

August 1, 2008

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AUG 1 - 2008

Medical Facilities
Planning Section

Victoria McClanahan, Planner State Medical Facilities Planning Section Division of Health Service Regulation 701 Barbour Dr. Raleigh, NC 27603

RE: 2009 Proposed State Medical Facilities Plan; Request for Comments – OR Tiering Alternative Need Method; Comments of Novant Health, Inc.

Dear Ms. McClanahan:

In response to the request for comments regarding the proposed OR Methodology including tiering surgical facilities based upon resource hours, on pages 81 through 102 of the Proposed 2009 State Medical Hospitals Plan, Novant Health submits the following comments.

## Tiered OR Need Method Alternative

Novant Health does not support the proposed tiering methodology included in the Proposed 2009 State Medical Facilities Plan for the following reasons:

- OR need methodology is considerably more complex, confusing than the existing OR need method which has been significantly updated within the past 3-5 years. And the application of the tiering approach has the potential to change significantly on an annual basis as it is based upon hours of operation and surgical hours per case at each existing surgical facility as reflected in the annual hospital and ambulatory surgical Licensure Renewal Applications. For operating rooms, both the hours of operation and the average surgical hours per case can change annually. No other methodology in the SMFP includes such an unknown or the potential for such a high level of variability on a year-to-year basis. It is challenging for those who deliver surgical services to plan, if there is a great deal of variability in the SMFP OR Need Determinations from year to year. The tiering approach would create more work for both the DHSR Medical Facilities Planning Section and for the CON Section, as well. This seems to have the potential to be a rather substantial and potentially disruptive approach to the annual process of planning for OR need. Novant believes it would be preferential to continue to make adjustments within the existing framework of the OR Need methodology.
- Surgical time per case is a very subjective measurement based upon operational
  efficiencies, block scheduling, physician expertise, and surgical mix. All of these
  variables can change on an annual basis, and all these variables impact the surgical hours
  of a facility.
- The current definitions utilized for inpatient and outpatient surgical case times are generous when compared to actual case times reported in the annual licensure renewal

applications. However, the current defined times of 3.0 hours per inpatient and 1.5 hours per outpatient allow flexibility in OR scheduling. Surgical facilities can take advantage of the scheduling options such as block scheduling which encourages surgeon efficiency but also can result in greater cancellations and unfilled surgical times when block schedules are not 100% full.

- The Operating Room Work Group was developed to address the number of petitions submitted annually regarding the need for additional operating rooms across North Carolina among other reasons. One of the work products of the OR Work Group was included in the proposed 09 SMFP. The proposed 2009 SMFP includes for the first time, the Exclusions from OR Need Determinations of Underutilized Facilities. This new factor in the SMRP OR need method, resulted in the exclusion of 14 surgical programs in 10 North Carolina counties, with the stated goal being to ensure the need for new ORs in a given County was not artificially suppressed by underutilized ORs in that County.
- The proposed tiering methodology actually constricts the need for operating rooms in North Carolina and results in a greater surplus of operating rooms North Carolina. Surely, this was not the intended consequence for this valuable and necessary resource (ORs) for hospitals and ambulatory surgery centers:
  - ➤ The current OR methodology reflects a need for 996 operating rooms across the State as reflected on page 76 of the Proposed 2009 SMFP and a statewide surplus of 216 operating rooms.
  - ➤ The proposed tiering methodology reflects a need for only 863 operating rooms resulting in a surplus of 352 operating rooms as reflected in the attachment included with these comments.
  - ➤ Under the tiering method, the formula expresses a need for ORs that is 133 fewer ORs than the current SMFP OR need method and reflects a surplus of ORs that is 136 ORs greater than the estimate of surplus ORs under the current SMFP OR need method
  - ➤ In light of the OR need petitions presented to the Medical Facilities Planning Section and the SHCC in recent years, this is probably not the best direction for the revision of the OR need method at this time
- The current OR need methodology is functioning as it was designed to do and has generated the following need statewide for new ORs in the annual State Medical Facilities Plans:
  - Proposed 2009 SMFP: 3 new ORs
  - > 2008 SFMP: 10 new ORs
  - ➤ 2007 SMFP: 0 new ORs
  - > 2006 SMFP: 11 new ORs
  - > 2005 SFMP: 4 new ORs
  - ➤ 2004 SMFP: 9 new ORs

During the first six years of the operation of the updated OR need method the SMFPs have contained need determinations for 37 new ORs in North Carolina.

## <u>Application of the Alternative Tiered OR Need Method to Novant Health's Mecklenburg and Forsyth County Surgical Programs</u>

Finally, Novant Health disagrees with the application of the tiered need analysis for its operating rooms in Forsyth and Mecklenburg Counties reflected in the tiering methodology, as well as in Brunswick and Davidson Counties. Within the last year, Novant has submitted Certificate of Need applications in both Forsyth County and Mecklenburg County which justify the need for all existing operating rooms. Relevant tables from these CON applications are attached.

While the existing operating room need methodology may not be perfect, Novant believes it is a reasonable planning methodology. Elements of the current methodology could clearly be updated to address concerns, but a wholesale overhaul of a need method that is generally working as intended seems unnecessary at this point in time. If the goal of the SHCC is to expand OR need rather than constrict OR need, other changes in the methodology should be considered such as decreasing the annual days of operation, decreasing daily hours of operation for all facilities for planning purposes, or expanding the planning horizon to a five or six year time frame.

Novant Health does not believe that the proposed tiering methodology adds any value to the current operating room methodology and in fact, may have the exact opposite impact. Thank you for consideration of these comments.

Sincerely, Barbara L. Greedy

Barbara L. Freedy

Director, Certificate of Need

Novant Health, Inc.

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## Comparison: Current OR Need Method & Tiering OR Need Method

Alamance	Facility  Alamance Regional Medical Center	County OR Need	OR Need/Surplus	County OR Need Tiered	OR Need/Surp
Pasquotank	Albemarle Hospital	9.37	-2.63	8.42	-3.58
Alexander	Frye Regional Medical Center - Alexander Campus	7.06	-0.94	6.13	-1.87
Alleghany	Alleghany Memorial Hospital	0.00	-2.00	0.00	-2.00
Anson	Anson Community Hospital	0.26	-1.74	0.24	
Ashe	Ashe Memorial Hospital, Inc.	0.61	-1.39	0.56	-1.78
Avery	Charles A. Cannon, Jr. Memorial Hospital Incorporated	0.78	-1.22	0.66	-1.44
Beaufort	Register County Memorial Hospital Incorporated	0.59	-1.41		-1.34
Beaufort	Beaufort County Hospital Association, Inc.	3.53	-1.47	0.50	-1.50
	Pungo District Hospital		-1.4/	3.07	-1.93
Bertie	Bertie Memorial Hospital	0.74			
Bladen	Bladen County Hospital	0.86	-1.26	0.71	-1.29
Brunswick	Brunswick Community Hospital		-1.14	0.72	-1.28
Brunswick	J. Arthur Dosher Memorial Hospital	5.34	-0.66	4.75	-1.25
Buncombe	Asheville Eye Surgery Center				-1,23
- manager	Memorial Mission Hospital and Mission Surgicare Center (Mission				
Buncombe	Hospitals, Inc.)				
		44.94	-5.06	40.50	
Duncombe	Mission Family Medical Center Yancey County		-5.00	40.50	-9.50
Buncombe	Orthopaedic Surgery Center of Asheville			E IAV S	and a present the
AND DESCRIPTION OF THE PARTY OF					
Buncombe	The Endoscopy Center (Asheville Gastroenterology Associates, P.A.)				IIII I IS TO SEE
Burke	Grace Hospital, Inc.				
Burke	Surgery Center of Morganton Eye Physicians	9.83	-1.17	8.26	0.74
Burke	Valdesa Constal the Morganton Eye Physicians			0.26	-2.74
Color	Valdese General Hospital, Inc.				
Cabarrus	NorthEast Medical Center	23.25	0.76		
Caldwell	Caldwell Memorial Hospital, Inc.		-0.75	18.36	-5.64
Carteret	Carteret County General Hospital	3.49	-3.51	3.11	-3.89
Carteret	Carteret Surgical Center	6.10	-0.90	4.65	-2.35
	Catawba Valley Medical Center				-2.33
Catawba II	Five Regional Medical Contes	25.21	-11,79	21.74	20.00
	Frye Regional Medical Center			21.74	-15.26
	Healthsouth Hickory				
	Chatham Hospital, Inc.	0.40			
Cherokee I	Murphy Medical Center, Inc.	0.18	-1.82	0.17	-1.83
Chowan C	Chowan Hospital	2.58	-1.42	2.33	-1.67
	Cleveland Ambulatory Services	1.69	-1.31	1.47	-1.53
Cleveland C	Cleveland Regional Medical Center				-1.33
Cleveland C	Sieveland Regional Medical Center	9.21	0.21	7.45	
-	Crawley Memorial Hospital			7.43	-1.55
	ye Surgery Center of Shelby				
	Kings Mountain Hospital				
Columbus C	Columbus County Hospital, Inc.	F 00			
	Craven Regional Medical Center	5.02	0.02	4.31	-0.69
	Cape Fear Valley Medical Center	13.56	-3.44	12.00	-5.00
umberland F	avetteville Ambulater Come	29.31	-1.69	24.10	
umboriand III	ayetteville Ambulatory Surgery Center			24.10	-6.90
umberland H	lighsmith-Rainey Memorial Hospital				
	MS Surgery Center				
Dare T	he Outer Banks Hospital, Inc.	2.81			
Davidson Le	exington Memorial Hospital, Inc.	2.01	-1.19	1.98	-2.02
Davidson TI	homasville Medical Center			A STATE OF THE STA	
Davie D	avie County Hospital	6.34	-2.66	5.58	-3.42
	uplin General Hospital	0.06	-1.94	0.05	-1.95
	uke Health Raleigh Hospital	2.19	-0.81	1.85	
				1.00	-1.15
	uke University Hospital - Duke North	64.61	-8.39	F7.46	
Durham Di	uke University Hospital - duke North Eye Center		-0.00	57.46	-15.54
	uke University Hospital ASC				
Durham Du	urham Regional Hospital				
Ja	ames E. Davis Ambulatory Surgical Center (Associated Health Services,				Re- Carlo - Inches
Durham Inc	c.)				2000
	orth Carolina Specialty Hospital		M. AND STREET, STREET, TO		
	eritage Hospital				
		2.20	-2.80	1.89	0.11
	orsyth Memorial Hospital, Inc.	74.58	-8.42		-3.11
	awthorne Surgical Center		5.72	67.05	-15.95
	edical Park Hospital				
	orth Carolina Baptist Hospital				
	astic Surgery Center of NC				of the second
ranklin Fra	anklin Regional Medical Center				
	aroMont Specialty Surgery	3.21	0.21	2.72	-0.28
	aston Memorial Hospital, Inc Oupt ORs				0.20
	work interiorial riospital, inc Unit ORs	18.46	-5.54	15.36	***
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Gaston Ga Gaston Ga ranville Gra	ston Memorial Hospital, Incmain ORs anville Medical Center	2.27	0.72		
Gaston Ga Gaston Ga ranville Gra Juilford Gre	aston Memorial Hospital, Incmain ORs anville Medical Center eensboro Center for Digestive Diseases	2.27	-0.73	1.99	-1.01
Saston Ga Saston Ga ranville Gra suilford Gre suilford He	ston Memorial Hospital, Incmain ORs anville Medical Center eensboro Center for Digestive Diseases althsouth Greensboro Specialty	2.27	-0.73	1.99	-1.01
Saston Ga Saston Ga ranville Gra suilford Gre suilford He	ston Memorial Hospital, Incmain ORs anville Medical Center eensboro Center for Digestive Diseases althsouth Greensboro Specialty	2.27	-0.73	1.99	-1.01
Saston Ga Saston Ga Franville Gra Franville	ston Memorial Hospital, Incmain ORs anville Medical Center eensboro Center for Digestive Diseases althsouth Greensboro Specialty althsouth Greensboro Surgical	2.27	-0.73	1.99	-1.01
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Iredell	Facility  Davis Regional Medical Center	County OR Need	OR Need/Surplus	County OR Need Tiered	
Iredell	Iredell Head Neck and Far	19.46	-5.54	15.76	OR Need/Surp
Iredell	Iredell Memorial Hospital, Incorporated			15.76	-9.24
Iredell	Iredell Surgical				
Iredell	Lake Norman Regional Medical Center				
Jackson Jackson	The Surgery Center at Lake Norman				
Johnston	Harris Regional Hospital, Inc. Johnston Memorial Hospital	5.63	0.00		-
Lee	Central Carolina Hospital	7.59	-0.37 0.59	4.99	-1.01
Lenoir	Goldsboro Endoscopy Center, Inc.	3.96	-3.04	6.41	-0.59
Lenoir	Lenior Memorial Hospital		0.01	3.48	-3.52
Lincoln	Lincoln Medical Center	5.62	-3.38	4.76	
Macon	Angel Medical Center, Inc.	2.87	-1.13	2.48	-4.24 -1.52
Macon	Highlands-Cashiers Hospital, Inc.	1.88	-2.12	1.68	-2.32
Martin McDowell	Martin General Hospital	1.53			2.02
Mecklenburg	The McDowell Hospital, Inc.	1.18	-0.47	1.37	-0.63
Mecklenburg		130.26	-1.82 -12.74	1.00	-2.00
Mecklenburg			12.74	113.83	-32.17
Mecklenburg	CSC Randolph	/AI/			
Mecklenburg	Healthsouth Charlotte				
Mecklenburg	Presbyterian Huntersville				
Mecklenburg	Presbyterian Matthews				10, 42 - 10M - 2
fecklenburg					
Mecklenburg	SameDay Surgery Center at Presbyterian				State of the same
lecklenburg	SouthPark Surgery Center				
lecklenburg lecklenburg					
lontgomery	FirstHealth Montgomery Memorial Hospital				1 1 1 1 1
- Suntaily	FirstHealth Moore Reg. Hospital	0.51	-1.49	0.46	
Moore	FirstHealth Moore Reg. Hosp and Pinehurst Treatment Center (FirstHealth of the Carolinas, Inc.)			0.46	-1.54
Moore	Healthsouth Southern Pines	26.87	-0.13	19.55	7.45
Moore	Southern Eye Associates				-7,45
Nash	Nash General Hospital	8.45			A STATE OF THE PARTY OF
wHanover	New Hanover Regional Medical Center	9.45	-3.55	8.47	-4.53
wHanover	Wilmington Health Associates	40.38	-0.62	35.94	-5.06
wHanover Onslow	Wilmington SurgCare				
Onslow	Onslow Memorial Hospital, Inc. SurgiCare of Jacksonville	6.19	-2.81	145	0.00
Orange	Chapel Hill Surgery Center		-2.01	4.45	-4.55
Orange	University of North Carolina Hospitals at Chapel Hill				
Pender	Pender Memorial Hospital, Inc.	30.01	-7.99	28.11	-9.89
Person	Person Memorial Hospital	0.38	-1.62	0.33	-1.67
Pitt	Pitt County Memorial Hospital, Inc.	2.68	-1.32	2.36	-1.64
Pitt	Surgicenter Services of Pitt	34.57	-3.43	28.78	-9.22
Polk	St. Lukes	1.53			
andolph	Asheboro Endoscopy Center, LLC	1,33	-1.47	1.36	-1.64
andolph	Randolph Hospital	4.50	-0.50	444	
chmond	FirstHealth Richmond Monorful Health Co.		-0.50	3.96	-1.04
chmond	FirstHealth Richmond Memorial Hospital (FirstHealth of the Carolinas, Inc.) Sandhills Regional Medical Center	3.60	-2.40	3.05	
obeson	Southeastern Regional Medical Center		The second second second	0.00	-2.95
ckingham	Annie Penn Hospital	7.08	-2.92	6.24	-3.76
kingham	Morehead Memorial Hospital	6.18	-1.56	5.28	-3.72
Rowan	Rowan Regional Medical Center, Inc.	9.42	450		
therford	Rutherford Hospital, Inc.	3.58	-1.58	8.40	-2.60
empson :	Sampson Regional Medical Center	2.75	-1.42 -5.25	3.02	-1.98
	Scotland Memorial Hospital, Inc. Stanly Memorial Hospital, Inc.	3.91	-1.09	2.36	-5.64
	Stokes-Reynolds Memorial Hospital, Inc.	4.10	-0.90	3.38	-1.62
Surry	Hugh Chatham Hospital	0.63	-3.37	0.61	-1.29 -3.39
Surry 1	Northern Hospital District of Surry County	7.54	-1.46	6.47	-2.53
wain S	Swain County Hospital				2.00
sylvania 1	Transylvania Community Hospital, Inc.	221			-
Inion C	CMC - Union Memorial Regional Medical Center	2.31 8.58	-1.69	2.10	-1.90
ance N Vake F	Maria Parham Hospital Medical Center	3.12	0.58	7.73	-0.27
	Femcare Healthsouth Blue Ridge	90.15	-1.88 -3.85	2.73	-2.27
vake R	Raleigh Endoscopy Center		0.00	82.29	-11.71
	Raleigh Plastic Surgery		200		
	Raleigh Women's Health Organization of Raleigh, Inc.				
ake R	Rex Hospital, Inc.				The state of the s
ake V	VakeMed - Raleigh Campus				
/ake V	VakeMed Cary Hospital				Sales - Marie
	Vashington County Hospital	0.27	170	A	
tauga Bi	Noteing Rock Hospital	V.61	-1.73	0.25	-1.75
tauga W	Variauga Medical Center, Inc.	4.52	-0.48	201	
ikes W	Vayne Memorial Hospital, Inc. Vilkes Regional	12.28	-0.72	3.94 10.91	-1.06
	Vilkes Regional Medical Center	3.63	-1.37	3.09	-2.09
Ison He	ealthsouth Wilson			0.00	-1.91
Ison W	/ilson Medical Center				
Ison W	/ilson OB Gyn	6.63	-3.37	5.53	-4.47
dkin Ho	oots Memorial Hospital, Inc.	0.24			1.41
chell Sp	pruce Pine Community Hospital	0.21	-1.79	0.20	-1.80
	arolina Birth Center	1.11	-1.83	1.01	-1.99
	re Surgery and Laser Clinic				
ed and Tota	al Surplus Current Methodology and Tiered - Decrease in OR Need = Increase in Surplus	996.23	215.00		WE SEEMING
	Company of the World Company of the		-215.89	863.34	-351.68

MPH - With Proposed Project Apr07-Mar08 Apr08-Mar09 Apr09-Mar10 Apr10-Mar11 Apr11-Mar12 Apr12-Mar13 Apr12-Mar13 Apr12-Mar13	Apr07-Mar08	Apr08-Mar09	Apr09-Mar10	Apr08-Mar09 Apr09-Mar10 Apr10-Mar111	Apr11-Mar12	Apr12-Mar13	April Mart	_	
Indicated injurient Surgical Volume w.o Proposed Project Inpatient Surgery Shifted to CI MC.	1,170	1,184	1,197	1 209		100	100	de	Facility OR Need
noatient Surgent Shifted to EMC Min.					1,444	1,234	1,246	1,258	
in the control of the						37	107	121	
rojected Inpatient Surgical Volume - Adjusted	4 470	100				553	585	REC	
Projected Outpatient Surgical Volume w.o Proposed Project	40 600	1000	1,197	1,209	1,221	587	554	487	
Outpatient Surgery Shifted to CLMC	20012	10000	10,779	10,898	11,019	11,140	11,261	11 383	
Outpatient Surgery Shifted to FMC - Additional volume from other zip codes and Clemmons zip code service area - volume not shifted too adjust to decrease in operating rooms						1,146	1,312	1,483	
Projected Outpatient Surgical Volume - Adjusted	40.508	720.07				1,530	1,620	1800	
Weighted Surgical Hours	16 113	10,001	10,779	10,898	11,019	8,464	8,329	8,100	
ks Needed at MPH	88	20,00	12,527	16,710	16,895	14,458	14,155	13,610	
	Annot Marco		0.0	8.8	0.0	7.7	7.6	7.27	7
Projected Inpatient Surgical Volume	On In Indian	Aprog-Maros	Apros-Mar10	Apr10-Mar11	Apr11-Mar12	Apr12-Mar13	Apr13-Mar14	Apr14-Mar15	
Projected Outpatient Sumical Volume						200	0,00		
onted Surgical Hours						0 579 0	210,1	1,144	
ORs Needed at MPH						A 504	1,907	3,336	
						3.5	4.0	8,437	
FMC w. FMC Kville AND Clemmons	Apr07-Mar08	Apr08-Mar09	Apr09-Mar10	Aprilo-Marii	April Maria	Annah an		-	0
Projected Inpatient Surgical Volume	0 701	_			100	Apriz-Maris	Apr13-Mar14	Apr14-Mar15	
Inpatient Volume Shifted to FMC Kernersville	10015	9,924	10,042	10,153	10,265	10,378	10,491	10.603	
Inpatient Volume Shifted to CLMC			SOS	531	603	629	641	653	
Inpatient Volume Shifted to FMC from MPH		1				791	905	1.023	
	1		1			553	585	650	
Projected Infoatient Surgical Volume - Adjusted	9,791	9,924	9,683	9,622	9,663	9,510	9.530	2 577	
Outbatient Volume Shifted to EMP Volume	6,320	6,407	6,484	6.557	6.830	6 704		, india	The Street
Outbettent Volume Shifted to Ct MC			529	775	810	5 50	8///9	6,851	
Outpatient Volume Shifted From MbH						980	200	948	
Projected Outpatient Stronger Volume Adjusted						1 530	06)	893	
obtacl Surgical Laure	6,320	6,407	5.956	5 782	000.3	1,030	1,620	1,800	
ORs Needed at MPH	38,854	39,381	37 983	37 537	27.740	0,718	6,765	6,810	
	20.8	21.0	20.3	20.1	20.1	38,508	38,737	38,948	100
	Apr07-Mar08	Appropriate Manager	-	-		0.07	707	20.81	21
Projected Inpatient Surgical Volume		-	onew-eode	Aprilo-Marii A	Apr11-Mar12 A	Apr12-Mar13	Apr13-Mar14	Apr14-Mar15	
Projected Outpatient Surgical Volume			575	904	1,092	1,156	1 180	1 304	
Weighted Surgical Hours			1,293	2,031	2,452	2,596	2.648	2704	
Needed at FMC Kernersville				5,758	6,954	7,364	7,512	7,663	
Con	Approx Manda	-	-	6.1	3.7	3.9	4.0	4.1	4
Projected Outpatient Surgical Volume	Same a	ŝ	Apro9-Mar10 A	Apr10-Mar11 Ap	April-Mariz A	Apr12-Mar13	Apr13-Mar14	Apr14-Mar15	
Outpatient Volume Shifted to CLMC	6,784	6,879	6,965	7,044	7,125	7.208	7 288	7 200	
Projected Outpatient Surgical Volume - Adjusted						742	848	8000	
Weighted Surgical Hours	0,784	6,879	6,965	7,044	7,125	6,465	6 438	8 400	
Needed at HSC	10,176	10,319	10,447	10,586	10,688	9.697	9 657	0,409	
T	100	-	_	5.6	5.7	5.0	5.0	5.1	2
Licensed ORs - Hawthorne Campus	lar08	lar09	Apr09-Mar10 A	Apr10-Mar11 Ap	Apr11-Mar12 Ap	Apr12-Mar13 A	Apr13-Mar14	Apr14-Mar15 Su	Sum Facility OR
Clemmons Medical Center Licensed ORs	13	13	12	12	12	1			Need
FMC ORs - Operational and Approved: Does not include 5 OH// continue	0	0	0	0	0	. 2	u		
Rooms Arrange Or Coecilor Operating	8	;						0	
FMC Kville Licensed ORs	67	53 0	23	20	20	20	20	20	
Hawthorne Surgical Center	9	0 0	0 0	4	4	4	4	4	
Novant Licensed Oks		,	0	9					
	42	CV CV	111	-	,	0	9	9	

## Novant Health Southern Piedmont Region OR Need

		CY03	CY04	CY05	CY06	CY07
Inpatient		8,368	8,670	9,212	9.668	10.352
Outpatient		27,042	28,636	32,191	34.115	38.872
Inpt. Outp		35,410	37,306	41,403	43.783	49.023
Source: NHSPR Trendstar Financial Database	indstar Financia	/ Database				200
900'09						
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30000	1					- Inpatient - Outpatient lept.Outp
20,000						
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O CYRS	Cyde	200	-			

NHSPR	CY03	CY04	CY05	CY06	Cvo7	CY03-
atient	8368	8.870	0 242	2000	1010	1010
		000	2170	8,000	10,352	5.5%
nual Growth		3.6%	6.3%	50%	7 40%	
toatient	27 043	20000	100	200	0.1.70	
	21,012	20,030	32,191	34,115	38,672	9.4%
nual Growth		5.9%	12.4%	8.0%	12 40%	
tal (w o C-Section or	25 440	2000		-	2	
in Constant	00,410	37,306	41,403	43,783	49.023	8 50%
nual Growth		5.4%	11 0%	£ 70L	40.00	200
	-		200	200	12.0%	

Financial Database
rendstar
NHSPR
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NHSPR         CY07         CY2006         CY2009           allent Surgery FFY Volu         38.672         42.289         46.245           ent Surgery FFY Volum         10,387         11,513           surgical Case Hours         89,062         96,184         103,907           beaded         47.6         51.4         66.5           ventory         71         71         71           -23.4         -19.6         -19.6         -15.5	Total NHSI	R OR Ne	Total NHSPR OR Need - Projected L	Ising N	HSPR Five Year Gum	Year Gum	Inel Cane		
Alternative Per Volum 10,38,672 42,289 46,245 50,571 55,302 50,476 56,133 511 511 511 511 511 511 511 511 511	MASDO	2000					MOHO INC		
American Surgery FFY Volum 38 672 42,289 46,245 50,571 55,302 60,476 66,133 ent Surgery FFY Volum 10,352 10,917 11,513 12,142 12,805 13,505 14,242 surgical Case Hours 89,062 96,184 103,807 112,283 121,369 131,227 141,926 14,242 seedled 476 51,4 55 60.0 64.8 70.1 75.8 ventory 71 71 71 71 71 71 71 71 71 71 71 71 71	W Joseph Co.	7010	CY2008	CY2009	CY2010	CY2011	CY3012	CVOCAO	- Contract
10,322 10,917 11,513 12,142 12,805 10,476 66,133 10,322 10,917 11,513 12,142 12,805 13,505 14,242 189,062 14,242 189,062 14,242 189,062 14,242 17,14 13,907 112,283 12,1369 131,227 141,926 17,17 71 71 71 71 71 71 71 71 71 71 71 71 7	Total Outpatient Surgery FFY Volui	28 873	40 000	20.00			4	010310	CT2014
Enti Surgery FFY Volum 10,352 10,917 11,513 12,142 12,805 13,505 14,242 12,805 13,505 14,242 14,242 12,805 13,1227 141,325 14,32	200	2000	467'74	45,245	50,571	55,302	60.478	AR 123	70 900
Surgical Case Hours 89,062 96,184 103,907 112,185 13,505 14,242 14,945 14,945 14,242 14,945 1	lotal Inpatient Surgery FFY Volum	10 253	40.047	44 848				200	12,320
surgical Case Hours         89,062         96,184         103,907         112,283         121,369         13,127         14,126           leeded         47,6         51,4         56,5         80,0         64.8         70,1         75,8           ventory         71         71         71         71         71         71         71           23,4         -19,6         -15,5         -10,0         -6,2         -0,9         4,8		7000	10,01	516,11	12,142	12,805	13.505	44 243	45 000
Vendod         47.6         51.4         56.5         60.0         64.8         70.1         75.8           Ventory         71         71         71         71         71         71           -23.4         -19.6         -15.5         -11.0         -6.2         -0.9         4.8	weignted Surgical Case Hours	89.062	98 184	102 907	440 000			4	10,020
ventory 71 71 71 71 71 71 71 71 71 71 71 71 71				100,001	114,283	121,369	131 227	141 GSR	453 640
ventory 71 71 71 71 71 71 71 71 71 71 71 71 71	DAY OKS Needed	47 B	R1 A	2 22	200			070	0,00
.23.4 .19.6 .15.5 .11.0 .6.2 .0.9 4.8			-	00.00	0.00	84.8	70.1	75.8	0 08
23.4 -19.6 -15.5 -11.0 -6.2	STR OR Inventory	7.4	7.4	7.4	,;	1		2	0.20
-23,4 -19.6 -15.5 -11.0 -8.2	77.77			1		71	7.4	71	74
7.0- 0.11-	Deed No Park	-23.4	-19.6	-16.6	***	1			
				20.0	0.11-	7.0	600	48	43.0