



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

June 5, 2019

David J. French djfrench45@gmail.com

Exempt from Review – Replacement Equipment

Record #: 2960
Facility Name: Alliance Healthcare Services, Inc.
FID #: 040553
Business Name: Alliance Healthcare Services, Inc.
Business #: 60
Project Description: Replacement by exchanging service locations of two existing mobile MRI scanners: grandfathered SYM 65 and G-7038-04 SIGNA 294
County: Forsyth

Dear Mr. French:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of May 31, 2019 and supplemental information of June 3, 2019, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(a)(7). Therefore, you may proceed to exchange without a certificate of need the two existing mobile MRI scanners listed as Project ID #G-007038-04 /SIGNA 294/ Serial #1S9FA482231182634 and Grandfathered SYM 65/ Serial #1M9A3A820AHO22801.

Moreover, you need to contact the Agency’s Acute and Home Care Licensure and Certification Section to determine if they have any requirements for development of the proposed project.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Celia C. Inman
Celia C. Inman
Project Analyst

Martha J. Frisone
Martha J. Frisone
Chief

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
www.ncdhhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

ALLIANCE HEALTHCARE SERVICES



May 31, 2019

Ms. Martha Frisone, Chief
Healthcare Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Alliance HealthCare Notice of Replacement by Exchanging Existing MRI Equipment
SYM 65 and SIGNA 294
Business ID # 60

Dear Ms. Frisone,

I am writing on behalf of Alliance HealthCare Services to provide written notice of replacement by exchange of two existing MRI scanners. Alliance HealthCare Services intends to exchange its grandfathered MRI scanner SYM 65 (Serial # 1M9A3A820AHO22801) with MRI SIGNA 294 (Serial # 1S9FA482231182634), a CON-approved unit (Project I.D. # G-7038-04). These existing MRI scanners are owned by Alliance Healthcare Services. Existing services agreements enable these MRI scanners to serve host sites in North Carolina. Once the exchange occurs, then SYM 65 becomes the CON-approved unit (Project I.D. # G-7038-04) and SIGNA 294 becomes the grandfathered unit.

In accordance with NCGS 131 E-184, this letter provides justification and written notice regarding the replacement equipment. Alliance also provides documentation that the equipment that is being exchanged conforms to the Certificate of Need laws and Administrative rules:
G.S. 131E-176 (22a) Replacement equipment definition
G.S. 131E-184 (a) (7) Exemptions from review to provide replacement equipment
10A NCAC 14C.0303 Replacement Equipment Administrative Rules

Overview

The proposed exchange of existing North Carolina MRI scanners that are owned by Alliance Healthcare does not involve the acquisition of replacement equipment or the removal of MRI equipment. Copies of the 2019 MRI Equipment Inventory Form for SIGNA 294 is available upon request. SYM 65 (Serial # 1M9A3A820AHO22801) is currently utilized at a Duke University Hospital outpatient location and this unit is reported in the hospital's License Renewal Application.

Duke Medical Plaza
4709 Creekstone Dr.
Durham, NC 27703

previous location

Duke University Hospital/ Lennox Baker
3000 Erwin Rd.
Durham, NC 27710

SIGNA 294 (Serial # 1S9FA482231182634) is a CON-approved (Project I.D. # G-7038-04) unit that is currently authorized to serve the following host sites including:

Chatham Hospital 455 Progress Blvd Siler City NC 27344 Chatham	UNC Hospitals – Burlington 1225 Huffman Mill Rd. Burlington NC 27215 Alamance
Cone Health MedCenter-Kernersville 1635 NC Highway 66 South Kernersville, NC 27284 Forsyth	Cone Health/MedCenter High Point 2630 Willard Dairy Road Suite A High Point, NC 27265 Guilford
EmergeOrtho, P.A. 1111 Huffman Mill Rd. Burlington, NC 27215 Alamance	

The existing grandfathered MRI scanner SYM 65 (Serial # 1M9A3A820AHO22801) should be permitted to be exchanged with MRI scanner SIGNA 294 (Serial # 1S9FA482231182634) because:

- 1) SYM 65 has the imaging capabilities that fit the needs of the CON-approved host sites.
- 2) SIGNA 294 will become a grandfathered MRI scanner that will have greater flexibility to serve existing and potential new host sites.
- 3) The exchange of these MRI assets will increase patient access and does not require any capital expenditure.

Compliance Documentation

Compliance with G.S. 131E-176 (22a) Replacement Equipment Definition is demonstrated because there is no acquisition cost with two existing MRI scanners being exchanged.

As seen in Attachment 2, Rodney Skelding and Aaron Dunn, Alliance Operations Manager, document that the replacement MRI equipment will be used for the same diagnostic purposes as the existing mobile MRI scanner. In addition, Alliance Imaging is providing prior written notice to the Department in accordance with G.S. 131E-184 (a) (7) Exemption from Review to provide replacement equipment.

Applicability and Conformance with Administrative Rule 10A NCAC 14C.0303 Replacement Equipment

Alliance Imaging Inc. plans to exchange its existing mobile MRI scanners in accordance with the following regulatory requirements:

10A NCAC 14C.0303 Replacement Equipment

(a) The purpose of this Rule is to define the terms used in the definition of “replacement equipment” set forth in G.S. 131E-176(22a).

Alliance Imaging Inc. has reviewed this rule definition.

(b) “Activities essential to acquiring and making operational the replacement equipment” means those activities which are indispensable and requisite, absent which the replacement equipment could not be acquired or made operational.

Alliance Imaging Inc. has reviewed this rule definition.

(c) “Comparable medical equipment” means equipment which is functionally similar and which is used for the same diagnostic or treatment purposes.

Alliance Imaging Inc. has reviewed this rule definition.

(d) Replacement equipment is comparable to the equipment being replaced if:
(1) it has the same technology as the equipment currently in use, although it may possess expanded capabilities due to technological improvements; and

The MRI scanners involved in this exchange are comparable because both units obtain MRI images. The exchanged mobile MRI scanners are not an extremity MRI or a dedicated breast MRI units.

(2) it is functionally similar and is used for the same diagnostic or treatment purposes as the equipment in use and is not used to provide a new health service; and

Alliance Healthcare Services certifies that the exchange involves mobile MRI equipment that will be used for the same diagnostic purposes. Following the exchange SYM 65 will be utilized in accordance with the conditions for CON Project I.D. # G-7038-04) to serve designated host sites that have been authorized through Declaratory Rulings and CON Letters of Material Compliance.

(3) The acquisition of the equipment does not result in more than a 10% increase in patient charges or per procedure operating expenses within the first twelve months after the replacement equipment is acquired.

Alliance certifies that no equipment acquisition is involved. Consequently, no increases in operating costs or patient charges will result from the proposed exchange of equipment.

(e) Replacement equipment is not comparable to the equipment being replaced if:
(1) the replacement equipment is new or reconditioned, the existing equipment was purchased second hand and the replacement equipment is purchased less than three years after the acquisition of the existing equipment.

Not applicable. The proposed exchange of equipment involves no acquisition of additional MRI scanners.

(2) The replacement equipment is new, the existing equipment was reconditioned when purchased, and the replacement equipment is purchased less than three years after the acquisition of the existing equipment; or

Not applicable. The proposed exchange of equipment involves no acquisition of MRI scanners.

(3) The replacement equipment is capable of performing procedures that could result in the provision of a new health service or type of procedure that has not been provided with the existing equipment; or

Not applicable. The two units are full featured MRI scanner with minor differences in software. These features do not change the basic technology or result in the provision of a new health service or type of procedure.

(4) The replacement equipment is purchased, and the existing equipment is leased, unless the lease is a capital lease;

Not applicable. The existing equipment is not leased.

(5) The replacement equipment is a dedicated PET scanner and the existing equipment is:

(A) a gamma camera with coincidence capability; or


(B) nuclear medicine equipment that was designed, built, modified to detect only the single photon emitted from nuclear events other than positron annihilation.

Not applicable. The existing equipment are not dedicated PET scanners, gamma cameras or nuclear medicine equipment.

<u>Equipment Comparison Following the Proposed Exchange</u>		EXCHANGE EQUIPMENT	EXCHANGE EQUIPMENT
Type of Equipment (List Each Component)		Mobile MRI	Mobile MRI
Manufacturer of Equipment		Siemens	GE
Tesla Rating for MRIs		1.5T	1.5T
Model Number		Symphony	SIGNA Excite
Serial Number		1M9A3A820AHO22801	1S9FA482231182634
Provider's Method of Identifying Equipment		SYM 65	SIGNA 273
Specify if Mobile or Fixed		Mobile (Parked)	Mobile
Mobile Trailer Serial Number/VIN #		1M9A3A820AHO22801	1S9FA482231182634
Mobile Tractor Serial Number/VIN #		Same as above	Same as above
Date of Acquisition of Each Component		2/1/2011	1/1/2004
Does Provider Hold Title to Equipment or Have a Capital Lease?		Holds Title	Holds Title
Specify if Equipment Was/Is New or Used When Acquired		New	New
Total Capital Cost of Project (no construction involved)		Owned by Alliance	Owned by Alliance
Total Cost of Equipment		Owned by Alliance	Owned by Alliance
Fair Market Value of Equipment (Source: Alliance Capital Asset Records, April 9, 2019)		FMV = \$195,000	FMV = \$230,000
Net Purchase Price of Equipment		NA	NA
Locations Where Operated <u>Following Equipment Exchange</u>		CON unit : Chatham Hospital UNC Burlington Cone MedCenter- High Point Cone MedCenter-Kernersville EmergeOrtho Burlington	Grandfathered unit Duke Medical Plaza Durham
Number Days In Use/To be Used in N.C. Per Year		365	365
Percent of Change in Patient Charges (by Procedure)		No increases	No increases
Percent of Change in Per Procedure Operating Expenses (by Procedure)		0 % Change	0 % Change
Type of Procedures Currently Performed on Existing Equipment		MRI Procedures	MRI Procedures
Type of Procedures New Equipment is Capable of Performing		MRI procedures	MRI procedures

Thank you for your review and consideration of this information. Please call David French at (336) 342-6509 if you have questions.

Sincerely,

A handwritten signature in cursive script that reads "David J. French".

David J. French
Consultant to Alliance Healthcare Services
P.O. 2154
Reidsville NC 27320
djfrench45@gmail.com

Cc: Rodney Skelding
Aaron Dunn
Cale Arnold

Attachment:

Letter from Alliance Healthcare Services regarding use of exchanged MRI scanners and charges to host sites

ALLIANCE HEALTHCARE SERVICES

April 9, 2019

Ms. Martha Frisone Chief
Healthcare Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Alliance HealthCare Services MRI Equipment Exchange Involving SIGNA 294 and
SYM 65

Dear Ms. Frisone,

Alliance HealthCare Services intends to exchange its grandfathered MRI scanner SYM 65 (Serial # 1M9A3A820AHO22801) with MRI SIGNA 294 (Serial # 1S9FA482231182634), a CON-approved unit (Project I.D. # G-7038-04). These existing CON scanners are owned by Alliance Healthcare Services and serve North Carolina host sites. Once the exchange occurs, then SYM 65 becomes assigned to CON Project I.D. # G-7038-04 and SIGNA 294 becomes the grandfathered unit. Both MRI scanners will be utilized for the same diagnostic purposes as previous to the exchange.

In accordance with 10A NCAC 14C.030 Replacement Equipment Administrative Rules, we agree that the exchange MRI equipment will not result in no increase in charges to the host sites within the first twelve months after the equipment is acquired.

Thank you for your consideration. Please call us if you have any questions.

Sincerely,

Aaron Dunn

Aaron Dunn RT(R)(MR)
Operations Manager
Alliance Radiology
919 270-5751



Rodney Skelding
Operations Manager
Alliance Radiology
336 580-9061

Inman, Celia C

From: Inman, Celia C
Sent: Friday, May 31, 2019 3:25 PM
To: David French
Subject: Alliance Exemption for MRI scanner exchange
Attachments: H0015-Duke University.pdf

David,

I need some further information on Alliance's May 31 Exemption request.

First, the Equipment Comparison sheet does not agree with the other documents in the identification of the SIGNA scanner. The exemption request letter and the letter from Rodney Skelding and Aaron Dunn identify the SIGNA scanner as SIGNA 294; the equipment comparison form identifies the SIGNA scanner as SIGNA 273.

Second, I do not find where Duke has shown the designated SYM 65 unit on its LRA. FYI – I have attached Duke's LRA. Please provide verification of Duke's reporting of the use of the said unit.

Let me know if you have any questions.

Celia C. Inman

Project Analyst, Certificate of Need

Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section
NC Department of Health and Human Services

Office: 919-855-3873
celia.inman@dhhs.nc.gov

809 Ruggles Drive, Edgerton
2701 Mail Service Center
Raleigh, NC 27603

[Twitter](#) | [Facebook](#) | [YouTube](#) | [LinkedIn](#)

ALLIANCE HEALTHCARE SERVICES

June 3, 2019

Ms. Martha Frisone, Chief
Healthcare Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Alliance HealthCare Notice of Replacement by Exchanging Existing MRI Equipment
SYM 65 and SIGNA 294 with Correction and Additional Documentation
Business ID # 60

Dear Ms. Frisone,

I am writing to provide additional information regarding the Alliance HealthCare Services written notice of replacement by exchange of two existing MRI scanners. Alliance HealthCare Services intends to exchange its grandfathered MRI scanner SYM 65 (Serial # 1M9A3A820AHO22801) with MRI SIGNA 294 (Serial # 1S9FA482231182634), a CON-approved unit (Project I.D. # G-7038-04). These existing MRI scanners are owned by Alliance Healthcare Services. Existing services agreements enable these MRI scanners to serve host sites in North Carolina. Once the exchange occurs, then SYM 65 becomes the CON-approved unit (Project I.D. # G-7038-04) and SIGNA 294 becomes the grandfathered unit.

In accordance with NCGS 131 E-184, this letter provides justification and written notice regarding the replacement equipment. Alliance also provides documentation that the equipment that is being exchanged conforms to the Certificate of Need laws and Administrative rules:

G.S. 131E-176 (22a) Replacement equipment definition

G.S. 131E-184 (a) (7) Exemptions from review to provide replacement equipment

10A NCAC 14C.0303 Replacement Equipment Administrative Rules

Overview

The proposed exchange of existing North Carolina MRI scanners that are owned by Alliance Healthcare does not involve the acquisition of replacement equipment or the removal of MRI equipment. Copies of the 2019 MRI Equipment Inventory Form for SIGNA 294 is available upon request. SYM 65 (Serial # 1M9A3A820AHO22801) is currently utilized at a Duke University Hospital outpatient location and this unit is reported in the hospital's License Renewal Application (Please see pages 8 and 9 and the 2019 LRA for Duke University Hospital).

Duke Medical Plaza
(At Page Road)
4709 Creekstone Dr.
Durham, NC 27703

previous location

Duke University Hospital/ Lennox Baker
3000 Erwin Rd.
Durham, NC 27710

SIGNA 294 (Serial # 1S9FA482231182634) is a CON-approved (Project I.D. # G-7038-04) unit that is currently authorized to serve the following host sites including:

Chatham Hospital 455 Progress Blvd Siler City NC 27344 Chatham	UNC Hospitals – Burlington 1225 Huffman Mill Rd. Burlington NC 27215 Alamance
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EmergeOrtho, P.A. 1111 Huffman Mill Rd. Burlington, NC 27215 Alamance	

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- 1) SYM 65 has the imaging capabilities that fit the needs of the CON-approved host sites.
- 2) SIGNA 294 will become a grandfathered MRI scanner that will have greater flexibility to serve existing and potential new host sites.
- 3) The exchange of these MRI assets will increase patient access and does not require any capital expenditure.

Compliance Documentation

Compliance with G.S. 131E-176 (22a) Replacement Equipment Definition is demonstrated because there is no acquisition cost with two existing MRI scanners being exchanged.

As seen in Attachment 2, Rodney Skelding and Aaron Dunn, Alliance Operations Manager, document that the replacement MRI equipment will be used for the same diagnostic purposes as the existing mobile MRI scanner. In addition, Alliance Imaging is providing prior written notice to the Department in accordance with G.S. 131E-184 (a) (7) Exemption from Review to provide replacement equipment.

Applicability and Conformance with Administrative Rule 10A NCAC 14C.0303 Replacement Equipment

Alliance Imaging Inc. plans to exchange its existing mobile MRI scanners in accordance with the following regulatory requirements:

10A NCAC 14C.0303 Replacement Equipment

(a) The purpose of this Rule is to define the terms used in the definition of “replacement equipment” set forth in G.S. 131E-176(22a).

Alliance Imaging Inc. has reviewed this rule definition.

(b) “Activities essential to acquiring and making operational the replacement equipment” means those activities which are indispensable and requisite, absent which the replacement equipment could not be acquired or made operational.

Alliance Imaging Inc. has reviewed this rule definition.

(c) “Comparable medical equipment” means equipment which is functionally similar and which is used for the same diagnostic or treatment purposes.

Alliance Imaging Inc. has reviewed this rule definition.

(d) Replacement equipment is comparable to the equipment being replaced if:
(1) it has the same technology as the equipment currently in use, although it may possess expanded capabilities due to technological improvements; and

The MRI scanners involved in this exchange are comparable because both units obtain MRI images. The exchanged mobile MRI scanners are not an extremity MRI or a dedicated breast MRI units.

(2) it is functionally similar and is used for the same diagnostic or treatment purposes as the equipment in use and is not used to provide a new health service; and

Alliance Healthcare Services certifies that the exchange involves mobile MRI equipment that will be used for the same diagnostic purposes. Following the exchange SYM 65 will be utilized in accordance with the conditions for CON Project I.D. # G-7038-04) to serve designated host sites that have been authorized through Declaratory Rulings and CON Letters of Material Compliance.

(3) The acquisition of the equipment does not result in more than a 10% increase in patient charges or per procedure operating expenses within the first twelve months after the replacement equipment is acquired.

Alliance certifies that no equipment acquisition is involved. Consequently, no increases in operating costs or patient charges will result from the proposed exchange of equipment.

(e) Replacement equipment is not comparable to the equipment being replaced if:
(1) the replacement equipment is new or reconditioned, the existing equipment was purchased second hand and the replacement equipment is purchased less than three years after the acquisition of the existing equipment.

Not applicable. The proposed exchange of equipment involves no acquisition of additional MRI scanners.

(2) The replacement equipment is new, the existing equipment was reconditioned when purchased, and the replacement equipment is purchased less than three years after the acquisition of the existing equipment; or

Not applicable. The proposed exchange of equipment involves no acquisition of MRI scanners.

(3) The replacement equipment is capable of performing procedures that could result in the provision of a new health service or type of procedure that has not been provided with the existing equipment; or

Not applicable. The two units are full featured MRI scanner with minor differences in software. These features do not change the basic technology or result in the provision of a new health service or type of procedure.

(4) The replacement equipment is purchased, and the existing equipment is leased, unless the lease is a capital lease;

Not applicable. The existing equipment is not leased.

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(A) a gamma camera with coincidence capability; or

(B) nuclear medicine equipment that was designed, built, modified to detect only the single photon emitted from nuclear events other than positron annihilation.

Not applicable. The existing equipment are not dedicated PET scanners, gamma cameras or nuclear medicine equipment.

Equipment Comparison Following the Proposed Exchange

	EXCHANGE EQUIPMENT	EXCHANGE EQUIPMENT
Type of Equipment (List Each Component)	Mobile MRI	Mobile MRI
Manufacturer of Equipment	Siemens	GE
Tesla Rating for MRIs	1.5T	1.5T
Model Number	Symphony	SIGNA Excite
Serial Number	1M9A3A820AHO22801	1S9FA482231182634
Provider's Method of Identifying Equipment	SYM 65	SIGNA 294
Specify if Mobile or Fixed	Mobile (Parked)	Mobile
Mobile Trailer Serial Number/VIN #	1M9A3A820AHO22801	1S9FA482231182634
Mobile Tractor Serial Number/VIN #	Same as above	Same as above
Date of Acquisition of Each Component	2/1/2011	1/1/2004
Does Provider Hold Title to Equipment or Have a Capital Lease?	Holds Title	Holds Title
Specify if Equipment Was/Is New or Used When Acquired	New	New
Total Capital Cost of Project (no construction involved)	Owned by Alliance	Owned by Alliance
Total Cost of Equipment	Owned by Alliance	Owned by Alliance
Fair Market Value of Equipment (Source: Alliance Capital Asset Records, April 9, 2019)	FMV = \$195,000	FMV = \$230,000
Net Purchase Price of Equipment	NA	NA
Locations Where Operated Following Equipment Exchange	CON unit : Chatham Hospital UNC Burlington Cone MedCenter- High Point Cone MedCenter-Kernersville EmmergeOrtho Burlington	Grandfathered unit Duke Medical Plaza Durham
Number Days In Use/To be Used in N.C. Per Year	365	365
Percent of Change in Patient Charges (by Procedure)	No increases	No increases
Percent of Change in Per Procedure Operating Expenses (by Procedure)	0 % Change	0 % Change
Type of Procedures Currently Performed on Existing Equipment	MRI Procedures	MRI Procedures
Type of Procedures New Equipment is Capable of Performing	MRI procedures	MRI procedures

Thank you for your review and consideration of this information. Please call David French at (336) 342-6509 if you have questions.

Sincerely,

A handwritten signature in cursive script that reads "David J. French". The signature is written in black ink and is positioned above the printed name and contact information.

David J. French
Consultant to Alliance Healthcare Services
P.O. 2154
Reidsville NC 27320
djfrench45@gmail.com

Cc: Rodney Skelding
Aaron Dunn
Cale Arnold

Attachments:

Letter from Alliance Healthcare Services regarding use of exchanged MRI scanners and charges to host sites

Excerpt of 2019 LRA for Duke University Hospital

ALLIANCE HEALTHCARE SERVICES

April 9, 2019

Ms. Martha Frisone Chief
Healthcare Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Alliance HealthCare Services MRI Equipment Exchange Involving SIGNA 294 and
SYM 65

Dear Ms. Frisone,

Alliance HealthCare Services intends to exchange its grandfathered MRI scanner SYM 65 (Serial # 1M9A3A820AHO22801) with MRI SIGNA 294 (Serial # 1S9FA482231182634), a CON-approved unit (Project I.D. # G-7038-04). These existing CON scanners are owned by Alliance Healthcare Services and serve North Carolina host sites. Once the exchange occurs, then SYM 65 becomes assigned to CON Project I.D. # G-7038-04 and SIGNA 294 becomes the grandfathered unit. Both MRI scanners will be utilized for the same diagnostic purposes as previous to the exchange.

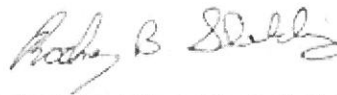
In accordance with 10A NCAC 14C.030 Replacement Equipment Administrative Rules, we agree that the exchange MRI equipment will not result in no increase in charges to the host sites within the first twelve months after the equipment is acquired.

Thank you for your consideration. Please call us if you have any questions.

Sincerely,

Aaron Dunn

Aaron Dunn RT(R)(MR)
Operations Manager
Alliance Radiology
919 270-5751




Rodney Skelding
Operations Manager
Alliance Radiology
336 580-9061

Duke University Hospital License Renewal Application 2019
Footnote 2 for Page 3

Duke University Hospital's Durham County clinic and other hospital service locations (including those meeting business occupancy standards as well as ambulatory or healthcare occupancy standards):

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 South Durham	234 Crooked Creek Parkway
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.
Duie Student Health PT/OT	305 Towerview Dr., Suite 316

Alliance MRI
Scanner SYM 65



Duke University Hospital License Renewal Application 2019
Footnotes for Page 17

- (1) 5 of the fixed DUH diagnostic imaging MRI scanners located on the main DUH campus were originally 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 and two for cardiac. The totals provided 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, 2018), Duke provided MRI procedures on 2 units historically reported as mobile including following: 1 owned by DUHS located at Lenox Baker and 1 owned by Alliance currently at Page Road. DUH also operates an IDTF in Cary, North Carolina at which Alliance provides mobile MRI services. Duke understands that Alliance will separately report the procedures performed at the Cary IDTF, which are not included in this application.
- (3) In January 2018, one MRI scanner was replaced and relocated from Page Road onto the main campus. Also in early 2018, the Alliance mobile was relocated from Lenox Baker to Page Road. Volumes for 2018 therefore reflect 2 scanners at Lenox Baker for part of the year, including one Duke Scanner operated all year and one Alliance scanner operated part of the year. Page Road reflects volumes separately for a Duke-owned scanner and an Alliance-owned scanner, each of which was operated part of the year at this location.
- (4) Therefore, as of June 30, 2018, DUH provides MRI procedures on 12 total clinical diagnostic MRI machines, 5 of which were acquired pursuant to Policy AC-3, and 1 of which is operated by Alliance at Page Road.

Duke Medical Plaza at Page Road 4709
Creekstone Drive, Suite 250

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

*Effective January 01, 2019, 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

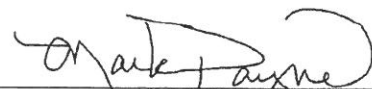
Shared Surgical Operating Rooms: 50

Dedicated Endoscopy Rooms: 11

Authorized by:



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



Director, Division of Health Service Regulation

REC'D JAN 29 2019

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
Regular Mail: 1205 Umstead Drive
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
FID #: 943138
PC W

Medicare # 340030

Date 1/31/19

License Fee: \$17,697.50

**2019
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

Application Rec'd Date 1-29-19
Fee Paid-Ck # 6300036244
Amount \$17,697.50
Initials [Signature]
DHSR Acute and Home Care L&C

Administrator/Director: Thomas A Owens
Title: CEO

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

Chief Executive Officer: [Signature] Title: President, DUH
(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 Cummer Telephone: (919) 668-0857

E-Mail: Catharine.cummer@duke.edu

July 1, 2017 June 30, 2018

All responses should pertain to ~~October 1, 2017~~ through ~~September 30, 2018~~.

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

In accordance with Session Law 2013-382 and 10A NCAC 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:

https://www.dukehealth.org/hospitals/duke-university-hospital/home

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

https://dukehealth.org/paying-for-care/financial-assistance

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

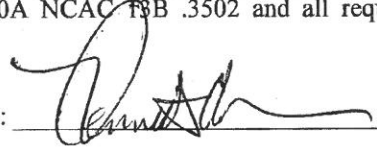
Feel free to email the copy of the facility's charity care policy to:

DHHS.DHSR.Hospital.CharityCare.Policy@dhhs.nc.gov.

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> 2017	Annual Financial Assistance at Cost <i>(Form 990; Schedule H Part I, 7(a)(c))</i> 2017	Bad Debt Expense <i>(Form 990; Schedule H Part III, Section A(2))</i> 2017	Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy 2017 <i>(Form 990; Schedule H Part III, Section A(3))</i>
2,882,117	96,710,397	12,619,125	∅

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: 1-15-2019

Print Name of Approving Official: Kenneth C. Morris

2019 Renewal Application for Hospital:

Duke University Hospital

July 1, 2018

June 30, 2018

All responses should pertain to ~~October 1, 2017~~ through ~~September 30, 2018~~.

License No: **H0015**

Facility ID: **943138**

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

Primary National Provider Identifier (NPI) registered at NPPES 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 DUMC Durham, NC 27710	Hospital Svcs

Please attach a separate sheet for additional listings

See footnote (2) for page 3

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.

Duke University Hospital License Renewal Application 2019
Footnotes for Page 3

(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

**Duke University Hospital License Renewal Application 2019
Footnote 2 for Page 3**

Duke University Hospital's Durham County clinic and other hospital service locations (including those meeting business occupancy standards as well as ambulatory or healthcare occupancy standards):

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 South Durham	234 Crooked Creek Parkway
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.
Duie Student Health PT/OT	305 Towerview Dr., Suite 316

July 1, 2017 *June 30, 2018*

All responses should pertain to ~~October 1, 2017~~ through ~~September 30, 2018~~.

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*: *Duke University Health System Inc*

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

If 'Yes', name of CEO: _____

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

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

If "YES", name of building owner:

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:

Tracy Gosselin, PhD, RN, AOCN, NEA-BC, FAAN

4. Director of Planning:

Morgan Jones, MSPH, FACHE



**Duke University Hospital License Renewal Application 2019
Footnotes for Page 4**

***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)

All responses should pertain to ^{July 1, 2017} ~~October 1, 2017~~ through ^{June 30, 2018} ~~September 30, 2018~~.

Facility Data

- A. Reporting Period.** All responses should pertain to the period ^{July 1, 2017} ~~October 1, 2017~~ to ^{June 30, 2018} ~~September 30, 2018~~.
- B. General Information.** (Please fill in any blanks and make changes where necessary.)

For B and C, submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

1. Admissions to Licensed Acute Care Beds: include only admissions to beds in category D-1 (a – q) on page 6; exclude responses in categories D-2 – D-8 on page 6; exclude normal newborn bassinets; exclude swing bed admissions.	42,831	
2. Discharges from Licensed Acute Care Beds: include only discharges from beds in category D-1 (a – q) on page 6; exclude responses in categories D-2 – D-8 on page 6; exclude normal newborn bassinets; exclude swing bed admissions.	42,469	
3. Average Daily Census: include only admissions to beds in category D-1 (a – q) on page 6; exclude responses in categories D-2-D-8 on page 6; exclude normal newborn bassinets; and exclude swing bed admissions.	800.8	
4. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what was the number of licensed beds at the end of the reporting period?	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	
5. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	10,585	
6. Number of unlicensed Observation Beds	25	

C. Designation and Accreditation

1. Are you a designated trauma center? Yes ___ No Designated Level # _____
2. Are you a critical access hospital (CAH)? ___ Yes No
3. Are you a long term care hospital (LTCH)? ___ Yes No
4. Is this facility TJC accredited? Yes ___ No Expiration Date: April 8, 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 2019
Footnotes for Page 5

- (1) Observations – Includes 10,585 observation status patients and outpatients in inpatient beds. An additional 3,281 observation status patients were accommodated in the Clinical Evaluation Unit in the Emergency Department that are not included the observations total for the 2019 application.

- (2) The number of unlicensed observation beds totaled 25 as of June 30, 2017. This includes 11 beds in the Clinical Evaluation Unit and 14 observation beds which were temporarily approved for inpatient use pursuant to 10A NCAC 13B.3111.

July 1, 2017 June 30, 2018

All responses should pertain to ~~October 1, 2017 through September 30, 2018~~

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.

Licensed Acute Care Beds Campus – if multiple sites: _____ 6/30/2018	Licensed Beds as of 9/30/2018	Operational Beds as of 9/30/2018 6/30/2018	Inpatient Days of Care
Intensive Care Units			
1. General Acute Care Beds/Days			
a. Burn (for DRG's 927, 928, 929, 933, 934, and 935 only)		0	
b. Cardiac		49	14,832
c. Cardiovascular Surgery		32	10,472
d. Medical/Surgical		96	29,542
e. Neonatal Beds Level IV* (Not Normal Newborn)		45	14,196
f. Pediatric		48	13,651
g. Respiratory Pulmonary		24	7,917
h. Other (List)		0	0
Other Units			
i. Gynecology		10	2,803
j. Medical/Surgical (Exclude Skilled Nursing swing-beds)		419	132,479
k. Neonatal Level III* (Not Normal Newborn)		15	5,243
l. Neonatal Level II* (Not Normal Newborn)		7	2,057
m. Obstetric (including LDRP)		36	9,085
n. Oncology		62	20,829
o. Orthopedics		31	8,509
p. Pediatric		75	20,671
q. Other, List:		3	0
Total General Acute Care Beds/Days (a through q)	938	952	292,286
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Substance Abuse / Chemical Dependency Treatment	0		
5. Psychiatry	19	18	5,363
6. Nursing Facility	0		
7. Adult Care Home	0		
8. Other	0		
9. Totals (1 through 8)	957	970*	297,649

*Neonatal service levels are defined in 10A NCAC 14C .1401.

* See Footnote 3 for page 6

If this hospital is designated as a swing-bed hospital by Centers for Medicare & Medicaid Services (CMS):

10. Number of Swing Beds	0
11. Number of Skilled Nursing days in Swing Beds	0



Duke University Hospital License Renewal Application 2019
Footnotes for Page 6

- (1) "Operational" bed counts reflect the hospital's actual average daily census, as staffing is flexed to meet patient census each day. All licensed beds are currently in service and able to be staffed based on census needs.
- (2) 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.
- (3) Total operational beds totaling 970 include 956 licensed beds and 14 observation beds which were temporarily approved for inpatient use pursuant to 10A NCAC 13B.3111.

July 1, 2017 June 30, 2018

All responses should pertain to ~~October 1, 2017~~ through ~~September 30, 2018~~.

E. 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 (1) (total should be the same as F.3.b. on p. 8)	Outpatient Visits (3) (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (4) (total should be same as 9.e. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as 9.e. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay	1,573	1,835	4,773	112	93
Charity Care	5,923	9,312	22,216	372	547
Medicare*	116,634	21,695	378,524	7,562	7,407
Medicaid*	71,648	18,545	109,860	2,540	2,454
Insurance*	84,032	22,046	439,084	6,780	10,666
(2) Other (Specify)	12,476	2,302	34,855	934	1,048
TOTAL	292,286	75,735	989,312	18,300	22,215

* Including any managed care plans.

F. Services and Facilities

1. Obstetrics

	Number of Infants
a. Live births (Vaginal Deliveries)	2,137
b. Live births (Cesarean Section)	1,291
c. Stillbirths	48

	Number of Rooms
d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	0
f. Delivery Rooms – LDRP (include in Item "D.1.m" on Page 6)	21

g. Number of Normal Newborn Bassinets (Level I Neonatal Services) 36
Do not include in section "D. Beds by Service" on Page 6

2. Abortion Services

Number of procedures per Year 105 See footnote 5 For page 7
(Feel free to footnote the type of abortion procedures reported)

Duke University Hospital License Renewal Application 2019
Footnotes for Page 7

- (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.

All responses should pertain to ~~October 1, 2017~~ ^{July 1, 2017} through ~~September 30, 2018~~ ^{June 30, 2018}.

3. Emergency Department Services

See Footnote 1 for page 8

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 0

b. Total Number of ED visits for reporting period: 75,735

c. Total Number of admits from the ED for reporting period: 17,952

d. Total Number of Urgent Care visits for reporting period: 0

e. Does your ED provide services 24 hours a day 7 days per week? Yes No

If no, specify days/hours of operation: _____

f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No

If no, specify days/hours physician is on duty: _____

4. Medical Air Transport: Owned or leased air ambulance service: *See Footnote 2 for page 8*

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>1</u>	<u>1</u>	<u>929</u>
Fixed Wing	<u>0</u>	<u>0</u>	<u>0</u>	<u>54</u>

5. Pathology and Medical Lab (Check whether or not service is provided) *See Footnote 3 for page 8*

a. Blood Bank/Transfusion Services Yes No

b. Histopathology Laboratory Yes No

c. HIV Laboratory Testing Yes No

Number during reporting period

HIV Serology 22,841

HIV Culture 36

d. Organ Bank Yes No

e. Pap Smear Screening Yes No



Duke University Hospital License Renewal Application 2019
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.
- (3) HIV serology volumes exclude molecular HIV tests and includes HIV serum tests sent to outside laboratories.

All responses should pertain to ~~October 1, 2017 through September 30, 2018~~ ^{July 1, 2017} ^{June 30, 2018}

6. Transplantation Services - Number of transplants *See Footnote 1 For page 9*

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	114	f. Kidney/Liver	8	k. Lung	105
b. Bone Marrow-Autologous	242	g. Liver	93	l. Pancreas	0
c. Cornea	464	h. Heart/Liver	1	m. Pancreas/Kidney	8
d. Heart	78	i. Heart/Kidney	2	n. Pancreas/Liver	0
e. Heart/Lung	1	j. Kidney	148	o. Other	2

Do you perform living donor transplants? Yes No

7. Telehealth/Telemedicine* *See Footnote 2 For page 9*

Check the appropriate box for each service this facility provides or receives via telehealth/telemedicine.
 A service may apply to more than one category.

Service	Check all that apply	
	Provide service to other facilities via telemedicine	Receive service from other facilities via telemedicine
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>
Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and/or substance use disorder (other than tobacco) services	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other services	<input checked="" type="checkbox"/>	<input type="checkbox"/>

* Telehealth/telemedicine is defined by the U.S. Health Resources & Services administration as "the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications."

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

a. Open Heart Surgery

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	1,130
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	101
4. Total Open Heart Surgery Procedures (2. + 3.)	1,231



Duke University Hospital License Renewal Application 2019
Footnote for Page 9

(1) Transplantation Services based on the number of transplants performed in FY2018. Patients that received multiple organs are counted one time based on the transplant combination received, not the number of organs.

(2) Imaging - Duke University Hospital providers in Maternal Fetal Medicine conduct weekly visits with patients at the Pinehurst Women's Clinic to provide care for high risk pregnancies. During these visits, the provider at Duke examines the patient in conjunction with the providers at the Pinehurst clinic. When needed, OB ultrasounds are transferred from the Pinehurst clinic to Duke for review.

Stroke - The Department of Neurology continues to provide telestroke services to five non-Duke hospitals. In addition, the Neurocritical care physicians at Duke University Hospital provide Virtual Neurocritical Care Consults via telehealth technology to Duke Raleigh Hospital's critical care unit. Duke Raleigh Hospital is a part of the Duke University Health System.

Other Services- Duke's Pediatric Cardiology group continues to read outside facility pediatric echocardiograms.

All responses should pertain to ~~October 1, 2017~~ ^{July 1, 2017} through ~~September 30, 2018~~ ^{June 30, 2018}.

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

b. Cardiac Catheterization and Electrophysiology

See Footnote 1 For page 10

Cardiac Catheterization, as defined in NCGS 131E-176(2g)	Diagnostic Cardiac Catheterization**	Interventional Cardiac Catheterization***
1. Number of Units of Fixed Equipment	7	
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	305	57
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	3,363	1,030
4. Number of Procedures* Performed in Mobile Units	0	0
Dedicated Electrophysiology (EP) Equipment		
5. Number of Units of Fixed Equipment	4	
6. Number of Procedures on Dedicated EP Equipment	2,448	

*A **procedure** is defined as one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit only once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed during that visit. For example, if a patient has both a diagnostic and an interventional procedure in one visit, count it as one interventional procedure.

** "a cardiac catheterization procedure performed for the purpose of detecting and identifying defects or diseases in the coronary arteries or veins of the heart, or abnormalities in the heart structure, but not the pulmonary artery." 10A NCAC 14C .1601(9)

*** "a cardiac catheterization procedure performed for the purpose of treating or resolving anatomical or physiological conditions which have been determined to exist in the heart or coronary arteries or veins of the heart, but not the pulmonary artery." 10A NCAC 14C .1601(16)

Number of fixed or mobile units of grandfathered cardiac catheterization equipment owned by hospital (i.e., equipment obtained before a CON was required):

2

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

CON Project ID numbers for all non-grandfathered fixed or mobile units of cardiac catheterization equipment owned by hospital:

J-1951-83; J-3910-90; J-5327-96; J-6209-00; J-7323-05

Name of Mobile Vendor, if not owned by hospital: N/A

Number of 8-hour days per week the mobile unit is onsite: 0 8-hour days per week.

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

✓

Duke University Hospital License Renewal Application 2019
Footnote for Page 10

(1) Excludes hybrid OR equipment

All responses should pertain to ~~October 1, 2017~~ ^{July 1, 2017} through ~~September 30, 2018~~ ^{June 30, 2018}.

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 11-13 (through Section 9-g) for each site. Submit the Cumulative Totals and submit a duplicate of pages 11-13 for each campus.

Campus – if multiple sites: N/A

a) Surgical Operating Rooms

A Surgical Operating Room is defined as a room “used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room” (G.S. §131E-146(1c)). These surgical operating rooms include rooms located in both Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	7
Dedicated C-Section	0
Other Dedicated Inpatient Surgery (<i>Do not include dedicated Open Heart or C-Section rooms</i>)	0
Dedicated Ambulatory Surgery	9
Shared - Inpatient / Ambulatory Surgery	49
Total of Surgical Operating Rooms	65

Of the Total of Surgical Operating Rooms , 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.”	6
--	---

b) Gastrointestinal Endoscopy Rooms, Procedures, and Cases

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed during the reporting period, in **GI Endoscopy Rooms and in any other location**.

Total Number of Licensed Gastrointestinal Endoscopy Rooms: 11

GI Endoscopies*	PROCEDURES		CASES		TOTAL CASES
	Inpatient	Outpatient	Inpatient	Outpatient	
Performed in Licensed GI Endoscopy Rooms	4167	11507	2296	8143	10439
NOT Performed in Licensed GI Endoscopy Rooms	1657	3788	1098	3264	4362
TOTAL CASES – must match total reported on Page 27 (Patient Origin – GI Endoscopy Cases) →					14801

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

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

Report rooms, which are not licensed as operating rooms or GI endoscopy rooms, but that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: See Footnote 1 page 11

Duke University Hospital License Renewal Application 2019
Footnote for Page 11

- (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, 2017~~ ^{July 1, 2017} through ~~September 30, 2018~~ ^{June 30, 2018}.

Campus – if multiple sites: _____

d) Non-Surgical Cases by Category

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.

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Endoscopies OTHER THAN GI Endoscopies		
Performed in Licensed GI Endoscopy Rooms	560	1,674
NOT Performed in Licensed GI Endoscopy Rooms	1	60
Other Non-Surgical Cases		
Pain Management	2	3,146
Cystoscopy	5	2,071
YAG Laser (4)	0	0
Other (specify)		

e) Surgical Cases by Specialty Area

Enter the number of surgical cases performed in licensed operating rooms only, by surgical specialty area. 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 28 and 29.

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	2,699	588
Open Heart Surgery (from 8.(a) 4. on page 9)	1,231	
General Surgery	3,780	2,574
Neurosurgery	2,295	609
Obstetrics and GYN (excluding C-Sections)	361	1,795
Ophthalmology	152	5,479
Oral Surgery/Dental	15	7
Orthopedics	3,520	4,060
Otolaryngology	448	1,825
Plastic Surgery	661	1,801
Podiatry	354	960
Urology	1,032	1,881
Vascular	0	0
Other Surgeries (specify) (3)	543	636
Number of C-Sections Performed in Dedicated C-Section ORs	0	
Number of C-Sections Performed in Other ORs	1,209 (2)	
Total Surgical Cases Performed Only in Licensed ORs	18,300	22,215

f) Number of surgical procedures performed in unlicensed Procedure Rooms: 1,605

See Footnote 1 page 12



Duke University Hospital License Renewal Application 2019
Footnote for Page 12

- (1) “Surgical procedures” is not defined. DUH performed a total of 1,605 ophthalmology and other procedures in areas other than licensed operating rooms.
- (2) 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 2019 License Renewal Application we report providing no C-Section procedures in dedicated C-Section rooms. We report 1,209 C-Section procedures performed in other ORs on page 13, but the procedures are not in fact performed in licensed ORs.
- (3) Other surgeries include: Pediatric – 502; Adult and Pediatric Bone Marrow Transplant -3; and Pain Management - 38
- (4) YAG Laser procedures are no longer performed on Duke University Hospital campus.

All responses should pertain to ^{July 1, 2017} ~~October 1, 2017~~ through ^{June 30, 2018} ~~September 30, 2018~~.

Campus – if multiple sites: _____

For questions regarding this page, please contact Healthcare Planning at 919-855-3865.

g. Average Operating Room Availability and Average Case Times *See footnote 1 for page 13*

Based on your facility's experience, please complete the table below by showing the averages for all licensed operating rooms in your facility. Healthcare Planning uses this data in the operating room need methodology. **Average case times should be calculated, not estimated.** When reporting case times, be sure to include set-up and clean-up times.

Average Hours per Day Routinely Scheduled for Use Per Room*	Average Number of Days per Year Routinely Scheduled for Use	Average Case Time ** in Minutes for Inpatient Cases	Average Case Time ** in Minutes for Ambulatory Cases
10.8	246	257.43	138.25

* 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 = 8.3 Average Hours per day Routinely Scheduled for Use Per Room

** **Case Time = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR. 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.*

Duke University Hospital License Renewal Application 2019
Footnote for Page 13

- (1) DUH measures OR time as patient in/patient out, plus 30 minutes for room turnover and preparation per case.

2019 Renewal Application for Hospital:

Duke University Hospital

License No: H0015

Facility ID: 943138

All responses should pertain to ^{July 1, 2017} ~~October 1, 2017~~ ^{June 30, 2018} ~~through September 30, 2018~~.

For questions regarding this page, please contact Healthcare Planning at 919-855-3865.

h. Definition of Health System for Operating Room Need Determination Methodology

Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The Operating Room need determination methodology uses the following definition of "health system" that differs from the definition on page 4 of the License Renewal Application. (Note that for most facilities, the health system entered here will be the same health system entered on page 4, but it may not be. Please read this definition carefully.)

A "health system" includes all licensed health service facilities located in the same county that are owned or leased by:

1. the same legal entity (i.e., the same individual, trust or estate, partnership, corporation, hospital authority, or the State or political subdivision, agency or instrumentality of the State); or
2. the same parent corporation or holding company; or
3. a subsidiary of the same parent corporation or holding company; or
4. a joint venture in which the same parent, holding company, or a subsidiary of the same parent or holding company is a participant and has the authority to propose changes in the location or number of ORs in the health service facility.

A health system consists of one or more health service facilities.

Based on the above definition, is this facility in a health system? Yes No

If so, name of health system: Duke University Health System



All responses should pertain to ^{July 1, 2017} ~~October 1, 2017~~ through ^{June 30, 2018} ~~September 30, 2018~~.

- i. 20 Most Common Outpatient Surgical Cases** - 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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	175
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	52
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	303
42820	Tonsillectomy and adenoidectomy; younger than age 12	121
42830	Adenoidectomy, primary; younger than age 12	26
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)	26
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	68
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	109
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)	26
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)	7
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	20
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	21
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	331
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	0
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	293
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	2120
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	333

All responses should pertain to ^{July 1, 2017} ~~October 1, 2017~~ through ^{June 30, 2018} ~~September 30, 2018~~.

10. Imaging Procedures

a. 20 Most Common Outpatient Imaging Procedures

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	7,363
70486	Computed tomography, facial bone; without contrast material	1,493
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material	2,141
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	9,482
71020	Radiologic examination, chest; two views, frontal and lateral (1)	29,327
71250	Computed tomography, thorax; without contrast material(s)	7,583
71260	Computed tomography, thorax; with contrast material(s)	12,287
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	3,486
72100	Radiologic examination, spine, lumbosacral; two or three views	2,658
72110	Radiologic examination, spine, lumbosacral; minimum of four views	1,836
72125	Computed tomography, cervical spine; without contrast material	2,604
72141	Magnetic resonance (e.g., proton) imaging, spine cervical without contrast material	1,147
72148	Magnetic resonance (e.g., proton) imaging, spine lumbar without contrast material	1,853
73221	Magnetic resonance (e.g., proton) imaging, upper joint (e.g. shoulder, elbow, wrist) extremity without contrast material	1,007
73630	Radiologic examination, foot; complete, minimum of three views	2,431
73721	Magnetic resonance (e.g., proton) imaging, lower joint (e.g. knee, ankle, mid-hind foot, hip) extremity without contrast material	2,883
74000	Radiologic examination, abdomen; single anteroposterior view (2)	1,148
74176	Computed tomography, abdomen and pelvis; without contrast material	2,290
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	15,410
74178	Computed tomography, abdomen and pelvis; with contrast material(s) followed by contrast material	2,521

Duke University Hospital License Renewal Application 2019
Footnotes for Page 16

- (1) CPT code 71020—During the year there was a CPT code change from 71020 to 71046. Both CPT codes represents the same procedure. The HLA license requested the old code procedure volume. The volume expressed for CPT code 71020 reflect both the old and new codes.
- (2) CPT code 74000—During the year there was a CPT code change from 74000 to 74018. Both CPT codes represents the same procedure. The HLA license requested the old code procedure volume. The volume expressed for CPT code 74000 reflect both the old and new codes.

All responses should pertain to ~~October 1, 2017~~ ^{July 1, 2017} through ~~September 30, 2018~~ ^{June 30, 2018}.

Instructions for Hospitals with multiple campuses: For MRI Services, (Sections 10b-10e, pp 17-18), do not provide cumulative/combined data for all campuses. Provide data for individual campuses only.

b. MRI Procedures

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:** DUH Campus (1)(4)

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	6,025	3,588	9,613	18,722	7,964	26,686	36,299
Mobile (performed only at this site)	0	0	0	0	0	0	0
TOTAL**	6,025	3,588	9,613	18,722	7,964	26,686	36,299

* 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 be greater than or equal to the totals in the MRI Patient Origin Table on page 30 of this application.

Note: Healthcare Planning and Certificate of Need may request CPT codes for MRI procedures if further clarification is needed.

c. 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:** DUH Campus

Fixed Scanners (4)(4)	Number of Units
Number of fixed MRI scanners-closed, including open-bore scanners (do not include any Policy AC-3 scanners)	4
Number of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	5
Total Fixed MRI Scanners	9

Number of grandfathered fixed MRI scanners on this campus: 3

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

CON Project ID numbers for all other fixed MRI scanners on this campus: J-6108-99, J-6958-02, J-8030-07, J-8275-08 (2 scanners), J-8466-10

All responses should pertain to ^{July 1, 2017} ~~October 1, 2017~~ through ^{June 30, 2018} ~~September 30, 2018~~.

g. Positron Emission Tomography (PET). Campus – if multiple sites: DUH Campus

	Number of Units	Number of Procedures*		
		Inpatient	Outpatient	Total
(1) Dedicated Fixed PET Scanner	2	446	4,339	4,785
Mobile PET Scanner	0	0	0	0
PET pursuant to Policy AC-3	0	0	0	0
Other PET Scanners used for Human Research only	0	0	0	0

* PET procedure means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 31.

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

CON Project ID numbers for all non-grandfathered fixed PET scanners on this campus: _____

J-6420-01 (Duke has an additional PET scanner originally acquired in 1991).

Does the hospital own a mobile PET scanner that performed procedures on this campus? Yes No

If Yes, enter the CON Project ID number(s) for the mobile scanner(s): _____

If No, name of Mobile PET Provider, if any: N/A

h. Other Imaging Equipment. Campus – if multiple sites: DUH Campus

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
(2),(3),(4),(5),(6),(7) Ultrasound equipment	20	14,574	25,996	40,570
Mammography equipment	6	78	19,193	19,271
Bone Density Equipment	2	5	4,881	4,886
Fixed X-ray Equipment (excluding fluoroscopic)	47	48,887	68,443	117,330
Fixed Fluoroscopic X-ray Equipment	9	3,770	3,365	7,135
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	5	5,308	7,450	12,758
Coincidence Camera	0	0	0	0
Mobile Coincidence Camera. Vendor:	0	0	0	0
SPECT	0	0	0	0
Mobile SPECT. Vendor:	0	0	0	0
Gamma Camera	9	1,228	9,152	10,380
Mobile Gamma Camera. Vendor:	0	0	0	0
Proton Therapy equipment	0	0	0	0

i. Lithotripsy. Campus – if multiple sites: _____

	Number of Units	Number of Procedures			Lithotripsy Vendor/Owner
		Inpatient	Outpatient	Total	
Fixed					
Mobile					

All responses should pertain to ~~October 1, 2017~~ ^{July 1, 2017} through ~~September 30, 2018~~ ^{June 30, 2018}.

Instructions for Hospitals with multiple campuses: For MRI Services, (Sections 10b-10e, pp 17-18), do not provide cumulative/combined data for all campuses. Provide data for individual campuses only.

b. MRI Procedures

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: Southpoint (4)

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				408	1512	1920	1920
Mobile (performed only at this site)				0	0	0	0
TOTAL**				408	1512	1920	1920

* 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 be greater than or equal to the totals in the MRI Patient Origin Table on page 30 of this application.

Note: Healthcare Planning and Certificate of Need may request CPT codes for MRI procedures if further clarification is needed.

c. 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: Southpoint (4)

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed, including open-bore scanners (do not include any Policy AC-3 scanners)	1
Number of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
Total Fixed MRI Scanners	1

Number of grandfathered fixed MRI scanners on this campus: 0

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

CON Project ID numbers for all other fixed MRI scanners on this campus: J-5589-97

All responses should pertain to ^{July 1, 2017} ~~October 1, 2017~~ through ^{June 30, 2018} ~~September 30, 2018~~.

d. Mobile MRI Services Campus – if multiple sites: South point
 During the reporting period,

1. Did the facility own one or more mobile MRI scanners? Yes No

If Yes, how many? _____ Of these, how many are grandfathered? _____
 CON Project ID numbers for non-grandfathered mobile scanners owned by facility:

Did the facility contract for mobile MRI services? Yes No

If Yes, name of mobile vendor: _____

e. Other MRI

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 30 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. N/A

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								
Intraoperative MRI (iMRI)								

* 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.

f. Computed Tomography (CT). Campus – if multiple sites: South point

How many fixed CT scanners does the hospital have? 1

Does the hospital contract for mobile CT scanner services? Yes No

If yes, identify the mobile CT vendor _____

This scanner is used primarily for interventional procedures not reported below

Complete the following table for fixed and mobile CT scanners.

	Type of CT Scan	FIXED CT Scanner # of Scans	MOBILE CT Scanner # of Scans
1	Head without contrast	0	
2	Head with contrast	0	
3	Head without and with contrast	0	
4	Body without contrast	7	
5	Body with contrast	0	
6	Body without contrast and with contrast	1	
7	Biopsy in addition to body scan with or without contrast	18	
8	Abscess drainage in addition to body scan with or without contrast	0	
	Total	26	

All responses should pertain to ^{July 1, 2017} ~~October 1, 2017~~ through ^{June 30, 2018} ~~September 30, 2018~~.

g. Positron Emission Tomography (PET). Campus – if multiple sites: ~~N/A~~ Southpoint

	Number of Units	Number of Procedures*		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other PET Scanners used for Human Research only				

* 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 31.

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

CON Project ID numbers for all non-grandfathered fixed PET scanners on this campus: _____

Does the hospital own a mobile PET scanner that performed procedures on this campus? ___ Yes X No

If Yes, enter the CON Project ID number(s) for the mobile scanner(s): _____

If No, name of Mobile PET Provider, if any: N/A

h. Other Imaging Equipment. Campus – if multiple sites: Southpoint

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
(4)(5) Ultrasound equipment	1		2039	2039
Mammography equipment	1		3957	3957
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)	1		1651	1651
Fixed Fluoroscopic X-ray Equipment				
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera. Vendor:				
SPECT				
Mobile SPECT. Vendor:				
Gamma Camera				
Mobile Gamma Camera. Vendor:				
Proton Therapy equipment				

i. Lithotripsy. Campus – if multiple sites: _____

	Number of Units	Number of Procedures			Lithotripsy Vendor/Owner
		Inpatient	Outpatient	Total	
Fixed					
Mobile					

All responses should pertain to ~~October 1, 2017~~ ^{July 1, 2017} through ~~September 30, 2018~~ ^{June 30, 2018}.

Instructions for Hospitals with multiple campuses: For MRI Services, (Sections 10b-10e, pp 17-18), do not provide cumulative/combined data for all campuses. Provide data for individual campuses only.

b. MRI Procedures

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: Lenox Baker (2), (3), (4)

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				0	0	0	0
Mobile (performed only at this site)				1,935	1,027	2,962	2,962
TOTAL**				1,935	1,027	2,962	2,962

* 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 be greater than or equal to the totals in the MRI Patient Origin Table on page 30 of this application.

Note: Healthcare Planning and Certificate of Need may request CPT codes for MRI procedures if further clarification is needed.

c. 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: Lenox Baker

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed, including open-bore scanners (do not include any Policy AC-3 scanners)	0
Number of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
Total Fixed MRI Scanners	0

Number of grandfathered fixed MRI scanners on this campus: 0

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

CON Project ID numbers for all other fixed MRI scanners on this campus: _____

All responses should pertain to ~~October 1, 2017~~ ^{July 1, 2017} through ~~September 30, 2018~~ ^{June 30, 2018}.

d. **Mobile MRI Services** Campus – if multiple sites: Lenox Baker
 During the reporting period,

1. Did the facility own one or more mobile MRI scanners? Yes No

If Yes, how many? 1 Of these, how many are grandfathered? 0
 CON Project ID numbers for non-grandfathered mobile scanners owned by facility:

5-7174-04 (historically reported services as mobile (provided services full time at Lenox Baker))

Did the facility contract for mobile MRI services? Yes No

If Yes, name of mobile vendor: Alliance
 2018 Lenox Baker volumes are comprised between the following: 35% Alliance, 65% Facility owned

e. **Other MRI**
 Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 30 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: N/A

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								
Intraoperative MRI (iMRI)								

* 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.

f. **Computed Tomography (CT).** Campus – if multiple sites: N/A

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

Complete the following table for fixed and mobile CT scanners.

	Type of CT Scan	FIXED CT Scanner # of Scans	MOBILE CT Scanner # of Scans
1	Head without contrast		
2	Head with contrast		
3	Head without and with contrast		
4	Body without contrast		
5	Body with contrast		
6	Body without contrast and with contrast		
7	Biopsy in addition to body scan with or without contrast		
8	Abscess drainage in addition to body scan with or without contrast		
	Total		

All responses should pertain to July 1, 2017 through June 30, 2018
 October 1, 2017 through September 30, 2018.

d. **Mobile MRI Services** Campus – if multiple sites: Page Road
 During the reporting period,

1. Did the facility own one or more mobile MRI scanners? Yes No

If Yes, how many? 1 Of these, how many are grandfathered?
 CON Project ID numbers for non-grandfathered mobile scanners owned by facility:

J-6108-99 (Duke-owned scanner)

Did the facility contract for mobile MRI services? Yes No

If Yes, name of mobile vendor: N/A

e. **Other MRI**

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 30 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: N/A

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								
Intraoperative MRI (iMRI)								

* 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.

f. **Computed Tomography (CT).** Campus – if multiple sites: Page Road

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

Complete the following table for fixed and mobile CT scanners.

	Type of CT Scan	FIXED CT Scanner # of Scans	MOBILE CT Scanner # of Scans
1	Head without contrast	0	
2	Head with contrast	0	
3	Head without and with contrast	0	
4	Body without contrast	274	
5	Body with contrast	0	
6	Body without contrast and with contrast	0	
7	Biopsy in addition to body scan with or without contrast	0	
8	Abscess drainage in addition to body scan with or without contrast	0	
	Total	274	

July 1, 2017 - June 30, 2018

All responses should pertain to ~~October 1, 2017 through September 30, 2018.~~

g. Positron Emission Tomography (PET). Campus – if multiple sites: 1

	Number of Units	Number of Procedures*		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other PET Scanners used for Human Research only				

Page Rd

* 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 31.**

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

CON Project ID numbers for all non-grandfathered fixed PET scanners on this campus: _____

Does the hospital own a mobile PET scanner that performed procedures on this campus? ___ Yes No

If Yes, enter the CON Project ID number(s) for the mobile scanner(s): _____

If No, name of Mobile PET Provider, if any: N/A

h. Other Imaging Equipment. Campus – if multiple sites: N/A

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Ultrasound equipment				
Mammography equipment				
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)				
Fixed Fluoroscopic X-ray Equipment				
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera. Vendor:				
SPECT				
Mobile SPECT. Vendor:				
Gamma Camera				
Mobile Gamma Camera. Vendor:				
Proton Therapy equipment				

i. Lithotripsy. Campus – if multiple sites: _____

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile				

Lithotripsy Vendor/Owner

All responses should pertain to ~~October 1, 2017~~ ^{July 1, 2017} through ~~September 30, 2018~~ ^{June 30, 2018}.

Instructions for Hospitals with multiple campuses: For MRI Services, (Sections 10b-10e, pp 17-18), do not provide cumulative/combined data for all campuses. Provide data for individual campuses only.

b. MRI Procedures

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:** Page Road (Alliance Imaging Services Agreement)

(2),(3)

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							
Mobile (performed only at this site)				0	306	306	306
TOTAL**					306	306	306

* 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 be greater than or equal to the totals in the MRI Patient Origin Table on page 30 of this application.

Note: Healthcare Planning and Certificate of Need may request CPT codes for MRI procedures if further clarification is needed.

c. 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:** Page Road Alliance

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed, including open-bore scanners (do not include any Policy AC-3 scanners)	0
Number of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
Total Fixed MRI Scanners	0

Number of grandfathered fixed MRI scanners on this campus: 0

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

CON Project ID numbers for all other fixed MRI scanners on this campus: _____

All responses should pertain to July 1, 2017 through June 30, 2018
 October 1, 2017 through September 30, 2018.

d. **Mobile MRI Services** Campus – if multiple sites: Page Road
 During the reporting period,

1. Did the facility own one or more mobile MRI scanners? Yes No

If Yes, how many? _____ Of these, how many are grandfathered? _____
 CON Project ID numbers for non-grandfathered mobile scanners owned by facility:

Did the facility contract for mobile MRI services? Yes No

If Yes, name of mobile vendor: Alliance

e. **Other MRI**

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 30 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: N/A

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								
Intraoperative MRI (iMRI)								

* 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.

f. **Computed Tomography (CT).** Campus – if multiple sites: N/A

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

Complete the following table for fixed and mobile CT scanners.

	Type of CT Scan	FIXED CT Scanner # of Scans	MOBILE CT Scanner # of Scans
1	Head without contrast		
2	Head with contrast		
3	Head without and with contrast		
4	Body without contrast		
5	Body with contrast		
6	Body without contrast and with contrast		
7	Biopsy in addition to body scan with or without contrast		
8	Abscess drainage in addition to body scan with or without contrast		
	Total		

Duke University Hospital License Renewal Application 2019
Footnotes for Page 17

- (1) 5 of the fixed DUH diagnostic imaging MRI scanners located on the main DUH campus were originally 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 and two for cardiac. The totals provided 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, 2018), Duke provided MRI procedures on 2 units historically reported as mobile including following: 1 owned by DUHS located at Lenox Baker and 1 owned by Alliance currently at Page Road. DUH also operates an IDTF in Cary, North Carolina at which Alliance provides mobile MRI services. Duke understands that Alliance will separately report the procedures performed at the Cary IDTF, which are not included in this application.
- (3) In January 2018, one MRI scanner was replaced and relocated from Page Road onto the main campus. Also in early 2018, the Alliance mobile was relocated from Lenox Baker to Page Road. Volumes for 2018 therefore reflect 2 scanners at Lenox Baker for part of the year, including one Duke Scanner operated all year and one Alliance scanner operated part of the year. Page Road reflects volumes separately for a Duke-owned scanner and an Alliance-owned scanner, each of which was operated part of the year at this location.
- (4) Therefore, as of June 30, 2018, DUH provides MRI procedures on 12 total clinical diagnostic MRI machines, 5 of which were acquired pursuant to Policy AC-3, and 1 of which is operated by Alliance at Page Road.

Duke owned:
Main campus: 9 fixed
Southpoint: 1 fixed
Lenox Baker: 1 full-time machine historically reported as
"mobile"

Alliance owned:
Page Road: 1 full-time grandfathered mobile

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Footnote for Page 18

- (1) "Fixed" CT scanners on the DUH campus include a portable Neuro ICU CT scanner. Reported CT volume also includes CT procedures performed on a research PET/CT for which DUH is authorized to use the CT capacity for CT imaging services, but does not include any procedures performed by two clinical PET/CTs and one PET/CT operated by Radiation Oncology; one intra-operative fixed CT scanner; and four AIRO mobile scanner used during surgical procedures. 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.

- (2) All 3D Reformation volume has been excluded for the 2019 application.

- (3) The CT scanner reported at Page Road is a portable CT extremity scanner that is limited in the kinds of procedures that can be performed. Procedures performed on that scanner are included in this application.

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Footnote for Page 19

* 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," as the AC-3 scanner was originally acquired pursuant to an earlier version of Policy AC-3 that did not require the segregation of volumes among equipment, and DUH has therefore historically tracked its PET volumes in the aggregate on both scanners. Utilization on each machine is comparable.

(2) The Human Research PET Scanner and the Coincidence Camera are research units and perform no regular clinical scans.

(3) DUH no longer has an active contract to perform Lithotripsy procedures as of September 23, 2010.

(4) Ultrasound volumes represent the following departments: Radiology only.

(5) Fixed X-ray equipment (excluding fluoroscopic) include the following: Bone, Chest, GU, Mammography, portable, and OR. Additional portable procedure total is 82,527 (IP: 67,495 / OP: 15,032)

(6) All G.I. Procedures. Additional GI Portable procedure total is 13,527 (IP: 12,890 / OP: 637)

(7) DUH has 9 Nuclear Medicine Gamma Cameras: 8 Dual Head Cameras (SPECT) and 1 Single-Head Cameras.

All responses should pertain to ~~October 1, 2017~~ ^{July 1, 2017} through ~~September 30, 2018~~ ^{June 30, 2018}.

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

Campus – if multiple sites: _____

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	0
77402	Radiation treatment delivery (<=5 MeV)	358
77403	Radiation treatment delivery (6-10 MeV)	0
77404	Radiation treatment delivery (11-19 MeV)	0
77406	Radiation treatment delivery (>=20 MeV)	0
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	26
77408	Radiation treatment delivery (6-10 MeV)	0
77409	Radiation treatment delivery (11-19 MeV)	0
77411	Radiation treatment delivery (>=20 MeV)	0
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	13,681
77413	Radiation treatment delivery (6-10 MeV)	0
77414	Radiation treatment delivery (11-19 MeV)	0
77416	Radiation treatment delivery (>= 20 MeV)	0
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery and/or CPT codes 77385 and/or 77386 and/or G6015	18,210
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	229
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	1,590
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	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	1,068
Total Procedures – Linear Accelerators		35,162
Gamma Knife® Procedures		
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®)	0
Total Procedures – Gamma Knife®		0

✓

All responses should pertain to ^{July 1, 2017} ~~October 1, 2017~~ through ^{June 30, 2018} ~~September 30, 2018~~.

11. Linear Accelerator Treatment Data *continued*

Campus – if multiple sites: _____

- a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three

Number of Patients 2,299

(This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 32.)

- b. TOTAL number of Linear Accelerators: 8 See Footnote 1 For page 21

Of the TOTAL above,

Number of Linear Accelerators configured for **stereotactic radiosurgery**: 2

Number of **CyberKnife®** Systems: 0

Number of **other specialized linear accelerators**: 1

- c. Number of **Gamma Knife®** units 0

- d. Number of **treatment simulators** 2

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

- e. Number of grandfathered Linear Accelerators 3

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

- f. CON Project ID numbers for all non-grandfathered Linear Accelerators: J-6294-00 (2 non-
grandfathered Linear Accelerators) and J-8275-08 (3 non-grandfathered Linear Accelerators

Duke University Hospital License Renewal Application 2019
Footnote for Page 21

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

All responses should pertain to ^{July 1, 2017} ~~October 1, 2017~~ through ^{June 30, 2018} ~~September 30, 2018~~.

12. Additional Services: Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

a. Check each Service provided: (for dialysis stations, show number of stations)

- | | | | |
|---------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|
| 1. Cardiac Rehab Program (Outpatient) | <input checked="" type="checkbox"/> | 5. Rehabilitation Outpatient Unit | <input checked="" type="checkbox"/> |
| 2. Chemotherapy | <input checked="" type="checkbox"/> | 6. Podiatric Services | <input checked="" type="checkbox"/> |
| 3. Clinical Psychology Services | <input checked="" type="checkbox"/> | 7. Genetic Counseling Service | <input checked="" type="checkbox"/> |
| 4. Dental Services | <input checked="" type="checkbox"/> | 8. Inpatient Dialysis Services | <input checked="" type="checkbox"/> |

If number 8 is checked, enter number of dialysis stations: 12

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 Unit. **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										
Out of State										
Total All Ages										

c. Psychiatric and Substance Use Disorder Units

1. If the psychiatric unit has a different name from the hospital, please indicate:

See footnote for page 22

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

See footnote for page 22

3. Director of the above services.

Same as Duke University Hospital

Duke University Hospital License Renewal Application 2019
Footnote for Page 22

(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

July 1, 2017 *June 30, 2018*

All responses should pertain to ~~October 1, 2017~~ through ~~September 30, 2018~~.

Indicate the Location of Services in the **Service Categories** charts below. If it is in the hospital, include the room number(s). 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.

Psychiatric Services

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							
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness							
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances							
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness							
.5000 Facility Based Crisis Center							

Rule 10A NCAC 13B Licensure Rules Mental Health	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					19	19 Licensed

All responses should pertain to ~~October 1, 2017~~ ^{July 1, 2018} through ~~September 30, 2018~~ ^{June 30, 2018}.

Substance Use Disorder Services

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						
.3200 Social setting detoxification for substance abusers							
.3300 Outpatient detoxification for substance abusers							
.3400 Residential treatment/rehabilitation for individuals with substance abuse disorders							
.3500 Outpatient facilities for individuals with substance abuse disorders							
.3600 Outpatient narcotic addiction treatment							
.3700 Day treatment facilities for individuals with substance abuse disorders							

Rule 10A NCAC 13B Licensure Rules for Hospitals	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance use disorders	N/A						

July 1, 2017 June 30, 2018

All responses should pertain to ~~October 1, 2017~~ through ~~September 30, 2018~~.

Patient Origin - General Acute Care Inpatient Services

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 admission to your facility. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

Must match number of admissions on page 5, Section B-1.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	1,606	37. Gates	18	73. Person	1,633
2. Alexander	30	38. Graham	8	74. Pitt	269
3. Alleghany	5	39. Granville	1,560	75. Polk	6
4. Anson	21	40. Greene	31	76. Randolph	167
5. Ashe	29	41. Guilford	607	77. Richmond	84
6. Avery	8	42. Halifax	258	78. Robeson	687
7. Beaufort	106	43. Harnett	521	79. Rockingham	124
8. Bertie	31	44. Haywood	70	80. Rowan	62
9. Bladen	134	45. Henderson	79	81. Rutherford	33
10. Brunswick	319	46. Hertford	46	82. Sampson	184
11. Buncombe	109	47. Hoke	116	83. Scotland	117
12. Burke	76	48. Hyde	12	84. Stanly	27
13. Cabarrus	63	49. Iredell	92	85. Stokes	32
14. Caldwell	70	50. Jackson	23	86. Surry	49
15. Camden	1	51. Johnston	554	87. Swain	10
16. Carteret	227	52. Jones	12	88. Transylvania	12
17. Caswell	232	53. Lee	277	89. Tyrrell	14
18. Catawba	110	54. Lenoir	79	90. Union	79
19. Chatham	227	55. Lincoln	32	91. Vance	1,131
20. Cherokee	8	56. Macon	14	92. Wake	5,707
21. Chowan	25	57. Madison	7	93. Warren	411
22. Clay	4	58. Martin	43	94. Washington	25
23. Cleveland	31	59. McDowell	33	95. Watauga	60
24. Columbus	145	60. Mecklenburg	271	96. Wayne	328
25. Craven	235	61. Mitchell	30	97. Wilkes	34
26. Cumberland	1,083	62. Montgomery	30	98. Wilson	266
27. Currituck	12	63. Moore	223	99. Yadkin	18
28. Dare	70	64. Nash	424	100. Yancey	12
29. Davidson	75	65. New Hanover	335		
30. Davie	18	66. Northampton	73	101. Georgia	170
31. Duplin	157	67. Onslow	335	102. South Carolina	956
32. Durham	12,323	68. Orange	1,625	103. Tennessee	178
33. Edgecombe	127	69. Pamlico	33	104. Virginia	2,396
34. Forsyth	191	70. Pasquotank	45	105. Other States	949
35. Franklin	553	71. Pender	113	106. Other	6
36. Gaston	92	72. Perquimans	13	Total No. of Patients	42,831

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All responses should pertain to ~~October 1, 2017~~ through ~~September 30, 2018~~.

Patient Origin – Emergency Department Services

In an effort to document patterns of Emergency Department Services in North Carolina hospitals, please provide the county of residence for all patients served in your facility by your Emergency Department.

Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

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 Patients	County	No. of Patients	County	No. of Patients
1. Alamance	2,713	37. Gates	11	73. Person	2,533
2. Alexander	15	38. Graham	2,774	74. Pitt	193
3. Alleghany	4	39. Granville	1	75. Polk	5
4. Anson	12	40. Greene	16	76. Randolph	140
5. Ashe	20	41. Guilford	646	77. Richmond	51
6. Avery	3	42. Halifax	262	78. Robeson	379
7. Beaufort	57	43. Harnett	414	79. Rockingham	123
8. Bertie	30	44. Haywood	23	80. Rowan	44
9. Bladen	84	45. Henderson	23	81. Rutherford	12
10. Brunswick	126	46. Hertford	40	82. Sampson	163
11. Buncombe	55	47. Hoke	70	83. Scotland	57
12. Burke	39	48. Hyde	8	84. Stanly	11
13. Cabarrus	48	49. Iredell	40	85. Stokes	18
14. Caldwell	29	50. Jackson	11	86. Surry	29
15. Camden	1	51. Johnston	452	87. Swain	9
16. Carteret	106	52. Jones	2	88. Transylvania	4
17. Caswell	368	53. Lee	237	89. Tyrrell	12
18. Catawba	55	54. Lenoir	52	90. Union	43
19. Chatham	294	55. Lincoln	8	91. Vance	1,434
20. Cherokee	8	56. Macon	7	92. Wake	6,824
21. Chowan	14	57. Madison	3	93. Warren	492
22. Clay	4	58. Martin	20	94. Washington	19
23. Cleveland	17	59. McDowell	14	95. Watauga	33
24. Columbus	96	60. Mecklenburg	251	96. Wayne	218
25. Craven	108	61. Mitchell	10	97. Wilkes	14
26. Cumberland	789	62. Montgomery	20	98. Wilson	193
27. Currituck	6	63. Moore	115	99. Yadkin	10
28. Dare	35	64. Nash	363	100. Yancey	5
29. Davidson	64	65. New Hanover	147		
30. Davie	15	66. Northampton	84	101. Georgia	190
31. Duplin	102	67. Onslow	230	102. South Carolina	458
32. Durham	41,431	68. Orange	3,630	103. Tennessee	91
33. Edgecombe	110	69. Pamlico	8	104. Virginia	1,929
34. Forsyth	177	70. Pasquotank	31	105. Other States	2,125
35. Franklin	649	71. Pender	61	106. Other	22
36. Gaston	49	72. Perquimans	10	Total No. of Patients	75,735

All responses should pertain to ^{July 1, 2017} ~~October 1, 2017~~ ^{June 30, 2018} through ~~September 30, 2018~~.

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The Total from this chart should match the total GI Endoscopy cases reported on the “Gastrointestinal Endoscopy Rooms, Procedures, and Cases” table on page 11.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	587	37. Gates	3	73. Person	550
2. Alexander	9	38. Graham	5	74. Pitt	96
3. Alleghany	8	39. Granville	601	75. Polk	6
4. Anson	9	40. Greene	11	76. Randolph	80
5. Ashe	10	41. Guilford	269	77. Richmond	45
6. Avery	6	42. Halifax	79	78. Robeson	207
7. Beaufort	30	43. Harnett	177	79. Rockingham	51
8. Bertie	12	44. Haywood	13	80. Rowan	26
9. Bladen	43	45. Henderson	19	81. Rutherford	9
10. Brunswick	70	46. Hertford	23	82. Sampson	72
11. Buncombe	53	47. Hoke	42	83. Scotland	56
12. Burke	30	48. Hyde	3	84. Stanly	7
13. Cabarrus	13	49. Iredell	25	85. Stokes	21
14. Caldwell	23	50. Jackson	2	86. Surry	22
15. Camden	2	51. Johnston	214	87. Swain	8
16. Carteret	69	52. Jones	5	88. Transylvania	4
17. Caswell	80	53. Lee	87	89. Tyrrell	2
18. Catawba	45	54. Lenoir	36	90. Union	26
19. Chatham	122	55. Lincoln	11	91. Vance	255
20. Cherokee	3	56. Macon	9	92. Wake	2071
21. Chowan	10	57. Madison	3	93. Warren	96
22. Clay	0	58. Martin	20	94. Washington	7
23. Cleveland	6	59. McDowell	17	95. Watauga	17
24. Columbus	39	60. Mecklenburg	96	96. Wayne	135
25. Craven	57	61. Mitchell	6	97. Wilkes	17
26. Cumberland	398	62. Montgomery	13	98. Wilson	82
27. Currituck	10	63. Moore	91	99. Yadkin	7
28. Dare	27	64. Nash	177	100. Yancey	2
29. Davidson	30	65. New Hanover	90		
30. Davie	6	66. Northampton	29	101. Georgia	27
31. Duplin	49	67. Onslow	104	102. South Carolina	299
32. Durham	4000	68. Orange	844	103. Tennessee	51
33. Edgecombe	36	69. Pamlico	6	104. Virginia	833
34. Forsyth	87	70. Pasquotank	21	105. Other States	266
35. Franklin	152	71. Pender	30	106. Other	1
36. Gaston	27	72. Perquimans	8	Total No. of Patients	14,801

All responses should pertain to ~~October 1, 2017 through September 30, 2018~~ ^{July 1, 2017} ^{June 30, 2018}

Patient Origin – Inpatient Surgical Cases

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

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	693	37. Gates	8	73. Person	591
2. Alexander	15	38. Graham	3	74. Pitt	163
3. Alleghany	1	39. Granville	616	75. Polk	2
4. Anson	14	40. Greene	16	76. Randolph	81
5. Ashe	13	41. Guilford	344	77. Richmond	38
6. Avery	5	42. Halifax	91	78. Robeson	379
7. Beaufort	49	43. Harnett	250	79. Rockingham	51
8. Bertie	9	44. Haywood	34	80. Rowan	32
9. Bladen	62	45. Henderson	50	81. Rutherford	20
10. Brunswick	224	46. Hertford	17	82. Sampson	87
11. Buncombe	93	47. Hoke	37	83. Scotland	65
12. Burke	41	48. Hyde	6	84. Stanly	15
13. Cabarrus	35	49. Iredell	49	85. Stokes	13
14. Caldwell	29	50. Jackson	14	86. Surry	32
15. Camden	0	51. Johnston	250	87. Swain	4
16. Carteret	152	52. Jones	9	88. Transylvania	8
17. Caswell	105	53. Lee	131	89. Tyrrell	8
18. Catawba	47	54. Lenoir	38	90. Union	47
19. Chatham	115	55. Lincoln	18	91. Vance	423
20. Cherokee	3	56. Macon	9	92. Wake	2,543
21. Chowan	13	57. Madison	1	93. Warren	151
22. Clay	1	58. Martin	18	94. Washington	11
23. Cleveland	12	59. McDowell	16	95. Watauga	28
24. Columbus	80	60. Mecklenburg	134	96. Wayne	197
25. Craven	145	61. Mitchell	16	97. Wilkes	19
26. Cumberland	526	62. Montgomery	12	98. Wilson	131
27. Currituck	7	63. Moore	138	99. Yadkin	10
28. Dare	36	64. Nash	228	100. Yancey	5
29. Davidson	29	65. New Hanover	240		
30. Davie	6	66. Northampton	26	101. Georgia	120
31. Duplin	71	67. Onslow	162	102. South Carolina	614
32. Durham	3,607	68. Orange	647	103. Tennessee	149
33. Edgecombe	51	69. Pamlico	23	104. Virginia	1,330
34. Forsyth	90	70. Pasquotank	13	105. Other States	585
35. Franklin	198	71. Pender	54	106. Other	0
36. Gaston	47	72. Perquimans	6	Total No. of Patients	18,300

Patient Origin – Ambulatory Surgical Cases

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

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	835	37. Gates	3	73. Person	732
2. Alexander	14	38. Graham	0	74. Pitt	179
3. Alleghany	2	39. Granville	659	75. Polk	6
4. Anson	8	40. Greene	11	76. Randolph	98
5. Ashe	21	41. Guilford	453	77. Richmond	44
6. Avery	2	42. Halifax	156	78. Robeson	246
7. Beaufort	69	43. Harnett	215	79. Rockingham	65
8. Bertie	23	44. Haywood	23	80. Rowan	61
9. Bladen	44	45. Henderson	41	81. Rutherford	17
10. Brunswick	136	46. Hertford	21	82. Sampson	105
11. Buncombe	82	47. Hoke	67	83. Scotland	55
12. Burke	29	48. Hyde	2	84. Stanly	22
13. Cabarrus	51	49. Iredell	52	85. Stokes	11
14. Caldwell	26	50. Jackson	19	86. Surry	15
15. Camden	2	51. Johnston	280	87. Swain	11
16. Carteret	140	52. Jones	7	88. Transylvania	6
17. Caswell	81	53. Lee	109	89. Tyrrell	3
18. Catawba	75	54. Lenoir	62	90. Union	36
19. Chatham	226	55. Lincoln	13	91. Vance	343
20. Cherokee	1	56. Macon	11	92. Wake	3822
21. Chowan	14	57. Madison	1	93. Warren	119
22. Clay	0	58. Martin	24	94. Washington	22
23. Cleveland	17	59. McDowell	18	95. Watauga	33
24. Columbus	73	60. Mecklenburg	159	96. Wayne	214
25. Craven	141	61. Mitchell	11	97. Wilkes	17
26. Cumberland	565	62. Montgomery	10	98. Wilson	158
27. Currituck	10	63. Moore	180	99. Yadkin	8
28. Dare	40	64. Nash	226	100. Yancey	6
29. Davidson	42	65. New Hanover	268		
30. Davie	11	66. Northampton	52	101. Georgia	83
31. Duplin	75	67. Onslow	171	102. South Carolina	435
32. Durham	5,279	68. Orange	1,366	103. Tennessee	87
33. Edgecombe	70	69. Pamlico	19	104. Virginia	1304
34. Forsyth	103	70. Pasquotank	9	105. Other States	474
35. Franklin	229	71. Pender	71	106. Other	0
36. Gaston	50	72. Perquimans	3	Total No. of Patients	22,215

July 1, 2017 June 30, 2018

All responses should pertain to ~~October 1, 2017~~ through ~~September 30, 2018~~.

Patient Origin - MRI Services

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in the "MRI Procedures" table on page 17.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1045	37. Gates	10	73. Person	610
2. Alexander	20	38. Graham	6	74. Pitt	158
3. Alleghany	2	39. Granville	688	75. Polk	5
4. Anson	14	40. Greene	35	76. Randolph	97
5. Ashe	18	41. Guilford	536	77. Richmond	46
6. Avery	11	42. Halifax	166	78. Robeson	311
7. Beaufort	62	43. Harnett	222	79. Rockingham	69
8. Bertie	23	44. Haywood	29	80. Rowan	43
9. Bladen	65	45. Henderson	47	81. Rutherford	24
10. Brunswick	204	46. Hertford	18	82. Sampson	109
11. Buncombe	104	47. Hoke	61	83. Scotland	45
12. Burke	55	48. Hyde	4	84. Stanly	19
13. Cabarrus	56	49. Iredell	62	85. Stokes	15
14. Caldwell	31	50. Jackson	15	86. Surry	29
15. Camden	1	51. Johnston	353	87. Swain	6
16. Carteret	156	52. Jones	19	88. Transylvania	13
17. Caswell	139	53. Lee	159	89. Tyrrell	6
18. Catawba	88	54. Lenoir	72	90. Union	54
19. Chatham	381	55. Lincoln	25	91. Vance	429
20. Cherokee	3	56. Macon	20	92. Wake	3,824
21. Chowan	9	57. Madison	5	93. Warren	133
22. Clay	4	58. Martin	33	94. Washington	26
23. Cleveland	25	59. McDowell	19	95. Watauga	23
24. Columbus	77	60. Mecklenburg	195	96. Wayne	192
25. Craven	130	61. Mitchell	12	97. Wilkes	20
26. Cumberland	671	62. Montgomery	19	98. Wilson	165
27. Currituck	16	63. Moore	167	99. Yadkin	7
28. Dare	56	64. Nash	216	100. Yancey	7
29. Davidson	76	65. New Hanover	259		
30. Davie	12	66. Northampton	36	101. Georgia	174
31. Duplin	73	67. Onslow	215	102. South Carolina	629
32. Durham	6868	68. Orange	1680	103. Tennessee	167
33. Edgecombe	84	69. Pamlico	24	104. Virginia	1422
34. Forsyth	134	70. Pasquotank	27	105. Other States	968
35. Franklin	212	71. Pender	74	106. Other	51
36. Gaston	55	72. Perquimans	12	Total No. of Patients	26,416

Duke University Hospital License Renewal Application 2019
Footnote for Page 30

(1)MRI Services by zip code do not tie to section 10a. as individual patients may receive multiple procedures.

All responses should pertain to ^{July 1, 2017} ~~October 1, 2017~~ through ^{June 30, 2018} ~~September 30, 2018~~.

Patient Origin – PET Scanner

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in the “Positron Emission Tomography (PET)” table on page 19.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	111	37. Gates	2	73. Person	127
2. Alexander	8	38. Graham	1	74. Pitt	20
3. Alleghany	1	39. Granville	130	75. Polk	4
4. Anson	3	40. Greene	3	76. Randolph	10
5. Ashe	5	41. Guilford	75	77. Richmond	12
6. Avery	0	42. Halifax	26	78. Robeson	50
7. Beaufort	14	43. Harnett	32	79. Rockingham	8
8. Bertie	1	44. Haywood	10	80. Rowan	11
9. Bladen	19	45. Henderson	9	81. Rutherford	5
10. Brunswick	46	46. Hertford	3	82. Sampson	16
11. Buncombe	15	47. Hoke	10	83. Scotland	15
12. Burke	10	48. Hyde	2	84. Stanly	2
13. Cabarrus	9	49. Iredell	14	85. Stokes	2
14. Caldwell	9	50. Jackson	3	86. Surry	6
15. Camden	2	51. Johnston	46	87. Swain	2
16. Carteret	29	52. Jones	1	88. Transylvania	2
17. Caswell	29	53. Lee	27	89. Tyrrell	0
18. Catawba	13	54. Lenoir	14	90. Union	6
19. Chatham	30	55. Lincoln	9	91. Vance	84
20. Cherokee	0	56. Macon	1	92. Wake	382
21. Chowan	1	57. Madison	2	93. Warren	29
22. Clay	1	58. Martin	8	94. Washington	2
23. Cleveland	4	59. McDowell	0	95. Watauga	6
24. Columbus	23	60. Mecklenburg	21	96. Wayne	24
25. Craven	13	61. Mitchell	4	97. Wilkes	3
26. Cumberland	85	62. Montgomery	1	98. Wilson	14
27. Currituck	6	63. Moore	28	99. Yadkin	3
28. Dare	15	64. Nash	38	100. Yancey	2
29. Davidson	10	65. New Hanover	53		
30. Davie	3	66. Northampton	8	101. Georgia	13
31. Duplin	14	67. Onslow	33	102. South Carolina	175
32. Durham	708	68. Orange	127	103. Tennessee	17
33. Edgecombe	8	69. Pamlico	6	104. Virginia	303
34. Forsyth	32	70. Pasquotank	7	105. Other States	112
35. Franklin	20	71. Pender	12	106. Other	23
36. Gaston	11	72. Perquimans	2	Total No. of Patients	3,566

Duke University Hospital License Renewal Application 2019
Footnote for Page 31

- (1) PET Scanner patients by zip code do not tie to section 10d. as individual patients may receive more than one PET procedure.

All responses should pertain to ~~October 1, 2017~~ ^{July 1, 2017} through ~~September 30, 2018~~ ^{June 30, 2018}.

Patient Origin – Linear Accelerator Treatment

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The number of patients reported here should match the number of patients reported in Section 11.a. on page 21 of this application.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	91	37. Gates	1	73. Person	86
2. Alexander	3	38. Graham		74. Pitt	17
3. Alleghany		39. Granville	67	75. Polk	2
4. Anson	2	40. Greene	1	76. Randolph	15
5. Ashe	3	41. Guilford	55	77. Richmond	5
6. Avery		42. Halifax	11	78. Robeson	29
7. Beaufort	7	43. Harnett	20	79. Rockingham	5
8. Bertie	1	44. Haywood	3	80. Rowan	8
9. Bladen	4	45. Henderson	5	81. Rutherford	4
10. Brunswick	33	46. Hertford	2	82. Sampson	12
11. Buncombe	14	47. Hoke	7	83. Scotland	8
12. Burke	4	48. Hyde	1	84. Stanly	2
13. Cabarrus	5	49. Iredell	9	85. Stokes	2
14. Caldwell	3	50. Jackson	3	86. Surry	2
15. Camden		51. Johnston	24	87. Swain	2
16. Carteret	15	52. Jones		88. Transylvania	
17. Caswell	14	53. Lee	13	89. Tyrrell	
18. Catawba	11	54. Lenoir	4	90. Union	9
19. Chatham	19	55. Lincoln	2	91. Vance	43
20. Cherokee	1	56. Macon	2	92. Wake	313
21. Chowan	2	57. Madison		93. Warren	19
22. Clay	2	58. Martin	2	94. Washington	3
23. Cleveland	2	59. McDowell	2	95. Watauga	3
24. Columbus	6	60. Mecklenburg	20	96. Wayne	20
25. Craven	19	61. Mitchell	2	97. Wilkes	2
26. Cumberland	49	62. Montgomery	3	98. Wilson	18
27. Currituck	3	63. Moore	20	99. Yadkin	
28. Darc	6	64. Nash	22	100. Yancey	
29. Davidson	5	65. New Hanover	27		
30. Davie	1	66. Northampton	2	101. Georgia	6
31. Duplin	8	67. Onslow	18	102. South Carolina	76
32. Durham	464	68. Orange	123	103. Tennessee	17
33. Edgecombe	4	69. Pamlico	3	104. Virginia	176
34. Forsyth	18	70. Pasquotank	5	105. Other States	64
35. Franklin	23	71. Pender	4	106. Other	1
36. Gaston	4	72. Perquimans	1	Total No. of Patients	2,299

All responses should pertain to ^{July 1, 2017} ~~October 1, 2017~~ through ^{June 30, 2018} ~~September 30, 2018~~.

Patient Origin - Psychiatric and Substance Use Disorder

Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

Complete the following table below for inpatient Days of Care for beds reported under Section .5200 on pages 23-24. Days of care reported here must match days of care reported on page 6 (D-4 and D-5).

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Use Disorder 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				62	62					
2. Alexander										
3. Alleghany										
4. Anson										
5. Ashe										
6. Avery										
7. Beaufort										
8. Bertie										
9. Bladen										
10. Brunswick										
11. Buncombe										
12. Burke										
13. Cabarrus										
14. Caldwell				40	40					
15. Camden										
16. Carteret										
17. Caswell				3	3					
18. Catawba				4	4					
19. Chatham				32	32					
20. Cherokee										
21. Chowan										
22. Clay										
23. Cleveland										
24. Columbus				12	12					
25. Craven				23	23					
26. Cumberland				111	111					
27. Currituck										
28. Dare										
29. Davidson										
30. Davie										
31. Duplin										
32. Durham				3011	3011					
33. Edgecombe				19	19					
34. Forsyth				59	59					
35. Franklin				52	52					
36. Gaston				16	16					
37. Gates										
38. Graham										
39. Granville				104	104					
40. Greene										
41. Guilford				6	6					
42. Halifax				35	35					
43. Harnett										

2019 Renewal Application for Hospital:
Duke University Hospital

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

All responses should pertain to ^{July 1, 2017} ~~October 1, 2017~~ through ^{June 30, 2018} ~~September 30, 2018~~.

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Use Disorder 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										
50. Jackson										
51. Johnston				23	23					
52. Jones										
53. Lee				15	15					
54. Lenoir										
55. Lincoln										
56. Macon										
57. Madison										
58. Martin				5	5					
59. McDowell										
60. Mecklenburg				20	20					
61. Mitchell										
62. Montgomery										
63. Moore				10	10					
64. Nash				14	14					
65. New Hanover				25	25					
66. Northampton										
67. Onslow										
68. Orange				348	348					
69. Pamlico										
70. Pasquotank										
71. Pender										
72. Perquimans										
73. Person				52	52					
74. Pitt										
75. Polk										
76. Randolph				8	8					
77. Richmond										
78. Robeson										
79. Rockingham										
80. Rowan				38	38					
81. Rutherford										
82. Sampson										
83. Scotland										
84. Stanly										
85. Stokes										
86. Surry										
87. Swain										
88. Transylvania										
89. Tyrrell										
90. Union				5	5					
91. Vance				73	73					
92. Wake				777	777					

Continued on next page

2019 Renewal Application for Hospital:
Duke University Hospital

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

All responses should pertain to ^{July 1, 2017} ~~October 1, 2017~~ through ^{June 30, 2018} ~~September 30, 2018~~.

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Use Disorder 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				2	2					
94. Washington										
95. Watauga				13	13					
96. Wayne				43	43					
97. Wilkes										
98. Wilson										
99. Yadkin										
100. Yancey										
101. Other States				303	303					
102. Other										
TOTAL					5363					

2019 Renewal Application for Hospital:
Duke University Hospital

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

All responses should pertain to ~~October 1, 2017 through September 30, 2018~~
July 1, 2017 June 30, 2018

This license renewal 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 2019 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2019 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: *Kenneth C. Morris* Date: *1-28-2019*

PRINT NAME
OF APPROVING OFFICIAL *Kenneth C. Morris*

Please be advised, the license fee must accompany the completed license renewal 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.