



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

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne
Assistant Secretary for Audit and
Health Service Regulation

July 27, 2016

Dee Jay Zerman
Hedrick Building
211 Friday Center Drive, Suite G105
Chapel Hill, NC 27517

Exempt from Review

Record #: 2001
Facility Name: University of North Carolina Hospitals at Chapel Hill
FID #: 923517
Business Name: University of North Carolina Hospitals
Business #: 1940
Project Description: Renovate vacant space on the first floor of the main hospital to create a 25 bed observation unit
County: Orange

Dear Ms. Zerman:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of June 29th, on 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 Agency's Construction and Acute and Home Care Licensure and Certification Sections 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 Agency. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-715-4413

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

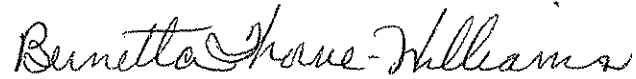
Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

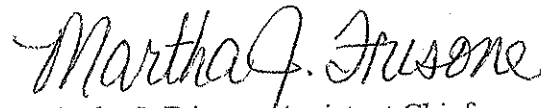
An Equal Opportunity/ Affirmative Action Employer



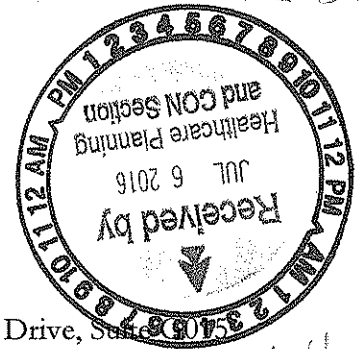
If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,


Bernetta Thorne-Williams
Project Analyst


Martha J. Frisone, Assistant Chief
Certificate of Need

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



FD 923517

Hedrick Building
211 Friday Center Drive, Suite 200
Chapel Hill, NC 27517

Record # 200/
Bus. ID 1540

June 29, 2016

Bernetta Thorne-Williams, Project Analyst
Certificate of Need Section
Division of Health Service Regulation, DHHS
Mail Service Center 2704
Raleigh, NC 27699-2704

RE: Exemption Notice / Renovation and expansion of space pursuant to NCGS § 131E-184(g) / UNC Hospitals / Orange County

Dear Ms. Thorne-Williams:

UNC Hospitals is planning to renovate, refurbish and repurpose vacant space on the first floor of the main hospital for use as an observation unit. UNC Hospitals is requesting confirmation that this renovation is exempt from review pursuant to NCGS §131E-184(g).

NCGS §131E-184(g) provides that *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 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.*

(1) Purpose: The project involves the renovation of 12,234 square feet of vacant space on the first floor of the main hospital for use as a 25 bed unlicensed Observation Unit with required support services, to be used for observation care of patients as required. This renovation will allow our observation service to provide 25 additional observation beds. Developing additional unlicensed observation beds is needed because when an observation patient occupies a licensed bed, we are unable to admit an inpatient into that licensed bed. The cost of the renovation including equipment and furniture is expected to be \$6,000,000. A certified cost estimate is contained in Exhibit 1. Floor plans of the existing space, the demolition plan, and the proposed final floor plan are included in Exhibit 2.

(1) Main Campus: NCGS §131E-176(14n) defines "Main Campus" as the 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 building and grounds adjacent to the main building."

The proposed project involves renovating a portion of the 1st floor of UNC Hospitals. A key plan on the lower corner of the floor plans included in Exhibit 2 reflects the location within the main hospital building. The building's address is 101 Manning Drive, Chapel Hill, NC. The space to be renovated is physically inside the main hospital building and shares the same physical address as UNC Hospitals. Financial and administrative control is provided in offices physically located on the 3rd floor of Medical Wing E, which is connected to the main hospital. The locations of the financial officer and administrative officer are indicated on the maps contained in Exhibit 3. UNC Hospitals is a licensed health service facility (DHSR Acute Care License No. H0157).

(2) New Institutional Health Service: The renovation and expansion project will not result in a change of bed capacity, 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. No major medical equipment is included in this project. The only items costing more than \$10,000 include 25 hospital beds at \$13,000 each, one bladder scanner at \$15,600, and two defibrillators at \$13,500 each.

(3) Prior Written Notice: This request shall serve of prior written notice of this activity.

Please do not hesitate to contact me at 984-974-1210 if you need any additional information. Thank you for your prompt consideration of this matter.

Sincerely,



Dee Jay Zerman, System Director
Regulatory Planning
UNC HCS

PROPOSED TOTAL CAPITAL COST OF PROJECT

A. Site Costs

(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			
Soil Borings	\$	0	
Clearing - Earthwork	\$	0	
Fine Grade for Slab	\$	0	
Roads - Paving	\$	0	
Concrete Sidewalks	\$	0	
Water and Sewer	\$	0	
Footing Excavation	\$	0	
Footing Backfill	\$	0	
Termite Treatment	\$	0	
Other (Specify)	\$	0	
Sub-Total Site Preparation Costs		\$	0
(6) Other (Specify)		\$	0
(7) Sub-Total Site Costs		\$	0

B. Construction Contract

(8) Cost of Materials			
General Requirements	\$	0	
Concrete/Masonry	\$	0	
Woods/Doors & Windows/Finishes	\$	0	
Thermal & Moisture Protection	\$	0	
Equipment/Specialty Items	\$	0	
Mechanical/Electrical	\$	0	
Other ()	\$	0	
Sub-Total Cost of Materials			
(9) Cost of Labor			
(10) Other: Construction Contingency			
(11) Sub-Total Construction Contract		\$	4,500,000

C. Miscellaneous Project Costs

(12) Building Purchase	\$	0	
(13) Fixed Equipment Purchase	\$	0	
(14) Movable Equipment Purchase	\$	721,500	
(15) Furniture	\$	185,000	
(16) Landscaping	\$	0	
(17) Consultant Fees			
Architect and Engineering Fees	\$	476,500	
Legal Fees	\$	0	
Market Analysis	\$	0	
Sub-Total Consultant Fees	\$	476,500	
(18) Financing Costs (e.g. Bond, Loan, etc.)	\$	0	
(19) Interest During Construction	\$	0	
(20) Other: Project Contingency	\$	117,000	
IT Costs	\$	0	
(21) Sub-Total Miscellaneous	\$	1,500,000	
(22) Total Capital Cost of Project (Sum A-C above)		\$	6,000,000

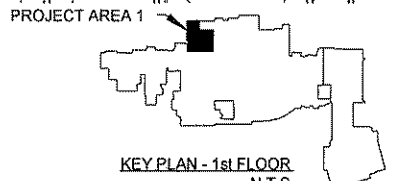
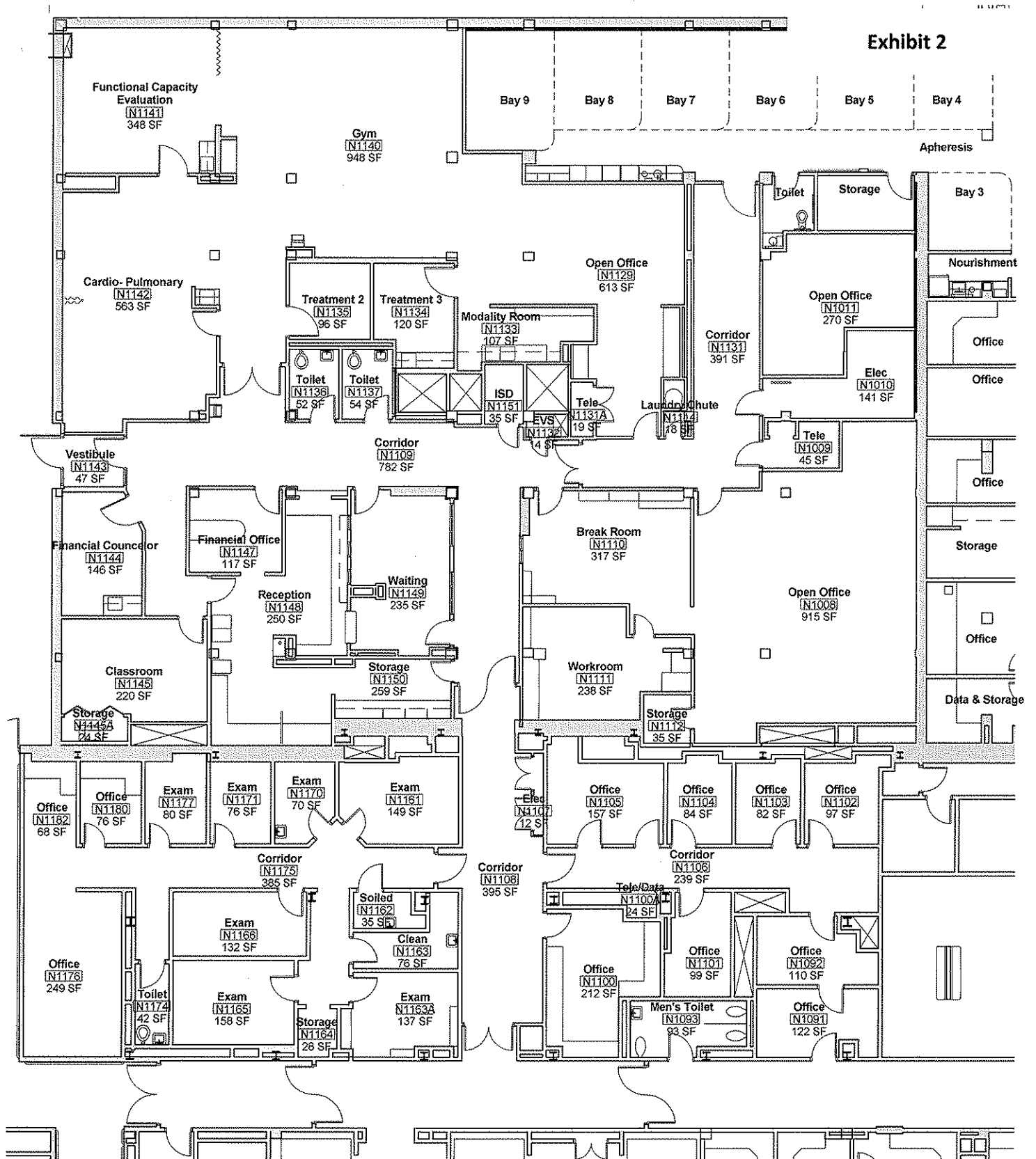


I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

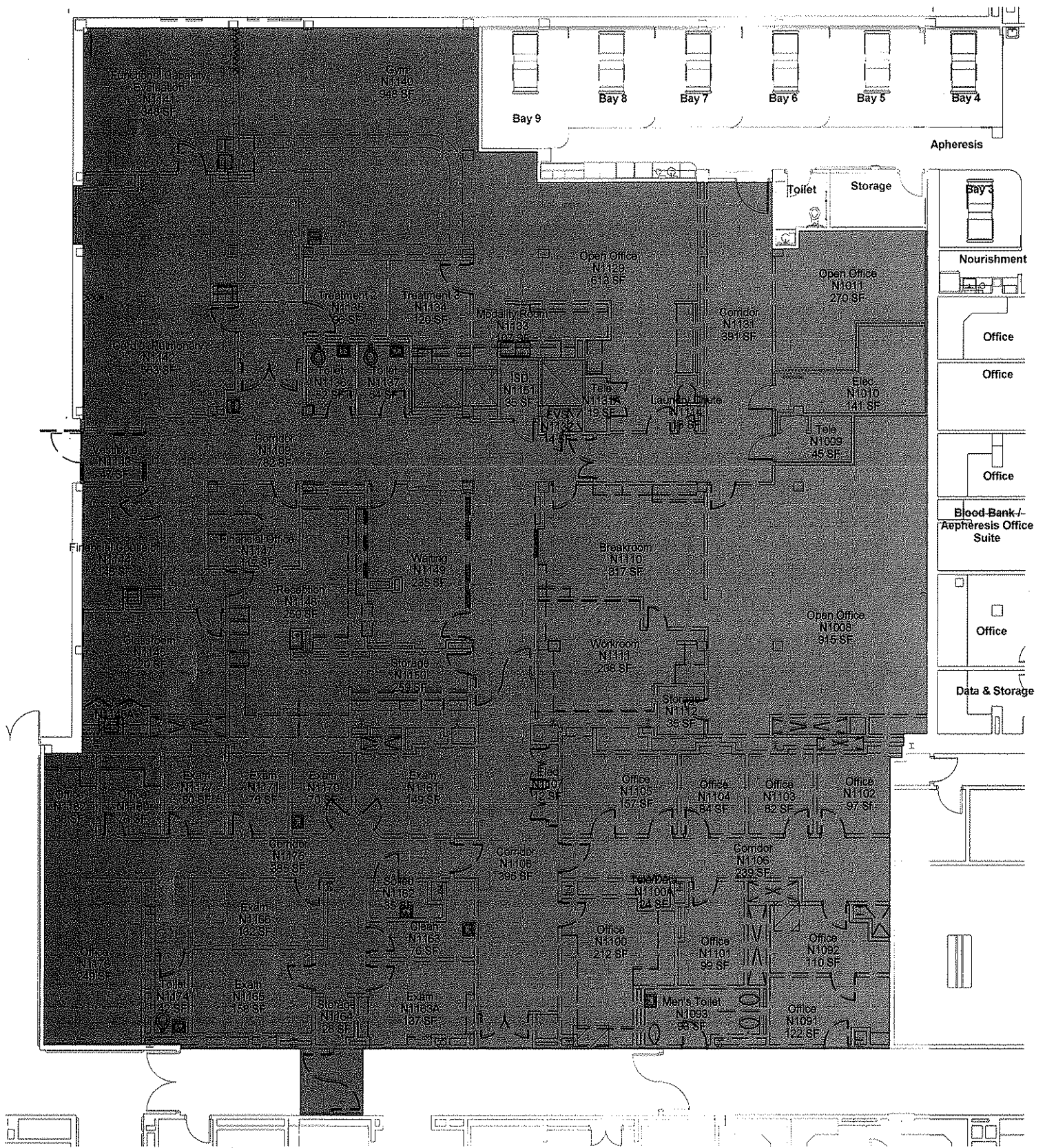
[Signature]

 Signature of Licensed Architect or Engineer

Exhibit 2



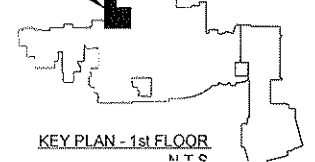
Observation Unit - Existing Plan
 Scale: 1/16" = 1'-0"



Legend

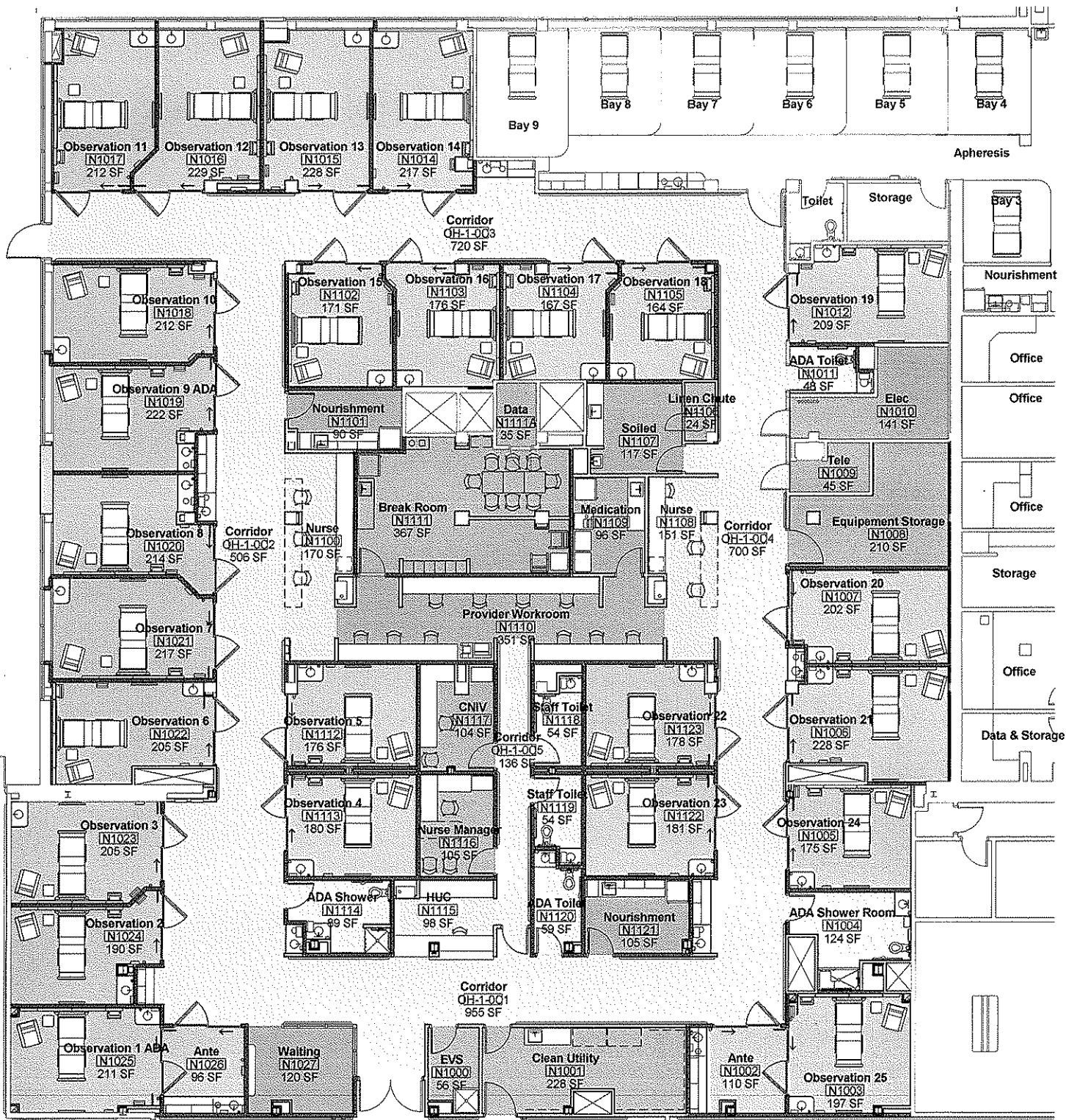
 Demolition

PROJECT AREA 1



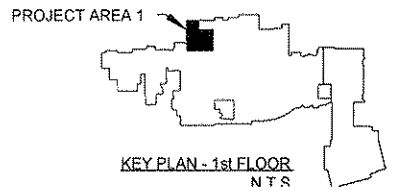
KEY PLAN - 1st FLOOR
N.T.C.

Observation Unit - Demolition Plan
Scale: 1/16" = 1'-0"



Legend

- | | | | | | |
|--|----------|--|------------------|--|---------|
| | Corridor | | Observation Bays | | Toilet |
| | Nurse | | Support | | Waiting |

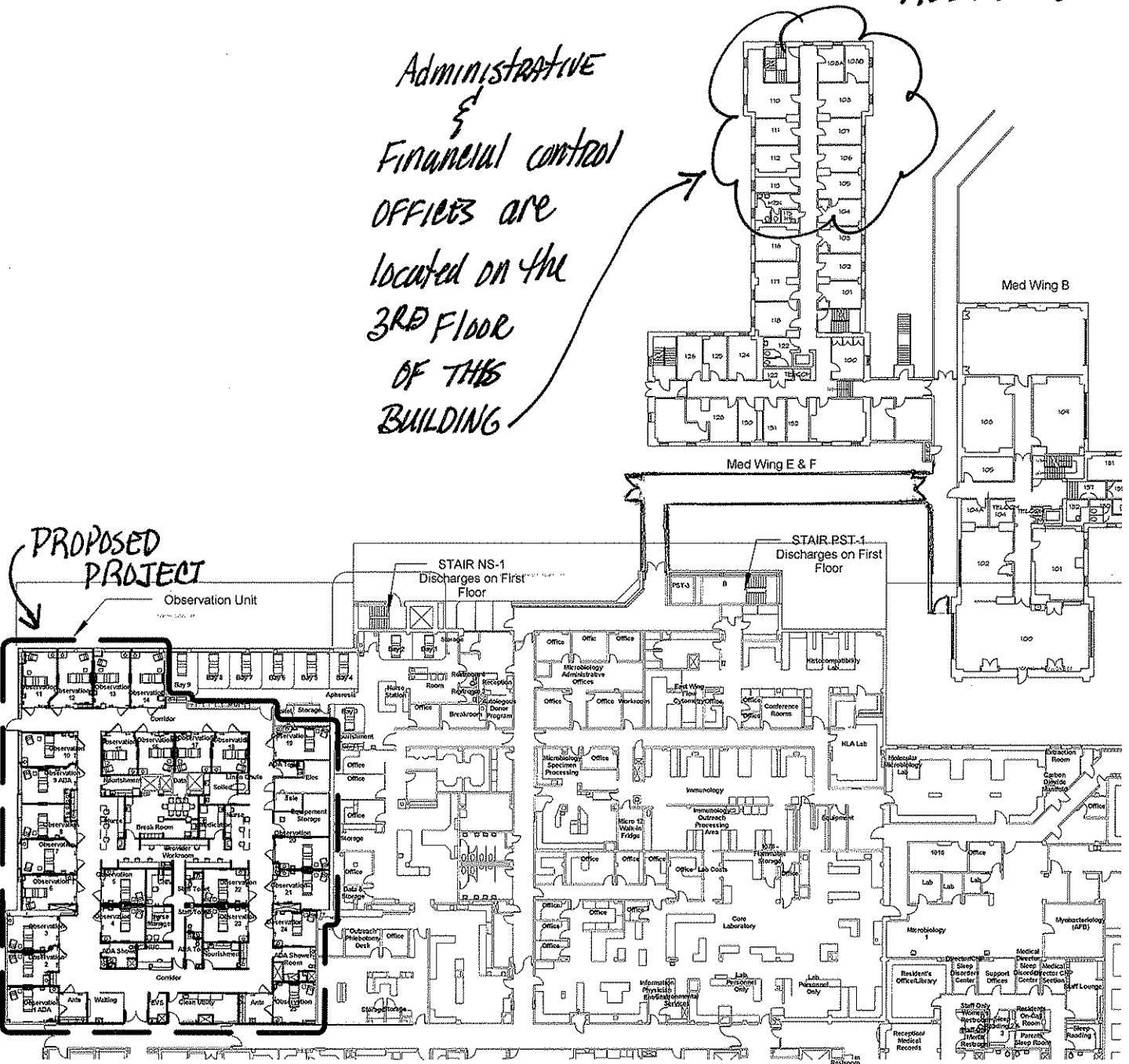


Observation Unit - Renovation Plan
 Scale: 1/16" = 1'-0"

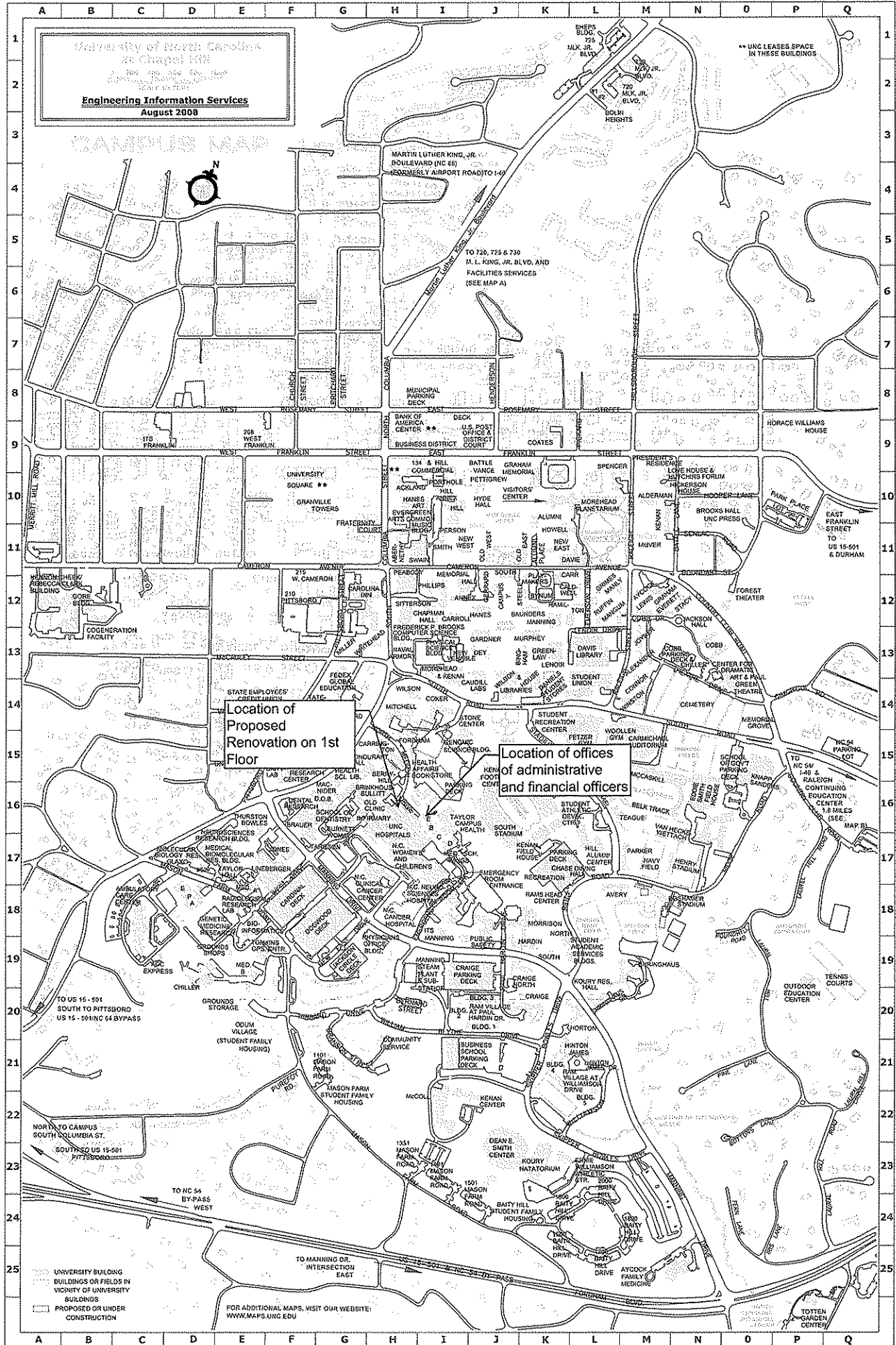


MED. WING E

Administrative
&
Financial control
OFFICES are
located on the
3RD FLOOR
OF THIS
BUILDING



Observation Unit
Scale: 1" = 50'-0"



University of North Carolina
at Chapel Hill
Engineering Information Services
August 2008



Location of
Proposed
Renovation on 1st
Floor

Location of offices
of administrative
and financial officers

- UNIVERSITY BUILDING
- BUILDINGS OR FIELDS IN VICINITY OF UNIVERSITY BUILDINGS
- PROPOSED OR UNDER CONSTRUCTION

FOR ADDITIONAL MAPS, VISIT OUR WEBSITE:
WWW.MAPS.UNC.EDU

~~DEC 15 2015~~

DEC 16 2015

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 # H0157 Medicare # 340061
FID #: 923517
PC HS Date 12/17/15
License Fee: \$15,597.50

2016
HOSPITAL LICENSE
RENEWAL APPLICATION

Legal Identity of Applicant: University of North Carolina Hospitals at Chapel Hill
(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: University of North Carolina Hospitals
Other: UNC Hospitals;
Other: _____

Facility Mailing Address: 101 Manning Dr
Chapel Hill, NC 27514

Facility Site Address: 101 Manning Dr
Chapel Hill, NC 27514
County: Orange
Telephone: ~~(919)966-4131~~ (904) 974-5111
Fax: ~~(919)966-3789~~ (904) 974-7772

Administrator/Director: Gary L Park
Title: President /
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: GARY L. PARK Title: PRESIDENT
(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: DEE JAY ZERMAN Telephone: 984-974-1210
E-Mail: DJ.ZERMAN@UNCHEALTH.UNC.EDU

PAID
CK NO. 61710.5
DATE 12-16-15
\$15,597.50

All responses should pertain to October 1, 2014 through September 30, 2015.

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

In accordance with Session Law 2013-382 and 10NCAC 13B .3502(e) on an annual basis, on the license renewal application provided by the Division, the facility shall provide to the Division the direct website address to the facility's financial assistance policy. This Rule applies only to facilities required to file a Schedule H, federal form 990. Please use Form 990 Schedule B and / or Schedule H as a reference.

1) Please provide the main website address for the facility:

WWW. UNCMEDICALCENTER.ORG/UNCMC/

2) In accordance with 131E-214.4(a) DHHS can no longer post a link to internet Websites to demonstrate compliance with this statute.

A) Please provide the website address and / or link to access the facility's charity care policy and financial assistance policy:

SEE FOLLOWING PAGE 2 a.

B) Also, please attach a copy of the facility's charity care policy and financial assistance policy:

Feel free to email the copy of the facility's charity care policy to:
DHHS.DHSR.Hospital.CharityCare.Policy@dhhs.nc.gov

SEE ATTACHMENT 1.

3) Please provide the following financial assistance data. All responses can be located on Form 990 and / or Form 990 Schedule H.

Contribution, Gifts, Grants and other similar Amounts <i>(Form 990; Part VIII 1(h))</i>	Annual Financial Assistance at Cost <i>(Form 990; Schedule H Part I, 7(a)(c))</i>	Bad Debt Expense <i>(Schedule H Part III, Section A(2))</i>	Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy <i>(Form 990; Schedule H Part III, Section A(3))</i>
<p>UNCH IS NOT A 501c3 AND HAS NO OBLIGATION TO FILE A FORM 990.</p>			

AUTHENTICATING SIGNATURE: this attestation statement is to validate compliance with GS 131E-91 as evidenced through 10A NCAC 13B .3502 and all requirements set forth to assure compliance with fair billing and collection practices.

Signature: *Gary L. Park* Date: 12/14/2015

PRINT NAME OF APPROVING OFFICIAL GARY L. PARK

<http://www.uncmedicalcenter.org/uncmc/patients-visitors/billing/financial-assistance-programs/>

<http://www.uncmedicalcenter.org/app/files/public/1261/pdf-medctr-financial-assistance-policy-English.pdf>

<http://www.uncmedicalcenter.org/app/files/public/4859/pdf-medctr-financial-assistance-policy-Spanish.pdf>

All responses should pertain to October 1, 2014 through September 30, 2015.

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

Primary National Provider Identifier (NPI) registered at NPPES 1932208576

If facility has more than one "Primary" NPI, please provide SEE ATTACHMENT 2

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

List Name(s) of facilities:	Address:	Type of Business / Service:
<u>UNC HOSPITALS</u>	<u>101 MANNING DRIVE</u>	<u>ACUTE CARE, REHAB, PSYCH, AMBULATORY SURGERY, OR, G.I., ENDOSCOPY ROOMS</u>

Please attach a separate sheet for additional listings

SEE ATTACHMENT 3

ITEMIZED CHARGES: Licensure Rule 10 NCAC 3C .0205 requires the Applicant to provide itemized billing. Indicate which method is used:

- X a. The facility provides a detailed statement of charges to all patients.
- _____ b. Patients are advised that such detailed statements are available upon request.

All responses should pertain to October 1, 2014 through September 30, 2015.

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: State of NC through the Board of Dir for UNC Hospitals
Street/Box: 101 Manning Drive
City: Chapel Hill State: NC Zip: 27514
Telephone: ~~(919) 974-5111~~ ~~(919) 966-5111~~ Fax: ~~(919) 966-3709~~ ~~(984) 974-7772~~
CEO: Gary L. Park, President

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*: UNIVERSITY OF NORTH CAROLINA HEALTH CARE SYSTEM (1)
* (please attach a list of NC facilities that are part of your Health System) SEE ATTACHMENT 4

If 'Yes', name of CEO: _____

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

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

If "YES", name of building owner: _____

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

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

Name: _____
Street/Box: _____

City: _____ State: _____ Zip: _____
Telephone: (____) _____

3. Vice President of Nursing and Patient Care Services:

MARY TONGE, PhD, RN, SENIOR VICE PRESIDENT AND CHIEF NURSING OFFICER

4. Director of Planning: AMY BRAGG HIGGINS, MBA, SYSTEM VP STRATEGIC PLANNING AND NETWORK DEVELOPMENT

(1) NOTE: THE UNCHCS IS COMPRISED OF UNC HOSPITALS, THE CLINICAL PROGRAMS OF THE UNC SCHOOL OF MEDICINE, AND UNC PHYSICIANS NETWORK, IN ADDITION TO THE AFFILIATES IDENTIFIED IN ATTACHMENT 4.

All responses should pertain to October 1, 2014 through September 30, 2015.

COMBINED

Facility Data

A. Reporting Period All responses should pertain to the period October 1, 2014 to September 30, 2015.

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

COMBINED - MAIN & HILLSBOROUGH					
a. Admissions to Licensed Acute Care Beds: include responses to "a - q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	36,055				
b. Discharges from Licensed Acute Care Beds: include responses to "a - q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	34,982				
c. Average Daily Census: include responses to "a - q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	603				
d. Was there a permanent change in the total number of licensed beds during the reporting period?	<table border="1"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input checked="" type="checkbox"/>	<input type="checkbox"/>				
If 'Yes', what is the current number of licensed beds?	878				
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:	EXPANSION & RENOVATION				
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	10,542				

C. Designation and Accreditation

1. Are you a designated trauma center? Yes No
 Designated Level # 1
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: 12/14/2016
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

COMBINED

All responses should pertain to October 1, 2014 through September 30, 2015.

MAIN CAMPUS

Facility Data

A. Reporting Period All responses should pertain to the period October 1, 2014 to September 30, 2015.

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

<i>MAIN MEDICAL CENTER</i>	
a. Admissions to Licensed Acute Care Beds: include responses to "a - q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	<i>35,948</i>
b. Discharges from Licensed Acute Care Beds: include responses to "a - q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	<i>34,875</i>
c. Average Daily Census: include responses to "a - q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	<i>601</i>
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If 'Yes', what is the current number of licensed beds?	<i>837</i>
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:	<i>EXPANSION & RENOVATION</i>
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	<i>10,410</i>

C. Designation and Accreditation

1. Are you a designated trauma center? Yes No
 Designated Level # *1*
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: *12/14/2016*
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

MAIN CAMPUS

All responses should pertain to October 1, 2014 through September 30, 2015.

HILLSBOROUGH

Facility Data

A. **Reporting Period** All responses should pertain to the period October 1, 2014 to September 30, 2015.

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

HILLSBOROUGH	
a. Admissions to Licensed Acute Care Beds: include responses to "a - q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	107
b. Discharges from Licensed Acute Care Beds: include responses to "a - q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	107
c. Average Daily Census: include responses to "a - q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	12.2 (HOSPITAL OPENED TO INPATIENTS ON 9/1/15)
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?	33 OPENED 9/1/15
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:	OPENED 9/1/15
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	132

C. Designation and Accreditation

1. Are you a designated trauma center? ___ Yes No
Designated Level # _____
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: 12/14/2014
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, 2014 through September 30, 2015.

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

[Please provide a Beds by Service (p. 6) for each hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. 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, 2015	Operational Beds as of September 30, 2015	Annual Census Inpt. Days of Care
<i>Campus</i> <u>COMBINED - MAIN & HILLSBOROUGH</u>			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn *	21	21	* 7204
b. Cardiac	13	13	4073
c. Cardiovascular Surgery	9	9	2810
d. Medical/Surgical	54	54	11684
e. Neonatal Beds Level IV ** (Not Normal Newborn)	48	48	** 17815
f. Pediatric	20	20	5114
g. Respiratory Pulmonary	0	0	0
h. Other (List)	16	16	5605
<i>Other Units</i>			
i. Gynecology	22	22	4811
j. Medical/Surgical ***	356	356	*** 102094
k. Neonatal Level III ** (Not Normal Newborn)	10	10	** 675
l. Neonatal Level II ** (Not Normal Newborn)	0	0	** 0
m. Obstetric (including LDRP)	41	41	11969
n. Oncology	50	50	16404
o. Orthopedics	32	32	9678
p. Pediatric	72	72	19899
q. Other (List)	0	0	0
Total General Acute Care Beds/Days (a through q)	764 781	764	219835
2. Comprehensive In-Patient Rehabilitation	30	30	8646
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	76	76	26197
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	870 887	870	254678

* 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, 2014 through September 30, 2015.

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

[Please provide a Beds by Service (p. 6) for each hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. 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, 2015	Operational Beds as of September 30, 2015	Annual Census Inpt. Days of Care
<i>Campus</i> MAIN CAMPUS MEDICAL CTR.			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn *	21	21	* 7204
b. Cardiac	13	13	4073
c. Cardiovascular Surgery	9	9	2810
d. Medical/Surgical	46	46	11643
e. Neonatal Beds Level IV ** (Not Normal Newborn)	48	48	** 17815
f. Pediatric	20	20	5114
g. Respiratory Pulmonary	0	0	0
h. Other (List)	16	16	5605
<i>Other Units</i>			
i. Gynecology	22	22	4811
j. Medical/Surgical ***	331	331	*** 101768
k. Neonatal Level III ** (Not Normal Newborn)	10	10	** 675
l. Neonatal Level II ** (Not Normal Newborn)	0	0	** 0
m. Obstetric (including LDRP)	41	41	11969
n. Oncology	50	50	116404
o. Orthopedics	32	32	9678
p. Pediatric	72	72	19899
q. Other (List)	0	0	0
Total General Acute Care Beds/Days (a through q)	731	731	219468
2. Comprehensive In-Patient Rehabilitation	30	30	8646
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	76	76	26197
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	837	837	254361

* 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, 2014 through September 30, 2015.

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)
 [Please provide a Beds by Service (p. 6) for each hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. 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.

Campus	Licensed Acute Care (provide details below)	<i>BEDS OPENED 9/1/15</i>	Licensed Beds as of September 30, 2015	Operational Beds as of September 30, 2015	Annual Census Inpt. Days of Care
<i>HILLSBOROUGH</i>					
<i>Intensive Care Units</i>					
1. General Acute Care Beds/Days					
a.	Burn *				*
b.	Cardiac				
c.	Cardiovascular Surgery				
d.	Medical/Surgical		8	8	41
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 ***		25	25	*** 326
k.	Neonatal Level III ** (Not Normal Newborn)				**
l.	Neonatal Level II ** (Not Normal Newborn)				**
m.	Obstetric (including LDRP)				
n.	Oncology				
o.	Orthopedics				
p.	Pediatric				
q.	Other (List)				
Total General Acute Care Beds/Days (a through q)			33	33	367
2. Comprehensive In-Patient Rehabilitation			33		
3. Inpatient Hospice			0		
4. Detoxification			0		
5. Substance Abuse / Chemical Dependency Treatment			0		
6. Psychiatry			33		
7. Nursing Facility			0		
8. Adult Care Home			0		
9. Other			0		
10. Totals (1 through 9)			33	33	367

* 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, 2014 through September 30, 2015.

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	63 MAIN 15 HILLSBOROUGH

* 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. 6)	Emergency Visits (total should be the same as F.3.b. on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay/Indigent/Charity	12502	15573	144355	989	11696
Medicare & Medicare Managed Care	74113	116735	434930	4098	3768
Medicaid	62311	15665	213364	3498	3633
Commercial Insurance	964	493	5509	86	75
Managed Care	57545	18108	596123	4267	6380
Other (Specify)	12400	2054	75448	973	1468
TOTAL	219835	68628	1469729	13911	116960

F. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	2516
b. Live births (Cesarean Section)	1066
c. Stillbirths	51

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	15
f. Delivery Rooms - LDRP (include Item "D.1.m" on Page 6)	0
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	15

2. Abortion Services

Number of procedures per Year 157
 (Feel free to footnote the type of abortion procedures reported)

All responses should pertain to October 1, 2014 through September 30, 2015.

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

a. Total Number of ED Exam Rooms: 80 MAIN + 10 HILLSBOROUGH Of this total, how many are:

a.1. # Trauma Rooms 3

a.2 # Fast Track Rooms 21

a.3 # Urgent Care Rooms 0

b. Total Number of ED visits for reporting period: 68,628 (INCLUDES 1,948 at Hillsborough)

c. Total Number of admits from the ED for reporting period: 20,747

d. Total Number of Urgent Care visits for reporting period: 17,705

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>2</u>	<u>1249</u>
Fixed Wing				<u>35*</u>

5. Pathology and Medical Lab (Check whether or not service is provided)
 * FIXED WING FLIGHTS STAFFED BY UNCH CREW

a. Blood Bank/Transfusion Services Yes No

b. Histopathology Laboratory Yes No

c. HIV Laboratory Testing Yes No

Number during reporting period:

HIV Serology 11,264

HIV Culture 0

d. Organ Bank Yes No

e. Pap Smear Screening Yes No

6. Transplantation Services - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	<u>82</u>	f. Kidney/Liver	<u>4</u>	k. Lung	<u>10</u>
b. Bone Marrow-Autologous	<u>124</u>	g. Liver	<u>32</u>	l. Pancreas	<u>0</u>
c. Cornea <u>47@MAIN + 8@Hillsborough</u>		h. Heart/Liver	<u>0</u>	m. Pancreas/Kidney	<u>3</u>
d. Heart	<u>8</u>	i. Heart/Kidney	<u>3</u>	n. Pancreas/Liver	<u>0</u>
e. Heart/Lung	<u>0</u>	j. Kidney	<u>70</u>	o. Other	

Do you perform living donor transplants? Yes No.

All responses should pertain to October 1, 2014 through September 30, 2015.

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

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25 - **	Interventional Cardiac Catheterization ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96
1. Number of Units of Fixed Equipment	3 ADULT + 1 PEDIATRIC	
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	88	93
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	1460	1069
4. Number of Procedures* Performed in Mobile Units	0	0
	Electro-physiology ICD-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	
5. Number of Units of Fixed Equipment	2	
6. Number of Procedures on Dedicated EP Equipment	907	

*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: REMOVED 9/14/12

Number of 8-hour days per week the mobile unit is onsite: 0 8-hour days per week.
 (Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	4
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	407
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	124
4. Total Open Heart Surgery Procedures (2. + 3.)	531
Procedures on Patients Age 14 and younger	
5. Of total in #2, Number of Procedures on Patients Age 14 & younger	88
6. Of total in #3, Number of Procedures on Patients Age 14 & younger	33

**** DOES NOT INCLUDE 709 DIAG. CATHS PERFORMED ON SAME DAY AS INTERVENTIONAL CATHS (27 AGE 0-14 & 682 AGE 15+)**

All responses should pertain to October 1, 2014 through September 30, 2015.

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 10 – 18 (through Section 10e) for each site. Submit the Cumulative Totals and submit a duplicate of pages 10 - 18 for each campus.

(Campus – If multiple sites: COMBINED - ALL SITES)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	3
Other Dedicated Inpatient Surgery	3
Dedicated Ambulatory Surgery	6
Shared - Inpatient / Ambulatory Surgery	34
Total of Surgical Operating Rooms	46

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 surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 8 REPORTING TO SURGICAL SERVICES

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 9

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	1664	12050	2446	13962
Non-GI Endoscopy	34	106	34	106
Totals	1698	12156	2480	14068

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, 2014 through September 30, 2015.

(Campus – If multiple sites: COMBINED - ALL SITES)

20 Most Common Outpatient Surgical Cases Table - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	137
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	18
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	96
42820	Tonsillectomy and adenoidectomy; younger than age 12	199
42830	Adenoidectomy, primary; younger than age 12	61
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	12
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	14
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	3
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	11
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	1
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	0
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	0
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	0
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	3
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	0
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	123
66821	Dissection of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	0
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	142
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	796
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	304