



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

MARK PAYNE  
DIRECTOR

June 27, 2017

Catharine W. Cumber  
3100 Tower Blvd, Suite 1300  
Durham, NC 27707

**Exempt from Review**

**Record #:** 2251  
**Facility Name:** Duke University Hospital  
**FID #:** 943138  
**Business Name:** Duke University Health System  
**Business #:** 640  
**Project Description:** Renovation project to include the construction of a new bed tower to accommodate 350 licensed beds, two existing pediatric catheterization labs, procedure room and the relocation of dietary storage space  
**County:** Durham

Dear Ms. Cumber:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of June 9, 2017 the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §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

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

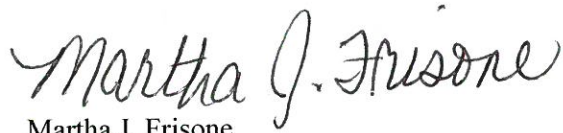


If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,



Bernetta Thorne-Williams  
Project Analyst



Martha J. Frisone  
Chief, Healthcare Planning and  
Certificate of Need Section

cc: Construction Section, DHSR  
Acute and Home Care Licensure and Certification Section, DHSR  
Paige Bennett, Assistant Chief, Healthcare Planning, DHSR

Record # 2251  
FID # 943138

# Duke University Health System

**Catharine W. Cummer**  
Regulatory Counsel, Strategic Planning

June 9, 2017

Via Electronic Mail to [martha.frisone@dhhs.nc.gov](mailto:martha.frisone@dhhs.nc.gov)



Ms. Martha Frisone  
Certificate of Need Section  
Division of Health Service Regulation  
2704 Mail Service Center  
Raleigh, NC 27699-2704

Re: Exempt Renovation Project at Duke University Hospital

Dear Ms. Frisone:

The purpose of this letter is to provide written notice of planned renovation activities on the Duke University Hospital main campus that will cost more than \$2 million.

The project includes the construction of a new tower to accommodate the relocation of 350 of DUH's existing licensed beds and two existing pediatric cath labs (if the equipment is replaced first, a separate notice regarding the acquisition of the new equipment will be submitted). In addition, the building will include space to perform procedures that do not require a license operating room. Building support space will be on the lower levels O and B. Prep work for this project will also entail new utility and roadwork, and the relocation of dietary storage.

The hospital's current street address is 2301 Erwin Road, Durham, NC. The new construction will share the same street address. The new construction does not have a name, but will be physically contiguous with the existing facility.

Section 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 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 G.S. 131E-184 documentation to demonstrate that it meets the exemption criteria of this subsection.”

As set forth below, we believe that Duke University Hospital’s project is exempt from certificate of need review.

(1) Main Campus

The purpose of this project is to prepare for renovation and constructions work on the “main campus” of Duke University Hospital. The “main campus” of the facility is defined in N.C.G.S. 131E-176(14n) to include both “[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” and “[o]ther areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.” In this case, Duke University Hospital is a licensed health service facility, and the main hospital building from which Duke University Hospital provides its clinical services and exercises financial and administrative control is the physically contiguous structure that includes Duke South, Duke North, the Duke Children’s Hospital, the Duke Medical Pavilion, the Morris Clinic, the Duke Cancer Center, the Wadsworth Building, and the new Hudson Building. The hospital’s license and construction plans detailing the planned project and its location in relation to the existing facility are included with this submission.

(2) New Institutional Health Services

The sole purpose of the project at this time is to replace existing licensed bed capacity and expand space for existing services on the same site, in a new tower. The age of the existing Duke North bed tower necessitates renovations; however, Duke is currently operating above 90% capacity of its existing licensed beds and cannot renovate existing patient care space without significant negative impact on patient care. Therefore, it is more efficient to construct new space to accommodate those beds in need of updating. This project will not change Duke’s existing bed capacity, nor include any other new institutional health services. Therefore, this is the replacement of existing services on the same site and/or expansion of the physical plant without adding new services or major medical equipment.

Duke understands that it will have to file a CON application for any increase in regulated assets or other new institutional health services.

Ms. Martha Frisone  
June 9, 2017  
Page 3

(3) Prior Written Notice

Please let this letter serve as the required prior written notice of this project.

Thank you for your attention to this request. If you have questions about this information, please let me know.

Very truly yours,



Catharine W. Cummer

# State of North Carolina

## Department of Health and Human Services Division of Health Service Regulation

*Effective January 01, 2017, this license is issued to*

***Duke University Health System, Inc.***

*to operate a hospital known as*

***Duke University Hospital***

*located in Durham, North Carolina, Durham 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: 943138*

*License Number: H0015*

***Bed Capacity: 957***

*General Acute 938, Psych 19,*

**Dedicated Inpatient Surgical Operating Rooms: 6**

**Dedicated Ambulatory Surgical Operating Rooms: 9**

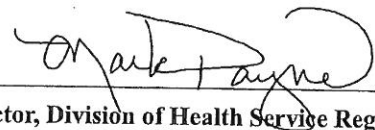
**Shared Surgical Operating Rooms: 50**

**Dedicated Endoscopy Rooms: 10**

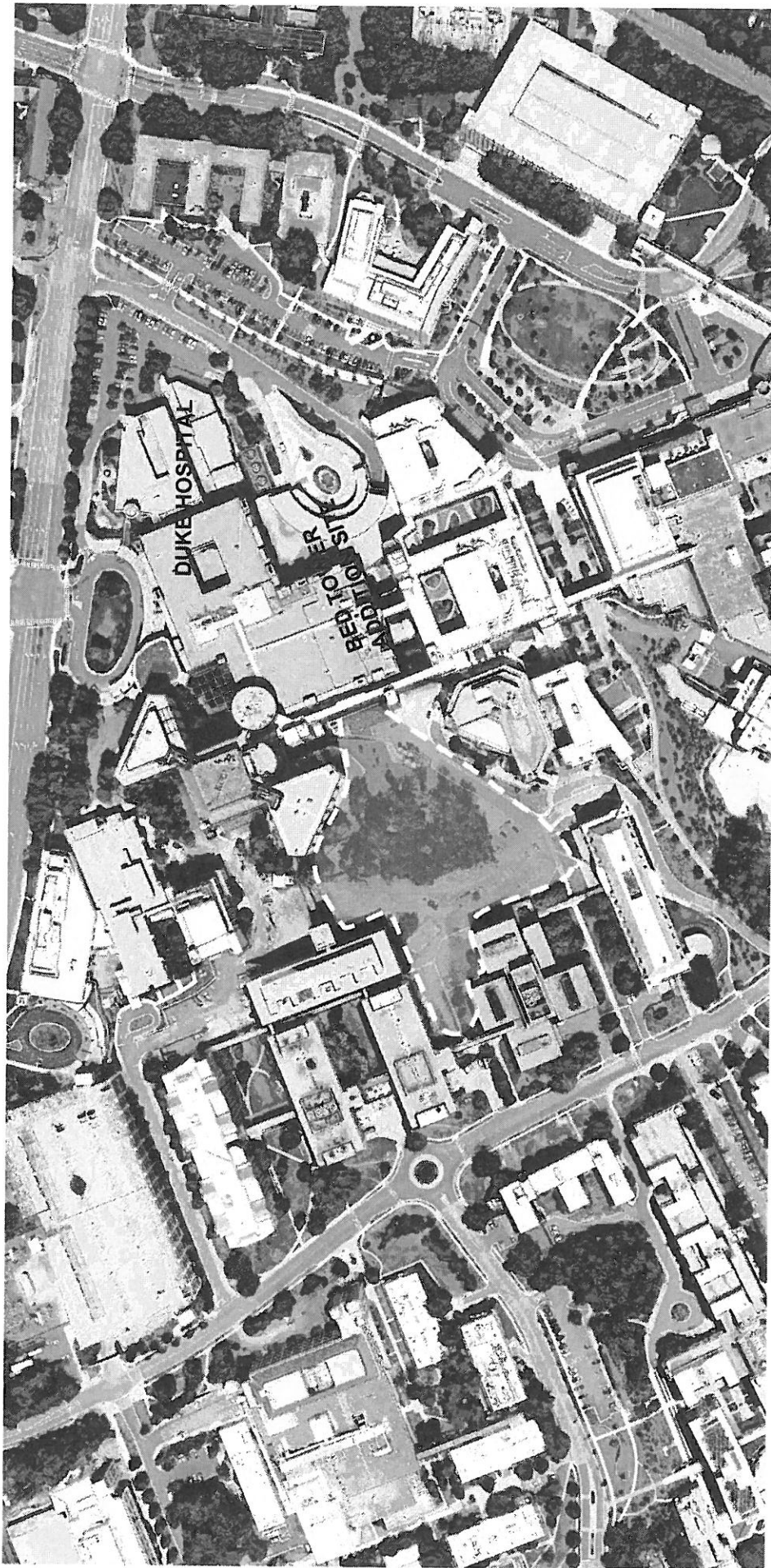
Authorized by:



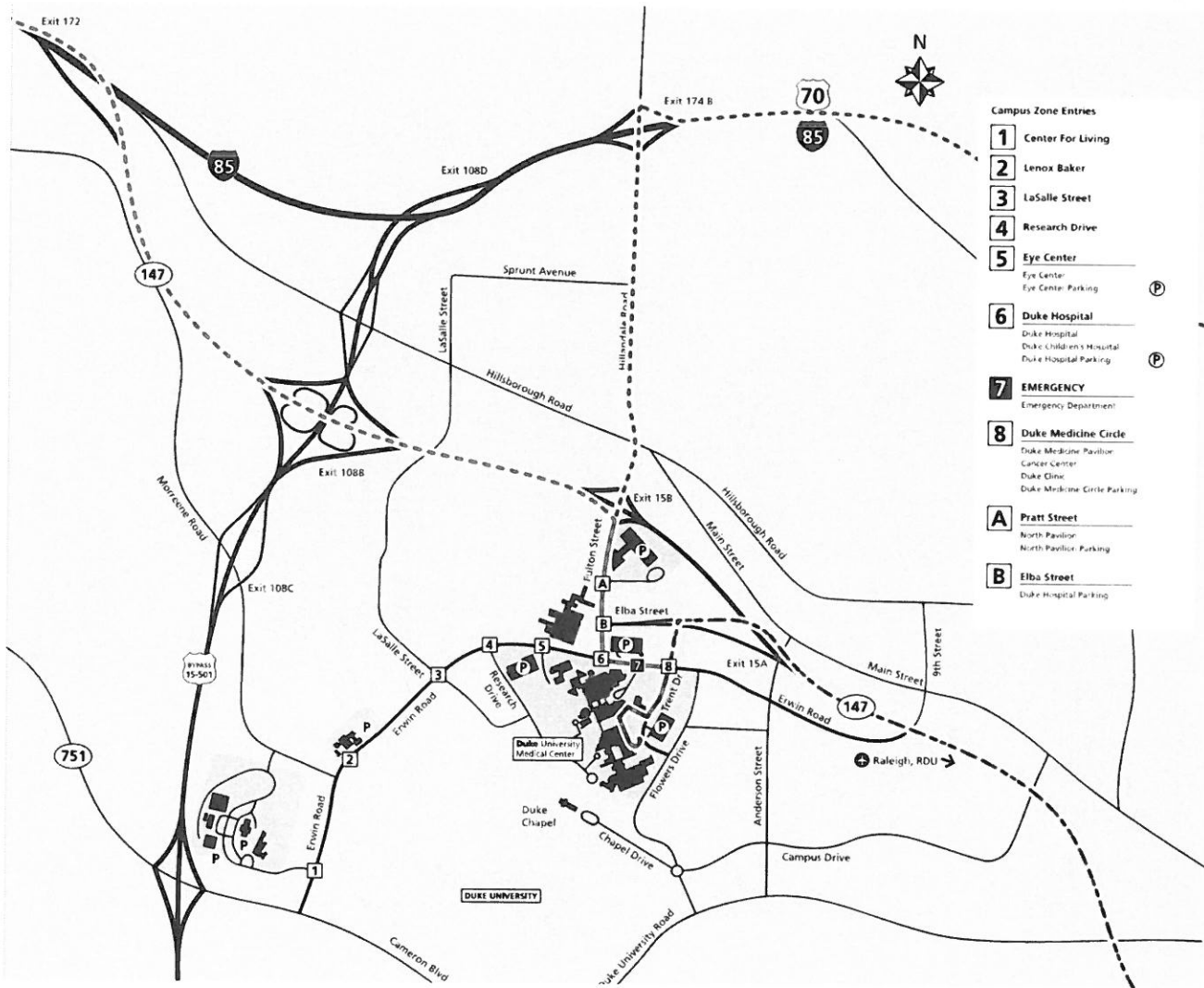
Secretary, N.C. Department of Health and  
Human Services



Director, Division of Health Service Regulation



# Duke University Medical Center Regional Map



Campus Zone Entries	
<b>1</b>	Center For Living
<b>2</b>	Lenox Baker
<b>3</b>	LaSalle Street
<b>4</b>	Research Drive
<b>5</b>	Eye Center Eye Center Parking (P)
<b>6</b>	Duke Hospital Duke Hospital Duke Children's Hospital Duke Hospital Parking (P)
<b>7</b>	EMERGENCY Emergency Department
<b>8</b>	Duke Medicine Circle Duke Medicine Pavilion Cancer Center Duke Clinic Duke Medicine Circle Parking
<b>A</b>	Pratt Street North Pavilion North Pavilion Parking
<b>B</b>	Elba Street Duke Hospital Parking

## Directions to Duke Medicine Circle

### From Richmond and points north

- From I-85, take Exit 174B—Hillandale Road. Turn left onto Hillandale Road.
- Drive 1.5 miles south and continue without turning as Hillandale Road becomes Fulton Street.
- Turn left onto Erwin Road.
- Turn right onto Trent Drive. You will see signs referencing Zone 8.
- Trent Drive becomes Duke Medicine Circle.
- The Duke Medicine Circle parking garage is located at 302 Trent Drive, about 1/10 mile after you make the turn onto Trent Drive.

### From RDU Airport, Raleigh, and points east

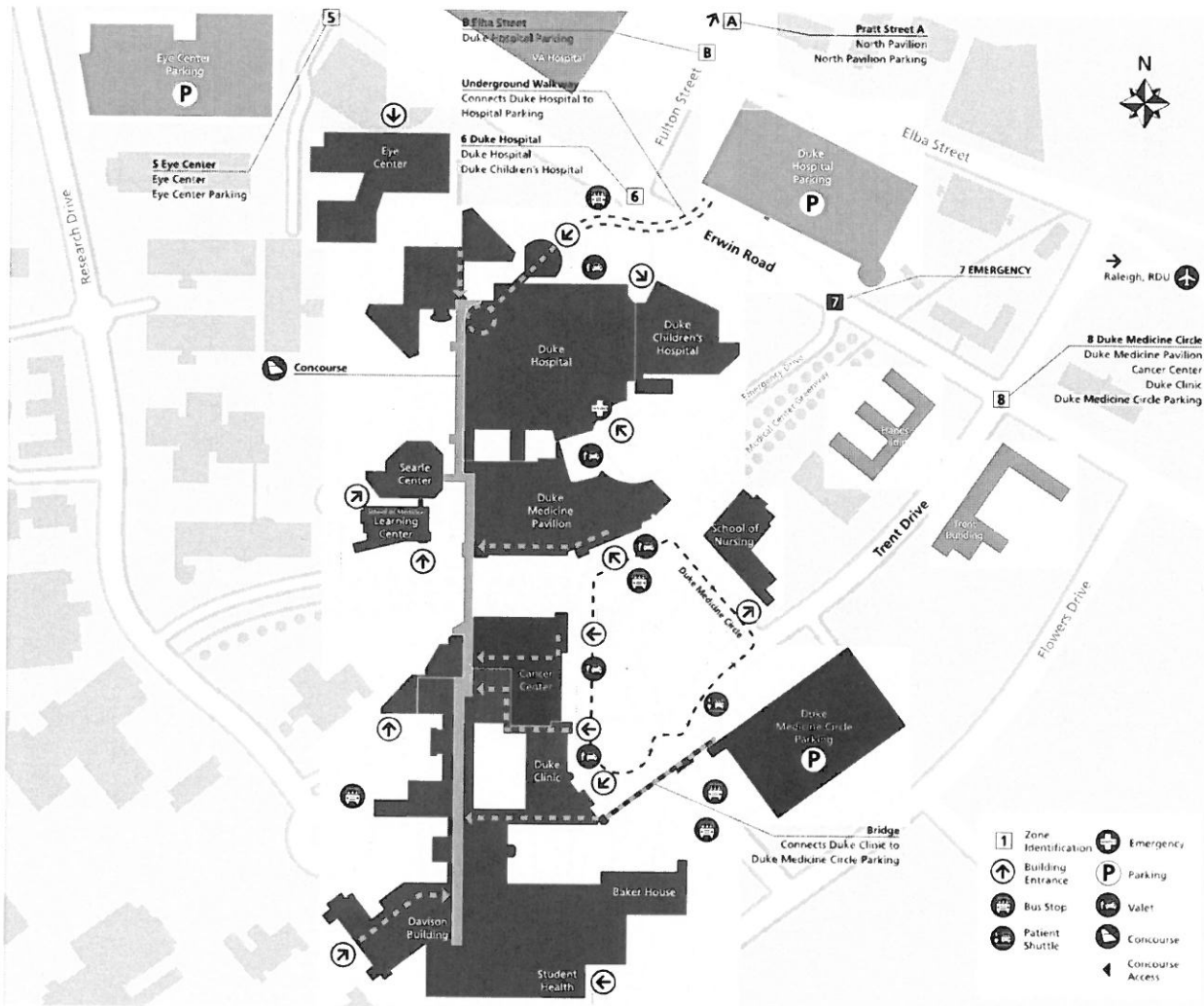
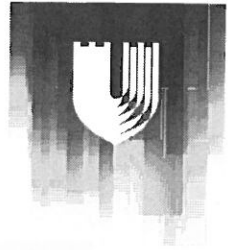
- From I-40, take Exit 279B—NC 147 North.
- From NC 147, take Exit 15A—Elba Street/Trent Drive.
- At the top of the ramp, turn left onto Trent Drive. You will see signs referencing Zone 8.
- Trent Drive becomes Duke Medicine Circle.
- The Duke Medicine Circle parking garage is located at 302 Trent Drive, about 1/10 mile after you make the turn onto Trent Drive.

### From Fayetteville and points south

- From I-95 N, take Exit 81—1-40 W toward Raleigh.
- Take Exit 279B to merge onto NC 147 N toward Durham.
- From NC 147, take Exit 15A for Elba Street/Trent Drive.
- At the top of the ramp, turn left onto Trent Drive. You will see signs referencing Zone 8.
- Trent Drive becomes Duke Medicine Circle.
- The Duke Medicine Circle parking garage is located at 302 Trent Drive, about 1/10 mile after you make the turn onto Trent Drive.



# Duke University Medical Center Campus Map



## Directions to Duke Medicine Circle

From Greensboro and points west

- From I-85, take Exit 172—NC 147 South.
- From NC 147, take Exit 15B—Fulton Street. Turn right onto Fulton Street.
- Turn left onto Erwin Road.
- Turn right onto Trent Drive. You will see signs referencing Zone 8.
- Trent Drive becomes Duke Medicine Circle.
- The Duke Medicine Circle parking garage is located at 302 Trent Drive, about 1/10 mile after you make the turn onto Trent Drive.

**P** Parking is available in the Duke Medicine Circle parking garage located at 302 Trent Drive for \$1 per hour or \$6 for the entire day (fees subject to change). A book of 10 daily parking passes is available for \$25 (fee subject to change) in all gift shops. Handicapped parking is available in the garage. A patient shuttle is located just outside the garage to provide free rides for you and your family to the main entrance.

Valet parking is available at the main entrance for \$7 (fees subject to change). You will be greeted at your car and receive a claim check for your vehicle, and your car will be parked in the parking garage.

Wheelchairs and assistance are available in at the main entrances of the clinic and hospital.

### Call to make an appointment.

Patients: **888-275-DUKE**

Physicians: **800-MED-DUKE**







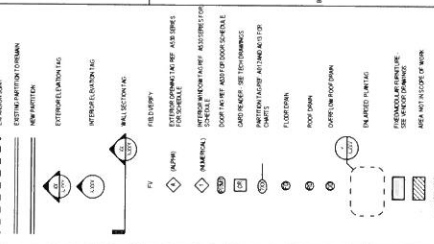


DATE	DESCRIPTION
05/12/2017	ISSUE 03
05/12/2017	ISSUE 04
05/12/2017	ISSUE 05
05/12/2017	ISSUE 06
05/12/2017	ISSUE 07

**FLOOR PLAN  
GENERAL NOTES**

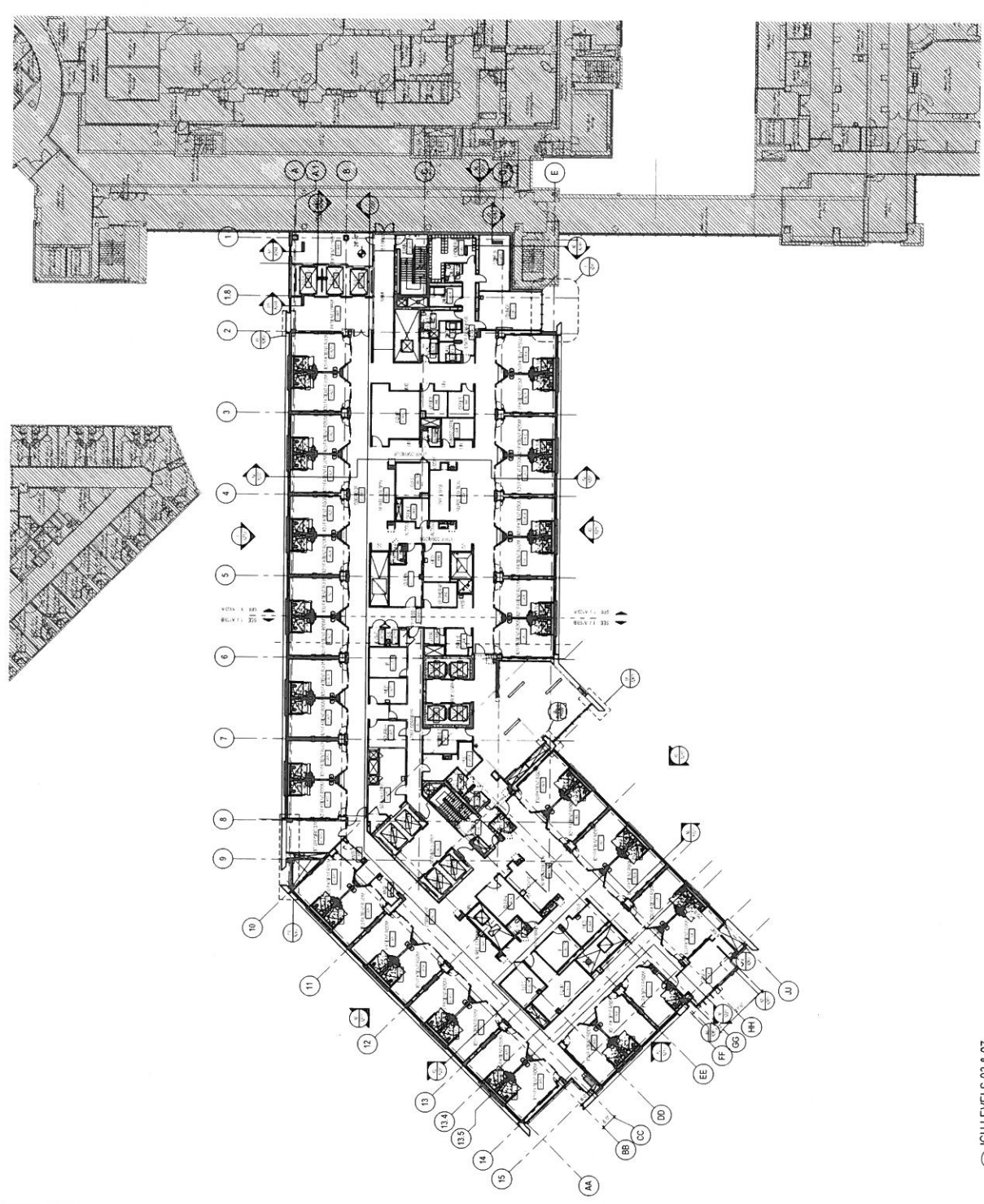
1. INTERFERING WORK SHALL BE COMPLETED PRIOR TO THE START OF CONSTRUCTION OF THIS WORK. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL AUTHORITIES.
2. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL BUILDING CODES AND ALL APPLICABLE LOCAL ORDINANCES.
3. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL MECHANICAL AND ELECTRICAL CODES AND ALL APPLICABLE LOCAL ORDINANCES.
4. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL PLUMBING AND MECHANICAL CODES AND ALL APPLICABLE LOCAL ORDINANCES.
5. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL FIRE AND SAFETY CODES AND ALL APPLICABLE LOCAL ORDINANCES.
6. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL ENERGY CONSERVATION CODES AND ALL APPLICABLE LOCAL ORDINANCES.
7. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL SMOKE AND SMOKE-CONTROL CODES AND ALL APPLICABLE LOCAL ORDINANCES.
8. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL ACCESSIBILITY STANDARDS AND ALL APPLICABLE LOCAL ORDINANCES.
9. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL SAFETY AND HEALTH STANDARDS AND ALL APPLICABLE LOCAL ORDINANCES.
10. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL ENVIRONMENTAL STANDARDS AND ALL APPLICABLE LOCAL ORDINANCES.
11. PROVIDE A MINIMUM 12" CLEARANCE FROM ALL WALLS TO THE CENTERLINE OF ALL EQUIPMENT UNITS AND ALL PIPING.
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15. REFER TO THE ARCHITECT'S SUPPLEMENTAL SPECIFICATIONS FOR ALL MATERIALS AND FINISHES.

**FLOOR PLAN LEGEND**



**OVERALL PLAN  
GENERAL NOTES**

1. PROVIDE TO THE ARCHITECT THE LATEST EDITIONS OF THE INTERNATIONAL BUILDING CODES AND ALL APPLICABLE LOCAL ORDINANCES.



**1 ICU LEVELS 03 & 07**  
05/12/2017

1310 SOUTH BLAKE  
DURHAM, NC 27701  
WWW.PW.COM

CONSULTANTS

- ARCHITECT: PERKINS+WILL
- MECHANICAL ENGINEER: HOK
- ELECTRICAL ENGINEER: HOK
- PLUMBING ENGINEER: HOK
- STRUCTURAL ENGINEER: HOK
- GENERAL CONTRACTOR: HOK

- DATE: 05-12-2017
- PROJECT: DUMC Bed Tower Addition
- LOCATION: 2301 LEAS LANE DURHAM, NC 27710
- CONTRACTOR: HOK



**DUMC Bed Tower Addition**  
2301 LEAS LANE  
DURHAM, NC 27710

PROJECT



ISSUE CHAIR:

DATE: 05-12-2017  
DRAWN BY: JACOB  
CHECKED BY: JACOB  
SCALE: 1/8" = 1'-0"

TITLE  
HEPARBMT FLOOR  
PLAN LEVELS 04, 10

SHEET NUMBER  
A105

CONTRACT NO: 15-0000000000

FLOOR PLAN  
GENERAL NOTES

1. REVISIONS AND CORRECTIONS TO THESE SHALL BE MADE BY THE ARCHITECT THROUGH THE PROJECT ARCHITECT'S OFFICE. ANY CHANGES MADE TO THESE SHALL BE MADE THROUGH THE PROJECT ARCHITECT'S OFFICE.
2. REFER TO SHEET ADDITIONAL GENERAL NOTES.
3. ALL DIMENSIONS ARE UNLESS OTHERWISE NOTED.
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13. ALL WALLS AND PARTITIONS SHALL BE CONSTRUCTED IN ACCORDANCE WITH THE LATEST EDITION OF THE INTERNATIONAL BUILDING CODE (IBC) AND ALL APPLICABLE LOCAL CODES. SEE MECHANICAL, ELECTRICAL AND PLUMBING SCHEDULES FOR ALL MECHANICAL, ELECTRICAL AND PLUMBING DEVICES AND MATERIALS. SEE MECHANICAL, ELECTRICAL AND PLUMBING SCHEDULES FOR ALL MECHANICAL, ELECTRICAL AND PLUMBING DEVICES AND MATERIALS.
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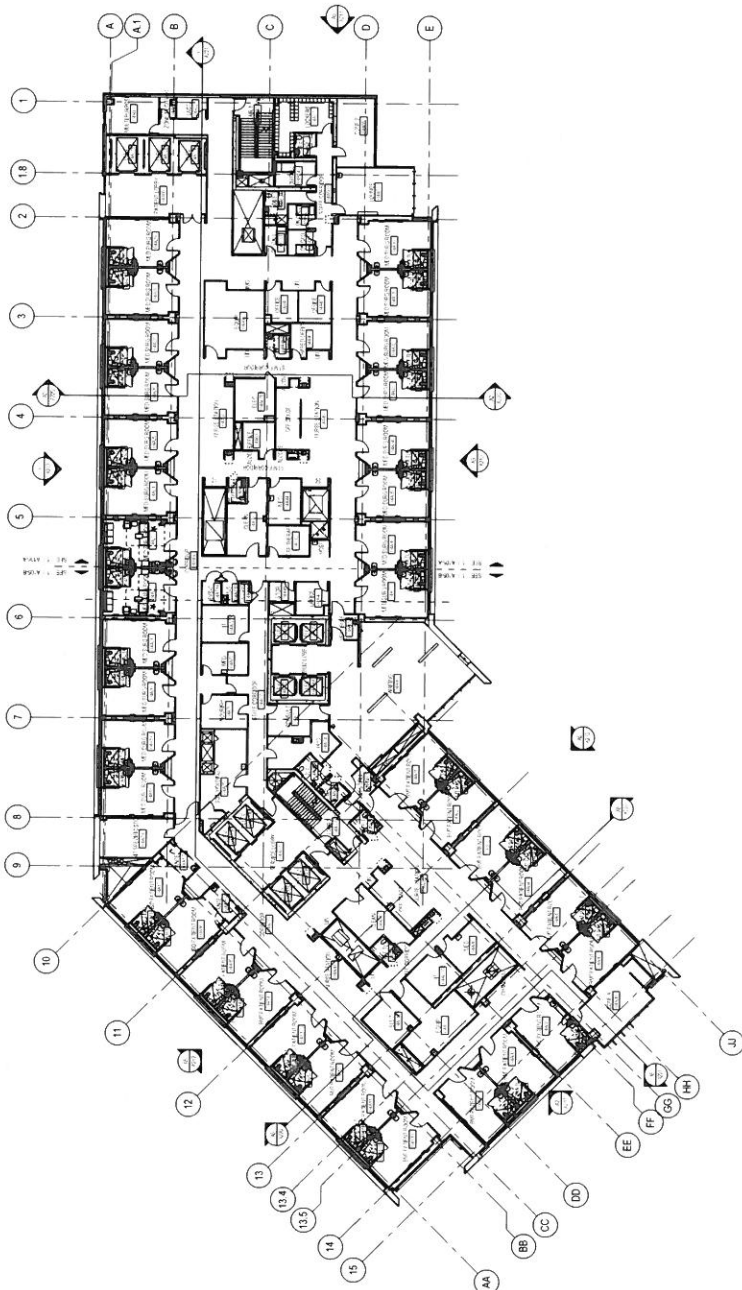
FLOOR PLAN LEGEND

- EXTENSION JOINT
- PARTITION SYSTEM
- AIR SHUTTER
- EXTERIOR ELEVATION TAG
- INTERIOR ELEVATION TAG
- WALL SECTION (10'-0" / 20'-0")

SYMBOLS FOR MECHANICAL, ELECTRICAL AND PLUMBING DEVICES:

- HVAC UNIT (Hatched Rectangle)
- DIFFUSER (Circle with 'D')
- REGISTER (Square with 'R')
- RAIL (Line with 'R')
- PLUMBING SYMBOLS (Circles and Squares with 'P')
- ELECTRICAL SYMBOLS (Circles and Squares with 'E')
- TELEPHONE (Square with 'T')
- EXTERIOR LIGHT (Circle with 'L')
- EXTERIOR WIND BREEZE INDICATOR (Circle with 'W')
- EXTERIOR WIND WAVE INDICATOR (Circle with 'W')
- EXTERIOR WIND SQUARE INDICATOR (Circle with 'S')

OVERALL PLAN  
GENERAL NOTES



1 HEPARBMT FLOOR PLAN LEVELS 04, 10

1/8" = 1'-0"

1515 BIRCH STREET  
CHICAGO, IL 60607  
WWW.PW.COM

**CONSULTANTS**  
ARCHITECTS  
1515 BIRCH STREET  
CHICAGO, IL 60607  
WWW.PW.COM

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CHICAGO, IL 60607  
WWW.PW.COM

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WWW.PW.COM

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CHICAGO, IL 60607  
WWW.PW.COM

NOT DOCUMENTARY  
THIS DOCUMENT IS FOR  
YOUR INFORMATION ONLY  
AND DOES NOT CONSTITUTE  
A CONTRACT



**PROJECT**  
DUMC Best Tower  
Address  
2301 ERWIN ROAD  
DURHAM, NC 27710

05.12.2017

**REVISION**



**SCALE**  
1" = 10'-0"

Sheet Number	050121000
Revision	01
Checked	
Drawn	
Approved	

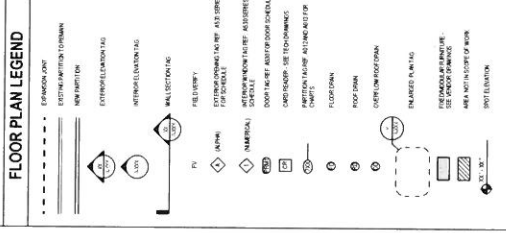
**TITLE**  
MED SURG FLOOR  
PLAN LEVELS 06, 09,  
09, & 11

**SHEET NUMBER**  
**A102**

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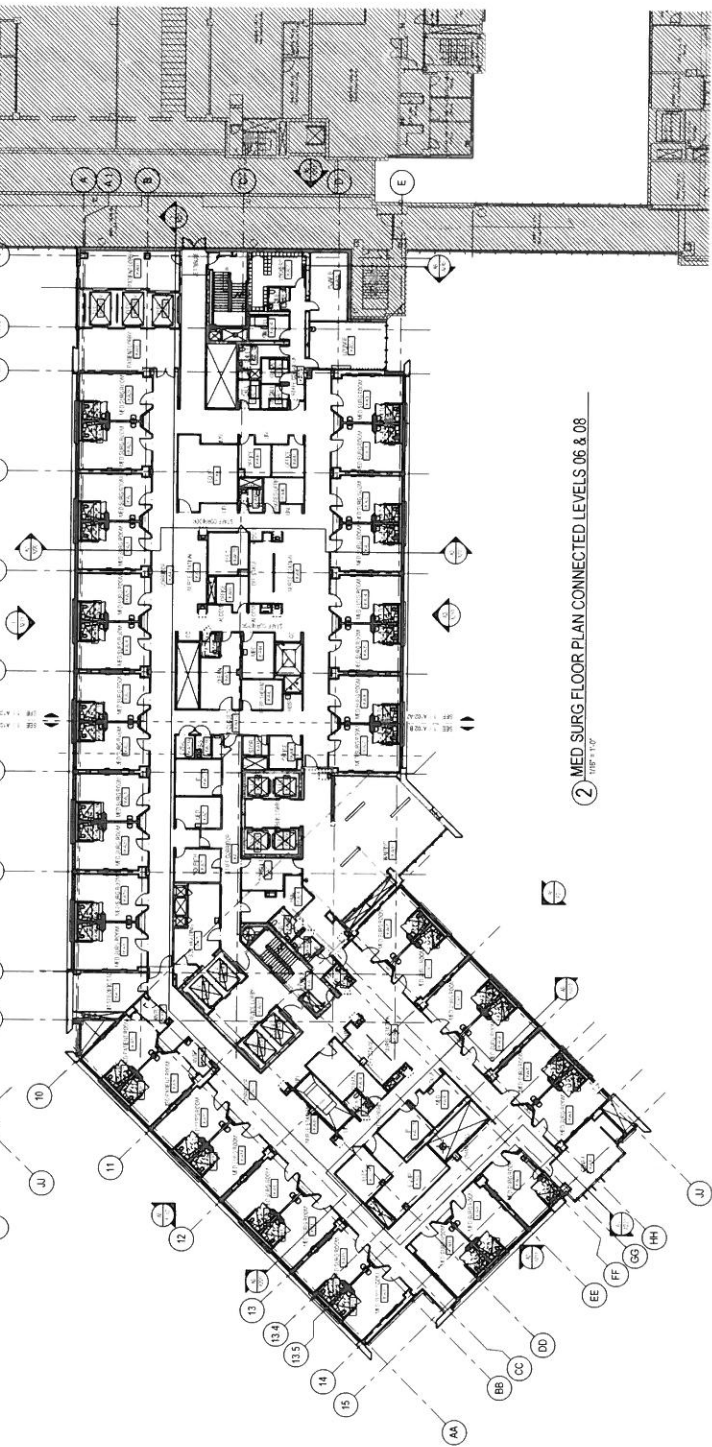
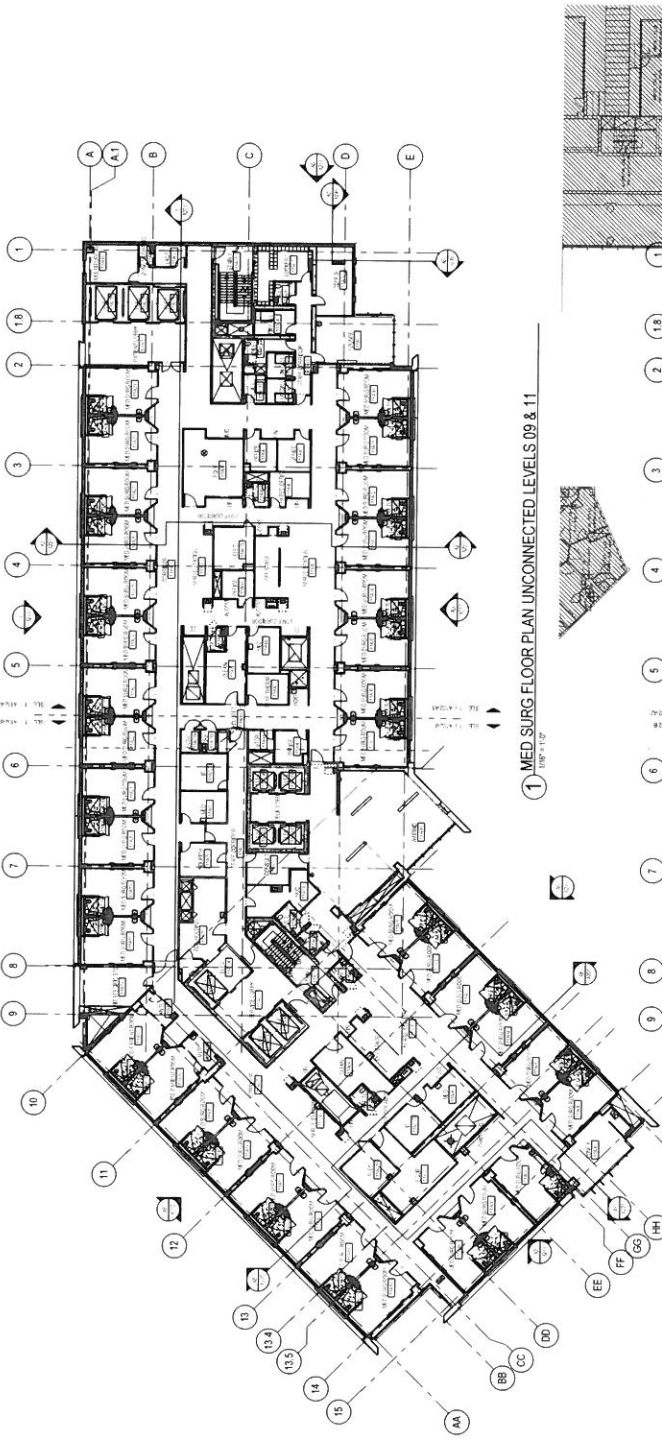
**FLOOR PLAN GENERAL NOTES**

1. VERIFY ALL DIMENSIONS AND LEVELS IN THIS SET OF DRAWINGS. THE USER SHALL BE RESPONSIBLE FOR VERIFYING THE ACCURACY OF ALL DIMENSIONS AND LEVELS.
2. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
3. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
4. DIMENSIONS SHOWN ON THIS PLAN ARE FOR INFORMATION ONLY. THE USER SHALL BE RESPONSIBLE FOR VERIFYING THE ACCURACY OF ALL DIMENSIONS AND LEVELS.
5. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
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15. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.



**OVERALL PLAN GENERAL NOTES**

1. PROVIDE TO BE EXERCISED IN THE EVENT OF THE DEATH OF THE DESIGNER.



5115 SHILOH ROAD  
CHICAGO, IL 60630  
773.399.3200  
www.perkinswill.com

**CONSULTANTS**

- 1515 WILSON AVENUE  
CHICAGO, IL 60611
- 1515 WILSON AVENUE  
CHICAGO, IL 60611
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**DukeHealth**

DUMC Bed Tower  
Addition  
2301 EREN DRIVE  
DURHAM, NC 27710

**PROJECT**



DATE	BY	APPROVED	TITLE
05/12/2017	[Signature]	[Signature]	FLOOR PLAN LEVEL 00

**FLOOR PLAN LEVEL 00**

SHEET NUMBER  
**A100**

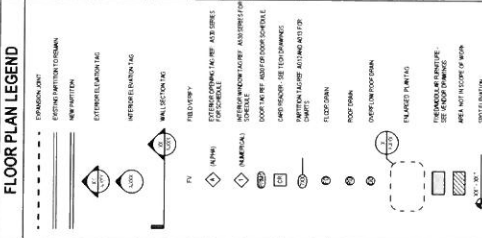
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**FLOOR PLAN  
GENERAL NOTES**

1. VERIFY ALL ROOMS AND CONDITIONS MATCH THE AS BUILT AS OF THE DATE OF THIS DOCUMENT.
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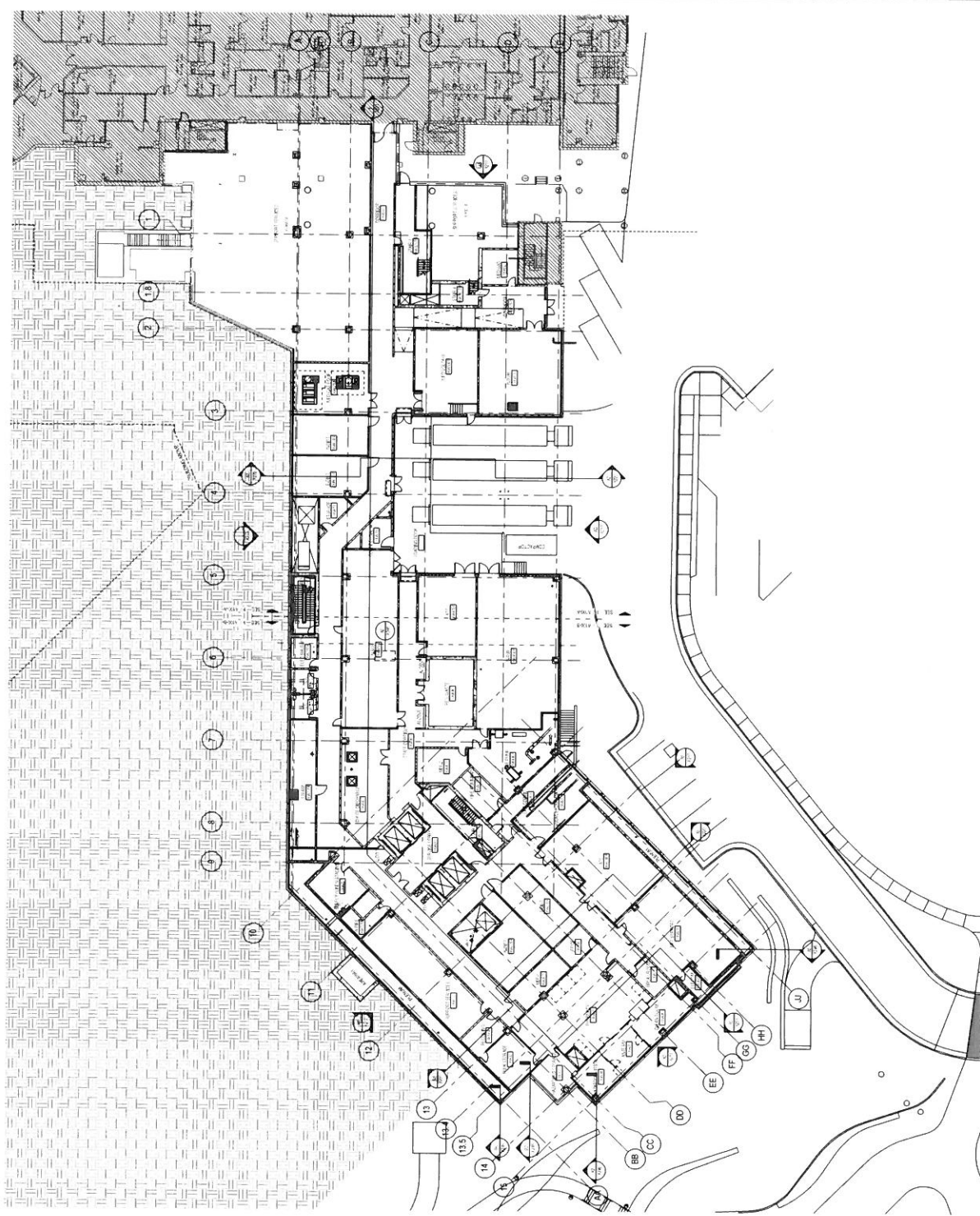
**FLOOR PLAN LEGEND**

- 1. ROOM NUMBER
- 2. ROOM NUMBER
- 3. ROOM NUMBER
- 4. ROOM NUMBER
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- 6. ROOM NUMBER
- 7. ROOM NUMBER
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- 10. ROOM NUMBER
- 11. ROOM NUMBER
- 12. ROOM NUMBER
- 13. ROOM NUMBER
- 14. ROOM NUMBER
- 15. ROOM NUMBER



**OVERALL PLAN  
GENERAL NOTES**

1. PROVIDE ALL ROOMS FOR ELECTRICAL, MECHANICAL, AND PLUMBING.
2. PROVIDE ALL ROOMS FOR ELECTRICAL, MECHANICAL, AND PLUMBING.



1 FLOOR PLAN LEVEL 00  
1/8" = 1'-0"



Record # 2251  
FID # 943138

Withdrawn effective  
6/9/17  
See 6/9/17  
version



**Catharine W. Cumber**  
Regulatory Counsel, Strategic Planning

May 3, 2017

Via Electronic Mail

Ms. Martha Frisone  
Certificate of Need Section  
Division of Health Service Regulation  
2704 Mail Service Center  
Raleigh, NC 27699-2704



Re: Exempt Renovation Project at Duke University Hospital

Dear Ms. Frisone:

The purpose of this letter is to provide written notice of planned renovation activities on the Duke University Hospital main campus that will cost more than \$2 million. This work will include preparation of construction documents, design and coordination of utility feeds, access road work, and relocation of dietary storage areas, pursuant to N.C.G.S. 131E-184(g). Section 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 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 G.S. 131E-184 documentation to demonstrate that it meets the exemption criteria of this subsection."

As set forth below, we believe that Duke University Hospital's project is exempt from certificate of need review.

(1) Main Campus

The purpose of this project is to prepare for renovation and constructions work on the "main campus" of Duke University Hospital. The "main campus" of the facility is defined in N.C.G.S. 131E-176(14n) to include both "[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" and "[o]ther areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building." In this case, Duke University Hospital is a licensed health service facility, and the main hospital building from which Duke University Hospital provides its clinical services and exercises financial and administrative control is the physically contiguous structure that includes Duke South, Duke North, the Duke Children's Hospital, the Duke Medical Pavilion, the Morris Clinic, the Duke Cancer Center, the Wadsworth Building, and the new Hudson Building. The planning entailed in this project is for work that will occur within 250 yards of this main building, and is therefore to renovate and/or expand Duke University Hospital's existing health service facility located on the main campus. Duke's license and a campus map have been provided to the Section in previous requests, but can be made available again as needed.

(2) New Institutional Health Services

This project will not change Duke's existing bed capacity, nor include any other new institutional health services. Any future renovations enabled by this work will be the subject of separate notifications.

(3) Prior Written Notice

Please let this letter serve as the required prior written notice of this project.

Thank you for your attention to this request. If you have questions about this information, please let me know.

Very truly yours,



Catharine W. Cummer

REC'D JAN 26 2017

North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Acute and Home Care Licensure and Certification Section  
Regular Mail: 2712 Mail Service Center  
Raleigh, North Carolina 27699-2712  
Overnight UPS and FedEx only: 1205 Umstead Drive  
Raleigh, North Carolina 27603  
Telephone: (919) 855-4620 Fax: (919) 715-3073

**For Official Use Only**

License # H0015 Medicare # 340030  
FID #: 943138

PC \_\_\_\_\_ Date \_\_\_\_\_

**License Fee:** \$17,697.50

**2017  
HOSPITAL LICENSE  
RENEWAL APPLICATION**

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

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

PRIMARY: Duke University Hospital

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Facility Mailing Address: P O Box 3814 DUMC  
Durham, NC 27710

Facility Site Address: 2301 Erwin Road  
Durham, NC 27710

County: Durham  
Telephone: (919)684-8111  
Fax: (919)681-8921

PAID  
CHK NO. 6500657722  
DATE 1-26-17  
\$17,697.50

Administrator/Director: Kevin Sowers

Title: CEO

(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Kevin Sowers 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: Catharine W. Cumber Telephone: (919) 668-0857

E-Mail: Catharine.Cumber@duke.edu

All responses should pertain to ~~October 1, 2015~~ <sup>July 01, 2015</sup> through ~~September 30, 2016~~ <sup>June 30, 2016</sup>

*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:

http://www.dukemedicine.org/locations/duke-university-hospital

2) In accordance with 131E-214.4(a) DHSR 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:

http://www.dukemedicine.org/patients-and-visitors/billing-and-insurance/financial-assistance

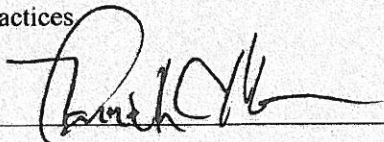
B) Also, please attach a copy of the facility's charity care policy and financial assistance policy:

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

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>(Form 990; 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>
2015	2015	2015	2015
5,820,061	70,060,429	21,158,426	—

**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: 

Date: 1-25-2017

**PRINT NAME OF APPROVING OFFICIAL** Kenneth C. Morris

All responses should pertain to ~~October 1, 2015~~ <sup>July 01, 2015</sup> through ~~September 30, 2016~~ <sup>June 30, 2016</sup>.

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

Primary National Provider Identifier (NPI) registered at NPES 1992703540

If facility has more than one "Primary" NPI, please provide See Footnote (1) for Page 3

**List all campuses (as defined in NCGS 131E-176(2c) under the hospital license. Please include offsite emergency departments)**

Name(s) of Campus:	Address:	Services Offered:
Duke University Hospital	Box 3814 Dunc Durham, NC 27710	Hospital Services

Please attach a separate sheet for additional listings

**ITEMIZED CHARGES:** Licensure Rule 10A NCAC 13B .3110 requires the Applicant to provide itemized billing. Indicate which method is used:

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

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**Duke University Hospital License Renewal Application 2017**  
**Footnotes for Page 3**

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(1) Duke University Hospital has more than one "Primary" NPI number.  
The additional NPI numbers are listed below:

Psych: 1326045857

Ambulance: 1417954942

Rehab: 1538166061

Renal: 1821094509

Lab: 1508847047

July 01, 2015 June 30, 2016

All responses should pertain to **October 1, 2015** through **September 30, 2016**.

**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: Duke University Health System Inc  
Street/Box: 106 Davison Bldg Box 3701  
City: Durham State: NC Zip: 27710  
Telephone: (919)684-8111 Fax: (919)681-8921  
CEO: ~~Victor Dzau, M.D.~~ A. Eugene Washington, MD, President and CEO

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

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

\* (please attach a list of NC facilities that are part of your Health System) See Footnote for page 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:

Duke university

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 Ann Fuchs DNP, RN, FAAN, NEA-BC

4. Director of Planning:

Stacy Palmer, Associate Vice President for Strategic Planning and Business Development

**Duke University Hospital License Renewal Application 2017  
Footnotes for Page 4**

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**\*NC facilities that are part of Duke University Health System, Inc. are:**

Duke University Hospital

Duke Regional Hospital

Davis Ambulatory Surgical Center

Duke Raleigh Hospital

Duke Home Health

Duke Home Infusion

Duke Hospice (Durham Office)

Duke Hospice (Raleigh Office)

Hock Family Pavilion (Hospice Inpatient Facility)

Duke Hospice at the Meadowlands (Inpatient Facility)



**Duke University Hospital License Renewal Application 2017**  
**Footnotes for Page 4 Continued**

Duke University Hospital's Durham County clinic service locations:

Name:	Address:
•Duke South Hospital Clinic	40 Duke Medicine Circle
•Morris Building	30 Duke Medicine Circle
•Duke Cancer Center	20 Duke Medicine Circle
•Duke Children's Health Center	2301 Erwin Road
•Duke Eye Center	2351 Erwin Road
•North Pavilion	2400 Pratt Street
•Pickens Clinic	2100 Erwin Road
•Duke Adult Psychiatry Clinic/Substance Abuse Outpatient Services/Duke Family Care	Civitan Building 2213 Elba Street
•Duke Health Center at Southpoint	6301 Herndon Road
•Duke Primary Care & Pediatric Clinic	3024 Pickett Road
•Lenox Baker Clinic	3000 Erwin Road
•Sleep Disorders Clinic	2800 Campus Walk Ave
•Duke Health Center at N. Duke Street	3116 N. Duke Street
•Pepsico Fitness Center/Center for Living/Wallace Clinic	3475 Erwin Road
•Duke Primary Care & Pediatric Clinic	4020 N. Roxboro Road
•Duke Outpatient Clinic	4220 N. Roxboro Road
•Morreene Road Clinic/Pain Evaluation Treatment	932 Morreene Road
•Duke Radiology at Patterson Place	5324 McFarland Dr., Suite 160
•Fetal Diagnostic Center and Duke •Child and Family Studies •Duke Children's Evaluation Center	2608 Erwin Road
•Duke Diet & Fitness Center	501 Douglas Street
•Duke Dialysis Center	1306 Morreene Road
•Biochemical Genetics Laboratory	801 Capitola Drive, Suite 6
•Duke Medical Plaza at Page Road (Riverbirch)	4709 Creekstone Drive, Suite 250
•Duke Cardiopulmonary Rehabilitation at Croasdaile Commons	1821 Hillandale Rd., Suite 25B (Opened after June 30, 2013)
•Duke Health Center at NC Orthopedic Clinic/ Duke Physical Therapy and Occupation Therapy	3609 Southwest Durham Dr.
•Duke Pain Clinic	4309 Medical Park Dr.

July 1, 2015 June 30, 2016

All responses should pertain to **October 1, 2015 through September 30, 2016.**

### Facility Data

**A. Reporting Period** All responses should pertain to the period **October 1, 2015 to September 30, 2016.**

**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 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	40,823	
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.	40,975	
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.	748.0	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No ✓
If 'Yes', what is the current number of licensed beds?	N/A	
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:	N/A	
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	9,619	
f. Number of unlicensed Observation Beds	11	

**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: April 08, 2019
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

---

**Duke University Hospital License Renewal Application 2017**  
**Footnotes for Page 5**

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- (1) Observation – Includes 9,619 observation status patients and outpatients in inpatient beds. An additional 3,317 observation status patients were accommodated in the Clinical Evaluation Unit in the Emergency Department that are not included the observations total for the 2017 application.
-

July 1, 2015 June 30, 2016

All responses should pertain to **October 1, 2015 through September 30, 2016**

**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. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

<b>Licensed Acute Care (provide details below)</b>	<b>Licensed Beds as of September 30, 2016</b>	<b>Operational Beds as of September 30, 2016</b>	<b>Annual Census Inpt. Days of Care</b>
<i>Campus</i> _____			
<i>Intensive Care Units See Footnote (1)</i>			
1. General Acute Care Beds/Days <i>for Page 6</i>			
a. Burn *		—	* —
b. Cardiac		40	12,995
c. Cardiovascular Surgery		32	9,678
d. Medical/Surgical		86	27,491
e. Neonatal Beds Level IV ** (Not Normal Newborn)		45	** 14,003
f. Pediatric		48	10,816
g. Respiratory Pulmonary		24	8,110
h. Other (List)		—	—
<i>Other Units</i>			
i. Gynecology		10	2,956
j. Medical/Surgical ***		387	*** 131,066
k. Neonatal Level III ** (Not Normal Newborn)		15	** 5,373
l. Neonatal Level II ** (Not Normal Newborn)		7	** 1,993
m. Obstetric (including LDRP)		36	4,582
n. Oncology		63	26,462
o. Orthopedics		31	8,081
p. Pediatric		75	26,953
q. Other (List)		9	2
<b>Total General Acute Care Beds/Days (a through q)</b>	<b>938</b>	<b>907</b>	<b>273,758</b>
2. Comprehensive In-Patient Rehabilitation	0	—	—
3. Inpatient Hospice	0	—	—
4. Detoxification	0	—	—
5. Substance Abuse / Chemical Dependency Treatment	0	—	—
6. Psychiatry	19	18	5,536
7. Nursing Facility	0	—	—
8. Adult Care Home	0	—	—
9. Other	0	—	—
<b>10. Totals (1 through 9)</b>	<b>957</b>	<b>925</b>	<b>279,294</b>

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

\*\* As defined in 10A NCAC 14C .1401.

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

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**Duke University Hospital License Renewal Application 2017**  
**Footnotes for Page 6**

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- (1) Beds listed as operational intensive care beds include beds that may be used as intensive care or step-down beds depending on nursing staffing level.
-

July 11, 2015 June 30, 2016  
 All responses should pertain to **October 1, 2015 through September 30, 2016.**

**E. Swing Beds**

Number of Swing Beds *	—
Number of Skilled Nursing days in Swing Beds	—

\* in a hospital designated as a swing-bed hospital by CMS (Centers for Medicare & Medicaid Services)

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

**Campus – If multiple sites:** \_\_\_\_\_

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 G.3.b. on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as 9.d. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as 9.d. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay/Indigent/Charity	5,908	12,084	25,462	335	628
Medicare & Medicare Managed Care	121,455	20,289	407,807	6,981	7,663
Medicaid	51,364	18,180	112,428	2,416	2,437
Commercial Insurance	2,548	688	10,789	177	241
Managed Care	82,443	21,583	435,465	6,528	10,783
Other (Specify)	10,040	2,690	29,644	714	890
<b>TOTAL</b>	<b>273,758</b>	<b>74,914</b>	<b>1,021,595</b>	<b>17,151</b>	<b>22,642</b>

**G. Services and Facilities**

1. <u>Obstetrics</u>	Enter Number of Infants
a. Live births (Vaginal Deliveries)	1,994
b. Live births (Cesarean Section)	1,377
c. Stillbirths	53

d. Delivery Rooms - Delivery Only (not Cesarean Section)	—
e. Delivery Rooms - Labor and Delivery, Recovery	—
f. Delivery Rooms – LDRP (include Item "D.1.m" on Page 6)	21
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	36

**2. Abortion Services**

Number of procedures per Year 112  
 (Feel free to footnote the type of abortion procedures reported)

---

**Duke University Hospital License Renewal Application 2017**  
**Footnotes for Page 7**

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- (1) ED Visits includes both inpatient and outpatient visits.
  - (2) All Other: Research grants, Workers Compensation and Other Government Sources.
  - (3) Outpatient visits excludes outpatient emergency visits and outpatient surgical cases.
  - (4) Excludes endoscopy cases, except endoscopies performed in the surgical ORs.
  - (5) Abortion Services excludes patients diagnosed as spontaneous abortion.
-

July 01, 2015 June 30, 2016

All responses should pertain to ~~October 1, 2015~~ through September 30, 2016.

**3. Emergency Department Services**

a. Total Number of ED Exam Rooms: 68

Of this total, how many are:

a.1. # Trauma Rooms 4

a.2 # Fast Track Rooms 6

a.3 # Urgent Care Rooms —

b. Total Number of ED visits for reporting period: 74,914

c. Total Number of admits from the ED for reporting period: 16,162

d. Total Number of Urgent Care visits for reporting period: —

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>—</u>	<u>825</u>
Fixed Wing	<u>—</u>	<u>—</u>	<u>—</u>	<u>62</u>

**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 28,742

HIV Culture —

d. Organ Bank  Yes  No

e. Pap Smear Screening  Yes  No



---

**Duke University Hospital License Renewal Application 2017**  
**Footnotes for Page 8**

---

- (1) Total number of ED Exam Rooms includes 8 Psych Rooms used for holding areas and examinations as well as 1 SANE room that is used for sexual assault victim examinations.
  
  - (2) Fixed Wing transports are performed on an aircraft under contract with Duke Hospital
-

All responses should pertain to ~~October 1, 2015~~ through September 30, 2016.

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

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	119	f. Kidney/Liver	5	k. Lung	105
b. Bone Marrow-Autologous	203	g. Liver	86	l. Pancreas	1
c. Cornea	377	h. Heart/Liver	0	m. Pancreas/Kidney	10
d. Heart	48	i. Heart/Kidney	4	n. Pancreas/Liver	0
e. Heart/Lung	1	j. Kidney	149	o. Other	5

Do you perform living donor transplants?  Yes  No.

**7. Telemedicine**

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

**8. Specialized Cardiac Services (for questions, call Healthcare Planning at 919-855-3865)**

(a) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	9
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	1,180
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	72
4. Total Open Heart Surgery Procedures (2. + 3.)	1,252

---

**Duke University Hospital License Renewal Application 2017**  
**Footnote for Page 9**

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- (1) Transplantation Services based on the number of transplants performed in FY2016. Patients that received multiple organs are counted one time based on the transplant combination received, not the number of organs.
-

**8. Specialized Cardiac Services** *continued* (for questions, call Healthcare Planning at 919-855-3865)

**(b) Cardiac Catheterization and Electrophysiology**

Cardiac Catheterization, as defined in NCGS 131E-176(2g)	Diagnostic Cardiac Catheterization ICD-10 / CPT Codes <sup>1</sup>	Interventional Cardiac Catheterization ICD-10 / CPT Codes <sup>2</sup>
1. Number of Units of Fixed Equipment <i>See Footnote (1) for Page 10</i>	<i>7 Cath</i>	
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	<i>243</i>	<i>44</i>
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	<i>3,391</i>	<i>944</i>
4. Number of Procedures* Performed in Mobile Units	<i>0</i>	<i>0</i>
<b>Dedicated Electrophysiology (EP) Equipment</b>		
5. Number of Units of Fixed Equipment	<i>4 EP</i>	
6. Number of Procedures on Dedicated EP Equipment	<i>2,262</i>	

\*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. For example, if a patient has both a diagnostic and an interventional procedure in one visit, count only the interventional procedure.

Name of Mobile Vendor: *N/A*

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

**<sup>1</sup> Diagnostic Cardiac Catheterizations**

ICD-10 PCS: 02B\_3ZX, 02B\_4ZX, 4A020N6, 4A020N7, 4A020N8, 4A023N6, 4A023N7, 4A023N8, B21\_\_ZZ

CPT Codes: 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93462, 93530, 93531, 93532, 93533

**<sup>2</sup> Interventional Cardiac Catheterizations**

ICD-10 PCS: 02B\_3ZZ, 02B\_4ZZ, 02B\_3ZK, 02B\_4ZK, 02L73DK, 02Q53ZZ, 02Q54ZZ, 02RF0\_Z, 02RF3\_Z, 02RF37Z, 02RF38Z, 02RF3JH, 02RF3JZ, 02RF3KZ, 02RH3\_H, 02RH3\_Z, 02U53JZ, 02U54JZ, 02UG3JZ 5A1221Z

CPT Codes: 92920, +92921, 92924, +92925, 92928, +92929, 92933, +92934, 92937, +92938, 92941, 92943, +92944, +92973, 92986, 92987, 92990, 93580, 93581, 93582, 93583, C9600, +C9601, C9602, +C9603, C9604, +C9605, C9606, C9607, +C9608

*Note: Due to the large total number of potential codes in the ICD-10-PCS system, the codes noted above are not fully comprehensive. The “\_” symbol, while not a character within the ICD-10-PCS system, serves as a wild card character and indicates where any other recognized character would be used. For example, in the code 027\_34Z for a coronary drug-eluting stent procedure, “\_” could be a 2 for three sites treated.*

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**Duke University Hospital License Renewal Application 2017**  
**Footnote for Page 10**

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(1) Excludes hybrid OR equipment

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July 01, 2015 June 30, 2016

All responses should pertain to **October 1, 2015** through **September 30, 2016**.

**9. 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 11-14 (through Section 9) for each site. Submit the Cumulative Totals and submit a duplicate of pages 11-14 for each campus.

(Campus – If multiple sites: N/A)

**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	6
Dedicated C-Section	—
Other Dedicated Inpatient Surgery ( <i>Do not include dedicated Open Heart or C-Section rooms</i> )	—
Dedicated Ambulatory Surgery	9
Shared - Inpatient / Ambulatory Surgery	50
<b>Total of Surgical Operating Rooms</b>	<b>65</b>

Of the <b>Total of Surgical Operating Rooms</b> , above, how many are equipped with advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer treatments? Your facility may or may not refer to such rooms as “hybrid ORs.”	<b>6</b>
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**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: See Footnote (1) for Page 11

**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: 10

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
<b>GI Endoscopy</b>	<b>3,595</b>	<b>9,968</b>	<b>4,624</b>	<b>15,296</b>
<b>Non-GI Endoscopy</b>	<b>76</b>	<b>622</b>	<b>187</b>	<b>858</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 [ICD-10-CM] procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.”

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**Duke University Hospital License Renewal Application 2017**  
**Footnote for Page 11**

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- (1) Excluding operating rooms and gastrointestinal endoscopy rooms, Duke University Hospital performs surgical procedures in 2 dedicated procedure rooms as well as intensive care inpatient rooms, where procedures including, tracheotomy, ECMO, IABP, temporary pacer wire insertion, and similar procedures may be performed as needed.
-

All responses should pertain to ~~October 1, 2015~~ <sup>July 01, 2015</sup> through <sup>June 30, 2016</sup> ~~September 30, 2016~~.

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

(Campus – If multiple sites: N/A)

**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 27 and 28.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	2,343	528
Open Heart Surgery (from 8.(a) 4. on page 9)	1,252	
General Surgery	3,428	2,991
Neurosurgery	2,387	533
Obstetrics and GYN (excluding C-Sections)	344	1,792
Ophthalmology	141	5,600
Oral Surgery	5	132
Orthopedics	3,303	5,150
Otolaryngology	425	1,575
Plastic Surgery	612	1,750
Urology	1,654	1,955
Vascular	—	—
Other Surgeries (specify) <u>Pediatric Surgery</u>	535	570
Other Surgeries (specify) <u>Adult and Pediatric Bone Marrow Transplant</u>	3	14
Number of C-Sections Performed in Dedicated C-Section ORs	—	
Number of C-Sections Performed in Other ORs	1,270	
<b>Total Surgical Cases Performed Only in Licensed ORs</b>	<b>17,151</b>	<b>22,642</b>

Other Surgeries (specify) Pain management

19 52

**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 11.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	4	2,517
Cystoscopy	8	2,047
Non-GI Endoscopies (not reported in 9. C on page 11)	—	—
GI Endoscopies (not reported in 9. C on page 11)	109	48
YAG Laser	—	1,104
Other (specify)	—	—
Other (specify)	—	—
Other (specify)	—	—
<b>Total Non-Surgical Cases</b>	<b>121</b>	<b>5,716</b>



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**Duke University Hospital License Renewal Application 2017**  
**Footnote for Page 12**

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- (1) C-Section procedures at Duke Hospital are not performed in dedicated C-Section rooms, and they are not performed in other licensed ORs. Instead, they are performed in 3 LDRP rooms. The LDRP rooms were built to licensure standards for ORs but as their name implies –they are used to provide labor and other non-surgical obstetric services as well as surgical procedures. Therefore, in the Hospital’s 2017 License Renewal Application we report providing no C-Section procedures in dedicated C-Section rooms. We report 1,270 C-Section procedures performed in other ORs on page 12.
-

**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	189
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	81
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	351
42820	Tonsillectomy and adenoidectomy, younger than age 12	74
42830	Adenoidectomy, primary; younger than age 12	18
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)	21
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	50
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	51
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)	13
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)	4
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	5
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	—
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	12
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)	—
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	—
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	367
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	—
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	442
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	2,402
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	259

All responses should pertain to October 1, 2015 through September 30, 2016.

(Campus – If multiple sites:           N/A          )

**9f. Average Operating Room Availability and Average Case Times:**

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 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
ASC - 3.9 DN - 11.3 EC - 3.8 Weighted Avg - 10.8	246	DN - 268.78 EC - 143.43 Weighted Avg - 267.69	ASC - 134.09 DN - 158.34 EC - 118.47 Weighted Avg - 134.97

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

A facility has 3 ORs: 2 are routinely scheduled for use 8 hours per day, and 1 is routinely scheduled for use 9 hours per day.

2 rooms	x	8 hours	=	16 hours	
1 room	x	9 hours	=	9 hours	
		Total hours per day		25 hours	
					25 hours divided by 3 ORs
					<b>= 8.3 Average Hours per day</b>
					<b>Routinely Scheduled for Use</b>

\*\* “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.*

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**Duke University Hospital License Renewal Application 2017**  
**Footnote for Page 14**

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- (1) DUH measures OR time as patient in/patient out, plus 30 minutes for room turnover and preparation per case.
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All responses should pertain to <sup>July 01, 2015</sup> ~~October 1, 2015~~ through <sup>June 30, 2016</sup> ~~September 30, 2016~~.

**Imaging Procedures**

**20 Most Common Outpatient Imaging Procedures Table** - Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code.

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	6,654
70486	Computed tomography, facial bone; without contrast material	1,269
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material	1,741
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	9,074
71020	Radiologic examination, chest; two views, frontal and lateral	28,888
71250	Computed tomography, thorax; without contrast material(s)	7,567
71260	Computed tomography, thorax; with contrast material(s)	10,918
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	2,711
72100	Radiologic examination, spine, lumbosacral; two or three views	2,992
72110	Radiologic examination, spine, lumbosacral; minimum of four views	1,823
72125	Computed tomography, cervical spine; without contrast material	2,593
72141	Magnetic resonance (e.g., proton) imaging, spine cervical without contrast material	1,251
72148	Magnetic resonance (e.g., proton) imaging, spine lumbar without contrast material	1,785
73221	Magnetic resonance (e.g., proton) imaging, upper joint (e.g. shoulder, elbow, wrist) extremity without contrast material	1,042
73630	Radiologic examination, foot; complete, minimum of three views	2,254
73721	Magnetic resonance (e.g., proton) imaging, lower joint (e.g. knee, ankle, mid-hind foot, hip) extremity without contrast material	3,030
74000	Radiologic examination, abdomen; single anteroposterior view	1,388
74176	Computed tomography, abdomen and pelvis; without contrast material	2,159
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	14,243
74178	Computed tomography, abdomen and pelvis; with contrast material(s) followed by contrast material	2,400

All responses should pertain to ~~October 1, 2015~~ <sup>July 01, 2015</sup> through ~~September 30, 2016~~ <sup>June 30, 2016</sup>.

Instructions for Hospitals with multiple campuses: For MRI Services, (Sections 10a-10e, pp 16-19), do not provide cumulative/combined data for all campuses. Provide data for individual campuses only.

**10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes**

Indicate 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: \_\_\_\_\_

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)	1	26	27
70540	MRI Orbit/Face/Neck w/o	7	13	20
70542	MRI Orbit/Face/Neck with contrast	—	1	1
70543	MRI Orbit/Face/Neck w/o & with	107	593	700
70544	MRA Head w/o	549	727	1,276
70545	MRA Head with contrast	1	15	16
70546	MRA Head w/o & with	71	11	82
70547	MRA Neck w/o	56	13	69
70548	MRA Neck with contrast	263	249	512
70549	MRA Neck w/o & with	20	30	50
70551	MRI Brain w/o	1,053	1,741	2,794
70552	MRI Brain with contrast	529	45	574
70553	MRI Brain w/o & with	2,378	9,074	11,452
70554	MR functional imaging, w/o physician admin	50	81	131
70555	MR functional imaging, with physician admin	—	—	—
71550	MRI Chest w/o	12	37	49
71551	MRI Chest with contrast	—	—	—
71552	MRI Chest w/o & with	6	28	34
71555	MRA Chest with OR without contrast	30	30	60
72141	MRI Cervical Spine w/o	343	1,251	1,594
72142	MRI Cervical Spine with contrast	4	23	27
72156	MRI Cervical Spine w/o & with	457	914	1,401
72146	MRI Thoracic Spine w/o	161	463	624
72147	MRI Thoracic Spine with contrast	1	24	25
72157	MRI Thoracic Spine w/o & with	476	700	1,176
72148	MRI Lumbar Spine w/o	208	1,785	1,993
72149	MRI Lumbar Spine with contrast	—	23	23
72158	MRI Lumbar Spine w/o & with	484	901	1,385
72159	MRA Spinal Canal w/o OR with contrast	6	7	13
72195	MRI Pelvis w/o	107	311	424
72196	MRI Pelvis with contrast	—	1	1
72197	MRI Pelvis w/o & with	112	1,323	1,435
72198	MRA Pelvis w/o OR with contrast	50	99	149
<b>Subtotals for this page</b>		<b>7,478</b>	<b>20,515</b>	<b>28,053</b>

All responses should pertain to ~~October 1, 2015~~ <sup>July 01, 2015</sup> through <sup>June 30, 2016</sup> September 30, 2016.

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

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
73218	MRI Upper Ext, other than joint w/o	13	147	160
73219	MRI Upper Ext, other than joint with contrast	—	—	—
73220	MRI Upper Ext, other than joint w/o & with	16	107	123
73221	MRI Upper Ext, any joint w/o	16	1,042	1,058
73222	MRI Upper Ext, any joint with contrast	—	260	260
73223	MRI Upper Ext, any joint w/o & with	10	36	46
73225	MRA Upper Ext, w/o OR with contrast	5	41	46
73718	MRI Lower Ext other than joint w/o	105	504	609
73719	MRI Lower Ext other than joint with contrast	—	—	—
73720	MRI Lower Ext other than joint w/o & with	56	171	227
73721	MRI Lower Ext any joint w/o	99	3,030	3,129
73722	MRI Lower Ext any joint with contrast	—	22	22
73723	MRI Lower Ext any joint w/o & with	20	54	74
73725	MRA Lower Ext w/o OR with contrast	46	117	163
74181	MRI Abdomen w/o	50	225	275
74182	MRI Abdomen with contrast	1	3	4
74183	MRI Abdomen w/o & with	367	2,497	2,864
74185	MRA Abdomen w/o OR with contrast	107	209	316
75557	MRI Cardiac Morphology w/o	—	—	—
75561	MRI Cardiac Morphology with contrast	—	—	—
75565	MRI Cardiac Velocity Flow Mapping	—	—	—
76125	Cineradiography to complement exam	—	—	—
76390	MRI Spectroscopy	9	23	32
77021	MRI Guidance for needle placement	—	—	—
77022	MRI Guidance for tissue ablation	—	—	—
77058	MRI Breast, unilateral w/o and/or with contrast	—	2	2
77059	MRI Breast, bilateral w/o and/or with contrast	1	868	869
77084	MRI Bone Marrow blood supply	—	—	—
N/A	Clinical Research Scans	66	3,912	3,978
<b>Subtotal for this page</b>		987	13,270	14,257
<b>Total Number of Procedures for all pages*</b>		8,465	33,545	42,010

\*Totals must match totals in summary Table 10b and must be greater than or equal to the totals in the MRI Patient Origin Table on page 33 of this application.

**10b. MRI CPT Code Procedure Summary (Summary of CPT Codes in Table 10a)**

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

Campus – if multiple sites: N/A

Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Fixed	5,552	2,853	8,405	14,920	8,036	22,956	31,361
Mobile (Scans on mobile MRI performed only at this site)	—	—	—	3,571	3,429	7,000	7,000
<b>TOTAL**</b>	5,552	2,853	8,405	18,491	11,465	29,956	38,361

\* 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.

\*\* Totals must match totals in Table 10a on page 17 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 33 of this application.

**10c. Fixed MRI Scanners**

Indicate the number of MRI scanners (units) operated 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: \_\_\_\_\_

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	5
# of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	—
Number of Policy AC-3 MRI scanners used for general clinical purposes	4
<b>Total Fixed MRI Scanners</b>	<b>9</b>

**10d. Mobile MRI Services:**

During the reporting period,

- Did the facility own one or more mobile MRI scanners?  Yes  No  
 If Yes, how many? 2
- Did the facility contract for mobile MRI services?  Yes  No  
 If Yes, name of vendor/contractor: Alliance



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**Duke University Hospital License Renewal Application 2017**  
**Footnote for Page 18**

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- (1) 4 of the fixed DUH diagnostic imaging MRI scanners were acquired pursuant to Policy AC-3. This does not include 4 other MRI scanners acquired pursuant to Policy AC-3 used for purposes other than general clinical diagnostic imaging: one for radiation oncology, two for cardiac, and one intra-operative. The totals provided for scanners and procedures on these tables omit these scanners and the procedures they provide, pursuant to previous conversations with members of the Medical Facilities Planning Section.
  
- (2) As of the end of the reporting period (June 30, 2016), Duke provided MRI procedures on 3 units historically reported as mobile including following: 2 owned by DUHS located at Lenox Baker and Page Road and 1 owned by Alliance currently located at Lenox Baker. One of the DUHS units located at Lenox Baker was acquired pursuant to Policy AC-3. Alliance also operated an additional mobile at Lenox Baker during the reported period, but it was relocated to a DUHS IDTF in Cary in May 2016. The procedures performed by Alliance on both of its scanners while operated at DUH's Lenox Baker clinic are reported here. Duke understands that Alliance will separately report the procedures performed at the Cary IDTF, which are not included in this application.
  
- (3) Therefore, as of June 30, 2016, DUH provides MRI procedures on 12 total clinical diagnostic MRI machines (9 fixed and 3 mobiles), 5 of which were acquired pursuant to Policy AC-3 (4 fixed and 1 "mobile" located at Lenox Baker), and 1 of which is operated by Alliance at Lenox Baker.

All responses should pertain to ~~October 1, 2015~~ <sup>July 01, 2015</sup> through <sup>June 30, 2016</sup> September 30, 2016

**10e. Other MRI**

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 33 of this application. 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: \_\_\_\_\_

Other Scanners	Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Other Human Research MRI scanners	3	31	35	66	139	3,744	3,883	3,949
Intraoperative MRI (iMRI)	1	93	—	93	4	—	4	97

\* 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.

**10f. Lithotripsy**

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

Lithotripsy Vendor/Owner:  
N/A

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

How many fixed CT scanners does the hospital have? 15  
 Does the hospital contract for mobile CT scanner services? Yes  No  
 If yes, identify the mobile CT vendor N/A

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	16,897	X	1.00	=	16,897
2	Head with contrast	626	X	1.25	=	783
3	Head without and with contrast	2,637	X	1.75	=	4,615
4	Body without contrast	20,641	X	1.50	=	30,962
5	Body with contrast	35,486	X	1.75	=	62,101
6	Body without contrast and with contrast	12,280	X	2.75	=	33,770
7	Biopsy in addition to body scan with or without contrast	2,798	X	2.75	=	7,695
8	Abscess drainage in addition to body scan with or without contrast	889	X	4.00	=	3,556
	Total	92,354				166,379

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**Duke University Hospital License Renewal Application 2017**  
**Footnote for Page 19**

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- (1) In addition, DUH has a research PET/CT on which it is authorized to use the CT capacity for clinical services.
  - (2) Fixed CT scanner volume does not include two clinical PET/CTs and one PET/CT for Radiation Oncology, one intra-operative fixed CT scanner, and one AIRO mobile scanner used during surgical procedures.
  - (3) All 3D Reformation volume has been excluded for the 2017 application.
  - (4) Duke University Hospital also operates a CT scanner at an IDTF in Cary, North Carolina. Procedures performed on that scanner are not included in this application.
  - (5) This includes a portable Neuro ICU CT scanner, operated by Radiology; a second ED scanner; PET/CT Scanner, where the PET is research only but the CT scans may be billed. Excludes Cary Parkway IDTF procedures.
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All responses should pertain to **October 1, 2015 through September 30, 2016**

**10g. Computed Tomography (CT) continued**

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 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	=	—
	Total	—				—

**10h. Positron Emission Tomography (PET)** See Footnotes (1), (2) for Page 26

	Number of Units	Number of Procedures*		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner (1)	2	440	4,263	4,643
Mobile PET Scanner	—	—	—	—
PET pursuant to Policy AC-3 (1)	—	—	—	—
Other PET Scanners used for Human Research only (3)	2	—	—	—

\* 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 35.

Name of Mobile Provider: \_\_\_\_\_

**10i. Other Imaging Equipment** See Footnotes (2), (3), (4), (5), (6) for Page 20

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Ultrasound equipment (3)	18	13,548	28,292	41,840
Mammography equipment	8	33	25,262	25,235
Bone Density Equipment	4	3	4,971	4,974
Fixed X-ray Equipment (excluding fluoroscopic) (4)	49	45,941	168,076	114,077
Fixed Fluoroscopic X-ray Equipment (5)	9	3,712	3,699	7,411
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	5	4,945	5,626	10,571
Coincidence Camera (2)	—	—	—	—
Mobile Coincidence Camera. Vendor:	—	—	—	—
SPECT	—	—	—	—
Mobile SPECT. Vendor:	—	—	—	—
Gamma Camera (6)	10	1,521	9,459	10,980
Mobile Gamma Camera. Vendor:	—	—	—	—

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Footnote for Page 20**

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\* 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 35 of the license.

- (1) One of Duke's two dedicated fixed PET Scanners was acquired pursuant to Policy AC-3 and is used for clinical purposes consistent with the CON for that equipment. The clinical volume for both PET scanners are reported on the first line for volumes for "Dedicated fixed PET scanners".
- (2) The Human Research PET Scanner and the Coincidence Camera are research units and perform no regular clinical scans.
- (3) Ultrasound volumes represent the following departments:  
Radiology only
- (4) Fixed X-ray Equipment (excluding fluoroscopic) include the following: Bone, Chest, GU, Mammography, portable, or OR. Additional Portable procedure total is 75,484 (IP: 63,006 and OP: 12,478).
- (5) All G.I. procedures. Additional GI Portable procedure total is 12,450 (IP: 11,892 and OP: 558)
- (6) DUH has 10 Nuclear Medicine Gamma Cameras: 8 Dual Head Cameras (SPECT) and 2 Single-Head Cameras.

**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)	653
77403	Radiation treatment delivery (6-10 MeV)	—
77404	Radiation treatment delivery (11-19 MeV)	—
77406	Radiation treatment delivery (>=20 MeV)	—
<b>Intermediate Treatment Delivery</b>		
77407	Radiation treatment delivery (<=5 MeV)	48
77408	Radiation treatment delivery (6-10 MeV)	—
77409	Radiation treatment delivery (11-19 MeV)	—
77411	Radiation treatment delivery (>=20 MeV)	—
<b>Complex Treatment Delivery</b>		
77412	Radiation treatment delivery (<=5 MeV)	18,309
77413	Radiation treatment delivery (6-10 MeV)	—
77414	Radiation treatment delivery (11-19 MeV)	—
77416	Radiation treatment delivery (>= 20 MeV)	—
<b>Other Treatment Delivery Not Included Above</b>		
77418	Intensity modulated radiation treatment (IMRT) delivery and/or CPT codes 77385 and/or 77386	15,996
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	237
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	1,232
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	3,313
<b>Total Procedures – Linear Accelerators</b>		<b>39,688</b>
<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®)	—
<b>Total Procedures – Gamma Knife®</b>		<b>—</b>

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All responses should pertain to **October 1, 2015** through **September 30, 2016**.

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

<p>a. Number of <u>patients</u> 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 <u>3,400</u> (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 34.)</p>
<p>b. Linear Accelerators</p> <p>1. TOTAL number of Linear Accelerator(s) <u>8</u></p> <p>2. Of the TOTAL number above, number of Linear Accelerators configured for stereotactic radiosurgery <u>2</u></p> <p>3. Of the TOTAL number above, Number of CyberKnife® Systems: <u>—</u></p> <p>4. Of the TOTAL number above, -other specialized linear accelerators <u>1</u></p>
<p>c. Number of Gamma Knife® units <u>—</u></p> <p>d.</p>
<p>e. Number of <u>treatment</u> 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))) <u>2</u></p>

**12. 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	✓	7. Inpatient Dialysis Services. If checked, number of stations: <u>12</u>	✓

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**Footnote for Page 22**

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(1) 2 of the 8 linear accelerators are equipped to provide and do provide stereotactic radiosurgery. There are no other specific capabilities to report.

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All responses should pertain to <sup>July 01, 2015</sup> ~~October 1, 2015~~ through <sup>June 30, 2016</sup> ~~September 30, 2016~~.

**12. Additional Services: continued**

**b) Hospice Inpatient Unit Data:**

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

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

**c) Mental Health and Substance Abuse**

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

See Footnote (1) for Page 23

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

See Footnote (1) for Page 23

3. Director of the above services.

Same as Duke University Hospital

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**Duke University Hospital License Renewal Application 2017**  
**Footnote for Page 23**

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(1) Outpatient services are provided at:

Family Care Program  
2222 Erwin Road  
Durham, NC 27710

Substance Abuse Outpatient Services  
2213 Elba Street  
Durham, NC 27705

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**12. Additional Services: continued**

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

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

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

Rule 10A NCAC 27G Licensure Rules for Mental Health Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.	N/A						
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness	N/A	—	—	—	—	—	—
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness	N/A	—	—	—	—		—
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances	N/A						
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness	N/A	—	—	—	—		—
.5000 Facility Based Crisis Center	N/A	—	—	—	—	—	—

Rule 10A NCAC 13B Licensure Rules for Hospitals	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders	Williams ward	—	—	—	—	✓	Mensed. 19 Staffed. 18

All responses should pertain to <sup>July 01, 2015</sup> ~~October 1, 2015~~ through <sup>June 30, 2016</sup> September 30, 2016.

**12. Additional Services: continued**

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

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers	N/A	N/A	N/A	N/A	N/A	N/A	N/A
.3200 Social setting detoxification for substance abusers	N/A	N/A	N/A	N/A	N/A	N/A	N/A
.3300 Outpatient detoxification for substance abusers	N/A						
.3400 Residential treatment/rehabilitation for individuals with substance abuse disorders	N/A	N/A	N/A	N/A	N/A	N/A	N/A
.3500 Outpatient facilities for individuals with substance abuse disorders	N/A						
.3600 Outpatient narcotic addiction treatment	N/A						
.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					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type)  # of Treatment beds <u>0</u>	N/A	N/A	N/A	N/A	N/A	N/A	N/A

All responses should pertain to **October 1, 2015** through **September 30, 2016**.

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

Facility County: **Durham**

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. **Must match number of admissions on page 5, Section B-a.**

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	1,533	37. Gates	13	73. Person	1,499
2. Alexander	23	38. Graham	7	74. Pitt	202
3. Alleghany	7	39. Granville	1,417	75. Polk	14
4. Anson	8	40. Greene	25	76. Randolph	231
5. Ashe	25	41. Guilford	652	77. Richmond	74
6. Avery	11	42. Halifax	251	78. Robeson	744
7. Beaufort	82	43. Harnett	485	79. Rockingham	171
8. Bertie	23	44. Haywood	38	80. Rowan	50
9. Bladen	136	45. Henderson	68	81. Rutherford	32
10. Brunswick	324	46. Hertford	22	82. Sampson	208
11. Buncombe	124	47. Hoke	144	83. Scotland	108
12. Burke	61	48. Hyde	1	84. Stanly	31
13. Cabarrus	77	49. Iredell	82	85. Stokes	34
14. Caldwell	65	50. Jackson	25	86. Surry	50
15. Camden	4	51. Johnston	491	87. Swain	12
16. Carteret	245	52. Jones	16	88. Transylvania	24
17. Caswell	214	53. Lee	264	89. Tyrrell	4
18. Catawba	146	54. Lenoir	100	90. Union	67
19. Chatham	214	55. Lincoln	40	91. Vance	1,667
20. Cherokee	6	56. Macon	30	92. Wake	5,124
21. Chowan	24	57. Madison	18	93. Warren	351
22. Clay	-	58. Martin	62	94. Washington	23
23. Cleveland	19	59. McDowell	29	95. Watauga	46
24. Columbus	193	60. Mecklenburg	243	96. Wayne	337
25. Craven	234	61. Mitchell	18	97. Wilkes	19
26. Cumberland	1,171	62. Montgomery	30	98. Wilson	306
27. Currituck	23	63. Moore	226	99. Yadkin	11
28. Dare	66	64. Nash	323	100. Yancey	16
29. Davidson	96	65. New Hanover	396		
30. Davie	36	66. Northampton	76	101. Georgia	101
31. Duplin	125	67. Onslow	291	102. South Carolina	1,602
32. Durham	11,299	68. Orange	1,569	103. Tennessee	174
33. Edgecombe	125	69. Pamlico	17	104. Virginia	2,319
34. Forsyth	197	70. Pasquotank	37	105. Other States	1,164
35. Franklin	551	71. Pender	112	106. Other	10
36. Gaston	95	72. Perquimans	18	<b>Total No. of Patients</b>	<b>46,823</b>

All responses should pertain to <sup>July 01, 2015 June 30, 2016</sup> October 1, 2015 through September 30, 2016.**Patient Origin – Inpatient Surgical Cases****Facility County: Durham**

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 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	663	37. Gates	3	73. Person	475
2. Alexander	14	38. Graham	4	74. Pitt	127
3. Alleghany	1	39. Granville	481	75. Polk	7
4. Anson	—	40. Greene	12	76. Randolph	108
5. Ashe	10	41. Guilford	322	77. Richmond	30
6. Avery	5	42. Halifax	103	78. Robeson	367
7. Beaufort	43	43. Harnett	236	79. Rockingham	57
8. Bertie	13	44. Haywood	21	80. Rowan	21
9. Bladen	88	45. Henderson	49	81. Rutherford	13
10. Brunswick	196	46. Hertford	8	82. Sampson	107
11. Buncombe	88	47. Hoke	53	83. Scotland	59
12. Burke	29	48. Hyde	—	84. Stanly	13
13. Cabarrus	41	49. Iredell	39	85. Stokes	15
14. Caldwell	32	50. Jackson	16	86. Surry	21
15. Camden	1	51. Johnston	237	87. Swain	5
16. Carteret	157	52. Jones	12	88. Transylvania	15
17. Caswell	84	53. Lee	128	89. Tyrrell	2
18. Catawba	77	54. Lenoir	49	90. Union	28
19. Chatham	120	55. Lincoln	21	91. Vance	423
20. Cherokee	6	56. Macon	17	92. Wake	2,322
21. Chowan	16	57. Madison	14	93. Warren	161
22. Clay	—	58. Martin	26	94. Washington	13
23. Cleveland	7	59. McDowell	18	95. Watauga	21
24. Columbus	113	60. Mecklenburg	130	96. Wayne	189
25. Craven	149	61. Mitchell	10	97. Wilkes	8
26. Cumberland	581	62. Montgomery	13	98. Wilson	127
27. Currituck	9	63. Moore	122	99. Yadkin	6
28. Dare	28	64. Nash	162	100. Yancey	8
29. Davidson	43	65. New Hanover	254		—
30. Davie	7	66. Northampton	20	101. Georgia	104
31. Duplin	59	67. Onslow	143	102. South Carolina	590
32. Durham	3,311	68. Orange	592	103. Tennessee	110
33. Edgecombe	36	69. Pamlico	7	104. Virginia	1,262
34. Forsyth	95	70. Pasquotank	15	105. Other States	635
35. Franklin	266	71. Pender	64	106. Other	—
36. Gaston	42	72. Perquimans	9	<b>Total No. of Patients</b>	<b>17,151</b>

**Patient Origin – Ambulatory Surgical Cases****Facility County: Durham**

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 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	804	37. Gates	2	73. Person	706
2. Alexander	20	38. Graham	3	74. Pitt	164
3. Alleghany	4	39. Granville	662	75. Polk	6
4. Anson	9	40. Greene	19	76. Randolph	108
5. Ashe	18	41. Guilford	383	77. Richmond	30
6. Avery	5	42. Halifax	134	78. Robeson	265
7. Beaufort	68	43. Harnett	197	79. Rockingham	81
8. Bertie	18	44. Haywood	37	80. Rowan	43
9. Bladen	42	45. Henderson	49	81. Rutherford	31
10. Brunswick	148	46. Hertford	7	82. Sampson	88
11. Buncombe	87	47. Hoke	46	83. Scotland	53
12. Burke	16	48. Hyde	6	84. Stanly	19
13. Cabarrus	45	49. Iredell	46	85. Stokes	10
14. Caldwell	39	50. Jackson	19	86. Surry	16
15. Camden	1	51. Johnston	323	87. Swain	9
16. Carteret	128	52. Jones	6	88. Transylvania	8
17. Caswell	117	53. Lee	144	89. Tyrrell	4
18. Catawba	69	54. Lenoir	84	90. Union	32
19. Chatham	206	55. Lincoln	10	91. Vance	368
20. Cherokee	4	56. Macon	16	92. Wake	3,654
21. Chowan	15	57. Madison	2	93. Warren	117
22. Clay	4	58. Martin	28	94. Washington	18
23. Cleveland	23	59. McDowell	7	95. Watauga	27
24. Columbus	84	60. Mecklenburg	131	96. Wayne	267
25. Craven	127	61. Mitchell	6	97. Wilkes	15
26. Cumberland	526	62. Montgomery	14	98. Wilson	170
27. Currituck	12	63. Moore	170	99. Yadkin	9
28. Dare	46	64. Nash	243	100. Yancey	3
29. Davidson	49	65. New Hanover	241		
30. Davie	10	66. Northampton	52	101. Georgia	76
31. Duplin	71	67. Onslow	163	102. South Carolina	473
32. Durham	5,795	68. Orange	1,455	103. Tennessee	93
33. Edgecombe	58	69. Pamlico	12	104. Virginia	1,338
34. Forsyth	124	70. Pasquotank	19	105. Other States	519
35. Franklin	205	71. Pender	56	106. Other	—
36. Gaston	28	72. Perquimans	17	<b>Total No. of Patients</b>	<b>22,642</b>

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All responses should pertain to ~~October 1, 2015~~ through ~~September 30, 2016~~

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

**Facility County: Durham**

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 GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 11 plus the Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 12. Do not include patients from the "Non-GI Endoscopy Cases" fields on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	457	37. Gates	7	73. Person	445
2. Alexander	9	38. Graham	2	74. Pitt	74
3. Alleghany	-	39. Granville	460	75. Polk	3
4. Anson	5	40. Greene	5	76. Randolph	89
5. Ashe	3	41. Guilford	267	77. Richmond	37
6. Avery	5	42. Halifax	65	78. Robeson	162
7. Beaufort	31	43. Harnett	115	79. Rockingham	56
8. Bertie	12	44. Haywood	12	80. Rowan	33
9. Bladen	34	45. Henderson	24	81. Rutherford	7
10. Brunswick	62	46. Hertford	11	82. Sampson	61
11. Buncombe	54	47. Hoke	33	83. Scotland	62
12. Burke	19	48. Hyde	-	84. Stanly	12
13. Cabarrus	44	49. Iredell	30	85. Stokes	12
14. Caldwell	19	50. Jackson	19	86. Surry	21
15. Camden	1	51. Johnston	155	87. Swain	4
16. Carteret	64	52. Jones	2	88. Transylvania	7
17. Caswell	62	53. Lee	88	89. Tyrrell	1
18. Catawba	71	54. Lenoir	23	90. Union	26
19. Chatham	103	55. Lincoln	19	91. Vance	181
20. Cherokee	6	56. Macon	14	92. Wake	1,567
21. Chowan	10	57. Madison	6	93. Warren	55
22. Clay	-	58. Martin	26	94. Washington	5
23. Cleveland	16	59. McDowell	10	95. Watauga	19
24. Columbus	37	60. Mecklenburg	124	96. Wayne	94
25. Craven	63	61. Mitchell	6	97. Wilkes	5
26. Cumberland	312	62. Montgomery	16	98. Wilson	85
27. Currituck	9	63. Moore	66	99. Yadkin	6
28. Dare	31	64. Nash	107	100. Yancey	-
29. Davidson	21	65. New Hanover	81		
30. Davie	12	66. Northampton	25	101. Georgia	78
31. Duplin	33	67. Onslow	76	102. South Carolina	386
32. Durham	3,206	68. Orange	765	103. Tennessee	112
33. Edgecombe	33	69. Pamlico	1	104. Virginia	830
34. Forsyth	64	70. Pasquotank	11	105. Other States	538
35. Franklin	137	71. Pender	25	106. Other	-
36. Gaston	29	72. Perquimans	7	<b>Total No. of Patients</b>	<b>12,723</b>



July 01, 2015      June 30, 2016

All responses should pertain to ~~October 1, 2015 through September 30, 2016~~

**Patient Origin - Psychiatric and Substance Abuse**

Facility County: **Durham**

Complete the following table below for inpatient Days of Care reported under Section .5200 on page 24-25.

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
<i>Example: Wake</i>		5	8	30	43			10	2	12
1. Alamance				118	118					
2. Alexander				-	-					
3. Alleghany				-	-					
4. Anson				-	-					
5. Ashe				-	-					
6. Avery				-	-					
7. Beaufort				-	-					
8. Bertie				-	-					
9. Bladen				-	-					
10. Brunswick				24	24					
11. Buncombe				7	7					
12. Burke				-	-					
13. Cabarrus				-	-					
14. Caldwell				14	14					
15. Camden				-	-					
16. Carteret				-	-					
17. Caswell				-	-					
18. Catawba				6	6					
19. Chatham				2	2					
20. Cherokee				-	-					
21. Chowan				-	-					
22. Clay				-	-					
23. Cleveland				11	11					
24. Columbus				6	6					
25. Craven				-	-					
26. Cumberland				42	42					
27. Currituck				-	-					
28. Dare				7	7					
29. Davidson				-	-					
30. Davie				-	-					
31. Duplin				13	13					
32. Durham				3,279	3,279					
33. Edgecombe				2	2					
34. Forsyth				-	-					
35. Franklin				31	31					
36. Gaston				8	8					
37. Gates				-	-					
38. Graham				-	-					
39. Granville				120	120					
40. Greene				5	5					
41. Guilford				56	56					
42. Halifax				25	25					
43. Harnett				6	6					

Continued on next page

July 01, 2015 June 30, 2016

All responses should pertain to ~~October 1, 2015~~ through September 30, 2016

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
44. Haywood				--	--					
45. Henderson				--	--					
46. Hertford				--	--					
47. Hoke				--	--					
48. Hyde				--	--					
49. Iredell				2	2					
50. Jackson				--	--					
51. Johnston				--	--					
52. Jones				--	--					
53. Lee				--	--					
54. Lenoir				--	--					
55. Lincoln				--	--					
56. Macon				--	--					
57. Madison				--	--					
58. Martin				--	--					
59. McDowell				--	--					
60. Mecklenburg				26	26					
61. Mitchell				--	--					
62. Montgomery				--	--					
63. Moore				--	--					
64. Nash				28	28					
65. New Hanover				21	21					
66. Northampton				--	--					
67. Onslow				--	--					
68. Orange				134	134					
69. Pamlico				--	--					
70. Pasquotank				39	39					
71. Pender				--	--					
72. Perquimans				--	--					
73. Person				93	93					
74. Pitt				13	13					
75. Polk				--	--					
76. Randolph				--	--					
77. Richmond				26	26					
78. Robeson				--	--					
79. Rockingham				5	5					
80. Rowan				--	--					
81. Rutherford				--	--					
82. Sampson				23	23					
83. Scotland				--	--					
84. Stanly				--	--					
85. Stokes				--	--					
86. Surry				--	--					
87. Swain				--	--					
88. Transylvania				--	--					
89. Tyrrell				--	--					
90. Union				--	--					
91. Vance				21	21					
92. Wake				816	816					

Continued on next page

July 01, 2015 June 30, 2016

All responses should pertain to **October 1, 2015 through September 30, 2016.**

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
93. Warren										
94. Washington										
95. Watauga				15	15					
96. Wayne				15	15					
97. Wilkes										
98. Wilson				10	10					
99. Yadkin				11	11					
100. Yancey										
101. Out of State				5,536	5,536					
<b>TOTAL</b>					10,647					

July 01, 2015      June 30, 2016

All responses should pertain to **October 1, 2015** through **September 30, 2016**.

**Patient Origin - MRI Services**

Facility County: **Durham**

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 17.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	408	37. Gates	4	73. Person	667
2. Alexander	9	38. Graham	5	74. Pitt	140
3. Alleghany	4	39. Granville	633	75. Polk	8
4. Anson	5	40. Greene	18	76. Randolph	104
5. Ashe	16	41. Guilford	479	77. Richmond	32
6. Avery	7	42. Halifax	127	78. Robeson	259
7. Beaufort	54	43. Harnett	216	79. Rockingham	78
8. Bertie	17	44. Haywood	26	80. Rowan	33
9. Bladen	65	45. Henderson	48	81. Rutherford	23
10. Brunswick	144	46. Hertford	24	82. Sampson	84
11. Buncombe	95	47. Hoke	47	83. Scotland	50
12. Burke	31	48. Hyde	5	84. Stanly	14
13. Cabarrus	52	49. Iredell	52	85. Stokes	13
14. Caldwell	39	50. Jackson	17	86. Surry	27
15. Camden	2	51. Johnston	264	87. Swain	10
16. Carteret	132	52. Jones	8	88. Transylvania	9
17. Caswell	98	53. Lee	139	89. Tyrrell	5
18. Catawba	79	54. Lenoir	64	90. Union	44
19. Chatham	216	55. Lincoln	26	91. Vance	371
20. Cherokee	4	56. Macon	17	92. Wake	3,295
21. Chowan	20	57. Madison	9	93. Warren	138
22. Clay	1	58. Martin	34	94. Washington	26
23. Cleveland	17	59. McDowell	18	95. Watauga	33
24. Columbus	67	60. Mecklenburg	185	96. Wayne	173
25. Craven	132	61. Mitchell	7	97. Wilkes	17
26. Cumberland	536	62. Montgomery	18	98. Wilson	171
27. Currituck	16	63. Moore	136	99. Yadkin	8
28. Dare	52	64. Nash	227	100. Yancey	9
29. Davidson	38	65. New Hanover	257		
30. Davie	14	66. Northampton	37	101. Georgia	158
31. Duplin	92	67. Onslow	207	102. South Carolina	598
32. Durham	6,127	68. Orange	1,646	103. Tennessee	124
33. Edgecombe	59	69. Pamlico	16	104. Virginia	1,266
34. Forsyth	117	70. Pasquotank	17	105. Other States	932
35. Franklin	212	71. Pender	54	106. Other	—
36. Gaston	44	72. Perquimans	11	<b>Total No. of Patients</b>	<b>23,526</b>

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**Duke University Hospital License Renewal Application 2017**  
**Footnote for Page 33**

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- (1) MRI Services by zip code do not tie to section 10a. as patients may receive multiple procedures within the same visit.
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July 01, 2015      June 30, 2016

All responses should pertain to ~~October 1, 2015~~ through ~~September 30, 2016~~

**Patient Origin – Linear Accelerator Treatment**

Facility County: **Durham**

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. on page 22 of this application.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	75	37. Gates	—	73. Person	82
2. Alexander	3	38. Graham	2	74. Pitt	10
3. Alleghany	—	39. Granville	73	75. Polk	2
4. Anson	—	40. Greene	—	76. Randolph	14
5. Ashe	4	41. Guilford	61	77. Richmond	11
6. Avery	2	42. Halifax	17	78. Robeson	32
7. Beaufort	7	43. Harnett	30	79. Rockingham	5
8. Bertie	4	44. Haywood	—	80. Rowan	3
9. Bladen	6	45. Henderson	10	81. Rutherford	5
10. Brunswick	27	46. Hertford	—	82. Sampson	8
11. Buncombe	8	47. Hoke	2	83. Scotland	6
12. Burke	5	48. Hyde	—	84. Stanly	4
13. Cabarrus	4	49. Iredell	9	85. Stokes	3
14. Caldwell	7	50. Jackson	—	86. Surry	4
15. Camden	1	51. Johnston	35	87. Swain	1
16. Carteret	23	52. Jones	—	88. Transylvania	2
17. Caswell	17	53. Lee	27	89. Tyrrell	1
18. Catawba	17	54. Lenoir	4	90. Union	4
19. Chatham	25	55. Lincoln	3	91. Vance	47
20. Cherokee	—	56. Macon	1	92. Wake	367
21. Chowan	2	57. Madison	1	93. Warren	11
22. Clay	—	58. Martin	5	94. Washington	2
23. Cleveland	3	59. McDowell	3	95. Watauga	3
24. Columbus	8	60. Mecklenburg	13	96. Wayne	24
25. Craven	9	61. Mitchell	1	97. Wilkes	2
26. Cumberland	53	62. Montgomery	1	98. Wilson	15
27. Currituck	—	63. Moore	12	99. Yadkin	—
28. Dare	8	64. Nash	39	100. Yancey	1
29. Davidson	5	65. New Hanover	26		
30. Davie	3	66. Northampton	4	101. Georgia	16
31. Duplin	5	67. Onslow	20	102. South Carolina	96
32. Durham	444	68. Orange	113	103. Tennessee	16
33. Edgecombe	3	69. Pamlico	1	104. Virginia	188
34. Forsyth	15	70. Pasquotank	3	105. Other States	71
35. Franklin	23	71. Pender	4	106. Other	—
36. Gaston	5	72. Perquimans	3	<b>Total No. of Patients</b>	<b>3466</b>

July 01, 2015 June 30, 2016

All responses should pertain to **October 1, 2015 through September 30, 2016.**

**Patient Origin – PET Scanner**

**Facility County: Durham**

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 10h on page 20.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	90	37. Gates	1	73. Person	149
2. Alexander	6	38. Graham	1	74. Pitt	22
3. Alleghany	—	39. Granville	118	75. Polk	4
4. Anson	—	40. Greene	—	76. Randolph	16
5. Ashe	6	41. Guilford	69	77. Richmond	9
6. Avery	1	42. Halifax	15	78. Robeson	48
7. Beaufort	3	43. Harnett	33	79. Rockingham	33
8. Bertie	3	44. Haywood	3	80. Rowan	16
9. Bladen	8	45. Henderson	16	81. Rutherford	6
10. Brunswick	48	46. Hertford	4	82. Sampson	17
11. Buncombe	13	47. Hoke	9	83. Scotland	12
12. Burke	14	48. Hyde	1	84. Stanly	8
13. Cabarrus	7	49. Iredell	13	85. Stokes	3
14. Caldwell	10	50. Jackson	2	86. Surry	4
15. Camden	2	51. Johnston	50	87. Swain	1
16. Carteret	26	52. Jones	2	88. Transylvania	—
17. Caswell	13	53. Lee	15	89. Tyrrell	1
18. Catawba	17	54. Lenoir	7	90. Union	6
19. Chatham	25	55. Lincoln	4	91. Vance	79
20. Cherokee	—	56. Macon	5	92. Wake	375
21. Chowan	3	57. Madison	1	93. Warren	26
22. Clay	—	58. Martin	3	94. Washington	3
23. Cleveland	5	59. McDowell	4	95. Watauga	4
24. Columbus	11	60. Mecklenburg	28	96. Wayne	21
25. Craven	19	61. Mitchell	3	97. Wilkes	5
26. Cumberland	24	62. Montgomery	—	98. Wilson	21
27. Currituck	7	63. Moore	24	99. Yadkin	—
28. Dare	9	64. Nash	43	100. Yancey	4
29. Davidson	7	65. New Hanover	51		
30. Davie	5	66. Northampton	5	101. Georgia	22
31. Duplin	16	67. Onslow	21	102. South Carolina	168
32. Durham	60	68. Orange	136	103. Tennessee	21
33. Edgecombe	6	69. Pamlico	3	104. Virginia	306
34. Forsyth	17	70. Pasquotank	6	105. Other States	129
35. Franklin	25	71. Pender	14	106. Other	—
36. Gaston	8	72. Perquimans	3	<b>Total No. of Patients</b>	<b>3,351</b>

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**Duke University Hospital License Renewal Application 2017**  
**Footnote for Page 35**

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- (1) PET Scanner patients by zip code do not tie to section 10d. as patients may receive more than one PET scan.
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July 01, 2015 June 30, 2016

All responses should pertain to ~~October 1, 2015~~ through September 30, 2016.

**Patient Origin – Emergency Department Services**

**Facility County: Durham**

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 8.

County	No. of Visits	County	No. of Visits	County	No. of Visits
1. Alamance	2,564	37. Gates	9	73. Person	2,418
2. Alexander	15	38. Graham	-	74. Pitt	137
3. Alleghany	2	39. Granville	2,615	75. Polk	6
4. Anson	9	40. Greene	16	76. Randolph	186
5. Ashe	23	41. Guilford	603	77. Richmond	62
6. Avery	1	42. Halifax	240	78. Robeson	406
7. Beaufort	32	43. Harnett	383	79. Rockingham	119
8. Bertie	20	44. Haywood	11	80. Rowan	33
9. Bladen	76	45. Henderson	30	81. Rutherford	12
10. Brunswick	108	46. Hertford	22	82. Sampson	160
11. Buncombe	53	47. Hoke	58	83. Scotland	61
12. Burke	33	48. Hyde	1	84. Stanly	11
13. Cabarrus	52	49. Iredell	41	85. Stokes	16
14. Caldwell	26	50. Jackson	7	86. Surry	31
15. Camden	3	51. Johnston	442	87. Swain	8
16. Carteret	105	52. Jones	8	88. Transylvania	4
17. Caswell	333	53. Lee	219	89. Tyrrell	5
18. Catawba	57	54. Lenoir	61	90. Union	40
19. Chatham	309	55. Lincoln	18	91. Vance	1,280
20. Cherokee	1	56. Macon	12	92. Wake	6,254
21. Chowan	12	57. Madison	2	93. Warren	439
22. Clay	1	58. Martin	32	94. Washington	10
23. Cleveland	31	59. McDowell	9	95. Watauga	29
24. Columbus	99	60. Mecklenburg	236	96. Wayne	225
25. Craven	67	61. Mitchell	4	97. Wilkes	33
26. Cumberland	741	62. Montgomery	19	98. Wilson	217
27. Currituck	12	63. Moore	144	99. Yadkin	14
28. Dare	28	64. Nash	311	100. Yancey	4
29. Davidson	73	65. New Hanover	166		
30. Davie	32	66. Northampton	78	101. Georgia	163
31. Duplin	92	67. Onslow	142	102. South Carolina	408
32. Durham	42,181	68. Orange	3,858	103. Tennessee	97
33. Edgecombe	160	69. Pamlico	8	104. Virginia	1,897
34. Forsyth	164	70. Pasquotank	21	105. Other States	2,046
35. Franklin	633	71. Pender	43	106. Other	9
36. Gaston	53	72. Perquimans	17	<b>Total No. of Patients</b>	<b>74,914</b>

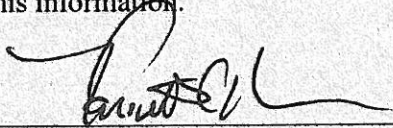
2017 Renewal Application for Hospital:  
**Duke University Hospital**

License No: **H0015**  
Facility ID: **943138**

All responses should pertain to **October 1, 2015** through **September 30, 2016**.

**This application must be completed and submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2017 hospital license.**

**AUTHENTICATING SIGNATURE:** The undersigned submits application for the year 2017 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: 1-25-2017

PRINT NAME  
OF APPROVING OFFICIAL Kenneth C. Morris

**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.