

### 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**

February 21, 2014

James Roskelly Cone Health 1200 North Elm Street Greensboro, NC 27401-1020

Exempt from Review - Replacement Equipment

Facility:

Cone Health

Project Description:

Replace Heart-Lung Bypass Equipment

County:

Guilford

FID#:

943494

Dear Mr. Roskelly:

In response to your February 12, 2014 letter received on February 20, 2014, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(a)(7). Therefore, you may proceed to acquire, without a certificate of need, the System 1 Heart-Lung Machine with T-Link Data Management to replace the existing Cobe/Century Perfusion Pump, Serial # CCB-184. This determination is based on your representations that the existing unit will be removed from North Carolina and will not be used again in the State without first obtaining a certificate of need. Further please be advised that as soon as the replacement equipment is acquired, you must provide the CON Section and the Medical Facilities Planning Branch with the serial number of the new equipment to update the inventory, if not already provided.

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a separate determination.

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

Sincerely,

Celia C. Inman

lia C. Unman

**Project Analyst** 

Martha J. Frisone, Interim Chief

Certificate of Need Section





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1200 North Elm Street Greensboro, NC 27401-1020 336.832.8199 www.conehealth.com

February 12, 2014



Ms. Martha Frisone, Interim Section Chief Ms. Celia Inman, Project Analyst Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

Dear Ms. Frisone and Ms. Inman:

Pursuant to Section § 131E-184 (a)(7) – Exemptions From Review – of the Certificate of Need Statute, I am writing to inform you of Cone Health's plans to replace one of its existing heart-lung bypass machines operating at The Moses H. Cone Memorial Hospital. The replacement project will not increase the total inventory of heart-lung bypass machines owned and operated by Cone Health. Exhibit 1 attached to this letter provides a comparison of the relevant information and specifications for the existing equipment and the planned replacement equipment. Of particular note, the replacement perfusion pump will cost well below \$2M, and will be functionally comparable to the equipment being taken out of service. The proposed capital costs for the planned equipment replacement are detailed in Exhibit 2.

The new heart-lung bypass machine, which will continue to be owned and operated by Cone Health, will be placed in service in March 2014. The equipment being replaced will be removed and disposed of by the vendor. Cone Health is simply updating an important piece of equipment. The proposed quote from Comprehensive Care Services for the advanced perfusion system, including detailed specifications, is attached as Exhibit 3.

Please let me know if I can answer any questions for you regarding this planned heart-lung bypass replacement.

Sincerely,

James Roskelly Vice President

Corporate Planning and Development

**Attachments** 

# Exhibit 1

Comparison of Existing Equipment and Planned Replacement Equipment

# EQUIPMENT COMPARISON

	CNILDIAG	REPLACEMENT
	EQUIPMENT	EQUIPMENT
Type of Equipment (List Each Component)	Cobe/Century Heart-	System 1 Heart-Lung
	Lung Macnine	Data Management
Manufacturer of Equipment	Cobe	Tereumo
Testa Rating for MRIs	. N/A	N/A
Model Number	Cobe Century Perfusion	Advanced Perfusion
	Pump	1 System
Serial Number	CCB-184	IBD
Provider's Method of Identifying Equipment	Serial number	Serial number
Specify if Mobile or Fixed	Fixed	Fixed
Mobile Trailer Serial Number/VIN #	N/A	N/A
Mobile Tractor Serial Number/VIN #	N/A	N/A
Date of Acquisition of Each Component	August 1997	February 2014
Does Provider Hold Title to Equipment or Have a Capital Lease?	Title	Will hold title
Specify if Faninment Was/Is New or Used When Acquired	New	New
Total Capital Cost of Project (Including Construction, etc.) <use attached="" form=""></use>	N/A	N/A
Total Cost of Equipment	Approximately \$50,000	\$211,961
Fair Market Value of Equipment	Approximately \$1,000	\$211,961
Net Purchase Price of Equipment	Approximately \$50,000	\$211,961
Locations Where Operated	The Moses H. Cone	The Moses H. Cone
	Memorial Hospital	Memorial Hospital
Number Days In Use/To be Used in N.C. Per Year	365 days/year	365 days/year
Percent of Change in Patient Charges (by Procedure)	N/A	None
Percent of Change in Per Procedure Operating Expenses (by Procedure)	N/A	None
Type of Procedures Currently Performed on Existing Equipment	Open heart procedures	Open
		heart/cardiovascular procedures
The first 1 Reminer of Darforming	N/A	Transcatheter aortic
1ype of Procedures thew Equipment is Capable of Commus		valve replacement
		and electronic data
		management

# Exhibit 2

**Proposed Capital Costs** 

### PROJECT CAPITAL COST

A.	Site Co	<u>osts</u>		
	(1)	Full purchase price of land	\$0	
	, ,	# Acres Price per Acre \$		
	(2)	Closing costs	\$0	
	(3)	Site Inspection and Survey	\$0	
	(4)	Legal fees and subsoil investigation	\$0	
	(5)	Site Preparation Costs [Include]		
	(-)	Soil Borings		
		Clearing and Grading		
		Roads and Parking		
		Sidewalks		
		Water and Sewer		
		Excavation and Backfill		
		Termite Treatment		
		Sub-Total Site Preparation Costs	\$ 0	
	(6)	Other (Specify)	\$ 0	
	(7)	Sub-Total Site Costs		\$ 0
В.		ruction Contract		
ъ.	(8)	Cost of Materials [Include]		
	(0)	General Requirements		
		Concrete/Masonry		
		Woods/Doors & Windows/Finishes		
		Thermal & Moisture Protection		
		Equipment/Specialty Items		
		Mechanical/Electrical		
		Sub-Total Cost of Materials	\$0	
	(9)	Cost of Labor	\$ 0	
	(10)	Other (Specify) \$		
	(11)	Sub-Total Construction Contract		\$0
C.	` '	ellaneous Project Costs		
<b>.</b>	(12)	Building Purchase	\$0	
	(13)	Fixed Equipment Purchase/Lease	\$0	
	(14)	Movable Equipment Purchase/Lease	\$ 211,961	
	(15)	Furniture	\$0	
	(16)	Landscaping	\$0	
	(17)	Consultant Fees		
		Architect/Engineering Fees \$	0	
		Legal Fees \$	0	
		Market Analysis \$	0	
		Other (Specify) \$	0	
		Total Consultant Fees	\$0	
	(18)	Financing Costs		
	, ,	(e.g. Bond, Loan, etc.)	\$0	
	(19)	Interest During Construction	\$0	
	(20)	Other (Specify)	\$0	
	(21)	<b>Sub-Total Miscellaneous</b>		\$ <u>211,961</u>
D.		Capital Cost of Project (Sum A-C above	<b>e</b> )	\$ <u>211,961</u>

Exhibit 3

Quotation



# COMPREHENSIVE CARE SERVICES, INC

31330 SCHOOLCRAFT RD., SUITE #200 LIVONIA, MI 48150 OFFICE: 734.525.9712 FAX: 734.525.9582 WWW.CCSPERFUSION.COM

### **COMPREHENSIVE CARE SERVICES**

# ADVANCED PERFUSION SYSTEM 1 & TLINK DATA MANAGEMENT SYSTEM HARDWARE PURCHASE PROPOSAL

# For CONE HEALTH

Quantity	Production	Description
Quantity		Description
1	801763	100/120V AC Platform APS w/QCU
1	816300	Central Control Monitor
<u> </u>	802110	Air Detector Module
1	802111	Level Detector Module
<u>`1</u>	131115	3' pole 1997 1997 1997 1997 1997 1997 1997 199
1	145980	Crossbar Fitting
j, 1 (1 ( j)	801188	EPGS System
1	814475	U.S. Hose Kit Air, O2,CO2
3	816570	System 1 4" Roller Pump
1	816572	System 1 Centrifugal Control Module
1	164267	Centrifugal Drive Motor
1	816620	Flexible Mounting Arm
1980 S. 10 .	164268	Delphin Manual Drive
1	802018	Flow Pod APS
. <b>1</b>	6382	Centrifugal TOF Flow Sensor
1	801550	Flow Pod Bracket
	5773	5773 Air Sensor 3/8 x 3/32
1	5791	5791 Air Sensor 1/4 x 1/32
47	802110	Air Detector Module
1	802112	Pressure Pod APS
2	802114	Temperature Pod APS
1	801558	Lamp, Short Neck APS
1	803479	Interface Module CDI 500
1	802113	Data Transfer Serial 232
11 11 11	143554	6 inch Adapter Cord
1	814871	TLInk Data Management Software License
1	825184	TLink DMC Touchscreen Plus
1	814857	Touch Screen Mounting Bracket
1	814858	Extension Pole Mount Bracket
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CCS OAKLAND, LLC CARDIOVASCULAR PERFUSION ASSOCIATES, LLC CCS CIRCULATORY SUPPORT, LLC CCS - PA, LLC CCS BROWARD, LLC GENESEE LIFE SUPPORT, LLC HEMASOLUTIONS, LLC COMPREHENSIVE CARE OF FLORIDA, LLC





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31330 SCHOOLCRAFT RD., SUITE #200 LIVONIA, M1 48150 OFFICE: 734.525.9712 FAX: 734.525.9582 WWW.CCSPERFUSION.COM

1	814870	Touch Screen Stylus
1	814864	Mini-Keyboard
1	815681 4Port USB Extension Hub	
1	815804	Barcode Laser Scanner
1	815805	Barcode Laser Scanner Holder
1	816096	50ft CAT5E Shielded Cable (RJ45-RJ45)
1	816098	TLink DMS Adpater (DB9F-RJ45)
1	816103	System 1/Other Adapter (DB9M-RJ45)

Shipping: FOB Origin

Note: The Advanced Perfusion System 1 equipment listed above will be available for shipment from Terumo CVS post FDA Consent Decree restriction period.

### Warranty

Please note that this equipment comes with a warranty covering all repairs, parts and labor for the first 12 months following delivery.

Accepted:	
Cone Health	Comprehensive Care Services, Inc.
ITS:	Chet Czaplicka, BSN,RN,CCP ITS: President
DATE:	DATE: 1.1.2014 DOWN
	1. to 1/10/14
	Tulder 1/10/19

CCS OAKIAND, LLC CARDIOVASCULAR PERFUSION ASSOCIATES, LLC CCS CIRCULATORY SUPPORT, LLC CCS - PA, LLC CCS BROWARD, LLC GENESEE LIFE SUPPORT, LLC HEMASOLUTIONS, LLC COMPREHENSIVE CARE OF FLORIDA, LLC

