUE DILIGENCE.

(a) Evaluation Materials; Inspections; Title; and Survey. Beginning on the Effective Date and at all times prior to the Closing Date (as defined in Section 8(a) herein), Purchaser and any representatives designated by Purchaser may (without any obligation to do so), at Purchaser's sole cost and expense (i) inspect any documents and materials related to the Purchased Property which are in the possession of, or known to be reasonably available without independent inquiry to, Seller (collectively, the "Evaluation Materials") on the express condition that Purchaser agrees to treat the Evaluation Materials as confidential, (ii) conduct any and all tests, studies and inspections of the Purchased Property, including, without limitation, any environmental testing and sampling (including, without limitation, subsurface and other invasive testing such as a Phase II study) (collectively, "Inspections"), (iii) obtain a written title insurance commitment for the issuance of an owner's policy of title insurance (the "Commitment") from Investors Title Insurance Company or any other title insurance company authorized to insure title in North Carolina (the "Title Company"), and (iv) obtain an update to any surveys of the Real Property or one or more a new surveys of the Real Property. The activities set forth in this Section 5(a) are collectively referred to herein as "Purchaser Due Diligence")

(b) Obligations of Purchaser. All Purchaser Due Diligence shall be undertaken in accordance with all applicable laws, rules and regulations of the appropriate governmental authorities having jurisdiction over the Purchased Property. Purchaser shall (i) promptly pay when due the cost of all Purchaser Due Diligence, (ii) not permit any liens to attach to the Purchased Property by reason of the exercise of its rights hereunder, (iii) restore the Purchased Property to the condition which existed immediately prior to each of the Inspections to the extent any change in the condition is the result of the Inspection, and (iv) defend and indemnify Seller from and against any and all liability, loss, cost, expense and damage (including, without limitation, reasonable attorneys' fees) incurred by Seller in connection with the Purchaser Due Diligence. Notwithstanding the foregoing, or anything contained in this Agreement to the contrary, Purchaser shall not be obligated to indemnify Seller for claims resulting

merely from Purchaser's discovery of any matter except to the extent that any gross negligence or intentional misconduct on behalf of Purchaser or Purchaser's representatives during the Inspections aggravated, increased or spread the matter discovered.

(c) Termination Right. In the event that Purchaser is dissatisfied with any aspect of Purchaser's Due Diligence, Purchaser shall have the right, in Purchaser's sole and absolute discretion, to terminate this Agreement by giving written notice to Seller at any time prior to the Closing Date that Purchaser elects to terminate this Agreement. In the event that Purchaser exercises its right of termination under this Section 5(c), (i) this Agreement shall immediately terminate, (ii) Purchaser shall be responsible for all costs incurred with respect to the Purchaser Due Diligence and any other investigation of the Purchased Property, (iii) the Hospital Lease and the Encumbered Lease shall continue and remain in full force and effect, and (iv) neither party shall have any further rights or obligations to the other hereunder except for those obligations which expressly survive termination of this Agreement.

6. REPRESENTATIONS AND WARRANTIES.

(a) Purchaser's Representations and Warranties. Purchaser represents and warrants to Seller as of the Effective Date (and shall be deemed to represent and warrant to Seller as of the Closing Date) the following:

(i) Authority. Purchaser is a nonprofit corporation, duly incorporated under the laws of the State of North Carolina, exempt from federal income taxes pursuant to Section 501(c)(3) of the Internal Revenue Code, and in good standing under its Articles of Incorporation and the laws of the State of North Carolina, and has full authority and capacity to enter into and perform this Agreement and each agreement, document and instrument to be executed and delivered by Purchaser pursuant to this Agreement.

(ii) Binding Obligations. This Agreement and all documents executed by Purchaser which are to be delivered to Seller at the Closing are, or at the time of delivery will be, duly authorized, executed, and delivered by Purchaser and are, or at the time of delivery will be, legal, valid, and binding obligations of Purchaser, enforceable in accordance with their terms, and do not, and at the Closing will not, violate any provisions of any agreement, law, rule or regulation to which Purchaser is a party or to which it is subject.

(iii) Judicial Actions. Other than the SRMC Litigation (as that term is defined in Section 10(b) of this Agreement), to Purchaser's actual knowledge there are no, and Purchaser has not received written notice of any, pending or threatened claims, lawsuits, arbitrations or other similar actions, which, if adversely determined, would restrain the consummation of the transactions contemplated by this Agreement.

(iv) Brokers. Purchaser has not engaged or dealt with any broker or finder in connection with the sale and purchase of the Purchased Property.

(b) Seller's Representations and Warranties. Seller represents and warrants to Purchaser as of the Effective Date (and shall be deemed to represent and warrant to Purchaser as of the Closing Date) the following:

(i) Authority. Seller is a political subdivision of the State of North Carolina and is duly authorized and empowered to enter into this Agreement and each agreement, document and instrument to be executed and delivered by it pursuant to this Agreement, and to carry out its obligations hereunder and thereunder, and by proper action according to the

requirements of N.C. Gen. Stat. § 131E-13(d) is duly authorized to execute and enter into this Agreement.

(ii) Binding Obligation. This Agreement and all documents executed by Seller which are to be delivered to Purchaser at the Closing (including, without limitation, the Lease) are, or at the time of delivery will be, duly authorized, executed, and delivered by Seller and are, or at the time of delivery will be, legal, valid, and binding obligations of Seller, enforceable in accordance with their terms, and do not, and at the Closing will not, violate any provisions of any agreement, law, rule or regulation to which Seller is a party or to which it is subject (including, without limitation, the Loan Documents).

(iii) No Violation. Neither the execution and delivery of this Agreement nor the consummation or performance of any of the transactions contemplated by this Agreement will, directly or indirectly (with or without notice or lapse of time), contravene, conflict with or result in a violation or breach of any of the terms or requirements of, or give any governmental body or authority the right to revoke, withdraw, suspend, cancel, terminate or modify, any permit, approval or authorization that is held by Seller which relates to the Purchased Property.

(iv) Legal Compliance. The Real Property and its use is in compliance, in all material respects, with all applicable zoning ordinances and similar laws, and the Closing will not result in a violation of any applicable zoning ordinance or similar law or the termination of any applicable zoning variance or special exception now existing. Seller has not received written notice from any governmental entity or instrumentality indicating that all or any portion of the Real Property violates or fails to comply in any material respect with any governmental or judicial law, order, rule or regulation, which violation or failure to comply has not been cured.

(v) Judicial Actions. Other than the SRMC Litigation, there are no pending claims, lawsuits, arbitrations or other similar actions against Seller or the Purchased Property (including, without limitation, condemnation actions), which, if adversely determined, would: (A) restrain the consummation of the transactions contemplated by this Agreement, (B) have a material adverse effect on the Purchased Property prior to or after the Closing Date, or (C) result in any lien or encumbrance against the Purchased Property prior to or after the Closing Date, other than any deed restriction expressly stated in the General Warranty Deed.

(vi) Title to Real Property. Seller owns good, marketable, and insurable title in fee simple absolute to the Real Property, and except for the Loan Security Documents, Seller has not created any mortgages, liens, restrictions, agreements, claims, or other encumbrances which cause title to the Real Property to be unmarketable or which will materially interfere with Purchaser's use of the Real Property in a manner consistent with its the current use.

(vii) Taxes. Seller is and at all times has been an entity exempt from federal income taxation. Seller is exempt from filing, or has filed or caused to be filed on a timely basis, all tax returns and all reports with respect to taxes that are or were required to be filed pursuant to applicable legal requirements. All tax returns and reports filed by Seller are true, correct and complete in all material respects. Seller has paid, or made provision for the payment of, all taxes related to the Purchased Property that have or may have become due or otherwise, or pursuant to any assessment received by Seller.

(viii) Environmental Reports. Seller has provided Purchaser with true, complete and correct copies of all notices and information received by Seller relating to the presence of Hazardous Substances (as defined below) on the Real Property or in the vicinity of

the Real Property. Seller has not received any complaint, order, summons, citation, notice of violation, directive, letter or other communication from any governmental body, agency, or authority with regard to air emissions, water discharges, noise emissions or Hazardous Substances, or any other environmental, health or safety matters affecting the Real Property, or any portion thereof. Seller has complied with all federal, state or local environmental laws affecting the Real Property, including notification requirements relating to the release of Hazardous Substances. Seller has not knowingly undertaken, permitted, authorized or suffered the presence, or suspected presence, use, manufacture, handling, generation, storage, treatment, discharge, release, burial or disposal on, under or about the Real Property of any Hazardous Substances, except in compliance with all federal, state or local environmental laws, or the transportation to or from the Real Property, of any Hazardous Substances in violation of any federal, state or local environmental laws. Seller has not removed, or caused to be removed, any underground storage tanks from the Real Property and, to the best of Seller's knowledge, there are no underground storage tanks located on the Real Property. The term "Hazardous Materials" shall mean (i) hazardous substances, as defined by CERCLA; (ii) hazardous wastes as defined by RCRA; (iii) petroleum, including without limitation, crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure; (iv) any radioactive material, including, without limitation, any source, special nuclear, or by-product material as defined in 42 U.S.C. §2011 et seq.; (v) asbestos in any form or condition; (vi) polychlorinated biphenyls; and (vii) any other material, substance or waste to which liability or standards of conduct are under any federal, state or local environmental law.

(ix) Evaluation Materials. The Evaluation Materials are true and complete copies of the documents in Seller's possession comprising such Evaluation Materials and Seller has not withheld or failed to make available to Purchaser any Evaluation Materials that would be reasonably pertinent to Seller's decision to purchase the Purchased Property.

(x) Loan. There are no other documents executed in connection with the Loan other than the Loan Documents provided there may be notices, correspondence or ancillary documents which do not modify the terms of the Loan or allege a default or circumstances that may ripen into a default. Seller has delivered or made available to Purchaser true, correct and complete copies of the Loan Documents. There is no default by Seller or circumstance which, with the giving of notice or passage of time or both, would constitute a default by Seller under the Loan Documents

(xi) Brokers. Seller has not engaged or dealt with any broker or finder in connection with the sale and purchase of the Purchased Property.

(c) Survival. The express representations and warranties made in this Agreement by Seller and Purchaser shall not merge into any instrument of conveyance delivered at the Closing, but rather shall survive for a period of three (3) years after the Closing Date.

7. COVENANTS PRIOR TO CLOSING.

(a) Loan. At all times prior to Closing, Seller shall comply with the terms and conditions of the Loan Documents.

(b) Provide Copies of Notices. Seller shall furnish Purchaser with a copy of all written notices received by Seller from any governmental authority, including notices alleging violation of any law, statute, ordinance, regulation or order of any governmental or public authority relating to the Purchased Property within two (2) Business Days following Seller's receipt thereof.

(c) No Negotiation. Seller shall not, directly or indirectly, solicit, initiate, encourage or entertain any inquiries or proposals from, discuss or negotiate with, provide any nonpublic information to, or consider the merits of any inquiries or proposals from, any third party relating to any business combination transaction involving any of the Purchased Assets. Seller shall notify Purchaser of any such inquiry or proposal within twenty-four (24) hours of receipt or awareness of the same by Seller.

(d) Subsequent Acts. From the Effective Date until the Closing Date or the earlier termination of this Agreement, Seller shall not enter into any easements, encumbrances or other title matters or recordable instrument affecting the Real Property, nor take any other action to cause title to the Real Property to differ from the condition of title existing on the Effective Date, without Purchaser's consent, which may be granted or withheld in Purchaser's sole and absolute discretion.

(e) Required Approvals. As promptly as practicable after the Effective Date, Seller and Purchaser shall make all filings required to be made by it in order to consummate the transactions contemplated by this Agreement. Seller shall cooperate with Purchaser and its representatives with respect to all filings that Purchaser elects to make or is required to make in connection with the transactions contemplated by this Agreement. Seller also shall cooperate with Purchaser and its representatives in obtaining all consents and governmental approvals necessary to consummate the transactions contemplated by this Agreement and the operation of the Purchased Property as a critical access hospital.

(f) Casualty or Condemnation. If, prior to Closing Date, any of the Purchased Property is damaged, destroyed, or a condemnation proceeding is commenced against the Real Property ("Casualty or Condemnation"), Purchaser shall have the right to terminate this Agreement or, if not so electing, at the Closing, (i) Seller shall pay to Purchaser all insurance proceeds and condemnation awards paid to Seller in connection with such Casualty or Condemnation, (ii) Seller shall assign to Purchaser all of Seller's right, title and interest in any insurance proceeds or condemnation awards to be paid to Seller in connection with the Casualty or Condemnation, and (iii) Seller shall pay Purchaser any deductible amount under any applicable insurance policy.

8. CLOSING.

(a) Location & Time. The Closing of the sale (and lease) of the Purchased Property (the "Closing") shall take place at the office of Seller's counsel in Elizabethtown, North Carolina, or through the office of the Title Company ninety (90) days following the Effective Date, time being of the essence; provided however that in the event that title defects are discovered during the Purchaser Due Diligence, Purchaser shall have the right to extend the Closing Date and the Closing Date shall occur within ten (10) days of the date upon which Seller cures such title defect as determined in Purchaser's sole discretion. The "Closing Date" as used herein shall mean the actual date upon which the parties effect the Closing. Notwithstanding the foregoing, the parties need not attend the Closing in person and shall have the right to close the transaction contemplated by this Agreement pursuant to written Closing escrow instructions, so long as such instructions are consistent with the terms hereof.

(b) Seller's Closing Documents. At the Closing, in consideration for the terms and conditions of this Agreement and Purchaser's Deliveries (as defined in Section 8(c) of this Agreement), and for the Consideration, Seller shall execute and deliver to Purchaser (or to the Title Company) the following documents (collectively, "Seller's Deliveries"):

(i) A General Warranty Deed, the form of which is attached as Exhibit B hereto and incorporated herein by reference (the "General Warranty Deed");

(ii) A Bill of Sale and Assignment of Interests, the form of which is attached as Exhibit C hereto and incorporated herein by reference (the "Bill of Sale");

(iii) An affidavit of title in a form reasonably acceptable to the Title Company;

(iv) The Lease;

(v) A termination of the Hospital Lease, the Encumbered Lease, and the Memoranda of each recorded in the Bladen County Registry at Book 66, Page 570 and Book 633, Page 581, respectively, together with a written confirmation of the cancellation, waiver and release of all rights obligations, or claims under and relating to the Hospital Lease and the Encumbered Lease (the "Lease Termination"). The form of the Lease Termination to be executed and delivered at Closing is attached hereto as Exhibit D;

(vi) A termination of the Escrow Agreement, including written instructions to the Escrow Agent to disburse immediately to Purchaser all amounts in the Reserve Fund (as that term is defined in the Hospital Lease) (the "Escrow Termination");

(vii) A written satisfaction of that certain loan from Seller to Bladen County Hospital (predecessor in interest to Purchaser pursuant to the Assignment and Assumption Agreement) in the original principal amount of \$500,000.00, as set forth in that certain Contract and Agreement dated April 21, 2005;

(viii) A written waiver of Seller's right to any reimbursement of Seller's reasonable consulting and legal fees and expenses incurred in connection with the affiliation process as provided for in Section 9(c) of the Assignment and Assumption Agreement;

(ix) A duly adopted resolution from the Board of Commissioners of the County of Bladen and the Board of Trustees of Bladen County Hospital authorizing the transactions contemplated by this Agreement, or such other evidence of approval and authorization as is acceptable to Purchaser, in Purchaser's sole and absolute discretion; and

(x) A certificate (or certificates) signed by the Secretary of the Board of Commissioners of the County of Bladen and by the Secretary of the Board of Trustees of Bladen County Hospital and dated as of the Closing Date to the effect (i) that the representations and warranties of Seller contained in this Agreement are true and correct in all material respects as of the Closing with the same force and effect as if made at and as of the Closing and (ii) that Seller has performed and satisfied all covenants and conditions required by this Agreement to be performed or satisfied by Seller at or prior to the Closing;

(xi) Any other documents reasonably required in connection with the transactions contemplated by this Agreement, or reasonably required by the Title Company.

(c) Purchaser Closing Documents. At the Closing, in consideration for the terms and conditions of this Agreement and Seller's Deliveries, Purchaser shall execute and deliver to Seller (or to the Title Company) the following documents (collectively, "Purchaser's Deliveries");

(i) Bill of Sale;

(ii) The Lease, which Purchaser shall cause Bladen Healthcare, LLC, a wholly owned subsidiary of Purchaser, to execute and deliver in lieu of Purchaser;

(iii) The Lease Termination;

(iv) The Escrow Termination;

(v) A duly adopted resolution from the Board of Trustees of Purchaser authorizing the transactions contemplated by this Agreement; and

(vi) A certificate (or certificates) signed by the Secretary of Purchaser and dated as of the Closing Date to the effect (i) that the representations and warranties of Purchaser contained in this Agreement are true and correct in all material respects as of the Closing with the same force and effect as if made at and as of the Closing and (ii) that Purchaser has performed and satisfied all covenants and conditions required by this Agreement to be performed or satisfied by Purchaser at or prior to the Closing;

(vii) A written waiver of any obligations of Seller set forth in Paragraph 8(c) of the Hospital Lease related to repairs and maintenance to the Hospital Real Property in excess of the Reserve Fund and remaining outstanding rent due under the Hospital Lease;

(viii) A written waiver of any credit equal to the total amount of rent paid by Purchaser under the Encumbered Lease with respect to 1001 West Broad, to which Purchaser may otherwise have been entitled to under the Option;

(ix) Any other documents reasonably required in connection with the transactions contemplated by this Agreement, or reasonably required by the Title Company.

(d) Further Assurances. Seller and Purchaser shall, at the Closing, and from time to time thereafter, upon request, execute such additional documents as are reasonably necessary in order to convey, assign and transfer the Purchased Property pursuant to this Agreement, provided that such documents are consistent with the terms of this Agreement, and do not increase Seller's or Purchaser's obligations hereunder or subject Seller or Purchaser to additional liability not otherwise contemplated by this Agreement.

(e) Encumbrances. Notwithstanding anything contained in this Agreement to the contrary, Seller shall be obligated, in all events, to satisfy at Closing (i) all deeds of trust encumbering any of Seller's interest in the Real Property, other than the Loan Security Documents, and (ii) mechanics liens or judgment liens encumbering any of Seller's interest in the Real Property resulting from work or activities engaged by Seller.

(f) Closing Costs. Seller shall be responsible for the payment of (A) the deed stamps on the General Warranty Deed, (B) the fees and costs of Seller's counsel representing it in connection with this transaction, (C) all other costs customarily incurred by sellers in similar transactions in the State of North Carolina. Purchaser shall be responsible for the payment of (i) the costs of the Purchaser Due Diligence, (ii) the fees and costs of Purchaser's counsel representing it in connection with this transaction, and (iii) all other costs customarily incurred by purchasers in similar transactions in the State of North Carolina.

9. REMEDIES.

(a) Purchaser Default. Except as set forth in Sections 10(c) and 11 hereof, if Purchaser fails to perform any of its obligations under this Agreement, then Seller shall have the right, as its sole and exclusive remedy for such failure, to terminate this Agreement by delivering written notice thereof to Purchaser, in which event (i) the Hospital Lease and the Encumbered Lease shall each continue and remain in full force and effect and (ii) Seller and Purchaser shall be released from all obligations under this Agreement except those which expressly survive termination of this Agreement.

(b) Seller Default. Except as set forth in Section 11 hereof, if Seller fails to perform any of its obligations under this Agreement which are required to be performed at or prior to the Closing Date (including the delivery of any of Seller's Deliveries under Section 8(b)), then Purchaser shall have the right, as its sole and exclusive remedies for such failure, to either (i) terminate this Agreement by delivering written notice thereof to Seller, in which case (A) the Hospital Lease and the Encumbered Lease shall each continue and remain in full force and effect, (B) Seller shall pay Purchaser's actual out of pocket costs (excluding attorneys fees) incurred in performing the Inspections, and (C) the parties shall be released from all obligations under this Agreement except those which expressly survive termination of this Agreement, or (ii) specifically enforce the terms of this Agreement; provided that, in the event Seller intentionally encumbers or transfers the Property, or otherwise takes any willful action so that specific performance is not an adequate remedy, then Purchaser shall have all rights and remedies available at law or in equity, including, without limitation, the right to sue for damages.

(c) Actual Damages. No party to this Agreement shall be liable for consequential or punitive damages.

(d) Survival. The provisions of this Section 9 shall survive the Closing and/or any termination of this Agreement.

10. ADDITIONAL POST-CLOSING COVENANTS.

(a) Replacement Hospital. Purchaser agrees to use commercially reasonable efforts (i) to obtain the necessary financing through the United States Department of Agriculture ("USDA") – Rural Development loan program (or through such other source(s) of funding that offer terms and conditions that are no less favorable than those which would otherwise be offered by USDA-Rural Development) to fully fund on terms acceptable to Purchaser (the "USDA Funding") construction of a replacement facility located in Bladen County, North Carolina which shall be licensed, certified and operated as a 25 bed hospital (the "Replacement Hospital"); (ii) if USDA Funding is obtained, to file a Certificate of Need application with the North Carolina Department of Health and Human Services seeking approval to construct the Replacement Hospital and relocate the Hospital's operations to such newly constructed facility ("CON Approval"); and (iii) if USDA Funding and CON Approval is obtained, and, upon receipt of all required or appropriate permits and approvals, to construct the Replacement Hospital; provided however that in the event that Purchaser is unable to obtain the USDA Funding, CON Approval, or any other required or appropriate permits and approvals within four (4) years following the Closing Date, despite Purchaser's commercially reasonable efforts to do so, the obligations set forth in this Section 10(a) shall terminate.

(b) SRMC Litigation. Purchaser and Bladen Healthcare, LLC agree to indemnify and hold Seller harmless from and against, and to pay or reimburse Seller, for, any loss, liability, costs, expenses (including without limitation attorney's fees), costs of litigation and damages, incurred by Seller, its trustees, officers, employees, and agents in connection with that certain civil action entitled Southeastern Regional Medical Center v. Bladen County d/b/a Bladen County Hospital, et al., Case No. 10 CVS 499 in the Superior Court of Bladen County, North Carolina (the "SRMC Litigation").

(c) Covenants as to Level of Service and Ownership. Purchaser or its affiliate shall:

(i) provide the same or similar clinical hospital services to its patients in medical surgery, obstetrics, pediatrics, outpatient and emergency treatment, including emergency services for the indigent, that the Hospital had provided prior to the Closing;

(ii) continue to provide charity care in accordance with Hospital policies in effect at the Closing, including, without limitation, access to care by indigent persons in compliance with state and federal law, without discrimination, regardless of the cost of providing such services and regardless of the person's ability to pay;

(iii) not enact financial admission policies that have the effect of denying essential medical services or treatment solely because of a patient's immediate inability to pay for the services or treatment;

(iv) ensure that admission to and services of the Hospital are available to the beneficiaries of governmental reimbursement programs (e.g., Medicare and Medicaid) without discrimination or preference because they are beneficiaries of those programs;

(v) continuously own and operate the Hospital as a community general hospital open to the general public; provided that, for purposes of this subsection (v), Purchaser shall be deemed to meet this requirement so long as Purchaser or its affiliate is (1) the owner of the Hospital and (2) uses the Hospital for health or medical care, including without limitation, facilities and services in support of the Replacement Hospital;

(vi) provide services to all persons, free of discrimination based on race, creed, color, sex, or national origin; and

(vii) prepare an annual report showing compliance with subsections (i) – (vi) above (collectively, the "Service Level and Ownership Covenants").

(d) Reverter. Purchaser agrees that (i) if it fails to substantially comply with the Service Level and Ownership Covenants set forth in Section 10(c) or (ii) if it dissolves without a successor to carry out the terms and conditions of the Agreement, all ownership or other rights in the Purchased Property, any capital improvements made to the Purchased Property, and any equipment or other personal property associated with the Purchased Property that has been constructed or acquired since the Closing, shall revert to the Seller, provided that any capital improvements made to the Purchased Property, and any equipment or other personal property associated with the Purchased Property that (I) Purchaser or any of its subsidiaries or affiliates has constructed or acquired since the Closing and (II) is not used in the provision of the same or similar services to those provided at the Hospital as of the Closing, shall revert to Seller only upon payment to Purchaser of a sum equal to the cost less depreciation of such improvements, equipment and other personal property; provided further that this Section 10(d) shall not apply to (a) property which was used by Seller as June 1, 2008 for non-medical services or commercial activities, including any gift shop, cafeteria, flower shop or other retail or commercial activity, or (b) to surplus hospital personal property that is not required in the delivery of necessary hospital services at the time of its lease, sale or conveyance, or (c) the Replacement Hospital, all improvements thereto, and all tangible and or intangible personal property or equipment associated therewith or located therein.

(e) Transition. In the event that the Purchased Property reverts to Seller, pursuant to the foregoing paragraph (d), Purchaser agrees to cooperate fully with Seller to achieve an orderly turnover

of the Hospital and Affiliated Operations to Seller and to ensure that such facilities are fully operational as of the earliest date (the "Effective Reversion Date") on which the Seller can effectively operate the Hospital and provide continuity of patient care in compliance with all applicable laws, regulations, licensing, accreditation and contractual requirements; provided, however, the Effective Reversion Date shall be not less than one hundred eighty (180) days after the date on which the reversion occurs. On the Effective Reversion Date, Purchaser shall transfer to Seller:

- (i) all of the Purchased Property, in good, serviceable and operation condition, reasonable wear and tear and casualty damage excepted;
- (ii) consumables, inventories and supplies, at the current level maintained by Purchaser;
- (iii) accounts receivable and accounts payable regarding items or services provided to, by, at the Hospital which shall be assigned by Purchaser and assumed by Seller, excluding the current portion of any inter-company or long-term debt;
- (iv) capital equipment and other tangible personal property acquired by the Purchaser after the Closing and used in the provision of services at the Hospital; provided, however, that Seller has paid Purchaser for such property in an amount equal to the cost of such property, less depreciation if such capital equipment or other tangible personal property is not used in the provision of the same or similar services to those provided at the Hospital as of the Closing;
- (v) to the extent permitted by contract or law, all rights under contracts, permits, licenses and other intangible assets as are necessary to allow the continued operation of the Hospital as a community general hospital.

Notwithstanding any other provision of this Agreement or this Section 10(e), in the event that Purchaser is operating the Replacement Hospital upon the Effective Reversion Date, the provisions of this Section 10(e) shall not apply and Purchaser shall only be obligated to convey the Hospital along with any improvements (capital or otherwise) made to the Hospital since the Closing; provided, however, that Seller has paid Purchaser for such improvements to the Hospital since the Closing in an amount equal to the cost of such property, less depreciation.

(f) Non-Competition. Seller agrees that upon Closing, Purchaser shall have the continuing right and responsibility to conduct the Hospital and Affiliated Operations. Therefore, upon Closing, Seller shall not, within the Hospital Primary Service Area, own, lease, manage, operate, market, or engage in any business, enterprise or other activity relating to the operation of a hospital or any other health-care-related activity in which Purchaser or an affiliate thereof is engaged, or lease real or personal property owned by the Seller to any third party for the purpose of operation of a hospital or any other health-care-related activity in which Purchaser or an affiliate thereof is engaged; provided, however, that nothing in this Section 10(e) shall be construed to prohibit Seller from providing public health services. Seller further acknowledges and agrees that enforcement of the provisions of this Section 10(e) would not unduly impact the availability of medical services within the Hospital Primary Service Area, or otherwise pose a threat of harm to the public health, or promote monopolization of medical services at the public's expense. Seller further agrees that if Seller should engage in a health-care-related activity in which Purchaser or an affiliate thereof is engaged in violation of the provisions of this Section 10(e), then such activity shall constitute a material breach of this Agreement.

(f) Emergency Transportation Services. Seller agrees to continue to provide emergency medical transportation services as well as other County-sponsored public health services consistent with the Hospital Primary Service Area population needs and health care industry standards.

(g) Taxation. Upon Closing, the Purchased Property shall remain exempt from the imposition of all taxes otherwise capable of being levied by Seller, including without limitation, real estate taxes, as long as purchaser and Bladen Healthcare, LLC are organized and operated in their current form.

(h) Limitation on Reversion. Notwithstanding anything contained in this Section 10 or elsewhere in this Agreement to the contrary, in the event of a reversion pursuant to this Section 10, or in any other event, Purchaser shall under no circumstances be required to transfer to Seller the Replacement Hospital, any improvements thereto, or any tangible or intangible personal property or equipment associated therewith or located therein at the time of such reversion.

(i) Survival. The provisions of this Section 10 shall survive Closing.

11. INDEMNITY.

(a) Seller Indemnity. In addition to, and notwithstanding any other indemnity provided for under this Agreement, to the extent permitted by law, Seller shall indemnify and hold harmless Purchaser, and its trustees, officers, employees, agents, invitees, representatives, agents, and subsidiaries (collectively, the "Purchaser Indemnified Persons"), and will reimburse the Purchaser Indemnified Persons for any loss, liability, claim, damage, expense (including costs of investigation and defense and reasonable attorneys' fees and expenses) arising from or in connection with:

(i) any breach of any representation or warranty made by Seller in this Agreement or in any other certificate, document, writing or instrument delivered by Seller pursuant to this Agreement;

(ii) any breach of any covenant or obligation of Seller in this Agreement or in any other certificate, document, writing or instrument delivered by Seller pursuant to this Agreement;

(iii) any liability arising out of the ownership or operation of the Purchased Property prior to June 1, 2008 other than the SRMC Litigation;

(iv) any liability arising from or related to the operation of the Hospital or the Affiliated Operations prior to June 1, 2008 other than the SRMC Litigation, unless such liability was specifically assumed by Seller pursuant to the provisions of the Assignment and Assumption Agreement;

(v) the negligence or bad faith of Seller; or

(vi) any liability prior to the Closing Date related to that part of McKay Street that is a part of the property described in the Hospital Lease and known as 501 South Poplar Street, Elizabethtown, NC.

(b) Purchaser Indemnity. In addition to, and notwithstanding any other indemnity provided for under this Agreement, Purchaser shall indemnify and hold harmless Seller, and its representatives, commissioners, officers, employees and agents (collectively, the "Seller Indemnified

Persons”), and will reimburse the Seller Indemnified Persons for any loss, liability, claim, damage, expense (including costs of investigation and defense and reasonable attorneys’ fees and expenses) arising from or in connection with:

(i) any breach of any representation or warranty made by Purchaser in this Agreement or in any other certificate, document, writing or instrument delivered by Purchaser pursuant to this Agreement;

(ii) any breach of any covenant or obligation of Purchaser in this Agreement or in any other certificate, document, writing or instrument delivered by Purchaser pursuant to this Agreement; or

(iii) any liability arising out of or resulting from the occupancy by Purchaser of the Real Property, the operation of the Hospital and the Affiliated Operations by Purchaser, or the use or operation of the Purchased Property, each from and after June 1, 2008.

(c) Assignment and Assumption Agreement. Except as otherwise expressly set forth in this Agreement, the terms and conditions of the Assignment and Assumption Agreement, including, without limitation, the indemnities provided therein, shall not be deemed to be limited or otherwise amended or modified, and same shall expressly survive the Closing.

(d) Survival. The provisions of this Section 11 shall survive Closing.

12. GENERAL PROVISIONS.

(a) Entire Agreement. This Agreement and exhibits hereto constitute the entire agreement of Seller and Purchaser with respect to sale of the Purchased Property and supersede all prior or contemporaneous written or oral agreements, whether express or implied.

(b) Amendments. This Agreement may be amended only by a written agreement executed and delivered by Seller and Purchaser.

(c) Waivers. No waiver of any provision or condition of, or default under, this Agreement by any party shall be valid unless in writing signed by such party. No such waiver shall be taken as a waiver of any other or similar provision or of any future event, act, or default.

(d) Time. Time is of the essence of this Agreement. In the computation of any period of time provided for in this Agreement or by law, the day of the act or event from which the period of time runs shall be excluded, and the last day of such period shall be included, unless it is not a Business Day, in which case it shall run to the next day which is a Business Day. All times of the day set forth herein shall be Eastern Standard Time.

(e) Unenforceability. In the event that any provision of this Agreement shall be unenforceable in whole or in part, such provision shall be limited to the extent necessary to render the same valid, or shall be excised from this Agreement, as circumstances require, and this Agreement shall be construed as if said provision had been incorporated herein as so limited, or as if said provision has not been included herein, as the case may be.

(f) Assignment. Purchaser shall have the right to assign its rights under this Agreement and to delegate its duties hereunder without the prior express written consent of Seller provided that assignee is an affiliate of Purchaser and that Purchaser provides Seller with written notice of

such assignment. Except as provided in the immediately preceding sentence, neither Purchaser nor Seller may assign any of its rights or delegate any of its obligations under this Agreement without the prior written consent of the other. This Agreement will apply to, be binding in all respects upon and inure to the benefit of the successors and permitted assigns of the parties.

(g) Notices. Any notices or other communications permitted or required to be given hereunder shall be in writing, shall be delivered personally, by reputable overnight delivery service, or by fax (provided a hard copy is delivered on the next Business Day by personal delivery or reputable overnight delivery service), and shall be addressed to the respective party as set forth in this subsection (g). All notices and communications shall be deemed given and effective upon receipt thereof.

To Seller:

County of Bladen
Attn: County Manager
106 East Broad Street
Elizabethtown, North Carolina
Tel: 910.862.6700
Fax: 910.862.6767

With a copy to:

W. Leslie Johnson, Esq.
The Johnson Law Firm
302 W. Broad Street
Elizabethtown, North Carolina 20337
Tel: 910.862.2252
Fax: 910.862.8006

To Purchaser:

Cape Fear Valley Health System
Attn: Legal Department
1638 Owen Drive
Fayetteville, North Carolina 28304
Tel: 910.615.5978
Fax: 910.615.5530

With a copy to:

Mary Beth Johnston, Esq.
K&L Gates LLP
430 Davis Drive - Suite 400
Morrisville, North Carolina 27560
Tel: 919.466.1181
Fax: 919.516.2071

(h) Governing Law. This Agreement shall be governed in all respects by the internal laws of the State of North Carolina.

(i) Counterparts. This Agreement may be executed in any number of identical counterparts, any or all of which may contain the signatures of less than all of the parties, and all of which shall be construed together as a single instrument. The parties executing this Agreement may sign separate signature pages and it shall not be necessary for all parties to sign all signature pages, but rather the signature pages may be combined. Facsimile or .PDF file signatures shall be as binding as original signatures.

(j) Construction. Seller and Purchaser agree that each and its counsel have reviewed and approved this Agreement, and that any rules of construction which provide that ambiguities be resolved against the drafting party shall not be used in the interpretation of this Agreement or any amendments or exhibits hereto. The words "include", "including", "includes and any other derivation of "include" means "including, but not limited to" unless specifically set forth to the contrary. Headings of sections herein are for convenience of reference only, and shall not be construed as a part of this Agreement. Except to the extent expressly provided otherwise in this Agreement, references to "sections" or "subsections" in this Agreement shall refer to sections and subsections of this Agreement, and references to "exhibits" in this Agreement shall mean exhibits attached to this Agreement. The submission of drafts of this Agreement or comments or revisions thereto, shall not constitute an offer, counter-offer or acceptance; and no party shall be bound hereby or entitled to rely hereon, unless and until this Agreement has been executed and delivered by Seller and Purchaser.

(k) No Third Party Beneficiaries. This Agreement is for the sole benefit of Purchaser and Seller and no other Person is intended to be a beneficiary of this Agreement.

(SIGNATURE PAGES FOLLOW)

IN WITNESS WHEREOF, Seller and Purchaser have executed this Agreement to be effective as of the Effective Date.

ATTEST:
By: _____
_____, County Clerk

[SEAL]

ATTEST:
By: _____
_____, Secretary

[SEAL]

SELLER:

THE COUNTY OF BLADEN
By: _____
Print Name:
Title: Chair, Board of County Commissioners
Date: _____

BLADEN COUNTY HOSPITAL
By: _____
Print Name:
Title: Chair, Board of Trustees
Date: _____

PURCHASER:

CUMBERLAND COUNTY HOSPITAL SYSTEM,
INC.
By _____
Print Name: Michael Nagowski
Title: Chief Executive Officer
Date: _____

As to Section 4 and Section 10(b) only:

BLADEN HEALTHCARE, LLC
By: _____
Name: _____
Title: _____
Date: _____

EXHIBIT A

REAL PROPERTY

(Tracts 1-4, the "Hospital Real Property")

(Tract 5, the "Encumbered Real Property")

TRACT 1: 501 SOUTH POPLAR STREET, ELIZABETHTOWN

Lying and being in Elizabethtown Township, Bladen County, North Carolina, and being further described as follows:

BEGINNING at North Carolina Geodetic Survey Marker "Horton 1973" said marker having NAD 83 coordinates of N=318,280.02' and E=2,118,007.58'; running thence from said marker, South 30 degrees 37 minutes 26 seconds West - 222.88 feet to an existing railroad spike in the Southeastern intersection of the rights of way of US Highway 701 (Poplar Street) and East Dunham Street, the TRUE POINT OF BEGINNING;

Running thence from the TRUE POINT OF BEGINNING so located, the following bearings and distances:

- 1) South 44 degrees 58 minutes 05 seconds East - 557.98 feet along the Southern right of way of East Dunham Street to an existing railroad spike in the Eastern right of way line of Doctors Drive;
- 2) Thence along the Eastern right of way line of Doctors Drive, South 44 degrees 14 minutes 13 seconds West - 379.86 feet to an existing iron pipe in the Southern right of way line of McKay Street (formerly Hospital Drive);
- 3) Thence with the Southern line of McKay Street, North 45 degrees 01 minute 30 seconds West - 560.56 feet to an existing iron pipe;
- 4) Thence continuing in the same direction, North 45 degrees 01 minute 30 seconds West - 2.41 feet to a point in the Eastern right of way line of US Highway 701 (Poplar Street);
- 5) Thence along the Eastern right of way line of US Highway 701 (Poplar Street), North 44 degrees 59 minutes 21 seconds East - 1.11 feet to an existing NCDOT right of way marker;
- 6) Thence continuing in the same direction, North 44 degrees 59 minutes 21 seconds East - 379.28 feet to an existing railroad spike, the TRUE POINT OF BEGINNING;

Containing 4.891 acres, more or less, and being subject to any and all public or private easements and rights of way of record;

The tract described herein is the aggregate of those parcels of land conveyed to Bladen County by deeds recorded in Deed Book 122, page 171, Deed Book 122, page 252, Deed Book 122, page 272, and Deed Book 122, page 294.

TRACT 2: 16 THIRD STREET, DUBLIN

Lying and being in Bethel Township, Bladen County, North Carolina, and being further described as follows:

BEGINNING at North Carolina Geodetic Survey Marker "Junction 1969" said marker having NAD 83 coordinates of N=326,018.26' and E=2,088,664.11'; running thence from said marker the following bearings and distances:

- 1) North 52 degrees 35 minutes 30 seconds West - 7,870.16 feet to a point in the intersection of the centerlines of NC Highway 87 (Albert Street) and NC Highway 410 (Third Street);
- 2) Thence along the centerline of NC Highway 410, South 37 degrees 04 minutes 19 seconds West - 56.49 feet to a point in the centerline of said highway;
- 3) Thence North 53 degrees 20 minutes 40 seconds West - 25.00 feet to a new iron stake in the present right of way of NC Highway 410;
- 4) Thence along the Western edge of the present right of way of NC Highway 410, South 37 degrees 04 minutes 19 seconds West - 77.68 feet to a new iron stake;
- 5) Thence North 56 degrees 41 minutes 27 seconds West 42.70 feet to a Mag Nail set in the Westernmost line of the old right of way of NC Highway 410, the TRUE POINT OF BEGINNING;

Running thence from the TRUE POINT OF BEGINNING so located, the following bearings and distances:

- 1) North 56 degrees 41 minutes 27 seconds West - 144.69 feet to a new iron stake;
- 2) Thence continuing North 56 degrees 41 minutes 27 seconds West - 108.58 feet to an existing iron pipe;
- 3) Thence continuing North 56 degrees 41 minutes 27 seconds West - 0.90 feet to a point in the Eastern right of way of 2nd Street;
- 4) Thence along the Eastern right of way line of 2nd Street, North 36 degrees 48 minutes 05 seconds East - 100.00 feet to a new iron stake;
- 5) Thence leaving said right of way, South 56 degrees 41 minutes 27 seconds East - 204.00 feet to a Mag Nail set in the Westernmost line of the old right of way of NC Highway 410;
- 6) Thence along the Westernmost line of the old right of way of NC Highway 410, South 9 degrees 29 minutes 03 seconds West - 109.12 feet to a Mag Nail, the TRUE POINT OF BEGINNING;

Containing 22,866 square feet, more or less, and being subject to all easements and rights of way of record.

Being that same parcel of land conveyed to Bladen County by Robert Summerlin and wife, Estelle Summerlin, on September 29, 1997, as recorded in Deed Book 396, page 464, in the Bladen County Register of Deeds office.

TRACT 3: 103 AND 105 EAST DUNHAM STREET, ELIZABETHTOWN

Lying and being in Elizabethtown Township, Bladen County, North Carolina, on the North side of East Dunham Street, and being further described as follows:

BEGINNING at North Carolina Geodetic Survey Marker "Horton 1973" said marker having NAD 83 coordinates of N=318,280.02' and E=2,118,007.58'; running thence from the said marker, South 8 degrees 46 minutes 38 seconds West - 232.09 feet to an existing iron pipe in the Northern edge of the 30-foot wide right of way of East Dunham Street, the TRUE POINT OF BEGINNING;

Running thence from the TRUE POINT OF BEGINNING so located, the following bearings and distances:

- 1) North 43 degrees 48 minutes 11 seconds East - 56.02 feet to an existing iron pipe near a fence;
- 2) Thence along said fence, South 45 degrees 20 minutes 42 seconds East - 65.08 feet to an existing iron pipe near a fence corner;
- 3) Thence along the fence, North 50 degrees 48 minutes 55 seconds East - 7.96 feet to an existing iron pipe near the fence;
- 4) Thence South 31 degrees 08 minutes 49 seconds East - 30.67 feet to an existing iron pipe;
- 5) Thence South 43 degrees 02 minutes 37 seconds West 56.26 feet to an existing iron pipe in the Northern right of way of East Dunham Street;
- 6) Thence along the Northern right of way of East Dunham Street, North 45 degrees 26 minutes 59 seconds West - 31.45 feet to an existing iron stake;
- 7) Thence continuing along the Northern right of way of East Dunham Street, North 45 degrees 26 minutes 29 seconds West - 64.97 feet to and existing iron pipe, the TRUE POINT OF BEGINNING;

Containing 5,499 square feet, more or less, and being subject to any and all easements or rights of way of record.

Being that parcel of land conveyed to Bladen County from E. C. Bennett by deed dated August 5, 1977, and recorded in Deed Book 222, page 385, in the Bladen County Register of Deeds office.

**TRACT 4: 601 SOUTH CYPRESS STREET
(ALSO KNOWN As 601, 619, AND 623 SOUTH CYPRESS STREET)**

State of North Carolina, County of Bladen, Township of Elizabethtown, BEGINNING at a new iron stake set in the Western right-of-way line of NCSR 1700 – Mercer Mill Road (60-foot-wide public right-of-way) at the Northeast corner of Samuel R. Cross (Deed Book 290, page 489; now or formerly known as PIN 131108873644), said stake being 0.36 feet from an existing railroad iron; thence turning and leaving the Western right-of-way line of Mercer Mill Road and running along the Southern right-of-way line of Doctors Drive (50-foot-wide private street) which is also the Northern property line of Cross and the Northern property line of Bruce Dickerson and Samuel R. Cross (Deed Book 448, page 159; now or formerly known as PIN 131108872566) S 44°14'30" W 199.82 feet to an existing railroad stake, said stake being at the Southern terminus of Dunham Street (30-foot-wide private street); thence turning and leaving the Northern property line of Dickerson and Cross and running along the Eastern property line of Bladen County Hospital (Deed Book 122, page 252; now or formerly known as PIN 131108778760) and the Southern right-of-way line of Dunham Street N 44°58'05" W 209.62 feet to new Mag Nail; thence turning and running across the right-of-way of Dunham Street and along the Northern right-of-way line of Cypress Street (30-foot-wide private street) which Northern right-of-way line is also the Southern property line of Clark Brothers, LLC (Deed Book 630, page 42; now or formerly known as PIN 131108870883) N 44°32'55" E 198.66 feet to an existing iron pipe located at the Southeast corner of Clark Brothers and the Southwest corner of Hudson's Radiator Service, Inc. (Deed Book 190, page 501; Deed Book 271, page 764; now or formerly known as PIN 131108871988), said pipe being located a course of S 42°31'00" E 402.51 feet from a control corner designated NCGSM "Horton 1973", said control corner having NC Grid Coordinates N=318280.02 and E=2118007.58; thence continuing along the Southern property line of Hudson's Radiator N 44°32'55" E 40.48 feet to an existing iron pipe; thence turning and running within the right-of-way of Cypress Street two calls: (1) N 55°28'49" E 21.30 feet to an existing iron pipe and (2) N 23°23'05" W 4.36 feet to an existing iron pipe in the Southern property line of Hudson's Radiator; thence turning and running along the Southern property line of Hudson's Radiator N 44°32'15" E 7.23 feet to an existing iron pipe in the Western right-of-way line of Mercer Mill Road; thence running along the Western right-of-way line of Mercer Mill Road S 26°40'53" E

220.26 feet to THE POINT AND PLACE OF BEGINNING consisting of 1.123 acres (including the private streets known as Doctors Drive, Dunham Street, and Cypress Street) and being part of the property conveyed to County of Bladen in Deed Book 122, page 252, now or formerly known as PIN 131108872820, as shown on that survey titled "Final Plat - Survey for Bladen County - 601 S. Cypress Street" dated August 8, 2008, by Geographic Solutions & Surveying Services, PLLC.

TRACT 5: 300 EAST MCKAY STREET, ELIZABETHTOWN

Lying and being in Elizabethtown Township, Bladen County, North Carolina, and being further described as follows:

BEGINNING at North Carolina Geodetic Survey Marker "Horton 1973" said marker having NAD 83 coordinates of N=318,280.02' and E=2,118,007.58'; running thence from said marker, South 17 degrees 55 minutes 21 seconds East - 1,267.75 feet to a new iron stake in the Southwestern intersection of the 60-foot wide right of way of East McKay Street and the 50-foot wide right of way of McLeod Street, the TRUE POINT OF BEGINNING;

Running thence from the TRUE POINT OF BEGINNING so located, the following bearings and distances:

- 1) South 28 degrees 16 minutes 55 seconds East - 491.19 feet to a new iron stake in the Southern edge of the right of way of East McKay Street;
- 2) Thence South 61 degrees 43 minutes 05 seconds West - 289.33 feet to an existing iron stake, a corner of the Pait Housing Associates Ph. II tract described in Deed Book 311, page 442 in the Bladen County Register of Deeds office;
- 3) Thence with the line of the Elizabethtown Housing Associates property, North 19 degrees 36 minutes 13 seconds West - 430.63 feet to a new iron stake in the Southern edge of the 50-foot wide right of way of McLeod Street;
- 4) Thence along the Eastern edge of McLeod Street, North 45 degrees 26 minutes 40 seconds East - 233.72 feet to a new iron stake, the TRUE POINT OF BEGINNING;

Containing 2.679 acres, more or less, and being subject to any and all easements or rights of way of record;

The tract described herein is a portion of that parcel of land conveyed to Bladen County by Mary McLeod on October 17, 1972, as recorded in Deed Book 196, page 55, in the Bladen County Register of Deeds office.

EXHIBIT B

GENERAL WARRANTY DEED

EXHIBIT C

BILL OF SALE

EXHIBIT D

LEASE TERMINATION

EXHIBIT E

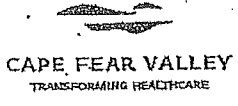
RENT SCHEDULE UNDER LEASE

EXHIBIT F

LEASE

Attachment 13

M-7893-04 *addres*



- BEHAVIORAL HEALTH CARE
- CAPE FEAR VALLEY MEDICAL CENTER
- CAPE FEAR VALLEY REHABILITATION CENTER
- HEALTH PAVILION NORTH
- HIGHSMITH-RAINEY SPECIALTY HOSPITAL
- BLOOD DONOR CENTER
- CANCER CENTER
- CARELINK
- CAPE FEAR VALLEY HOME HEALTH & HOSPICE
- CUMBERLAND COUNTY EMS
- FAMILY BIRTH CENTER
- HEART & VASCULAR CENTER
- HEALTHPLEX
- LIFELINK CRITICAL CARE TRANSPORT
- PRIMARY CARE PRACTICES
- SLEEP CENTER

May 26, 2008

Ms. Lee Hoffman
Chief
Certificate of Need Section
Department of Health Service Regulation
2704 Mail Service Center
Raleigh NC 27699-2704

Received by the
CON Section

02 JUN 2008 11:27

RB: Acute Care Beds

Dear Ms. Hoffman:

Enclosed is the single page of information which we discussed briefly at the Acute Care Committee meeting on May 8, 2008.

History

First Acute Care Bed Request

On June 15, 2004, Cape Fear Valley Health System ("CFVHS") filed its certificate of need application for a construction and modernization project (the Valley Pavilion), Project M-7069-04, which included the transfer of 46 acute care beds from Highsmith Rainey Memorial Hospital ("HRMH") and the relocation of 50 acute care beds from Cape Fear Valley Medical Center ("CFVMC") to be situated in the new Valley Pavilion adjacent to the current CFVMC facility on Owen Drive. Only two patient floors were facility planned and financially planned in the project at that time.

That application was approved without conditions and pursuant to construction schedule will open on or about October 1 of this year.

The 2004 SMFP allocated 44 beds to Cumberland County with a file date of August 15, 2004. Cape Fear Valley Health System had been planning for three years for the Valley Pavilion and chose to file without waiting to address the 44-bed allocation in the fall of 2004.

Second Acute Care Bed Request

On August 16, 2004, CFVHS filed its application (project M-7093) to gain approval for the 44 beds allocated to Cumberland County in the 2004 SMFP. The application identified five areas for placement of the beds. Three of the beds were immediately put into service in the cardiac services intensive care area. During the implementation planning for the remaining 41 beds, cost

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estimates provided by the architectural firm were exceeded due to Katrina weather impact, world oil and steel price increases and other related material prices. CFVHS filed its application (project M-7436-05) for a cost overrun for the 44 beds on August 15, 2005 and was approved to continue the development of the beds without conditions.

During the planning for the remaining 41 beds, the State Health Coordinating Council began to identify the need for another 25 acute care beds for Cumberland County in the 2006 SMFP.

Third Request for Acute Care Beds

On June 15, 2006, CFVHS filed its application (project M-7616-06) for the 25 acute care beds allocated in the 2006 SMFP. Plans for those beds included using vacated space for beds to be relocated to the Valley Pavilion. These beds were approved without conditions.

At this point, CFVHS management realized that enough beds had been allocated (44 -3 +25) without having to transfer the 46 beds from HRMH to the Valley Pavilion. Retaining the beds at HRMH supported the LTAC operations trending up.

Originally, CFVHS had planned to relocate 50 beds internally to the Pavilion. We now had 20 of those covered by the allocations (41+25 - 46 which was replacing the transfer from HRMH). Currently, the SHCC was planning another 22 beds to be allocated during the 2007 SMFP year.

Fourth Request for Acute Care Beds

On August 15, 2007, CFVHS filed its application for the 22 newly allocated acute care beds. These beds were approved without condition to occupy space vacated for the Pavilion. Spaces were ready for routine nursing activity with no facility work to be done.

Thus, at this point CFVHS needed only to transfer 2 acute care beds to comply with the new building requirements.

Our Request

As shown on the attached reconciliation page discussed on May 8, we have 91 new acute care beds allocated and approved. We lost six (6) beds due to construction (linking the Pavilion to the older part of CFVMS) resulting in 97 beds available and leaving two (2) beds to be transferred from HRMH to reconcile the project.

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CFVHS has need to keep the 44 beds in tact at HRMH. We ask that you consider each of the following reasons to allow us to avoid transferring the 44 beds approved in the 2004 certificate of need application to transfer them to the new tower.

LTAC Need

We are currently running 82 percent occupancy in the 66 operational beds in our LTAC facility at HRMH and believe that continuing and growing need demonstrates that we keep 44 of the originally requested 46 beds intact (we have to transfer two to reconcile the project's total bed requirements).

Financial Challenges

CFVHS is experiencing some difficult cash flows with the implementation of the Pavilion and other operations. At some point, we intend to build onto the Pavilion with more routine bed space to modernize some of our other 391 acute care beds in the existing CFVMC. If additional allocations from the SMFP are not available as those plans mature, we would consider petitioning the state for the necessary transfer of beds.

Surrendering 44 Beds Will Create Acute Care Bed Need

With the current allocations as shown in the draft documents for the 2009 SMFP, should CFVHS surrender the 44 beds originally requested in 2004, the current working documents' excess of 32 beds would create a need of 12 acute care beds. We are happy with the three allocations previously approved and believe that we have met those allocations without having to change our existing licenses to comply with the 2004 facility plans with the exception of two beds at HRMH.

Existing Facility Constraints at CFVMC

Over the course of getting approval for the 91 new beds, each of our applications considered some implementation in the existing facility on Owen Drive. Due to the following reasons, we cannot implement some of those changes:

- Very inefficient to operate three (3) nursing units of 16, 15 and 10 beds.
- Cost prohibitive to renovate space in the oldest and only available building on campus.
- Doubtful the construction section would approve the space for all of the 41 beds.

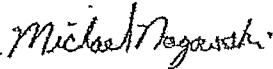
Ms. Lee Hoffman
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Critical Mass of Acute Beds Difficult to Achieve

CFVHS petitioned in 2007 for 20 additional acute care beds due to the impending BRAC realignment. Working under statewide population rates, we were unable to achieve additional acute care bed approval. We believe that surrendering one or two certificate of need applications to transfer the 44 beds discussed above will not only cripple our LTAC operations, we believe that the additional bed-need allocation will not be sufficient to regain our current operating position. As the SMFP has shown for near 10 years, CFVHS has experienced the highest percent utilization in its acute care beds in the state.

Please advise us of your questions. We respectfully request to make no changes to our licensure as having been approved with the exception of two (2) beds to account for the implementation of the Valley Pavilion.

Sincerely,



Michael Nagowski
President and Chief Executive Officer

Attachment

ATTACHMENT
Cape Fear Valley Health System

Acute Beds With CONs

	<u>CFVHC</u>	<u>HRMH</u>	
Licensed Beds	394	112	
Project M7069-04 (46 beds from Highsmith 58 beds from within to go into the Valley Pavilion)	46 <u>440</u>	-46 <u>66</u>	
Project M-7093-04 (44 beds with Project M-7436-05 cost overrun)	44 (1)		
Project M-76-16-05 (26 beds)	25 (1)		
Project M-7926-07 (22 beds)	22 (1) <u>531</u>	<u>66</u>	= <u>597</u>

Actual Licensed Beds

	<u>CFVHC</u>	<u>HRMH</u>	
Licensed beds	394	112	
CSICU beds from the 44 CON	3 (1)		
New Tower	96 (1)	-2	
Loss in connection - old tower	-6 (1) <u>487</u>	<u>110</u>	= <u>597</u>

Reconciliation:

New CON approved allocations from SMFP

Used (96 *3)

Lost in construction

Net to be transferred from HRMH

91 (1)
-96 (1)
6 (1)
-2

From: Anita Melvin on behalf of Michael Nagowski
Sent: Wednesday, July 20, 2011 1:45 PM
To: EVERYONE
Subject: Reduction in Reimbursements

Dear Team,

As many of you are aware, the State budget that was recently passed has resulted in a decrease of \$8 million in reimbursement to Cape Fear Valley beginning October 2011. This \$8 million reduction in reimbursement is the largest single reimbursement reduction Cape Fear Valley has ever faced. While we are working to overcome this reduction to our reimbursements, the federal government is now seriously considering further cuts to the hospital industry - for us, these cuts may be as much as \$15 million or more.

Another direct reduction in reimbursement to Cape Fear Valley on top of the \$8 million reduction in reimbursement from the State will impact our ability to continuously improve our delivery of care for our community and to recruit and retain highly qualified staff. The consequences of these further cuts are significant.

What can you do to help Cape Fear Valley and our community? You can have a positive impact by exercising your right to be heard, contacting your congressional representatives, and asking them for their help in preventing these cuts to hospitals like Cape Fear Valley.

Sincerely,

Mike