



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

Pat McCrory  
Governor

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

Drexdal Pratt  
Division Director

April 7, 2014

Jack K. Barto  
New Hanover Regional Medical Center  
2131 South 17<sup>th</sup> Street  
Wilmington, NC 28402

**Exempt from Review**

Facility: New Hanover Regional Medical Center  
Project Description: Renovate hospital as part of the Master Facilities Plan, including the emergency department, intensive care services and oncology services  
County: New Hanover  
FID #: 943372

Dear Mr. Barto:

In response to your letters of October 18, 2013 and March 23, 2014, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(g). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

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

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Certificate of Need Section. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

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

Sincerely,  
  
Gregory F. Yakaboski  
Project Analyst

Martha J. Frisone, Interim Chief  
Certificate of Need Section

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

**Certificate of Need Section**



www.ncdhhs.gov  
Telephone: 919-855-3873 • Fax: 919-733-8139  
Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603  
Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704  
An Equal Opportunity/ Affirmative Action Employer



March 23, 2014



Mr. Gregory F. Yakaboski  
Project Analyst, Certificate of Need Section  
Department of Facility Services  
809 Ruggles Drive  
Raleigh, NC 27603

RE: Response to Information Request for Exemption Pursuant to G.S. 131E-184(g)  
Facility: New Hanover Regional Medical Center  
Project Description: Renovate several departments and areas within its existing health services facility as part of a Master Facilities Plan, specifically – expansion of emergency department up to a maximum of 30 additional treatment spaces, renovate and expand our intensive care services and consolidate and renovate our oncology services.  
County: FID #: 943372

Dear Mr. Yakaboski:

In response to the Certificate of Need Section's Information Request for Exemption Pursuant to G.S. 131E-184(g) letter, dated March 13, 2014; New Hanover Regional Medical Center provides the following additional information:

1. A copy of the health service facility's current license.

**Please refer to Exhibit A for a copy of the New Hanover Regional Medical Center 2014 hospital license.**

2. The street address of the site of the proposed renovations or construction.

**New Hanover Regional Medical Center  
2131 South 17<sup>th</sup> Street  
Wilmington, NC 28401**

3. If the site of the proposed renovations or construction consists of multiple buildings, identify which of those buildings, by name and number, is the main building.

**Please refer to Exhibit B for a site plan drawn to scale and a Google map identifying the buildings on the New Hanover Regional Medical Center campus. It should be noted that all building on the campus, with the exception of the Behavioral Health Hospital, are contiguous and comprise the main building, which is the site of the proposed renovations and construction; New Hanover Regional Medical Center.**

4. If the site of the proposed renovations or construction is not the main building, provide the name and number of the building(s) to be renovated or constructed.

**Not applicable. The site of the proposed renovation and construction is the main building.**

5. A site plan drawn to scale identifying the main building and the site of the proposed renovations or construction.

**Please refer to Exhibit C for a site plan drawn to scale identifying the main building and the site of the proposed renovations and construction.**

6. If the site of the proposed renovations or construction is not strictly contiguous to the main building, documentation that it is located within 250 yards of the main building.

**Not applicable. The site of the proposed renovations and construction is strictly contiguous to the main building**

7. Design schematics drawn to scale showing:  
a. each area to be renovated; and  
b. each area of new construction that replaces existing space.

**Please refer to Exhibit D for design schematics drawn to scale showing each area to be renovated and the area of new construction.**

8. Documentation that clinical patient services are provided at the site of the proposed renovations or construction.

**Please refer to Exhibit E for a copy of the 2014 Hospital License Renewal Application identifying the address of the site, New Hanover Regional Medical Center, as 2131 South 17<sup>th</sup> Street, Wilmington, NC 28401 and the clinical patient services provided at that site including emergency services, inpatient services, intensive care services, surgical services, radiology services, oncology services, and outpatient services.**

9. Documentation that financial control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction.

**Please accept this Response to Information Request signed by John Barto, President and CEO of New Hanover Regional Medical Center, as documentation indicating that financial control of the entire licensed health service facility is exercised at the site of the proposed renovations and construction, 2131 South 17<sup>th</sup> Street, Wilmington, NC 28401. The office of the CFO is located in the Executive Suite on the 2<sup>nd</sup> floor of the site, New Hanover Regional Medical Center. No outside entity exercises financial control over New Hanover Regional Medical Center.**

10. Documentation that administrative control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction.

**Please accept this Response to Information Request signed by John Barto, President and CEO of New Hanover Regional Medical Center, as documentation indicating that administrative control of the entire licensed health service facility is exercised at the site of the proposed renovations and construction, 2131 South 17<sup>th</sup> Street, Wilmington, NC 28401. The offices of the President and CEO, Chief Operating Officer, Chief Financial Officer, Chief Medical Officer, Vice President of Medical Affairs, and Chief Nursing Officer are located in the Executive Suite on the 2<sup>nd</sup> floor of the site, New Hanover Regional Medical Center. No outside entity exercises administrative control over New Hanover Regional Medical Center.**

11. Documentation that the sole purpose of the project is to:

- a. Renovate existing space;
- b. Replace existing services on the same site; or
- c. Expand the physical plant without adding any new services or major medical equipment.

**Please refer to Exhibit F for a letter from Christina Maroulis-Ollie, the Director of Planning & Construction Services at New Hanover Regional Medical Center, indicating that the proposed renovations and construction project at New Hanover Regional Medical Center, 2131 South 17<sup>th</sup> Street, Wilmington, NC 28401 solely involves the renovation of existing space and the expansion of the physical plant without adding any new services or medical equipment.**

12. Documentation that the project will NOT result in:

- a. the offering of health services not currently provided;
- b. the acquisition of additional units of major medical equipment; or
- c. an increase in the number of beds, operating rooms, gastrointestinal endoscopy rooms, etc.

**Please accept this Response to Information Request signed by John Barto, President and CEO of New Hanover Regional Medical Center, as documentation indicating that the proposed renovations and construction project at New Hanover Regional Medical Center, 2131 South 17<sup>th</sup> Street, Wilmington, NC 28401 will not result in New Hanover Regional Medical Center offering any health services not currently provided at New Hanover Regional Medical Center or in the acquisition of any major medical equipment or in an increase in the number of beds, operating rooms, gastrointestinal endoscopy rooms, or any other health service that would first require a Certificate of Need.**

If you require additional information concerning this request, please contact me at 910-343-7000.

Sincerely,



Jack K. Barto  
President and CEO  
New Hanover Regional Medical Center

Attachments:      Exhibit A - 2014 Hospital License  
                         Exhibit B - Site Plan New Hanover Regional Medical Center Campus  
                         Exhibit C - Site Plan New Hanover Regional Medical Center  
                         Exhibit D - Proposed Design Schematics  
                         Exhibit E - 2014 Hospital License Renewal Application  
                         Exhibit F - Director of Planning & Construction Services at NHRMC Letter

# Exhibit A

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

*Effective January 01, 2014, this license is issued to*

*New Hanover Regional Medical Center*

*to operate a hospital known as*

*New Hanover Regional Medical Center*

*located in Wilmington, North Carolina, New Hanover County.*

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

*Facility ID: 943372*

*License Number: H0221*

**Bed Capacity: 769**

*General Acute 647, Rehabilitation 60, Psych 62,*

**Dedicated Inpatient Surgical Operating Rooms: 5**

**Dedicated Ambulatory Surgical Operating Rooms: 4**

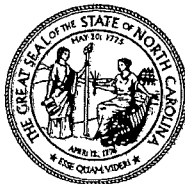
**Shared Surgical Operating Rooms: 27**

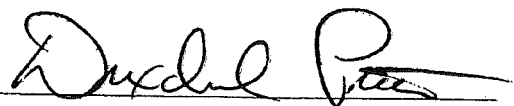
**Dedicated Endoscopy Rooms: 5**

Authorized by:



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





Director, Division of Health Service Regulation

# Exhibit B

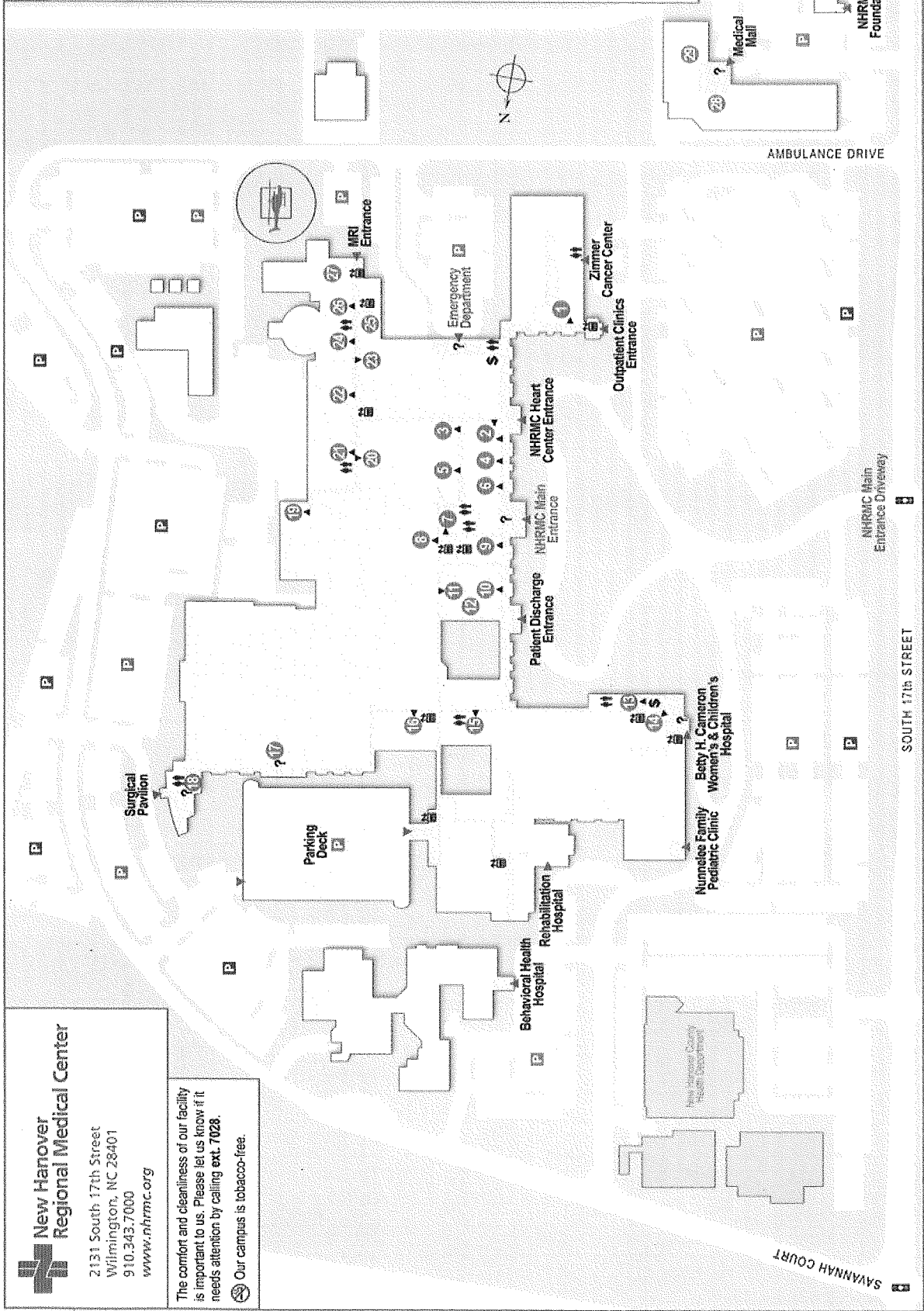


# Level 1 Directory

- 1 Outpatient Clinics
- 2 Kona Coast Café
- 3 Outpatient Services Unit (OPSU)
- 4 Cashier
- 5 Neurodiagnostic Center
- 6 Admitting
- 7 Chapel
- 8 Radiology Waiting Room
- 9 Gift Shop
- 10 Outpatient Pharmacy
- 11 Non-Invasive Vascular Lab
- 12 Cafeteria (ground level)
- 13 Lighthouse Café (ground level)
- 14 Gift Harbor Gift Shop (ground level)
- 15 Cameron Auditorium
- 16 Robert M. Faies Health Sciences Library
- 17 Station 2
- 18 Station 1 / Surgical Pavilion Café
- 19 Cardiovascular Intensive Care Unit
- 20 STICU Waiting Room
- 21 STICU - Surgical Trauma Intensive Care Unit
- 22 Medical Intensive Care Unit
- 23 Cardiac Cath Lab
- 24 Cardiac Care Unit
- 25 Cardiac Rehabilitation (2nd level)
- 25 Cardiovascular Lab (2nd level)
- 26 CCU Waiting Room
- 27 MRI / Pulmonary Rehabilitation (ground level)
- 28 Medical Mail Pre-Admission Testing / Lab
- 29 Medical Mail Radiology

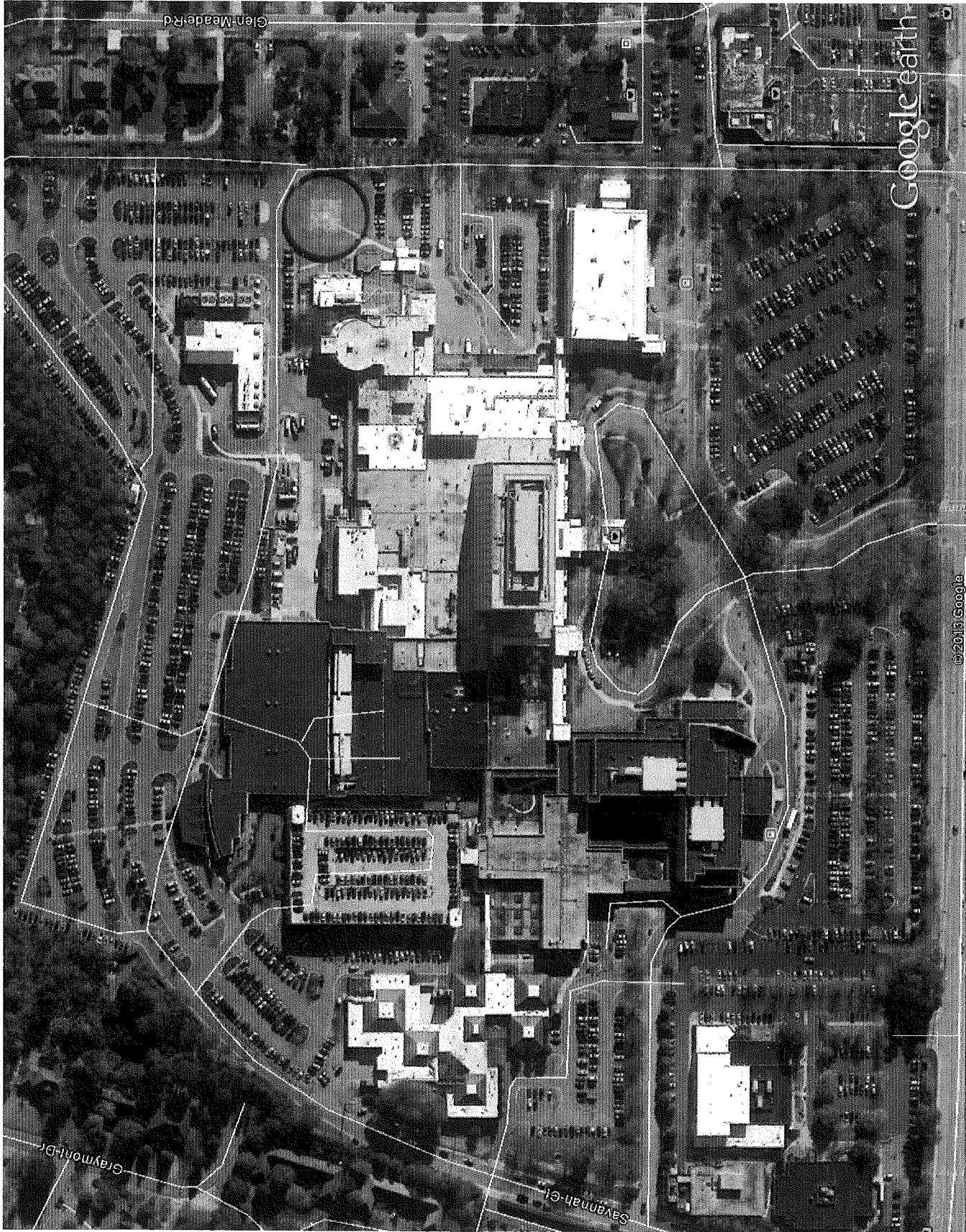
## Legend

- Elevator
- Restrooms
- Information
- Visitor Parking
- Employee Parking
- ATM
- Main Entrance
- Entrance
- Visitor Corridor
- Traffic Signal



**New Hanover Regional Medical Center**  
 2131 South 17th Street  
 Wilmington, NC 28401  
 910.343.7000  
[www.nhrmc.org](http://www.nhrmc.org)

The comfort and cleanliness of our facility is important to us. Please let us know if it needs attention by calling ext. 7028.  
 Our campus is tobacco-free.



feet  
meters

1000

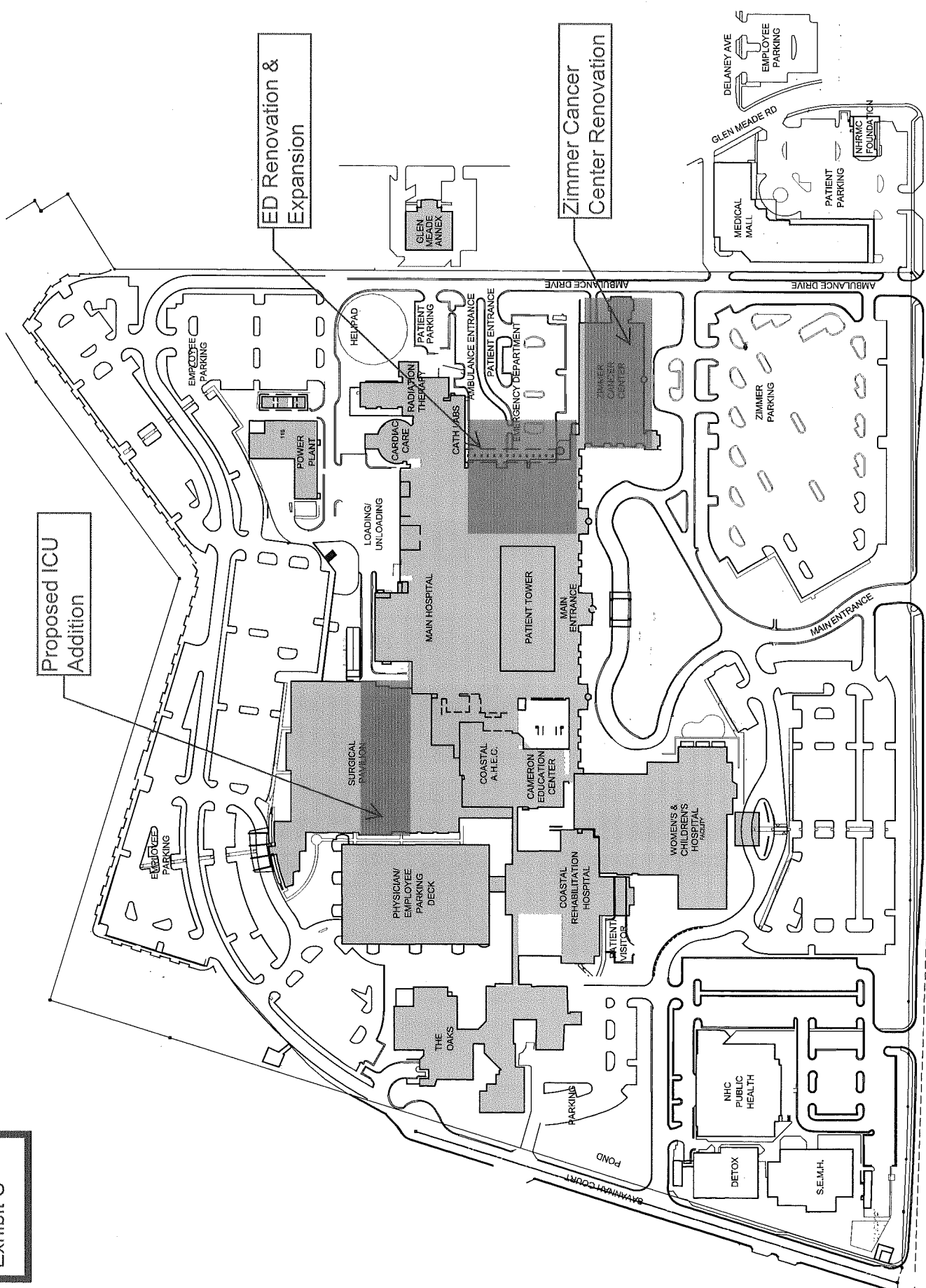
400

Google earth



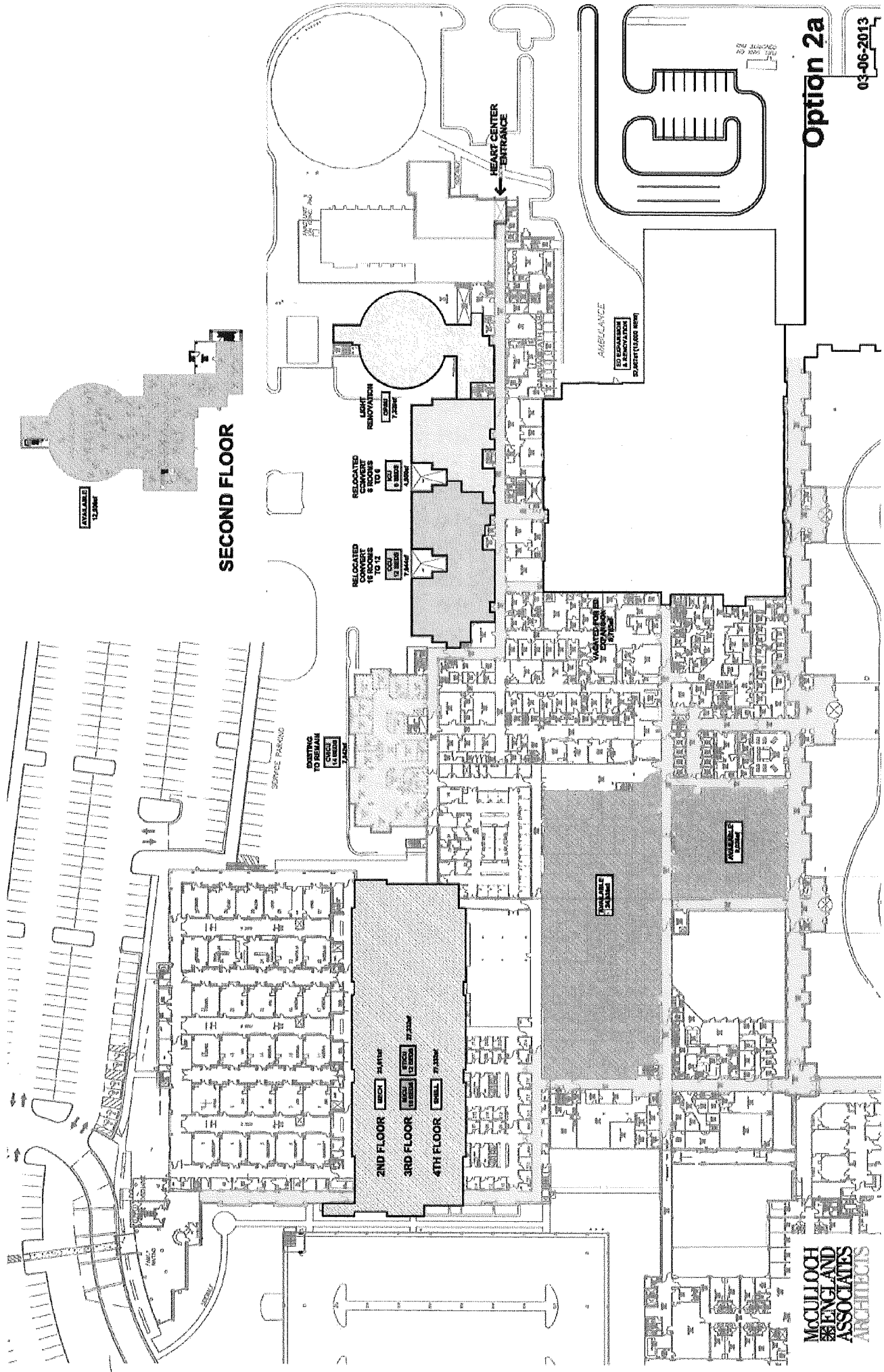
# Exhibit C

Exhibit C



New Hanover Regional Medical Center 17th Street Campus

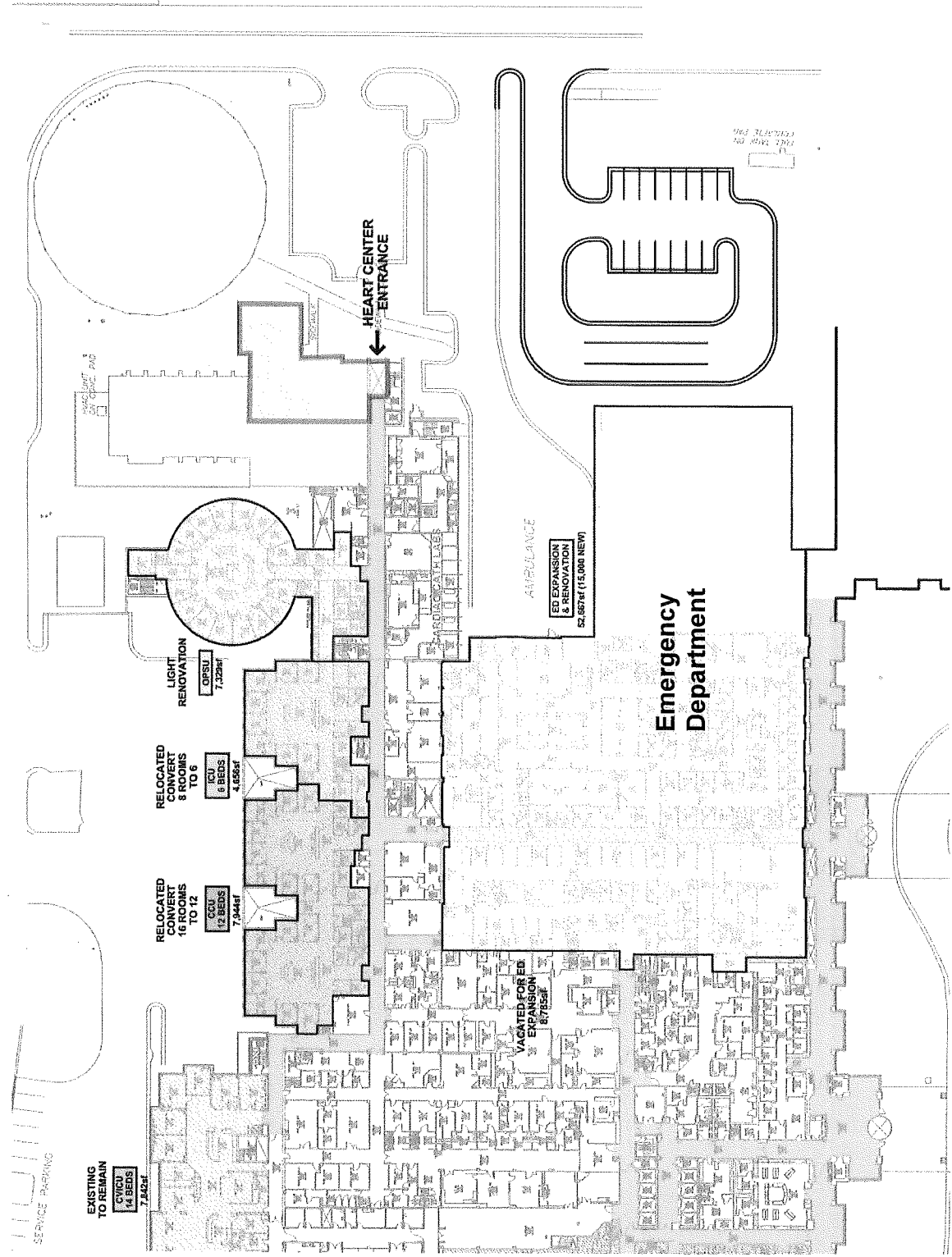
# Overview - 1st Floor Master Plan



# Exhibit D

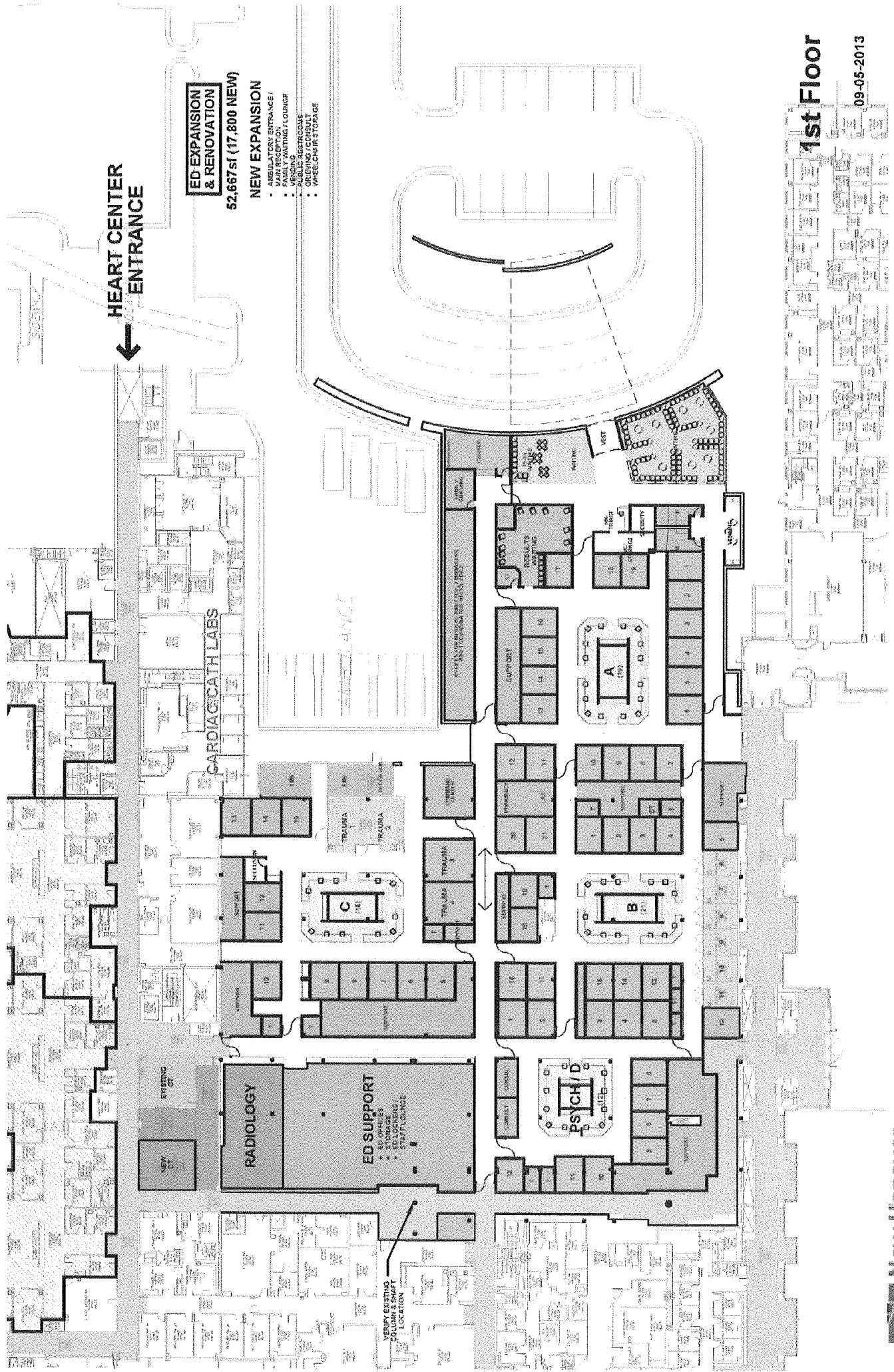
# Emergency Department Renovation & Addition

1st Floor Master Plan - Emergency Department





# 1st Floor Master Plan - Emergency Department

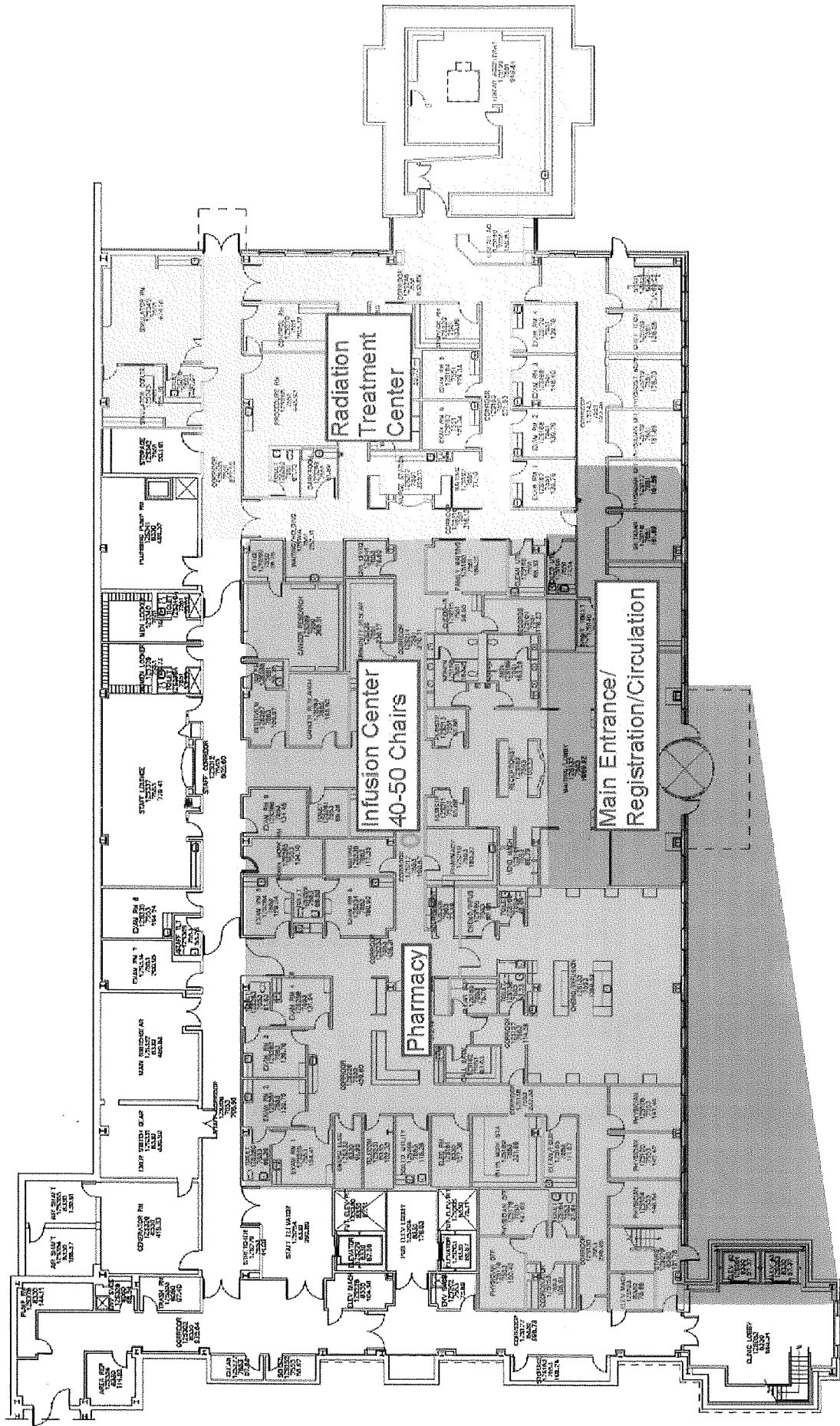


## 1st Floor Master Plan – Emergency Department

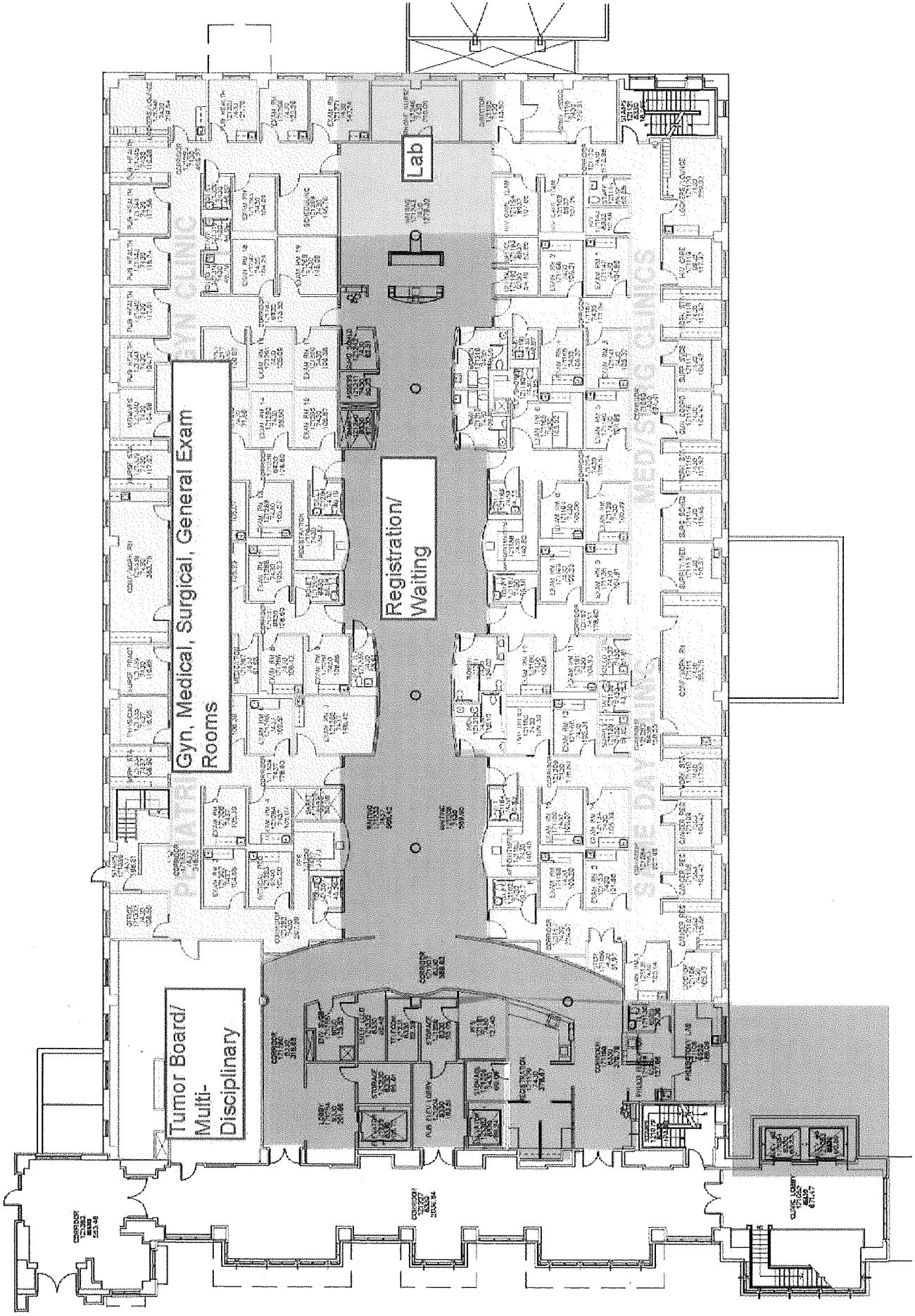
- Proposed ED Capacity
  - 50 Exam Rooms
  - 12 Behavioral Health Exam Room
  - 4 Trauma Room
- Proposed Scope
  - 15,000 SF New Addition
  - 21,626 SF Renovation (existing space)
  - 16,041 SF Renovation (additional space)
- Conceptual Project Budget
  - \$15 Million
- Construction
  - 22 Months

# Zimmer Cancer Center Renovation

# Overview - Zimmer Oncology Consolidation



# Overview - Zimmer Oncology Consolidation

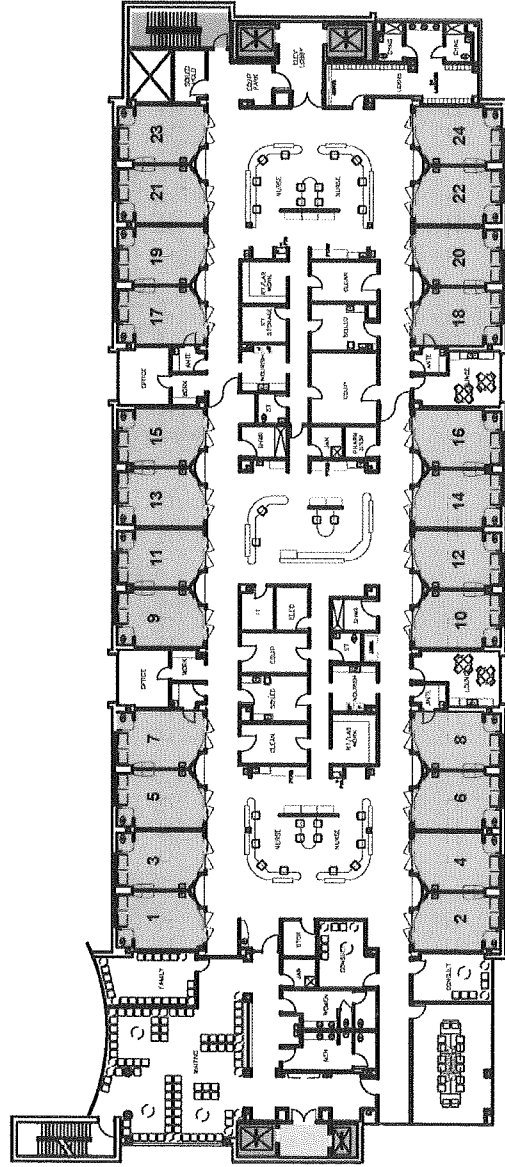


# 1st Floor Master Plan – Oncology Consolidation

- Proposed Zimmer Renovation
  - Ground Floor
    - Entryway/Lobby expansion for vertical connectivity to 2<sup>nd</sup> floor
    - Renovation of over 50% of existing ground floor for expanded Infusion Services (hospital based)— including Pharmacy & Phlebotomy space
    - PET Scanner & CT Scanner to replace existing equipment for Outpatient services
  - First Floor
    - Minimal renovation to existing exam space for Cape Fear Cancer Specialist (Physician Practice based clinics)
    - Creation of Multi-disciplinary clinic space
    - Lab space to support physician practice
    - Patient/Family support space
- Conceptual Project Budget
  - \$9 Million
- Construction
  - 18 Month Duration

# Intensive Care Unit New Tower Addition

# 1st Floor Master Plan – Intensive Care Units





## 1st Floor Master Plan – Intensive Care Units

- Proposed ICU
  - 2 Floor Tower on top of the Surgical Pavilion + Interstitial space (infrastructure)
  - Approx. 25,000 SF/Floor
- Conceptual Project Budget
  - \$40 Million
- Construction
  - 24 Month Duration

# Exhibit E

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 # H0221 Medicare # 340141  
Computer: 943372  
PC \_\_\_\_\_ Date \_\_\_\_\_

License Fee: \$14,407.50

**2014  
HOSPITAL LICENSE  
RENEWAL APPLICATION**

Legal Identity of Applicant: New Hanover Regional Medical Center  
(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: New Hanover Regional Medical Center  
Other: ~~Cape Fear Hosp~~ NHRMC Orthopedic Hospital  
Other: NHRMC Behavioral Health Hospital  
NHRMC Rehabilitation Hospital

Facility Mailing Address: 2131 S. 17th Street  
NHRMC-Business Analysis & Planning  
Wilmington, NC 28401

Facility Site Address: <sup>S. 17th</sup> 2131 South-Seventeenth St  
Wilmington, NC 28401

County: New Hanover  
Telephone: (910)343-7040  
Fax: (910)815-5819

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

Chief Executive Officer: Jack Barto 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: Kristy Hubbard Telephone: (910) 667-5908

E-Mail: Kristy.Hubbard@nhrmc.org

Primary National Provider Identifier (NPI) registered at NPPES Acute Care (MC #340141) NPI 1548216880  
Psych (MC #345141) NPI 1538239397  
Rehab (MC #347141) NPI 1003785375

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

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

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

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

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

List Name(s) of facilities:	Address:	Type of Business / Service:
New Hanover Regional Medical Center	2131 S. 17th Street Wilmington, NC 28401	Acute Care Hospital
NHRMC Orthopedic Hospital	5301 Wrightsville Avenue Wilmington, NC 28403	Acute Care Hospital
NHRMC Rehabilitation Hospital	2131 S. 17th Street Wilmington, NC 28401	Inpatient Rehab Hospital
NHRMC Behavioral Health Hospital	2131 S. 17th Street Wilmington, NC 28401	Inpatient Psychiatric Hospital
Coastal Family Medicine	2523 Delaney Avenue Wilmington, NC 28403	Provider Based

*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: New Hanover Regional Medical Center  
 Street/Box: 2131 South <sup>17th</sup> ~~Seventeenth~~ St  
 City: Wilmington State: NC Zip: 28401  
 Telephone: (910)343-7040 Fax: (910)343-7220  
 CEO: Jack Barto 815-5219

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  X

If 'Yes', name of Health System\*: \_\_\_\_\_

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

If 'Yes', name of CEO: \_\_\_\_\_

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

If "YES", name of building owner:  
 \_\_\_\_\_  
 New Hanover County

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, 2012 through September 30, 2013.

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

List Name(s) of facilities:	Address:	Type of Business / Service:
Independence Rehabilitation Center	2800 Ashton Drive Wilmington, NC 28412	Provider Based
NHRMC (Cardiology H+D)	1725 New Hanover Medical Park Drive Wilmington, NC 28403	Provider Based
NHRMC (Cardiology H+D)	2150 Shipyard Blvd Wilmington, NC 28403	Provider Based
NHRMC H+D - Brunswick Forest	1332 S. Dickinson Drive Lenoir, NC 28451	Provider Based
NHRMC H+D - Military Cutoff	1135 Military Cutoff Road Wilmington, NC 28405	Provider Based

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: New Hanover Regional Medical Center  
 Street/Box: 2131 South Seventeenth St  
 City: Wilmington State: NC Zip: 28401  
 Telephone: (910)343-7040 Fax: (910)343-7220  
 CEO: Jack Barto

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

If 'Yes', name of Health System\*:

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

If 'Yes', name of CEO:

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

If "YES", name of building owner:

           New Hanover County

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, 2012 through September 30, 2013.

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

List Name(s) of facilities:	Address:	Type of Business / Service:
<i>NHRC H+D - Porters Neck</i>	<i>8115 Market Street Wilmington, NC 28411</i>	<i>Provider Based</i>
<i>Medical Hall</i>	<i>2243 S. 17th Street Wilmington, NC 28401</i>	<i>Provider Based</i>
<i>Oleander Rehabilitation Center</i>	<i>5220 Oleander Drive Wilmington, NC 28403</i>	<i>Provider Based</i>
<i>Cardiac Imaging - Hanover Medical Specialist</i>	<i>1515 Doctors Circle Wilmington, NC 28405</i>	<i>Provider Based</i>
<i>Atlantic SurgiCenter (Effective 10/1/12)</i>	<i>9104 Market Street Wilmington, NC 28411</i>	<i>Provider Based</i>

*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: New Hanover Regional Medical Center  
 Street/Box: 2131 South Seventeenth St.  
 City: Wilmington State: NC Zip: 28401  
 Telephone: (910)343-7040 Fax: (910)343-7220  
 CEO: Jack Barto

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

If 'Yes', name of Health System\*: \_\_\_\_\_

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

If 'Yes', name of CEO: \_\_\_\_\_

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

If "YES", name of building owner:  
New Hanover County

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, 2012 through September 30, 2013.

**Ownership Disclosure continued...**

3. Vice President of Nursing and Patient Care Services:  
Mary Ellen Bonczek, RN, BSN, Senior VP/Chief Nursing Executive
4. Director of Planning: Kristy Hubard, Director Business Analysis and Planning

**Facility Data**

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

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

a. Admissions to Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	35,868	
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.	35,812	
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.	454	
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.	6,535	

**C. Designation and Accreditation**

1. Are you a designated trauma center?  Yes ( 2 Designated Level # )  No
2. Are you a critical access hospital (CAH)?  Yes  No
3. Are you a long term care hospital (LTCH)?  Yes  No
4. Is this facility TJC accredited?  Yes  No Expiration Date: March 24, 2015
5. Is this facility DNV accredited?  Yes  No Expiration Date: \_\_\_\_\_
6. Is this facility AOA accredited?  Yes  No Expiration Date: \_\_\_\_\_
7. Are you a Medicare deemed provider?  Yes  No

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

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

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

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

Licensed Acute Care (provide details below)	Licensed Beds as of September 30, 2013	Staffed Beds as of September 30, 2013	Annual Census Inpt. Days of Care
<i>Campus New Hanover and NCHMC Orthopedic Hospital</i>			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac	16	16	4646
c. Cardiovascular Surgery	14	14	2532
d. Medical/Surgical	31	31	8657
e. Neonatal Beds Level IV ** (Not Normal Newborn)	23	23	** 3949
f. Pediatric	6	6	1304
g. Respiratory Pulmonary			
h. Other (List)			
<i>Other Units</i>			
i. Gynecology	20	20	3523
j. Medical/Surgical ***	332	266	*** 80884
k. Neonatal Level III ** (Not Normal Newborn)	22	22	** 9405
l. Neonatal Level II ** (Not Normal Newborn)			** 26
m. Obstetric (including LDRP)	48	48	12,651
n. Oncology	43	43	13,586
o. Orthopedics	31	31	6602
p. Pediatric	17	17	4178
q. Other (List) PCU	44	42	13596
<b>Total General Acute Care Beds/Days (a through q)</b>	<b>647</b>	<b>579</b>	<b>165,539</b>
2. Comprehensive In-Patient Rehabilitation	60	37	9603
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	62	52	13392
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
<b>10. Totals (1 through 9)</b>	<b>769</b>	<b>668</b>	<b>188,534</b>

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

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

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



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

**D. Beds by Service (Inpatient – 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, 2013	Staffed Beds as of September 30, 2013	Annual Census Inpt. Days of Care
<i>Campus</i> <u>New Hanover</u>			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac	16	16	4646
c. Cardiovascular Surgery	14	14	2532
d. Medical/Surgical	24	24	7642
e. Neonatal Beds Level IV ** (Not Normal Newborn)	23	23	** 3949
f. Pediatric	6	6	1304
g. Respiratory Pulmonary			
h. Other (List)			
<i>Other Units</i>			
i. Gynecology	20	20	3523
j. Medical/Surgical ***	295	241	***75311
k. Neonatal Level III ** (Not Normal Newborn)	22	22	** 9405
l. Neonatal Level II ** (Not Normal Newborn)			** 26
m. Obstetric (including LDRP)	48	48	12651
n. Oncology	43	43	13586
o. Orthopedics			
p. Pediatric	17	17	4178
q. Other (List) <u>PCU</u>	44	42	13596
<b>Total General Acute Care Beds/Days (a through q)</b>	<b>572-647</b>	<b>516</b>	<b>152349</b>
2. Comprehensive In-Patient Rehabilitation	60	37	9603
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	62	52	13392
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
<b>10. Totals (1 through 9)</b>	<b>694-769</b>	<b>605</b>	<b>175,344</b>

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

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

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

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

**D. Beds by Service (Inpatient – 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, 2013	Staffed Beds as of September 30, 2013	Annual Census Inpt. Days of Care
<i>Campus NHEMC Orthopedic Hospital</i>			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	7	7	1015
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 ***	37	25	*** 5573
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)			
n. Oncology			
o. Orthopedics	31	31	6602
p. Pediatric			
q. Other (List)			
<b>Total General Acute Care Beds/Days (a through q)</b>	<del>75</del> 647	63	13,190
2. Comprehensive In-Patient Rehabilitation	-60		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	-62		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
<b>10. Totals (1 through 9)</b>	<del>75</del> 769	63	13,190

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

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

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

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

**D. Beds by Service (Inpatient) continued**

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 & Medicaid Services)

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

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a - q total on p. 4)	Emergency Visits (total should be the same as F.3.b. on p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 9)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 9)
Self Pay/Indigent/Charity	7,498	30,277	19,974	433	920
Medicare & Medicare Managed Care	85,952	32,794	70,104	5,315	8,315
Medicaid	32,932	29,373	48,703	1,470	2,397
Commercial Insurance	23,692	20,742	43,884	2,221	5,794
Managed Care	5,937	5,654	16,244	514	1,573
Other (Specify)	9,528	5,163	13,127	620	1,762
<b>TOTAL</b>	<b>165,539</b>	<b>124,003</b>	<b>212,036</b>	<b>10,573</b>	<b>20,761</b>

**F. Services and Facilities**

**1. Obstetrics**

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	2,834
b. Live births (Cesarean Section)	1,100
c. Stillbirths	47

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	14
f. Delivery Rooms - LDRP (include Item "D.1.m" on Page 4)	0
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	43

**2. Abortion Services**

Number of procedures per Year 0

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

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

- a. Total Number of ED Exam Rooms: 56. Of this total, how many are:
- a.1. # Trauma Rooms 2
- a.2 # Fast Track Rooms 7
- a.3 # Urgent Care Rooms 0
- b. Total Number of ED visits for reporting period: 124,003
- c. Total Number of admits from the ED for reporting period: 17,169
- 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	<u>2</u>	<u>0</u>	<u>0</u>	<u>808</u>
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 3598
- HIV Culture 0
- 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		f. Kidney/Liver		k. Lung	
b. Bone Marrow-Autologous		g. Liver		l. Pancreas	
c. Cornea		h. Heart/Liver		m. Pancreas/Kidney	
d. Heart		i. Heart/Kidney		n. Pancreas/Liver	
e. Heart/Lung		j. Kidney		o. Other	

Do you perform living donor transplants?  Yes  No.

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

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

<b>(a) Cardiac Catheterization</b>	<b>Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25</b>	<b>Interventional Cardiac Catheterization ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96</b>
1. Number of Units of Fixed Equipment	5	
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	0	1
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	3015	1966
4. Number of Procedures* Performed in Mobile Units	0	0
	<b>Electro-physiology ICF-9 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</b>	
5. Number of Units of Fixed Equipment	2	
6. Number of Procedures on Dedicated EP Equipment	816	

\*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>(b) Open Heart Surgery</b>	<b>Number of Machines/Procedures</b>
1. Number of Heart-Lung Bypass Machines	3
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	538
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	56
4. Total Open Heart Surgery Procedures (2. + 3.)	594
<b>Procedures on Patients Age 14 and younger</b>	
5. <b>Of total in #2</b> , Number of Procedures on Patients Age 14 & younger	1
6. <b>Of total in #3</b> , Number of Procedures on Patients Age 14 & younger	5

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

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

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

(Campus – If multiple sites: New Hanover, NHEHC Orthopedic Hospital, Atlantic Surgi Center)

**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	0
Dedicated Ambulatory Surgery	4
Shared - Inpatient / Ambulatory Surgery	27
<b>Total of Surgical Operating Rooms</b>	<b>36</b>

Number of additional CON approved surgical operating rooms pending development: \_\_\_\_\_

CON Project ID Number(s) \_\_\_\_\_

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

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

Total Number of Procedure Rooms: 4

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

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 5

Number of additional CON approved GI Endoscopy Rooms pending development: \_\_\_\_\_

CON Project ID Number(s) \_\_\_\_\_

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy**	2668	4708	4286	6401
Non-GI Endoscopy				
<b>Totals</b>	<b>2668</b>	<b>4708</b>	<b>4286</b>	<b>6401</b>

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

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

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

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

(Campus – If multiple sites: New Hanover, Atlantic Orthopedic Hospital, Atlantic SurgCenter)

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

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

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	1308	641
Open Heart Surgery (from 7.(b) 4.)		
General Surgery	1530	2890
Neurosurgery	234	729
Obstetrics and GYN (excluding C-Sections)	365	1265
Ophthalmology	6	3262
Oral Surgery	5	844
Orthopedics	4906	5008
Otolaryngology	80	1280
Plastic Surgery	369	2089
Urology	350	1140
Vascular	19	278
Other Surgeries (specify) *inc. unassigned	323	1135
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs	1067	
Number of C-Section's Performed in Other ORs	11	
<b>Total Surgical Cases Performed Only in Licensed ORs</b>	<b>10,573</b>	<b>20,761</b>

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

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

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)	268	1838
YAG Laser		
Other (specify) <u>Non-Invasive Vascular Lab</u>	2594	986
Other (specify)		
Other (specify)		
<b>Total Non-Surgical Cases</b>	<b>2862</b>	<b>2824</b>

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

**9. Average Operating Room Availability and Average Case Times:** *New Hanover, NHRMC Orthopedic Hospital, Atlantic SurgeCent*  
 The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

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

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

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
9.75	260	136	75

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

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

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

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

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

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



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

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

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

(Campus – If multiple sites: New Hanover)

**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	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	19
<b>Total of Surgical Operating Rooms</b>	<b>24</b>

Number of additional CON approved surgical operating rooms pending development: \_\_\_\_\_

CON Project ID Number(s) \_\_\_\_\_

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

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

Total Number of Procedure Rooms: 2

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

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 5

Number of additional CON approved GI Endoscopy Rooms pending development: \_\_\_\_\_

CON Project ID Number(s) \_\_\_\_\_

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy**	2668	4708	4286	6401
Non-GI Endoscopy				
<b>Totals</b>	<b>2668</b>	<b>4708</b>	<b>4286</b>	<b>6401</b>

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

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

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

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

(Campus – If multiple sites: New Hanover)

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

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

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	1,303	628
Open Heart Surgery (from 7.(b) 4.)		
General Surgery	1,530	2,213
Neurosurgery	221	319
Obstetrics and GYN (excluding C-Sections)	365	1,194
Ophthalmology	6	2,799
Oral Surgery	5	844
Orthopedics	1,695	608
Otolaryngology	79	707
Plastic Surgery	318	980
Urology	350	1,115
Vascular	19	278
Other Surgeries (specify) * inc. unassigned	312	1,038
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs	1,067	
Number of C-Section's Performed in Other ORs	11	
<b>Total Surgical Cases Performed Only in Licensed ORs</b>	<b>7,281</b>	<b>12,723</b>

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

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

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)	41	72
YAG Laser		
Other (specify) <u>Non-Invasive Vascular Lab</u>	2,446	983
Other (specify)		
Other (specify)		
<b>Total Non-Surgical Cases</b>	<b>2,487</b>	<b>1,055</b>

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

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

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

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

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

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
9.75	260	139	79

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

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

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

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

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

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

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

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

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

(Campus – If multiple sites: WHEMC Orthopedic Hospital)

**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	8
<b>Total of Surgical Operating Rooms</b>	<b>8</b>

Number of additional CON approved surgical operating rooms pending development: \_\_\_\_\_

CON Project ID Number(s) \_\_\_\_\_

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

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

Total Number of Procedure Rooms: 1

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

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 0

Number of additional CON approved GI Endoscopy Rooms pending development: \_\_\_\_\_

CON Project ID Number(s) \_\_\_\_\_

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
<b>GI Endoscopy**</b>	0	0	0	0
<b>Non-GI Endoscopy</b>				
<b>Totals</b>	0	0	0	0

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

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

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

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

(Campus – If multiple sites: NHMC Orthopedic Hospital)

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

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

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	5	1
Open Heart Surgery (from 7.(b) 4.)		
General Surgery		7
Neurosurgery	13	434
Obstetrics and GYN (excluding C-Sections)		
Ophthalmology		
Oral Surgery		
Orthopedics	3211	3489
Otolaryngology	1	24
Plastic Surgery	51	472
Urology		
Vascular		
Other Surgeries (specify) * inc. unassigned	11	65
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs		
Number of C-Section's Performed in Other ORs		
<b>Total Surgical Cases Performed Only in Licensed ORs</b>	<b>3292</b>	<b>4494</b>

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

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

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)	227	27
YAG Laser		
Other (specify) <u>Non-Invasive Vascular Lab</u>	148	3
Other (specify)		
Other (specify)		
<b>Total Non-Surgical Cases</b>	<b>375</b>	<b>30</b>

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

**9. Average Operating Room Availability and Average Case Times:** *NHRMC Orthopedic Hospital*

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

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

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

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
9.75	260	129	81

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

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

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

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

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

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

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

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

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

(Campus – If multiple sites: Atlantic SurgiCenter)

**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
<b>Total of Surgical Operating Rooms</b>	<b>4</b>

Number of additional CON approved surgical operating rooms pending development: \_\_\_\_\_

CON Project ID Number(s) \_\_\_\_\_

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

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

Total Number of Procedure Rooms: 1

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

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 0

Number of additional CON approved GI Endoscopy Rooms pending development: \_\_\_\_\_

CON Project ID Number(s) \_\_\_\_\_

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
<b>GI Endoscopy**</b>	0	0	0	0
<b>Non-GI Endoscopy</b>				
<b>Totals</b>	0	0	0	0

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

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

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

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

(Campus – If multiple sites: Atlantic SurgiCenter)

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

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

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		12
Open Heart Surgery (from 7.(b) 4.)		
General Surgery		668
Neurosurgery		176
Obstetrics and GYN (excluding C-Sections)		71
Ophthalmology		463
Oral Surgery		
Orthopedics		911
Otolaryngology		549
Plastic Surgery		637
Urology		25
Vascular		
Other Surgeries (specify) * inc. unassigned		32
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs		
Number of C-Section's Performed in Other ORs		
<b>Total Surgical Cases Performed Only in Licensed ORs</b>		<b>3544</b>

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

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

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)		1,739
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
<b>Total Non-Surgical Cases</b>		<b>1,739</b>



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

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

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

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

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

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
9.75	250		60

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

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

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

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

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

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

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

**10a. Magnetic Resonance Imaging (MRI) 17th Street**

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

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> )	1	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Number of Policy AC-3 MRI scanners used for general clinical purposes	0							
Total Fixed MRI Scanners/Procedures	2	2,400	1,600	4,000	2,082	2,914	4,996	8,896
Procedures performed on mobile MRI scanners <b>only at this site</b>								
Name(s) of Mobile MRI Provider(s):								
<p><b>The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 25 of this application.</b></p>								
Other Human Research MRI scanners								

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

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

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

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

**10a. Magnetic Resonance Imaging (MRI)** *NHRMC Orthopedic Hospital*

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

Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	# Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
# of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	1							
Number of Policy AC-3 MRI scanners used for general clinical purposes	0	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Total Fixed MRI Scanners/Procedures	1	88	86	174	1152	982	2134	2308
Procedures performed on mobile MRI scanners only at this site								
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 25 of this application.								
Other Human Research MRI scanners								

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

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

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

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

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

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

Number of fixed MRI scanners-closed ( <i>do not include any Policy AC-3 scanners</i> )	# Units <i>1</i>	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
# of fixed MRI scanners-open ( <i>do not include any Policy AC-3 scanners</i> )	<i>0</i>	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	<i>0</i>							
Total Fixed MRI Scanners/Procedures	<i>1</i>	<i>4</i>	<i>3</i>	<i>7</i>	<i>906</i>	<i>756</i>	<i>1,662</i>	<i>1,669</i>
Procedures performed on mobile MRI scanners <b>only at this site</b>								
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 25 of this application.								
Other Human Research MRI scanners								

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

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

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

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

**10a. Magnetic Resonance Imaging (MRI)** *17th St. H+D*

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

Number of fixed MRI scanners-closed ( <i>do not include any Policy AC-3 scanners</i> )	# Units <i>0</i>	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
# of fixed MRI scanners-open ( <i>do not include any Policy AC-3 scanners</i> )	<i>0</i>	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	<i>0</i>							
Total Fixed MRI Scanners/Procedures	<i>0</i>							
Procedures performed on mobile MRI scanners <b>only at this site</b>					<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
Name(s) of Mobile MRI Provider(s): <i>Alliance Imaging</i>								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 25 of this application.								
Other Human Research MRI scanners								

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

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

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

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

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

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

Number of fixed MRI scanners-closed ( <i>do not include any Policy AC-3 scanners</i> )	# Units <i>0</i>	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
# of fixed MRI scanners-open ( <i>do not include any Policy AC-3 scanners</i> )	<i>0</i>	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	<i>0</i>							
Total Fixed MRI Scanners/Procedures	<i>0</i>							
Procedures performed on mobile MRI scanners <b>only at this site</b>					<i>247</i>	<i>397</i>	<i>644</i>	<i>644</i>
Name(s) of Mobile MRI Provider(s): <i>Alliance Imaging</i>								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 25 of this application.								
Other Human Research MRI scanners								

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

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

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

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

**10a. Magnetic Resonance Imaging (MRI)** *H&D Military Cutoff (Formerly Forum Diagnostic)*

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

Number of fixed MRI scanners-closed ( <i>do not include any Policy AC-3 scanners</i> )	# Units <i>0</i>	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
# of fixed MRI scanners-open ( <i>do not include any Policy AC-3 scanners</i> )	<i>0</i>	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	<i>0</i>							
Total Fixed MRI Scanners/Procedures	<i>0</i>							
Procedures performed on mobile MRI scanners <b>only at this site</b>					<i>117</i>	<i>228</i>	<i>345</i>	<i>345</i>
Name(s) of Mobile MRI Provider(s): <i>Alliance Imaging</i>								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 25 of this application.								
Other Human Research MRI scanners								

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

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

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

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

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

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

Number of fixed MRI scanners-closed ( <i>do not include any Policy AC-3 scanners</i> )	# Units <i>0</i>	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
# of fixed MRI scanners-open ( <i>do not include any Policy AC-3 scanners</i> )	<i>0</i>	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	<i>0</i>							
Total Fixed MRI Scanners/Procedures	<i>0</i>							
Procedures performed on mobile MRI scanners <b>only at this site</b>					<i>145</i>	<i>334</i>	<i>479</i>	<i>479</i>
Name(s) of Mobile MRI Provider(s): <i>Alliance Imaging</i>								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 25 of this application.								
Other Human Research MRI scanners								

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

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

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



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

**10a. Magnetic Resonance Imaging (MRI) *All Sites Combined***

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

Number of fixed MRI scanners-closed: (do not include any Policy AC-3 scanners)	# Units <b>3</b>	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
# of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	<b>1</b>	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	<b>0</b>							
Total Fixed MRI Scanners/Procedures	<b>4</b>	<b>2,492</b>	<b>1,689</b>	<b>4,181</b>	<b>4,140</b>	<b>4,552</b>	<b>8,692</b>	<b>12,873</b>
Procedures performed on mobile MRI scanners <b>only at this site</b>					<b>509</b>	<b>959</b>	<b>1,468</b>	<b>1,468</b>
Name(s) of Mobile MRI Provider(s): <i>Alliance Imaging</i>								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 25 of this application.								
Other Human Research MRI scanners								

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

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

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	<b>6</b>
70540	MRI Orbit/Face/Neck w/o	<b>11</b>
70542	MRI Orbit/Face/Neck with contrast	<b>1</b>
70543	MRI Orbit/Face/Neck w/o & with	<b>194</b>
70544	MRA Head w/o	<b>557</b>
70545	MRA Head with contrast	
70546	MRA Head w/o & with	<b>6</b>
70547	MRA Neck w/o	<b>29</b>
70548	MRA Neck with contrast	<b>1</b>
70549	MRA Neck w/o & with	<b>331</b>
70551	MRI Brain w/o	<b>956</b>
70552	MRI Brain with contrast	<b>57</b>
Subtotal for this page		<b>2,149</b>

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

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

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	3161
7055A	IAC Screening	
71550	MRI Chest w/o	9
71551	MRI Chest with contrast	2
71552	MRI Chest w/o & with	42
71555	MRA Chest with OR without contrast	11
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o	1086
72142	MRI Cervical Spine with contrast	10
72156	MRI Cervical Spine w/o & with	366
72146	MRI Thoracic Spine w/o	354
72147	MRI Thoracic Spine with contrast	8
72157	MRI Thoracic Spine w/o & with	213
72148	MRI Lumbar Spine w/o	1999
72149	MRI Lumbar Spine with contrast	11
72158	MRI Lumbar Spine w/o & with	763
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o	185
72196	MRI Pelvis with contrast	3
72197	MRI Pelvis w/o & with	223
72198	MRA Pelvis w/o OR with Contrast	3
73218	MRI Upper Ext, other than joint w/o	61
73219	MRI Upper Ext, other than joint with contrast	2
73220	MRI Upper Ext, other than joint w/o & with	77
73221	MRI Upper Ext, any joint w/o	539
73222	MRI Upper Ext, any joint with contrast	287
73223	MRI Upper Ext, any joint w/o & with	52
73225	MRA Upper Ext, w/o OR with contrast	1
73718	MRI Lower Ext other than joint w/o	145
73719	MRI Lower Ext other than joint with contrast	7
73720	MRI Lower Ext other than joint w/o & with	195
73721	MRI Lower Ext any joint w/o	932
73722	MRI Lower Ext any joint with contrast	83
73723	MRI Lower Ext any joint w/o & with	95
73725	MRA Lower Ext w/o OR with contrast	7
74181	MRI Abdomen w/o	309
74182	MRI Abdomen with contrast	5
<b>Subtotal for this page</b>		<b>11,546</b>

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

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

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	396
74185	MRA Abdomen w/o OR with contrast	20
75557	MRI Cardiac Morphology w/o	7
75561	MRI Cardiac Morphology with contrast	21
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
77055	MRI Breast, unilateral w/o and/or with contrast	60
77056	MRI Breast, bilateral w/o and/or with contrast	142
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy	
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	
	<b>Subtotal for this page</b>	<b>646</b>
	<b>Total Number of Procedures for all pages</b>	<b>14,341</b>

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

How many fixed CT scanners does the hospital have? 9  
 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	13904	X	1.00	=	13904.00
2	Head with contrast	32	X	1.25	=	40.00
3	Head without and with contrast	599	X	1.75	=	1,048.25
4	Body without contrast	14,459	X	1.50	=	21,688.50
5	Body with contrast	16,738	X	1.75	=	29,291.50
6	Body without contrast and with contrast	4,945	X	2.75	=	13,598.75
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast		X	1.00	=	
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without 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	17	1,447	1,464
Mobile PET Scanner	0			
PET pursuant to Policy AC-3	0			
Other Human Research PET Scanner	0			
Ultrasound equipment	12	6,995	19,197	26,192
Mammography equipment	6	104	18,634	18,738
Bone Density Equipment	4	4	1,760	1,764
Fixed X-ray Equipment (excluding fluoroscopic)	10	59,317	60,280	119,597
Fixed Fluoroscopic X-ray Equipment	7	4,553	5,725	10,278
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	5	944	1,912	2,856
Coincidence Camera	0			
Mobile Coincidence Camera				
Vendor:	0			
SPECT	4	1,161	1,392	2,553
Mobile SPECT				
Vendor:	0			
Gamma Camera	2	999	3,176	4,175
Mobile Gamma Camera				
Vendor:	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	224	224

Lithotripsy Vendor/Owner:  
*Carolina Lithotripsy*

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

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

CPT Code	Description	# of Procedures
<b>Simple Treatment Delivery</b>		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	5
77404	Radiation treatment delivery (11-19 MeV)	122
77406	Radiation treatment delivery (>=20 MeV)	
<b>Intermediate Treatment Delivery</b>		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	1
77409	Radiation treatment delivery (11-19 MeV)	
77411	Radiation treatment delivery (>=20 MeV)	
<b>Complex Treatment Delivery</b>		
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	1,010
77414	Radiation treatment delivery (11-19 MeV)	2,724
77416	Radiation treatment delivery (>= 20 MeV)	23
<b>Other Treatment Delivery Not Included Above</b>		
77418	Intensity modulated radiation treatment (IMRT) delivery	1,840
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	
<b>Imaging Procedures Not Included Above</b>		
77417	Additional field check radiographs	1,179
Total Procedures – Linear Accelerators		6,904
<b>Gamma Knife® Procedures</b>		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	
Total Procedures – Gamma Knife®		0

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

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

a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. .  
 # Patients 957 (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.)

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

c. Number of Gamma Knife® units 0

d. Number of treatment simulators ("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b))) 2

**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	✓
2. Chemotherapy	✓	6. Podiatric Services	
3. Clinical Psychology Services	✓	7. Genetic Counseling Service	
4. Dental Services		8. Number of Acute Dialysis Stations	15

b) Hospice Inpatient Unit Data: N/A

*\*15 Total - 10 fixed and 5 mobile*

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.

2014 Renewal Application for Hospital:  
**New Hanover Regional Medical Center**

License No: **H0221**  
Facility ID: **943372**

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

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

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

**13. Additional Services: continued**

**c) Mental Health and Substance Abuse**

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

NHEMC Behavioral Health Hospital

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

3. Director of the above services.

Karen Pleva, Assistant Vice President Patient Core Services, Administrator NHEMC Behavioral Health Hospital

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.

N/A

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	<u>NHEMC Behavioral Health Hospital - Inpatient</u>				<u>62</u>	<u>62</u>



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

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

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

N/A

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						

N/A

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

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

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

**Facility County: New Hanover**

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	5	37. Gates	2	73. Person	
2. Alexander	1	38. Graham		74. Pitt	24
3. Alleghany		39. Granville		75. Polk	2
4. Anson		40. Greene	6	76. Randolph	10
5. Ashe	5	41. Guilford	37	77. Richmond	7
6. Avery	1	42. Halifax	1	78. Robeson	117
7. Beaufort	13	43. Harnett	9	79. Rockingham	4
8. Bertie		44. Haywood	1	80. Rowan	6
9. Bladen	611	45. Henderson		81. Rutherford	1
10. Brunswick	5993	46. Hertford		82. Sampson	207
11. Buncombe	1	47. Hoke	1	83. Scotland	4
12. Burke	2	48. Hyde		84. Stanly	1
13. Cabarrus	11	49. Iredell	10	85. Stokes	1
14. Caldwell		50. Jackson	1	86. Surry	1
15. Camden	2	51. Johnston	20	87. Swain	
16. Carteret	71	52. Jones	43	88. Transylvania	1
17. Caswell		53. Lee	4	89. Tyrrell	
18. Catawba	5	54. Lenoir	33	90. Union	13
19. Chatham	2	55. Lincoln	2	91. Vance	1
20. Cherokee		56. Macon		92. Wake	114
21. Chowan		57. Madison	1	93. Warren	
22. Clay		58. Martin	1	94. Washington	2
23. Cleveland	3	59. McDowell		95. Watauga	2
24. Columbus	1856	60. Mecklenburg	44	96. Wayne	41
25. Craven	30	61. Mitchell		97. Wilkes	1
26. Cumberland	44	62. Montgomery	1	98. Wilson	7
27. Currituck	2	63. Moore	16	99. Yadkin	1
28. Dare	4	64. Nash	5	100. Yancey	
29. Davidson	8	65. New Hanover	17468		
30. Davie	1	66. Northampton		101. Georgia	35
31. Duplin	1228	67. Onslow	2363	102. South Carolina	152
32. Durham	14	68. Orange	5	103. Tennessee	12
33. Edgecombe	2	69. Pamlico	4	104. Virginia	67
34. Forsyth	20	70. Pasquotank	7	105. Other States	384
35. Franklin	4	71. Pender	4366	106. Other	155
36. Gaston	5	72. Perquimans		<b>Total No. of Patients</b>	<b>35,868</b>

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

**Patient Origin – Inpatient Surgical Cases**

**Facility County: New Hanover**

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	1	37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	18
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene	3	76. Randolph	1
5. Ashe	2	41. Guilford	9	77. Richmond	3
6. Avery		42. Halifax	1	78. Robeson	76
7. Beaufort	10	43. Harnett	5	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	224	45. Henderson		81. Rutherford	1
10. Brunswick	1,874	46. Hertford		82. Sampson	105
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus	4	49. Iredell	2	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden	2	51. Johnston	8	87. Swain	
16. Carteret	42	52. Jones	23	88. Transylvania	
17. Caswell		53. Lee	3	89. Tyrrell	
18. Catawba	2	54. Lenoir	17	90. Union	2
19. Chatham		55. Lincoln		91. Vance	1
20. Cherokee		56. Macon		92. Wake	23
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin	1	94. Washington	3
23. Cleveland	1	59. McDowell		95. Watauga	
24. Columbus	633	60. Mecklenburg	11	96. Wayne	17
25. Craven	13	61. Mitchell		97. Wilkes	
26. Cumberland	14	62. Montgomery		98. Wilson	1
27. Currituck	1	63. Moore	4	99. Yadkin	
28. Dare	1	64. Nash		100. Yancey	
29. Davidson	3	65. New Hanover	4523		
30. Davie		66. Northampton		101. Georgia	8
31. Duplin	439	67. Onslow	926	102. South Carolina	63
32. Durham	4	68. Orange	1	103. Tennessee	3
33. Edgecombe	6	69. Pamlico		104. Virginia	20
34. Forsyth	1	70. Pasquotank	3	105. Other States	99
35. Franklin		71. Pender	1254	106. Other	36
36. Gaston	2	72. Perquimans		<b>Total No. of Patients</b>	<b>10,573</b>

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

**Patient Origin – Ambulatory Surgical Cases**

**Facility County: New Hanover**

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	29
3. Alleghany		39. Granville	1	75. Polk	
4. Anson		40. Greene	1	76. Randolph	2
5. Ashe		41. Guilford	8	77. Richmond	2
6. Avery	1	42. Halifax	2	78. Robeson	57
7. Beaufort	4	43. Harnett	6	79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	1
9. Bladen	320	45. Henderson		81. Rutherford	
10. Brunswick	3471	46. Hertford		82. Sampson	183
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde	1	84. Stanly	2
13. Cabarrus	1	49. Iredell	6	85. Stokes	1
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden		51. Johnston	7	87. Swain	
16. Carteret	93	52. Jones	48	88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	4	54. Lenoir	29	90. Union	6
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	25
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	1
23. Cleveland		59. McDowell		95. Watauga	2
24. Columbus	1067	60. Mecklenburg	9	96. Wayne	33
25. Craven	70	61. Mitchell	2	97. Wilkes	
26. Cumberland	29	62. Montgomery	1	98. Wilson	1
27. Currituck	1	63. Moore	5	99. Yadkin	
28. Dare		64. Nash	3	100. Yancey	
29. Davidson	1	65. New Hanover	3281		
30. Davie	4	66. Northampton		101. Georgia	12
31. Duplin	820	67. Onslow	2336	102. South Carolina	78
32. Durham	5	68. Orange	5	103. Tennessee	3
33. Edgecombe	3	69. Pamlico	6	104. Virginia	17
34. Forsyth	5	70. Pasquotank		105. Other States	131
35. Franklin		71. Pender	2415	106. Other	77
36. Gaston	3	72. Perquimans		<b>Total No. of Patients</b>	<b>20,761</b>

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

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

**Facility County: New Hanover**

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	7
3. Alleghany	1	39. Granville		75. Polk	
4. Anson		40. Greene	1	76. Randolph	
5. Ashe	2	41. Guilford	1	77. Richmond	2
6. Avery		42. Halifax		78. Robeson	27
7. Beaufort	1	43. Harnett	2	79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	1
9. Bladen	195	45. Henderson	2	81. Rutherford	
10. Brunswick	1,785	46. Hertford		82. Sampson	70
11. Buncombe		47. Hoke		83. Scotland	1
12. Burke	2	48. Hyde		84. Stanly	2
13. Cabarrus	1	49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	1
15. Camden	1	51. Johnston	5	87. Swain	
16. Carteret	8	52. Jones	3	88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba		54. Lenoir	4	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	1	94. Washington	
23. Cleveland		59. McDowell		95. Watauga	1
24. Columbus	439	60. Mecklenburg	5	96. Wayne	4
25. Craven	6	61. Mitchell		97. Wilkes	
26. Cumberland	16	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	3	99. Yadkin	
28. Dare	1	64. Nash	1	100. Yancey	
29. Davidson		65. New Hanover	4,631		
30. Davie		66. Northampton	1	101. Georgia	
31. Duplin	314	67. Onslow	513	102. South Carolina	
32. Durham	2	68. Orange	1	103. Tennessee	
33. Edgecombe		69. Pamlico	1	104. Virginia	
34. Forsyth	1	70. Pasquotank		105. Other States	
35. Franklin		71. Pender	1,269	106. Other	126
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	<b>9,482</b>

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

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

**Facility County: New Hanover**

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		3	3						
Alexander									
Alleghany		1	1						
Anson		2	2						
Ashe									
Avery									
Beaufort		3	3						
Bertie									
Bladen		179	179						
Brunswick		2049	2049						
Buncombe		8	8						
Burke									
Cabarrus		11	11						
Caldwell		6	6						
Camden									
Carteret		48	48						
Caswell									
Catawba									
Chatham		4	4						
Cherokee									
Chowan									
Clay									
Cleveland		9	9						
Columbus		584	584						
Craven		3	3						
Cumberland		80	80						
Currituck									
Dare		3	3						
Davidson									
Davie									
Duplin		215	215						
Durham		16	16						
Edgecombe									
Forsyth		6	6						
Franklin		14	14						
Gaston		7	7						
Gates									
Graham									
Granville									
Greene									
Guilford		30	30						
Halifax		2	2						
Harnett		7	7						
Haywood									
Henderson									
Hertford									
Hoke									
Hyde		2	2						
Iredell									
Jackson									
Johnston		6	6						

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

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

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

Facility County: **New Hanover**

(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		46	46						
Lee		1	1						
Lenoir		14	14						
Lincoln		3	3						
Macon									
Madison									
Martin		3	3						
McDowell									
Mecklenburg		42	42						
Mitchell									
Montgomery		17	17						
Moore		3	3						
Nash									
New Hanover		7312	7312						
Northampton									
Onslow		518	518						
Orange		32	32						
Pamlico									
Pasquotank		3	3						
Pender		1330	1330						
Perquimans		38	38						
Person									
Pitt									
Polk									
Randolph		4	4						
Richmond									
Robeson		99	99						
Rockingham		6	6						
Rowan		18	18						
Rutherford									
Sampson		121	121						
Scotland		26	26						
Stanly									
Stokes									
Surry									
Swain									
Transylvania									
Tyrrell									
Union									
Vance		5	5						
Wake		67	67						
Warren									
Washington		2	2						
Watauga									
Wayne		19	19						
Wilkes									
Wilson		36	36						
Yadkin									
Yancey									
Out of State		329	329						
<b>TOTALS</b>			<b>13,392</b>						

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

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

**Patient Origin - MRI Services**

Facility County: **New Hanover**

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	3	37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	6
3. Alleghany		39. Granville	3	75. Polk	2
4. Anson		40. Greene		76. Randolph	2
5. Ashe	1	41. Guilford	8	77. Richmond	2
6. Avery	1	42. Halifax	1	78. Robeson	28
7. Beaufort	2	43. Harnett	2	79. Rockingham	2
8. Bertie		44. Haywood		80. Rowan	1
9. Bladen	145	45. Henderson	1	81. Rutherford	
10. Brunswick	2162	46. Hertford		82. Sampson	73
11. Buncombe		47. Hoke		83. Scotland	1
12. Burke		48. Hyde		84. Stanly	1
13. Cabarrus	6	49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	4	87. Swain	
16. Carteret	17	52. Jones	11	88. Transylvania	
17. Caswell		53. Lee	2	89. Tyrrell	
18. Catawba	3	54. Lenoir	7	90. Union	2
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	26
21. Chowan		57. Madison	1	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	523	60. Mecklenburg	6	96. Wayne	6
25. Craven	8	61. Mitchell		97. Wilkes	
26. Cumberland	6	62. Montgomery		98. Wilson	2
27. Currituck	1	63. Moore	1	99. Yadkin	
28. Dare	1	64. Nash	1	100. Yancey	
29. Davidson	2	65. New Hanover	5992		
30. Davie		66. Northampton		101. Georgia	7
31. Duplin	388	67. Onslow	639	102. South Carolina	49
32. Durham	4	68. Orange	2	103. Tennessee	2
33. Edgecombe		69. Pamlico		104. Virginia	13
34. Forsyth	3	70. Pasquotank	4	105. Other States	97
35. Franklin	4	71. Pender	1459	106. Other	49
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	<b>11,795</b>

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



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

**Patient Origin – Linear Accelerator Treatment**

**Facility County: New Hanover**

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	26	45. Henderson		81. Rutherford	
10. Brunswick	125	46. Hertford		82. Sampson	9
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	73	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	1	100. Yancey	
29. Davidson		65. New Hanover	458		
30. Davie		66. Northampton		101. Georgia	
31. Duplin	39	67. Onslow	57	102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank	1	105. Other States	3
35. Franklin		71. Pender	156	106. Other	9
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	<b>957</b>

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

**Patient Origin – PET Scanner**

**Facility County: New Hanover**

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		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	1	77. Richmond	
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	17	45. Henderson		81. Rutherford	
10. Brunswick	388	46. Hertford		82. Sampson	10
11. Buncombe	1	47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell	2	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret	4	52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	1
19. Chatham	1	55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin	1	94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	97	60. Mecklenburg		96. Wayne	1
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	1	62. Montgomery		98. Wilson	
27. Currituck	1	63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	556		
30. Davie		66. Northampton		101. Georgia	
31. Duplin	56	67. Onslow	106	102. South Carolina	13
32. Durham		68. Orange		103. Tennessee	3
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	8
35. Franklin		71. Pender	186	106. Other	6
36. Gaston	1	72. Perquimans		<b>Total No. of Patients</b>	<b>1964</b>

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

**Patient Origin – Emergency Department Services**

**Facility County: New Hanover**

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

County	No. of Visits	County	No. of Visits	County	No. of Visits
1. Alamance	83	37. Gates	5	73. Person	6
2. Alexander	3	38. Graham		74. Pitt	77
3. Alleghany	2	39. Granville	19	75. Polk	4
4. Anson	2	40. Greene	6	76. Randolph	38
5. Ashe	12	41. Guilford	215	77. Richmond	25
6. Avery	5	42. Halifax	10	78. Robeson	146
7. Beaufort	17	43. Harnett	71	79. Rockingham	24
8. Bertie	8	44. Haywood	5	80. Rowan	43
9. Bladen	641	45. Henderson	12	81. Rutherford	10
10. Brunswick	15,710	46. Hertford	3	82. Sampson	474
11. Buncombe	47	47. Hoke	23	83. Scotland	21
12. Burke	18	48. Hyde	4	84. Stanly	22
13. Cabarrus	55	49. Iredell	53	85. Stokes	14
14. Caldwell	11	50. Jackson	9	86. Surry	22
15. Camden	5	51. Johnston	117	87. Swain	1
16. Carteret	101	52. Jones	42	88. Transylvania	4
17. Caswell	4	53. Lee	44	89. Tyrrell	
18. Catawba	35	54. Lenoir	50	90. Union	80
19. Chatham	19	55. Lincoln	10	91. Vance	10
20. Cherokee		56. Macon	2	92. Wake	695
21. Chowan	2	57. Madison	4	93. Warren	
22. Clay		58. Martin	6	94. Washington	5
23. Cleveland	24	59. McDowell	4	95. Watauga	10
24. Columbus	3,922	60. Mecklenburg	257	96. Wayne	101
25. Craven	98	61. Mitchell	5	97. Wilkes	9
26. Cumberland	229	62. Montgomery	17	98. Wilson	32
27. Currituck	10	63. Moore	69	99. Yadkin	9
28. Dare	28	64. Nash	47	100. Yancey	1
29. Davidson	40	65. New Hanover	77,704		
30. Davie	10	66. Northampton	2	101. Georgia	218
31. Duplin	1,530	67. Onslow	2,855	102. South Carolina	420
32. Durham	110	68. Orange	71	103. Tennessee	102
33. Edgecombe	17	69. Pamlico	4	104. Virginia	443
34. Forsyth	108	70. Pasquotank	11	105. Other States	2,270
35. Franklin	23	71. Pender	11,814	106. Other	112
36. Gaston	33	72. Perquimans	3	<b>Total No. of Patients</b>	<b>124,003</b>

2014 Renewal Application for Hospital:  
New Hanover Regional Medical Center

License No: H0221  
Facility ID: 943372

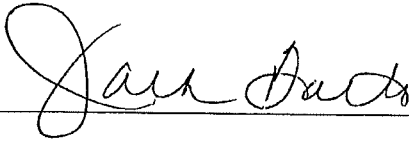
All responses should pertain to October 1, 2012 through September 30, 2013.

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

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

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

12/16/13

PRINT NAME

OF APPROVING OFFICIAL \_\_\_\_\_

Jack Barto

**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.

# Exhibit F



March 23, 2014

Mr. Gregory F. Yakaboski  
Project Analyst, Certificate of Need Section  
Department of Facility Services  
809 Ruggles Drive  
Raleigh, NC 27603

RE: Response to Information Request for Exemption Pursuant to G.S. 131E-184(g)  
Facility: New Hanover Regional Medical Center  
Project Description: Renovate several departments and areas within its existing health services facility as part of a Master Facilities Plan, specifically – expansion of emergency department up to a maximum of 30 additional treatment spaces, renovate and expand our intensive care services and consolidate and renovate our oncology services.  
County: FID #: 943372

Dear Mr. Yakaboski:

In response to the Certificate of Need Section's Information Request for Exemption Pursuant to G.S. 131E-184(g) letter, dated March 13, 2014; New Hanover Regional Medical Center provides the following additional information:

11. Documentation that the sole purpose of the project is to:
  - a. Renovate existing space;
  - b. Replace existing services on the same site; or
  - c. Expand the physical plant without adding any new services or major medical equipment.

**Please accept this letter as documentation that the sole purpose of the proposed renovations and construction project at New Hanover Regional Medical Center, 2131 South 17<sup>th</sup> Street, Wilmington, NC 28401 is the (a) renovation of existing space on the 1<sup>st</sup> floor (Emergency Department and Oncology Department) and 2<sup>nd</sup> floor (Oncology Department) of the hospital and the (b) expansion of the physical plant (Emergency Department and Intensive Care Services) without adding any new services or medical equipment. The proposed renovations and construction are identified in Exhibit D of New Hanover Regional Medical Center's Response to Information Request.**

If you require additional information concerning this request, please contact me at 910-343-7000.

Sincerely,

Christina Maroulis-Ollie  
Director of Planning & Construction Services  
New Hanover Regional Medical Center



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

Pat McCrory  
Governor

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

Drexdal Pratt  
Division Director

March 13, 2014

John K. Barto  
New Hanover Regional Medical Center  
2131 South 17<sup>th</sup> Street  
Wilmington, NC 28402

**Information Request for Exemption Pursuant to G.S. 131E-184(g)**

Facility: New Hanover Regional Medical Center  
Project Description: Renovate several departments and areas within its existing health services facility as part of the Master Facilities Plan, specifically – expansion of emergency department up to a maximum of 30 additional treatment spaces, renovate and expand our intensive care services and consolidate and renovate our oncology services.  
County: New Hanover  
FID #: 943372

Dear Mr. Barto:

The Certificate of Need Section (CON Section) has received your letter dated October 13, 2013 regarding the above reference proposal. However, additional information is needed to determine if the project is exempt from review pursuant to G.S. 131E-184(g).

Provide a written response to each of the following.

1. A copy of the health service facility's current license.
2. The street address of the site of the proposed renovations or construction.
3. If the site of the proposed renovations or construction consists of multiple buildings, identify which of those buildings, by name and number, is the main building.
4. If the site of the proposed renovations or construction is not the main building, provide the name and number of the building(s) to be renovated or constructed.
5. A site plan drawn to scale identifying the main building and the site of the proposed renovations or construction.
6. If the site of the proposed renovations or construction is not strictly contiguous to the main building, documentation that it is located within 250 yards of the main building.



**Certificate of Need Section**

[www.ncdhhs.gov](http://www.ncdhhs.gov)

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

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

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

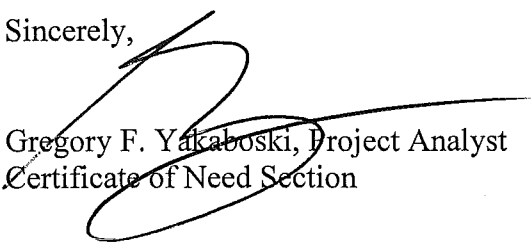
An Equal Opportunity/ Affirmative Action Employer



7. Design schematics drawn to scale showing:
  - a. each area to be renovated; and
  - b. each area of new construction that replaces existing space.
8. Documentation that clinical patient services are provided at the site of the proposed renovations or construction.
9. Documentation that financial control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction.
10. Documentation that administrative control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction.
11. Documentation that the sole purpose of the project is to:
  - a. Renovate existing space;
  - b. Replace existing services on the same site; or
  - c. Expand the physical plant without adding any new services or major medical equipment.
12. Documentation that the project will NOT result in:
  - a. the offering of health services not currently provided;
  - b. the acquisition of additional units of major medical equipment; or
  - c. an increase in the number of beds, operating rooms, gastrointestinal endoscopy rooms, etc.

If you have any questions concerning this request, please do not hesitate to call me at (919) 855-3873.

Sincerely,



Gregory F. Yakaboski, Project Analyst  
Certificate of Need Section



*my*



October 18, 2013

VIA FED EX

Mr. Craig Smith  
Chief, Certificate of Need Section  
Department of Health and Human Services  
2704 Mail Service Center  
Raleigh, NC 27699-2704

RE: Request for Exemption to CON Review for Renovations at New Hanover Regional Medical Center / New Hanover County/Health Service Area V

Dear Mr. Smith:

New Hanover Regional Medical Center (NHRMC) intends to renovate several departments and areas within its existing health service facility and requests a determination that such related capital expenditure is exempt from certificate of need review pursuant to N.C. Gen. Stat. § 131E-184(g). As President and CEO of NHRMC, the facts stated in this letter are based upon my personal knowledge.

The project described in this exemption request is the next phase of our Master Facilities Plan. In this project, we will expand our emergency department up to a maximum of 30 additional treatment spaces, renovate and expand our intensive care services and consolidate and renovate our oncology services. The total estimated capital costs are \$64,000,000.

### **Exemption from Review**

N.C. Gen. Stat. § 131E-184(g) provides:

The Department shall exempt from certificate of need review any capital expenditure that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)b if all of the following conditions are met:

- (1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.
- (2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
- (3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department,

along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

## Compliance

NHRMC hereby certifies that all conditions set forth in N.C. Gen. Stat. § 131E-184(g) are met.

- 1. The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.**

NHRMC certifies that the sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus. In this request, NHRMC proposes to renovate and expand its existing health service facility located at 2131 S. 17<sup>th</sup> Street, Wilmington (the "17<sup>th</sup> Street Campus"). "Main campus" is defined in N.C. Gen. Stat. § 131E-176(14n) a. and b. to mean: "[t]he site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building." The definition of "main campus" also includes "other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building."

The 17<sup>th</sup> Street Campus is the Main Campus of NHRMC. The 17<sup>th</sup> Street Campus is the site of the main building. The project described below will take place in the main building or on buildings and grounds adjacent to the main building. The main building on the 17<sup>th</sup> Street Campus provides clinical patient services and is also the location where financial and administrative control of NHRMC resides.

The following list identifies the proposed renovation and expansion activities, as well as their projected costs, that NHRMC proposes to complete on the main campus:

Renovate and expand Emergency Department Expand ED up to 30 additional treatment spaces.	\$15,000,000
Renovate and expand Intensive Care Services Develop new Heart Center entrance. Construct a new three-story tower on top of the Surgical Pavilion Relocate MICU, STICU & CCU to the new tower. Relocate OPSU to the vacated MICU, STICU & CCU.	\$40,000,000
Consolidate and renovate Oncology Services	\$ 9,000,000
<b>Total Project Costs</b>	<b>\$64,000,000</b>

Please refer to Exhibit A for a presentation of the proposed project with floor plans. Exhibit B contains a completed capital cost form. Exhibit C contains a Main Campus diagram.

- 2. The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.**

NHRMC hereby certifies that its proposed capital expenditure does not result in a change in bed capacity as defined in N.C. Gen. Stat. § 131E-176(5) or the addition of a new health service facility or any other new institutional health service other than that allowed in N.C. Gen. Stat. § 131E-176(16)b. None of the categories of "new institutional health services" in N.C. Gen. Stat. § 131E-176(16)a. and c.-v. apply to this project.

NHRMC is currently licensed for 769 beds (inclusive of acute care, psychiatric and inpatient rehabilitation beds). This project will not change our licensed bed capacity. This project does not involve the addition, deletion or relocation of any beds and does not involve any redistribution of beds among the categories defined in N.C. Gen. Stat. § 131E-176(9c).

- 3. The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.**

This letter constitutes prior written notice to the Department and provides the supporting documentation to demonstrate that NHRMC's project meets the exemption criteria in N.C. Gen. Stat. § 131E-184(g).

NHRMC respectfully requests that the CON Section make a determination that the capital expenditures described in this request fall within N.C. Gen. Stat. § 131E-184(g) and that no CON is required.

If you require additional information concerning this request, please contact me at 910-343-7000.

Sincerely,



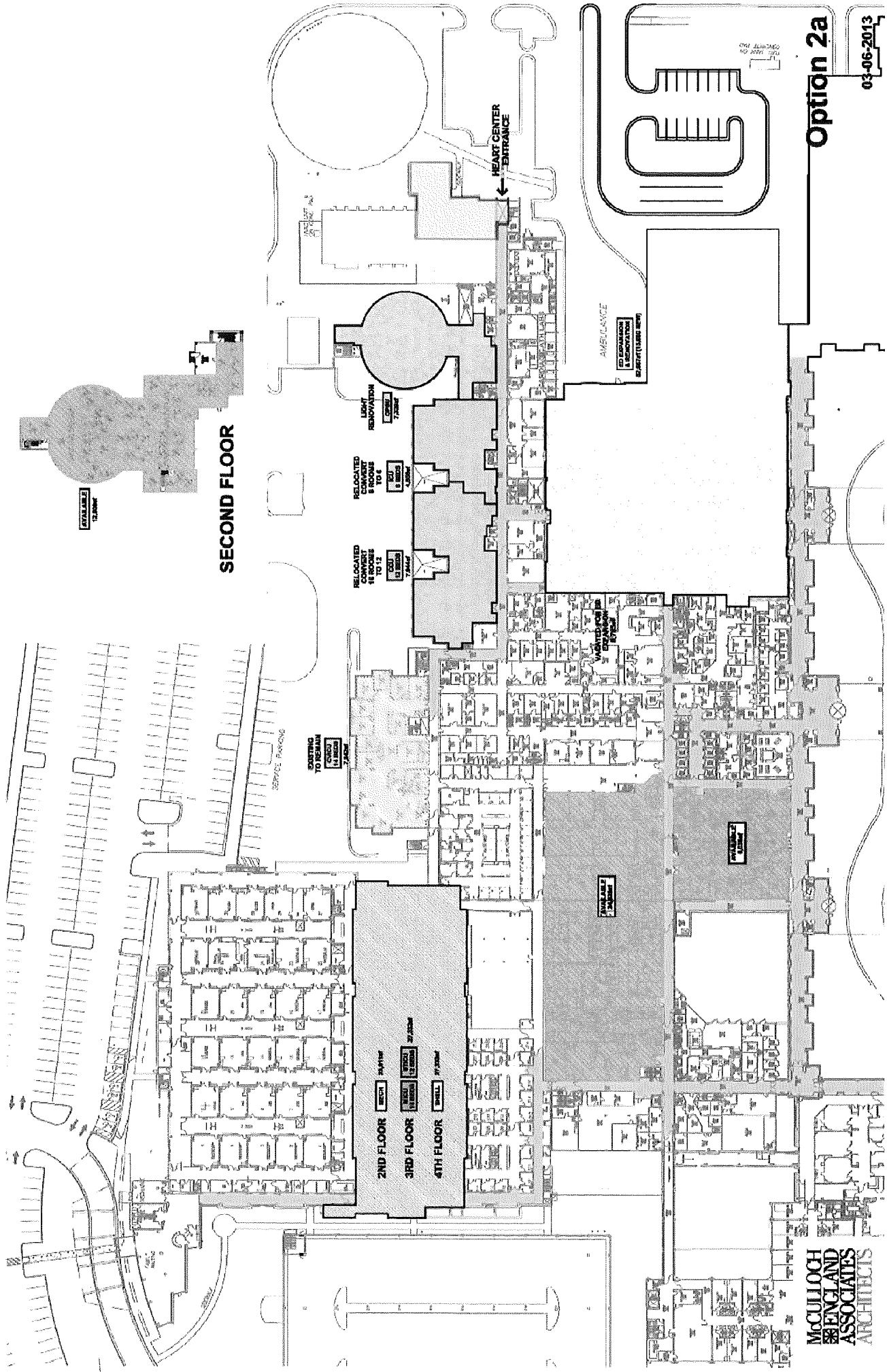
John K. Barto  
President and CEO

Attachments:     Exhibit A – Presentation – Floor Plans  
                           Exhibit B- Capital cost form  
                           Exhibit C- Main campus map

## Exhibit A

# 1<sup>st</sup> Floor – Floor Plans & Presentation

# Overview – 1st Floor Master Plan

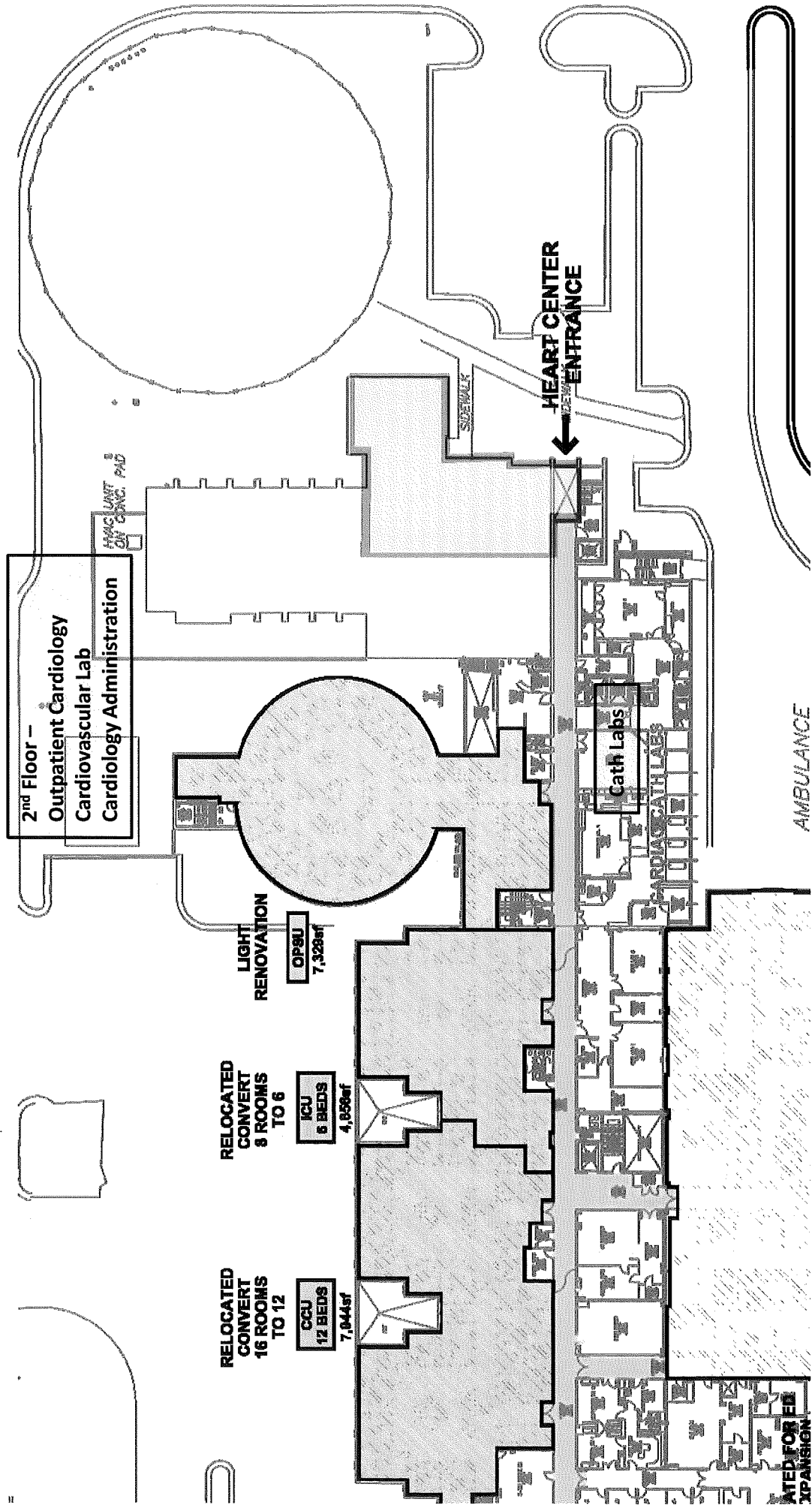


Option 2a

03-06-2013

# Cardiac & Pulmonary Rehab - The Heart Center

# 1st Floor Master Plan - Cardiology



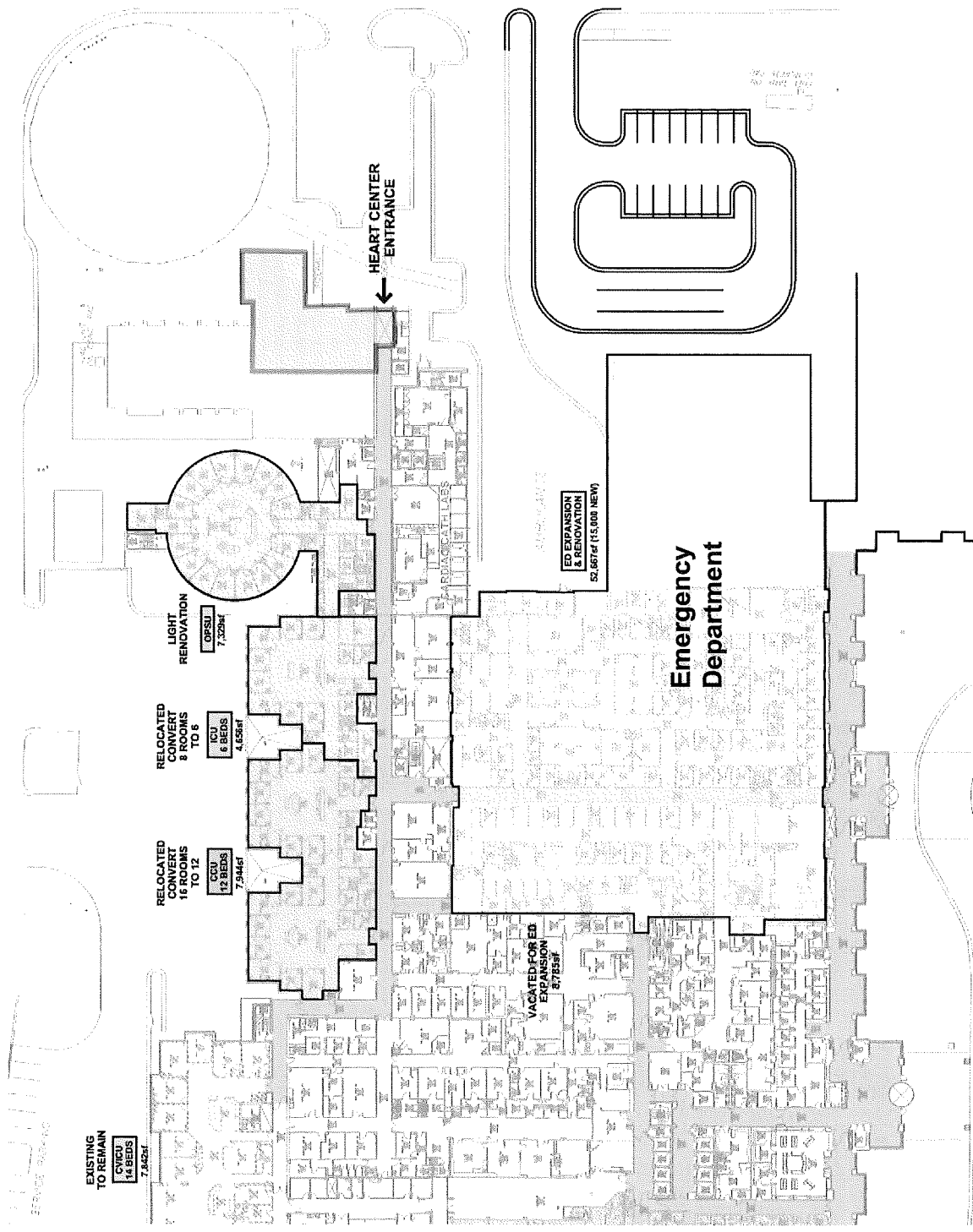
## 1st Floor Master Plan - Cardiology

- Consolidate Cardiology Outpatient Services
  - Creates improved flow
  - Creates Heart Center Identity
  - Relocate Cardiac Outpatient Services Offsite
    - Creates new front door for Heart Center
    - Registration/Waiting – vacated Pulmonary Rehab
  - Relocate OPSU
    - Vacated CCU (minimal renovation – aesthetics)
    - Infusion to relocate to Zimmer (Oncology consolidation)

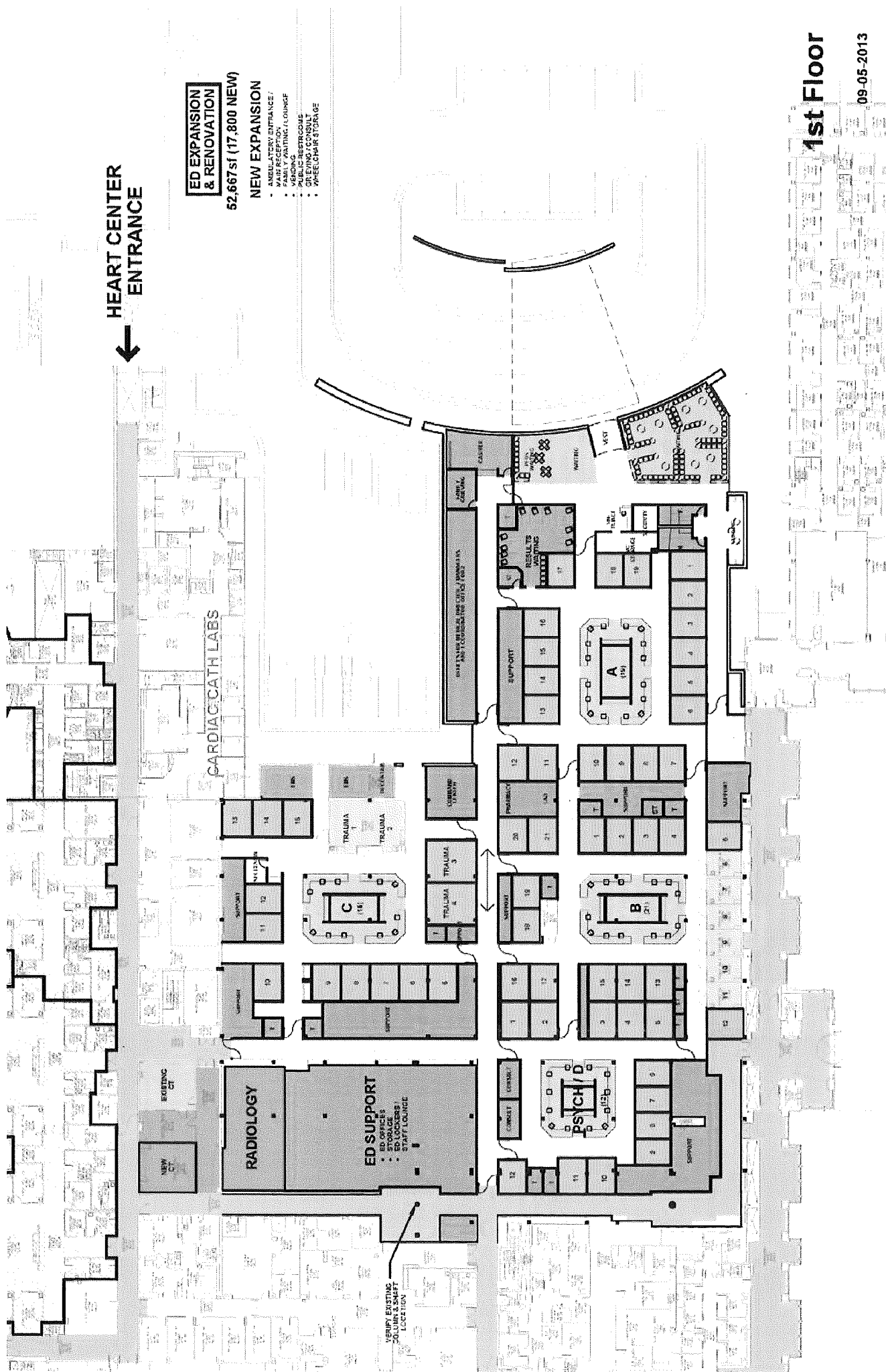


# Emergency Department Renovation & Addition

# 1st Floor Master Plan – Emergency Department



# 1st Floor Master Plan – Emergency Department



← HEART CENTER ENTRANCE

**ED EXPANSION & RENOVATION**  
52,667sf (17,800 NEW)

- NEW EXPANSION**
- AMBULATORY ENTRANCE /
  - FAMILY WAITING / LOUNGE
  - VENDING
  - RECEIVING OFFICE
  - RECEPTIONIST
  - WHEELCHAIR STORAGE

CARDIAC CATH LABS

RADIOLOGY

ED SUPPORT

- ED OFFICES
- STORAGE
- ED LOCKERS
- WAIT LOUNGE

EMPTY EXISTING JOURNALIST LOCATIONS

1st Floor

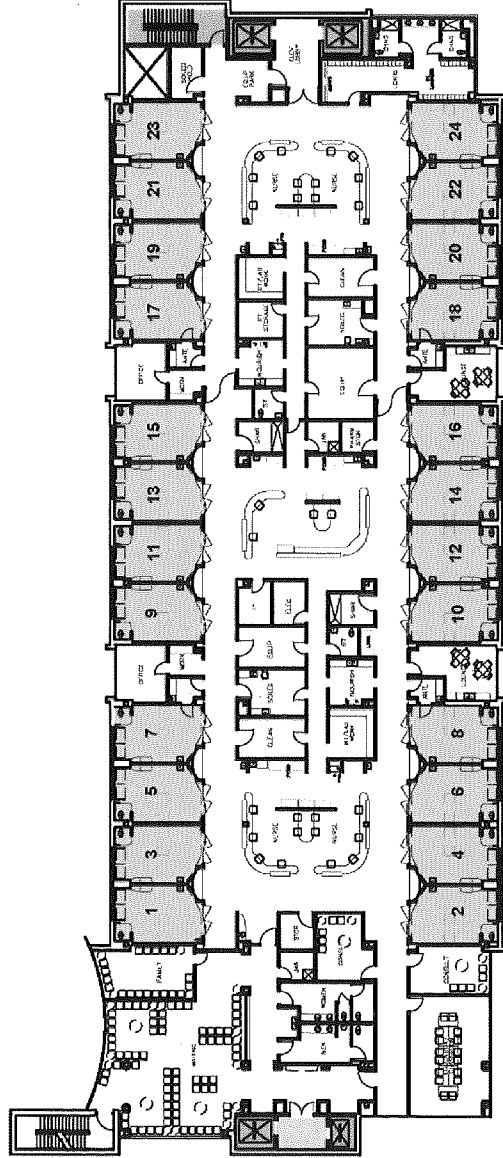
09-05-2013

# 1st Floor Master Plan – Emergency Department

- Proposed ED Capacity
  - 50 Exam Rooms
  - 12 Behavioral Health Exam Room
  - 4 Trauma Room
- Proposed Scope
  - 15,000 SF New Addition
  - 21,626 SF Renovation (existing space)
  - 16,041 SF Renovation (additional space)
- Conceptual Project Budget
  - \$15 Million
- Construction
  - 22 Months

# Intensive Care Unit New Tower Addition

# 1st Floor Master Plan – Intensive Care Units



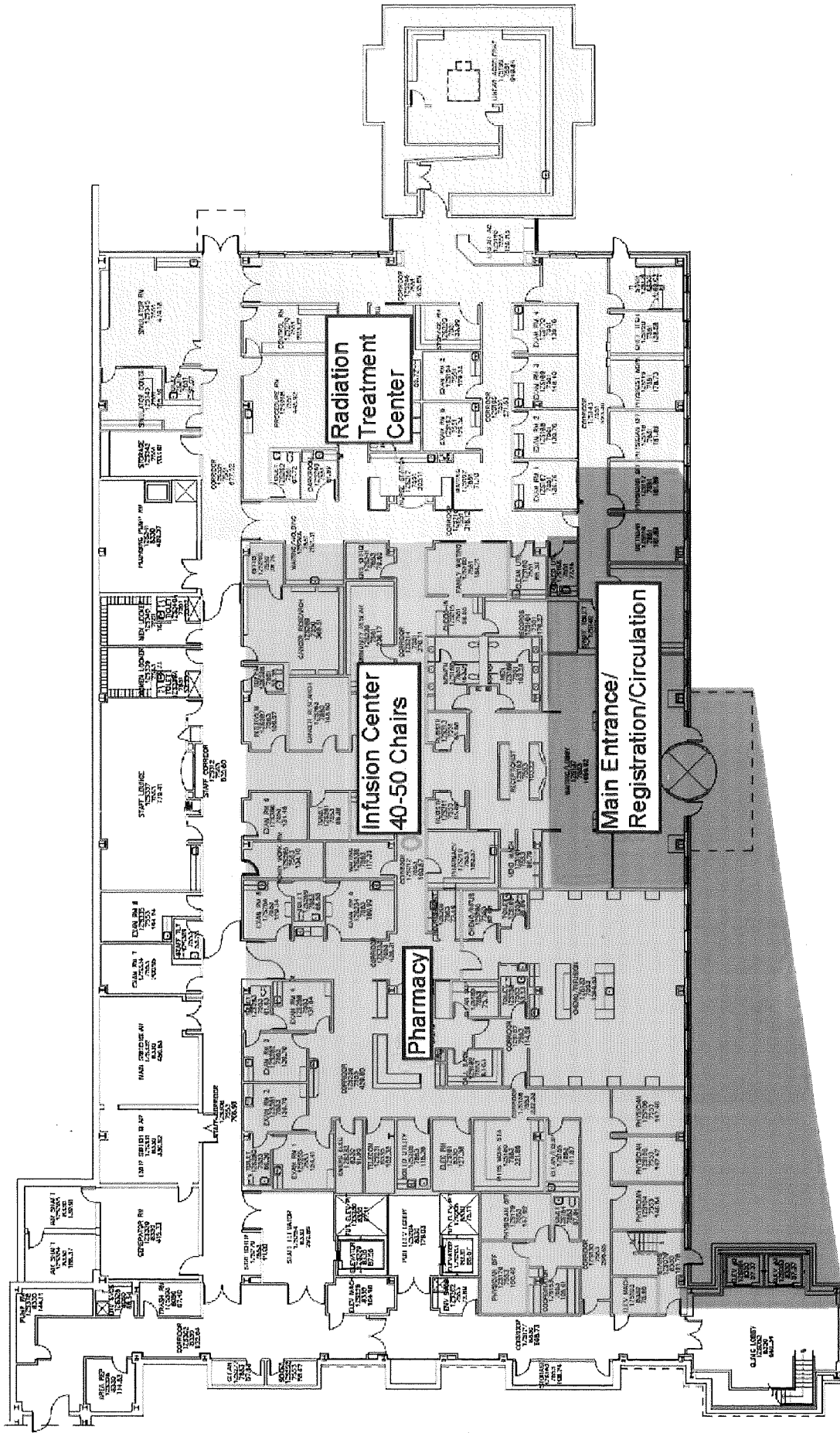
## 1st Floor Master Plan – Intensive Care Units

- Proposed ICU
  - 2 Floor Tower on top of the Surgical Pavilion + Interstitial space (infrastructure)
  - Approx. 25,000 SF/Floor
- Conceptual Project Budget
  - \$40 Million
- Construction
  - 24 Month Duration

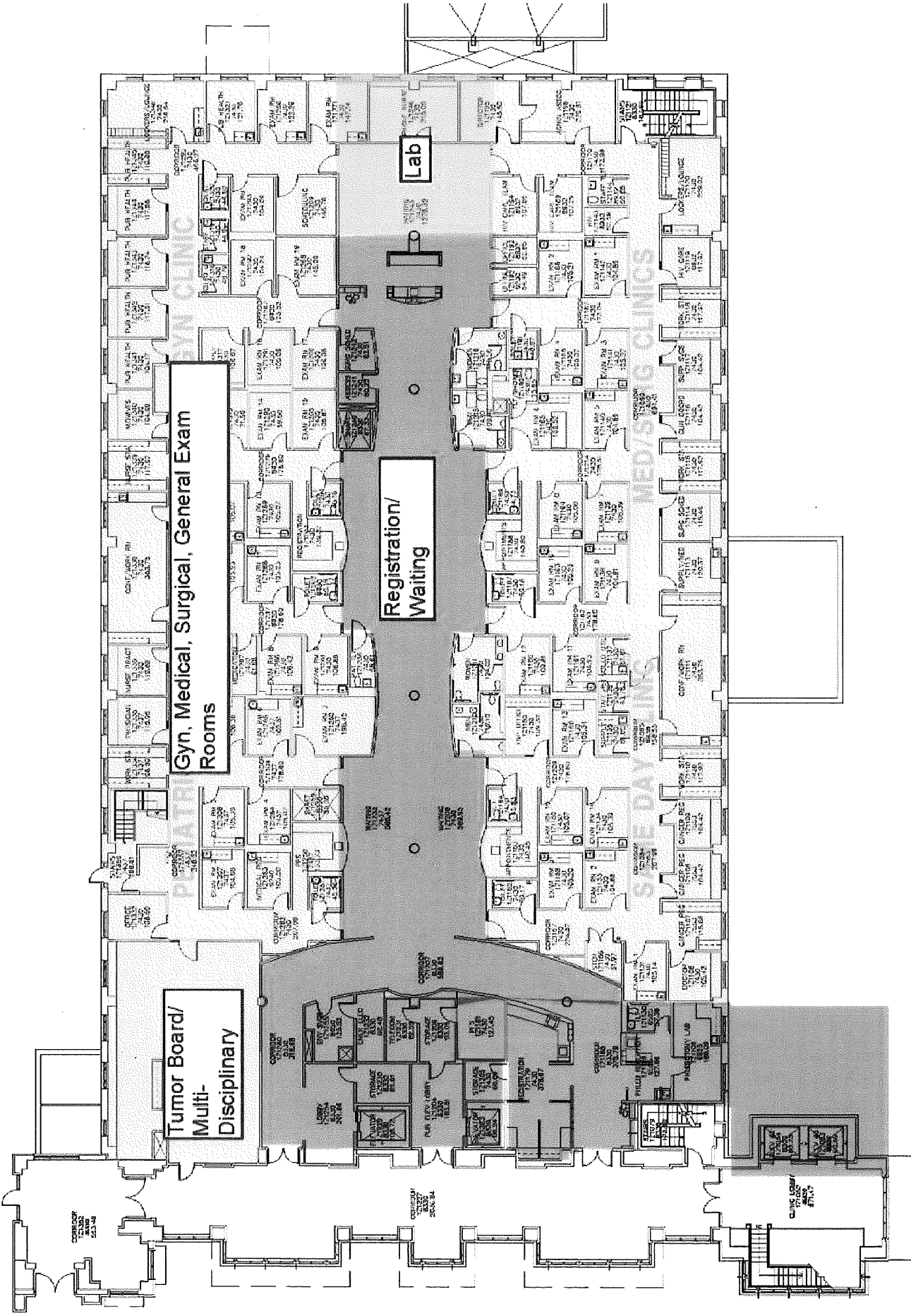
# Zimmer Cancer Center Renovation



# Overview – Zimmer Oncology Consolidation



# Overview - Zimmer Oncology Consolidation



## 1st Floor Master Plan – Oncology Consolidation

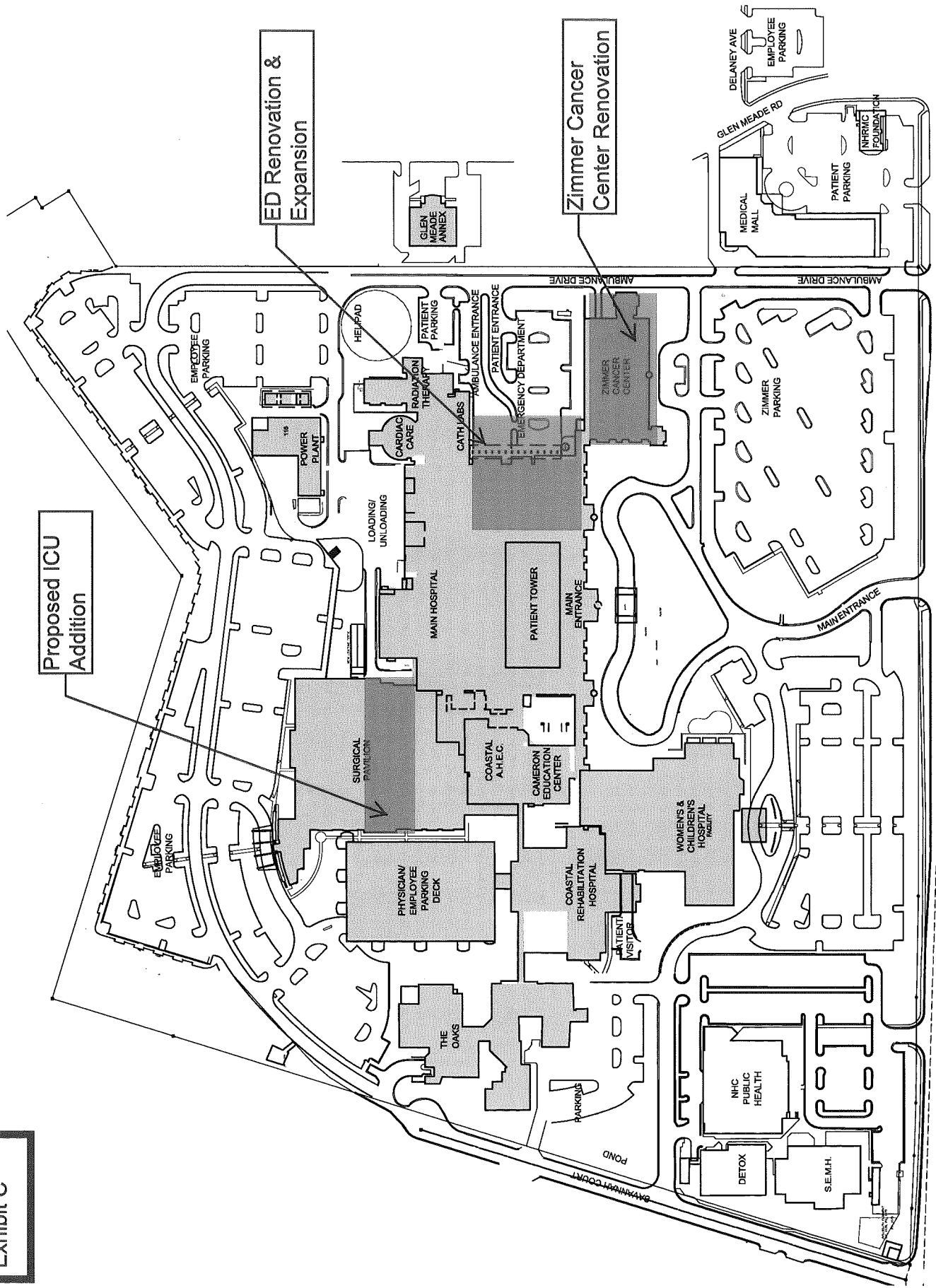
- Proposed Zimmer Renovation
  - Ground Floor
    - Entryway/Lobby expansion for vertical connectivity to 2<sup>nd</sup> floor
    - Renovation of over 50% of existing ground floor for expanded Infusion Services (hospital based)– including Pharmacy & Phlebotomy space
    - PET Scanner & CT Scanner to replace existing equipment for Outpatient services
  - First Floor
    - Minimal renovation to existing exam space for Cape Fear Cancer Specialist (Physician Practice based clinics)
    - Creation of Multi-disciplinary clinic space
    - Lab space to support physician practice
    - Patient/Family support space
- Conceptual Project Budget
  - \$9 Million
- Construction
  - 18 Month Duration

**PROPOSED CAPITAL COSTS**

**Project Name:** NHRMC – Master Facility Plan – 1<sup>st</sup> Floor Projects

<b>A. <u>Site Costs</u></b>			
(1)	Full purchase price of land	\$ _____	
	Acres _____ Price per Acre \$ _____		
(2)	Closing costs	\$ _____	
(3)	Site Inspection and Survey	\$ _____	
(4)	Legal fees and subsoil investigation.	\$ _____	
(5)	<b>Site Preparation Costs</b>		
	Soil Borings	\$ _____	
	Clearing-Earthwork	\$ _____	
	Fine Grade For Slab	\$ _____	
	Roads-Paving	\$ _____	
	Concrete Sidewalks	\$ _____	
	Water and Sewer	\$ _____	
	Footing Excavation	\$ _____	
	Footing Backfill	\$ _____	
	Termite Treatment	\$ _____	
	Other (Specify)	\$ _____	
	Sub-Total Site Preparation Costs	\$ _____	
(6)	Other (Specify)	\$ _____	
(7)	<b>Sub-Total Site Costs</b>		<b>\$ <u>N/A</u></b>
<b>B. <u>Construction Contract</u></b>			
(8)	<b>Cost of Materials</b>		
	General Requirements	\$ _____	
	Concrete/Masonry	\$ _____	
	Doors & Windows/Finishes	\$ _____	
	Thermal & Moisture Protection	\$ _____	
	Equipment/Specialty Items	\$ _____	
	Mechanical/Electrical	\$ _____	
	Other (Specify)	\$ _____	
	Sub-Total Cost of Materials	\$ _____	
(9)	Cost of Labor	\$ _____	
(10)	Other (Labor and Construction)	\$ _____	
(11)	<b>Sub-Total Construction Contract</b>		<b>\$ <u>48,500,000</u></b>
<b>C. <u>Miscellaneous Project Costs</u></b>			
(12)	Building Purchase	\$ _____	
(13)	Fixed Equipment Purchase/Lease	\$ <u>3,500,000</u>	
(14)	Movable Equipment Purchase/Lease	\$ <u>2,500,000</u>	
(15)	Furniture	\$ <u>1,500,000</u>	
(16)	Landscaping	\$ _____	
(17)	<b>Consultant Fees</b>		
	Architect and Engineering Fees	\$ <u>4,000,000</u>	
	Legal Fees	\$ _____	
	Market Analysis	\$ _____	
	Other (Specify)	\$ _____	
	Sub-Total Consultant Fees	\$ <u>4,000,000</u>	
(18)	Financing Costs (e.g. Bond, Loan, etc.)	\$ _____	
(19)	Interest During Construction	\$ _____	
(20)	Other - Administrative cost & contingency	\$ <u>4,000,000</u>	
(21)	<b>Sub-Total Miscellaneous</b>		<b>\$ <u>15,500,000</u></b>
<b>D.</b>	<b>Total Capital Cost of Project</b>		<b>\$ <u>64,000,000</u></b>

Exhibit C



New Hanover Regional Medical Center 17th Street Campus