

**Need Determination  
Related to Cardiac Catheterization Equipment  
Using the Present Methodology**

The State Medical Facilities Plan (SMFP) defines capacity of an item of cardiac catheterization equipment as 1,500 diagnostic-equivalent procedures per year, with the trigger of need at 80 percent of capacity. One therapeutic cardiac catheterization procedure is valued at 1.75 diagnostic-equivalent procedures. One cardiac catheterization procedure performed on a patient age 14 or under is valued at two diagnostic-equivalent procedures. All other procedures are valued at one diagnostic-equivalent procedure.

As reflected in Table 9V and 9X, it is determined that there is no need for additional cardiac catheterization equipment anywhere in the state.

**Table 9V: Fixed Cardiac Catheterization Equipment, Capacity and Volume for Proposed 2009 SMFP**

County	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	Footnote	2007 Procedures (Weighted Totals)	Machines Required based on 80% utilization	Total No. of Additional Machines Required by Facility	No. of Machines Needed
Alamance	Alamance Regional	1			1	b/	1,097	0.91	0	
	Pending Review/ Appeal			0	0					
	TOTAL				1			1		0
Buncombe	Mission Hospitals	5	1		6	a/	6,762	5.64	0	
	Pending Review/ Appeal				0	c/				
	TOTAL				6			6		0
Cabarrus	NorthEast	2			2	b/	2,067	1.72	0	
	Pending Review/ Appeal			0	0					
	TOTAL				2			2		0
Catawba	Catawba Valley	1			1	b/	669	0.56	0	
	Frye Regional	3	0		3	b/	5,727	4.77	2	
	TOTAL			1	1			5		0
Cleveland	Cleveland Regional	1			1	c/	425	0.35	0	
	Pending Review/ Appeal			0	0					
	TOTAL				1			0		0
Craven	Craven Regional	2			2	b/	2,419	2.02	0	
	Pending Review/ Appeal			0	0					
	TOTAL				2			2		0
Cumberland	Cape Fear Valley	2	1		3	b/	1,880	1.57	0	
	Pending Review/ Appeal			0	0					
	TOTAL				3			2		0

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<b>Durham</b>	Duke	7			7	6,799	5.67	0	
	Durham Regional	2	0	0	2	1,150	0.96	0	
	Pending Review/ Appeal TOTAL			0	9		7		0
<b>Forsyth</b>	Forsyth Medical Center	6	2		8	6,223	5.19	0	
	N. C. Baptist	5	0		5	3,910	3.26	0	
	Pending Review/ Appeal TOTAL				13		8		0
<b>Gaston</b>	Gaston Memorial	3	0		3	3,405	2.84	0	
	Pending Review/ Appeal			1	1				
	TOTAL				4		3		0
<b>Guilford</b>	High Point Regional	4	0		4	3,676	3.06	0	
	Moses Cone	7	2		9	5,651	4.71	0	
	Pending Review/ Appeal TOTAL			0	13		8		0
<b>Haywood</b>	Haywood Regional	1			1	286	0.24	0	
	Pending Review/ Appeal			0	0				
	TOTAL				1		0		0
<b>Iredell</b>	Iredell Memorial	1			1	466	0.39	0	
	Davis Regional	1			1	328	0.27	0	
	Lake Norman Regional Pending Review/ Appeal TOTAL	1	0		1	178	0.15	0	
<b>Johnston</b>	Johnston Memorial	1	0		1	864	0.72	0	
	Pending Review/ Appeal			0	0				
	TOTAL				1		1		0

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Lenoir	Lenoir Memorial	1			1	471	0.39	0	
	Pending Review/ Appeal			0	0				
	TOTAL				1		0		0
Mecklenburg	Carolinas Med. Center	7			7	7,623	6.35	0	
	CMC Mercy-Pineville	4			4	2,354	1.96	0	
	Presbyterian	4			4	4,262	3.55	0	
	CMC-University	1	0		1	207	0.17	0	
	Presbyterian-Matthews	1			1	457	0.38	0	
	Pending Review/ Appeal			0	0				
TOTAL				17		12		0	
Moore	First Health Moore	5	0	0	5	6,523	5.44	0	
	Pending Review/ Appeal			1	1				
	TOTAL				6		5		0
Nash	Nash General	2			2	967	0.81	0	
	Pending Review/ Appeal			0	0				
	TOTAL				2		1		0
New Hanover	New Hanover Reg.	3	2	0	5	6,189	5.16	0	
	Pending Review/ Appeal			0	0				
	TOTAL				5		5		0
Onslow	Onslow Memorial	1			1	153	0.13	0	
	Pending Review/ Appeal			0	0				
	TOTAL				1		0		0
Orange	UNC	3	0	0	3	3,790	3.16	0	
	Pending Review/ Appeal			0	0				
	TOTAL				3		3		0

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County	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	F o o t n o t e	2007 Procedures (Weighted Totals)	Machines Required based on 80% utilization	Total No. of Additional Machines Required by Facility	No. of Machines Needed
Pasquotank	Albemarle	1			1	c/	1,104	0.92	0	
	Pending Review/ Appeal			0	0					
	TOTAL				1			1		0
Pitt	Pitt County Memorial	5	2		7	a/	6,366	5.31	0	
	Pending Review/ Appeal			0	0					
	TOTAL				7			5		0
Robeson	Southeastern Regional	1			1	c/	1,188	0.99	0	
	Pending Review/ Appeal			0	0					
	TOTAL				1			1		0
Rowan	Rowan Regional	1			1	c/	408	0.34	0	
	Pending Review/ Appeal			0	0					
	TOTAL				1			0		0
Stanly	Stanly Reg. Medical Center	1			1	c/	57	0.05	0	
	Pending Review/ Appeal			0	0					
	TOTAL				1			0		0
Union	CMC-Union	1			1	c/	619	0.52	0	
	Pending Review/ Appeal			0	0					
	TOTAL				1			1		0
Wake	Rex	3	1		4	b/	3,557	2.96	0	
	WakeMed	8	0		8	b/	11,657	9.71	2	
	WakeMed Cary Hospital	1			1	c/	418	0.35	0	
	DukeHealth Raleigh	1	0		1		357	0.30	0	
	Pending Review/ Appeal			0	0					
TOTAL				14			13		0	

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Watauga	Watauga Medical Center	0	1		1	93	0.08	0	
	Pending Review/ Appeal			0	0				
	TOTAL				1		0	0	0
Wayne	Wayne Memorial	1			1	346	0.29	0	
	Pending Review/ Appeal			0	0				
	TOTAL				1		0	0	0
Wilkes	Wilkes Regional	1			1	34	0.03	0	
	Pending Review/ Appeal			0	0				
	TOTAL				1		0	0	0
Wilson	Wilson Medical Center	1			1	464	0.39	0	
	Pending Review/ Appeal			0	0				
	TOTAL				1		0	0	0
<b>NORTH CAROLINA TOTALS</b>		114	12	3	129	113,643	95		<b>0</b>

a/ Adult procedures plus angioplasty x 1.75 plus pediatric procedures x 2.

b/ Adult procedures plus angioplasty x 1.75.

c/ Adult procedures.

**Table 9X: Fixed Cardiac Catheterization Equipment Need Determination**  
*(Scheduled for Certificate of Need Review during 2009)*

It is determined that the counties listed in the table below need additional fixed Cardiac Catheterization Equipment as specified:

County	Fixed Cardiac Catheterization Equipment Need Determination *	Certificate of Need Application Due Date **	Certificate of Need Beginning Review Date
It is determined that there is no need for any additional fixed cardiac catheterization equipment anywhere in the State and no other reviews will be scheduled. It is further determined that fixed cardiac catheterization equipment and services shall only be approved for development on hospital sites.			

**Table 9Y: Shared Fixed Cardiac Catheterization Equipment Adjusted Need Determination**  
*(Scheduled for Certificate of Need Review during 2009)*

Hospital Service System	Shared Fixed Cardiac Catheterization Equipment Need Determination *	Certificate of Need Application Due Date **	Certificate of Need Beginning Review Date
It is determined that there is no need for any additional units of shared fixed cardiac catheterization equipment anywhere in the State and no reviews will be scheduled. It is further determined that shared fixed cardiac catheterization equipment and services shall only be approved for development on hospital sites.			

**Table 9Z: Mobile Cardiac Catheterization Equipment Need Determination**  
*(Scheduled for Certificate of Need Review during 2009)*

Hospital Service System	Mobile Cardiac Catheterization Equipment Need Determination *	Certificate of Need Application Due Date **	Certificate of Need Beginning Review Date
It is determined that there is no need for additional units of mobile cardiac catheterization equipment anywhere in the State and no reviews will be scheduled. It is further determined that mobile cardiac catheterization equipment and services shall only be approved for development on hospital sites.			

\*Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date. The filing deadline is absolute (See Chapter 3).