

August 10, 2018

Christopher Ullrich, M.D., Chairman  
North Carolina State Health Coordinating Council  
c/o Healthcare Planning Section  
Division of Health Service Regulation  
2714 Mail Service Center  
Raleigh, NC 27699-2714

**Re: Novant Health, Inc. Comments Regarding Vascular Access Petition for Demonstration Project in 2018 SMFP**

Dear Dr. Ullrich:

Novant Health, Inc. appreciates the opportunity to comment on the petition (the "Petition") submitted on July 26, 2017 by American Access Care of NC, PLLC, Eastern Nephrology Associates, PLLC, Metrolina Nephrology Associates, PA, and North Carolina Nephrology Associates (the "Practices"), and Fresenius Vascular Care, Inc. d/b/a Azura Vascular Care ("Azura"). Specifically, the Petition proposes an adjusted need determination for a demonstration project to develop two operating rooms in each of the six Health Service Areas statewide, to be located in single-specialty vascular access ambulatory surgical facilities, to provide a full range of vascular access services necessary for ESRD patients, including the surgical creation, management and maintenance of patients' vascular accesses. Novant Health has reviewed the Petition, and supports the inclusion of the need determinations described in the Petition, subject to two important caveats:

*First*, if such need determinations are placed in the 2018 SMFP, the subsequent CON application opportunities must be open to *all qualified applicants*, including acute care hospitals. These need determinations and CON filing opportunities must not be limited to physician groups (or any other type of applicant, for that matter).

*Second*, if such need determinations are placed in the 2018 SMFP, all applicants in the subsequent CON reviews should be given equal consideration. In other words, no applicant should have priority consideration in the subsequent CON reviews because it is a physician group, hospital, ASC or some other type of provider.

These modifications are necessary to ensure that the pillars of the SMFP – quality, access and value – are upheld. Several North Carolina hospital systems, including Novant Health, have robust vascular surgery programs and significant experience performing the type of life-saving procedures described in the Petition. To ensure the best possible outcomes for patients, it is critical that all applicants who have the necessary expertise have the chance to apply to meet the need determinations. No applicant – and consequently no patient in need of the services described in the Petition – should be disadvantaged just because the applicant is a hospital.

***Further Proposed Modifications to the Petition:***

The language of the need determination states that the ASC must be separately licensed, which necessarily excludes hospital outpatient departments ("HOPD") ASCs. Novant Health operates several HOPD ASCs and several separately-licensed ASCs. Both types of facilities play important roles in delivering high quality, cost effective surgical services to thousands of North Carolina residents each year. So as not to exclude potential hospital applicants, Novant Health respectfully suggests that it be left to the applicant to decide which type of facility to propose, and that the SHCC not mandate that the facility be separately licensed. Through the CON review process, the CON Section can decide, among other things, whether the applicant has proposed the least costly or most effective alternative (Criterion (4) of the CON Law) and whether its proposal is comparatively superior to other applicants' proposals in the same review cycle. But the CON process typically does not mandate the specific structure an applicant proposes; rather, it is left to the applicant how best to present its proposal. Novant Health respectfully requests that the SHCC leave it to the applicants to decide how best to present their proposals.

With respect to the chart provided on page 3 of the Petition, it appears that Criteria 1 and 2 are intended to foster physician ownership of the proposed Vascular Access ASCs. Novant Health respectfully suggests that the SHCC should be more concerned about providing access to the services described in the Petition and less concerned about ownership. Hospitals and physician groups routinely compete for CONs, including CONs for ORs. In several cases, the physician groups have been the successful applicants, even without the advantages that Criteria 1 and 2 impliedly confer to physician-only applicants. Further, some hospital applications for ASC CONs – including several ASC CON applications filed by Novant Health and its related entities – have been set up as limited liability companies so that physicians can become owners. Therefore, Novant Health recommends that Criterion 1 and 2 on the chart be deleted.

The applicant in a CON application will have to disclose its ownership, and the CON Section can take that information into account during its review, including in a comparative analysis of the applications. Thus, Criterion 1 (description of percentage ownership interest in the facility by each vascular surgeon and nephrologist) is superfluous. Further, the CON applicant will need to demonstrate the need for its proposed facility and the extent to which key stakeholders (including physicians) have been involved in the planning for the project, and the extent to which they support the project. An "owners only" or "employees only" Vascular Access ASC may have difficulty meeting these requirements, and could be deemed a less effective alternative in a competitive CON review. Thus, Criterion 2 (the proposed facility should provide open access to non-owner and non-employee nephrologists and vascular surgeons) appears to be superfluous. Moreover, a truly "open access" medical staff may conflict with legitimate credentialing processes which may be required by an accreditation body. See Criterion 6. Each facility will need to credential its physicians in accordance with its medical staff bylaws. Again, the CON Section has access to these documents as part of the CON application exhibits, and can decide whether they are consistent with the CON Law, and whether they make an applicant comparatively superior or inferior to another applicant in the same review cycle.

Criterion 5 on the chart on pages 3 and 4 of the Petition would require that "at least 60% of the total number of patients served each year shall be Medicare or Medicaid recipients." Novant Health strongly supports access for medically underserved patients, including Medicare and Medicaid recipients. However, Novant Health urges that the SHCC be cautious about adopting absolute percentages of service to Medicare and Medicaid recipients. The reason is that all providers are operating in a time of tremendous uncertainty. No one knows what the future holds for the Affordable Care Act, Medicare payment changes and Medicaid expansion. A percentage adopted in 2017 with the best of intentions may not be realistic in 2018. Indeed, changes to Medicare reimbursement for in-office vascular access procedures appear to be one of the primary drivers behind this Petition. See, e.g., discussion at page 7 of the Petition.

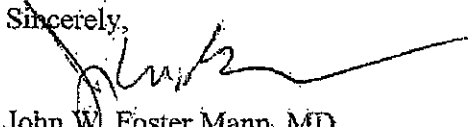
Due to circumstances that are unforeseen today and beyond any providers' control, providers who are subject to specific percentages may find that they are unable to achieve the mandated percentages. Novant Health is aware that this happened with regard to Triangle Orthopaedic Surgery Center, LLC's Year 3 projections for the single-specialty demonstration project CON that it received as a result of the 2010 need determination. The criteria for the 2010 demonstration projects required that the percentage of the facility's total collected revenue that is attributable to self-pay and Medicaid revenue shall be at least seven percent (the "7% Rule"). See Table 6D from the 2010 SMFP. In its Year 3 report, TOSC noted that as reimbursements from payors improved, the 7% revenue calculation had decreased, even though TOSC remained committed to serving all patients regardless of their ability to pay. See Exhibit A.

Again, the CON process takes into account the level of service that applicants provide to the medically underserved. See Criterion (13) of the CON Law. Pursuant to Criterion (13), The CON Section must evaluate applicants' past and projected future performance with respect to service to the medically underserved. In a competitive review, the CON Section can also compare the applicants with respect to their levels of charity care, as well as their levels of service to Medicare and Medicaid recipients. Thus, the current process effectively addresses the concern raised by Criterion 5 of the proposed need determination. Novant Health respectfully suggests that Criterion 5 be eliminated as part of the proposed need determination.

In sum, Novant Health supports the Petition, provided that the need determination does not exclude any qualified applicant, including acute care hospitals, from applying to meet the need determination and provided that no applicant is given priority based on its status as a hospital, physician group, ASC, etc. Having a level playing field for this demonstration project is essential to ensure quality, access and value. These comments also provide specific suggestions on changes to the criteria proposed on pages 3 and 4 of the Petition.

Novant Health appreciates the opportunity to have its views considered by the SHCC.

Sincerely,

  
John W. Foster Mann, MD  
Novant Health Surgical Service Line Leader

CC: Barbara L. Freedy, Director, Certificate of Need  
Novant Health, Inc.  
[blfreedy@novanthealth.org](mailto:blfreedy@novanthealth.org)

*File: Novant Support for Vascular Access petition.08.10.17.docx*



Single-Specialty Ambulatory Surgery Facility  
Demonstration Project  
Annual Evaluation

Instructions: No later than \_\_\_\_\_ return two completed copy of this evaluation form to the Healthcare Planning and Certificate of Need Section, Division of Health Services Regulation.

Evaluation is for (circle the appropriate year):

Year 1                      Year 2                      Year 3                      Year 4                      Year 5

Reporting Period: 03/01/2015 through 02/29/2016  
(Month/Day/Year)                      (Month/Day/Year)

**Facility Information**

Facility Name: Triangle Orthopaedics Surgery Center, LLC \_\_\_\_\_  
CON Project ID #: J-8616-10                      Surgical Specialty: Orhtopedics \_\_\_\_\_  
Date of initial license: 2/25/2013                      Date of initial accreditation: 5/20/2013 \_\_\_\_\_  
Accrediting body: AAHC \_\_\_\_\_

**Care to Self-Pay and Medicaid Patients**

Pursuant to the material representations made in your application and the conditions imposed on your certificate, the facility is required to demonstrate that the Medicare allowable amount for self-pay and Medicaid surgical cases minus all revenue collected from self-pay and Medicaid surgical cases was at least *seven percent of the total revenue* collected for all surgical cases performed in the facility. Complete the attached Form A (Revenue and Expense Statement) and Form B (7% Worksheet) and attach to this report.

**Report to Statewide Data Processor**

Pursuant to the material representations made in your application and the conditions imposed on your certificate, the facility is required to submit utilization and payment data to the statewide data processor as required by G.S. 131E-214.2. Did the facility submit utilization and payment data to the statewide data processor during the reporting period? Yes Provide supporting documentation. *Attachment C*

**Surgical Safety**

Pursuant to the material representations made in your application and the conditions imposed on your certificate, the facility is required to complete a Surgical Safety Checklist before each surgery is performed. What was the percentage of surgeries for which a Surgical Safety Checklist was actually completed? 100 % Provide supporting documentation. *Attachment D*



Single-Specialty Ambulatory Surgery Facility  
 Demonstration Project  
 Annual Evaluation

**Patient Outcomes**

1. Pursuant to the material representations made in your application and the conditions imposed on your certificate, the facility is required to develop a system to measure and report patient outcomes. Attach a detailed description of the system used by the facility during the reporting period.

*Note:* At a minimum, patient outcome measures *must* include: wound infection rate; number and percentage of post-operative infections; number and percentage of post-procedure complications; number and percentage of readmissions; and the number and percentage of medication errors.

2. Provide the patient outcome results for each patient outcome measure used during the reporting period. *Attachment E*

**Interoperability with Other Providers**

Pursuant to the material representations made in your application and the conditions imposed on your certificate, the facility is required to describe the system used to enhance communication and ease data collection (e.g., electronic medical records). Attach a detailed description of the system used by the facility during the reporting period. *Attachment F*

**Open Access to Physicians**

1. Did you represent in your application that the facility would provide open access for physicians?  Yes  No
2. If you answered yes, attach a detailed description of the facility's policy.
3. How many non-owner affiliated physicians performed surgery at the facility during the reporting period? 3 *Attachment G*

**Physician Responsibilities**

1. How many physicians, both owner and non-owner, were affiliated with the facility during the reporting period? 14
2. How many physicians affiliated with the facility established or maintained hospital staff privileges with at least one hospital during the reporting period? 100%
3. How many physicians affiliated with the facility began or continued to meet Emergency Department coverage responsibilities with at least one hospital? 100%
4. Complete the attached Physician Responsibilities form. *Attached*

The undersigned hereby assures and certifies that the information included in this evaluation form and all attachments is correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title \_\_\_\_\_

	7% Worksheet	Self-Pay	Medicaid	Total
A	# of Surgical Cases	57	92	149
B	Average Medicare Allowable Amount per Surgical Case	3,325	2,526	2,876
C	Revenue (A x B)	183,637	232,408	416,245
D	Revenue Collected (net revenue by payor category)	44,688	55,994	100,682
E	Difference (C - D)	139,149	176,414	315,563
F	Total Net Revenue (all payors combined)	6,169,082	6,169,082	6,169,082
G	Percentage (E / F)	2.26%	2.86%	5.12%

Year 3 Demonstration Project 7% Calculation

Year 3 analysis of indigent care determines that although the percentage of revenue with regards to indigent/charity care fell below 7%, the volume of patients that TOSC serves remains at or above 7% to date. TOSC and surgeon owners remain committed to serving ALL patients for non-elective orthopaedic care regardless of ability to pay. As reimbursements from commercial payors have improved since opening, the 7% calculation as determined in the plan has decreased, although all credentialed surgeons at TOSC are committed to serving all patients that meet patient selection criteria as determined by the Medical Executive Committee.



**Patient Payment Data**

From 8 / 1 / 15  
To 7 / 31 / 16

# of Surgical Cases		2234
	<b>REVENUE</b>	
<b>Gross Patient Revenue</b>		
Self Pay/ Indigent/ Charity		406,631
Medicare / Medicare Managed Care		2,640,961
Medicaid		697,224
Commercial Insurance		13,081,440
Managed Care		253,038
Other (Specify)		3,454,100
<b>Total</b>	\$	20,533,394
<b>Deductions from Gross Patient Revenue</b>		
Charity Care		89,653
Bad Debt		153,755
Medicare Contractual Adjustment		2,069,956
Medicaid Contractual Adjustment		625,891
Other Contractual Adjustments		10,482,590
<b>Total Deductions from Patient Revenue</b>	\$	13,421,845
<b>Net Patient Revenue</b>	\$	7,111,549
<b>Other Revenue</b>		
<b>Total Revenue</b>	\$	7,111,549

Triangle Orthopaedic Surgery Center, LLC  
Rolling Twelve Months Income Statement  
8/1/15-7/31/16

	Total
OP Surgery Gross Charges	\$20,437,250
ASC-Total Joint Gross Charges	98,144
Gross Revenue	20,533,394
Contractuals	(13,222,131)
Contractuals -Total Joint	(45,959)
Bad Debt Expense	(153,755)
Net Patient Revenue	7,111,549
Other Revenue	4,849
<b>Total Net Revenue</b>	<b>7,116,198</b>
<b>Operating Expenses</b>	
Clinical Supplies	2,231,743
Purchased Services	1,658,335
Professional Fees	30,491
Travel	3,363
Utilities	126,636
Other Operating Exp	607,179
<b>Total Operating Expenses</b>	<b>4,657,748</b>
<b>Non-Operating Expenses</b>	
Rent	597,555
Other Non-Operating Exp	179,807
Corporate Gen. & Admin. Exp	57,416
<b>Total Non-Operating</b>	<b>834,778</b>
<b>EBITDA</b>	<b>1,623,672</b>
Depreciation	422,718
Amortization	4,781
<b>Total Depreciation &amp; Amortization</b>	<b>427,499</b>
<b>Investment Income &amp; Expense</b>	<b>72,022</b>
<b>EBT</b>	<b>1,124,152</b>
<b>Net Income(Loss)</b>	<b>1,124,152</b>

**Physician Responsibilities**

Name of Each Physician Affiliated with the Facility during the Reporting Period	Does the Physician have any Ownership Interest in the Facility? (Yes or No)	Name of Each Hospital where the Physician has Privileges (list only one hospital per line) (provide supporting documentation)	Provided Emergency Room Coverage during Reporting Period? (Yes or No) (provide supporting documentation)	# of Nights on Call during Reporting Period
Aldridge, Julian Mack	Y	North Carolina Specialty Hospital Durham Regional Hospital Rex Healthcare	Y	33
Burt, Mark	Y	Person memorial Hospital Granville Medical Center Rex Healthcare Wake Med	Y	51
DeLaero, David	Y	Duke Raleigh Hospital Blue Ridge Surgery Center Betsy Johnson Regional Hospital Durham Regional Hospital	Y	35
Hage, William	Y	North Carolina Specialty Hospital Rex Healthcare Blue Ridge Surgery Center North Carolina Specialty Hospital Durham Regional Hospital	Y	57
Kerner, Paul	Y	Blue Ridge Surgery Center North Carolina Specialty Hospital Durham Regional Hospital	Y	61
Kuremsky, Marshall	Y	Davis Ambulatory Surgical Center North Carolina Specialty Hospital Rex Healthcare Wake Med	Y	73
		Betsy Johnson Regional Hospital		
		Blue Ridge Surgery Center		
		Durham Regional Hospital		

Romine, Lucas	N	North Carolina Specialty Hospital	Y	98
		Johnston Health		
		Wilson Memorial Hospital		
		Betsy Johnson Regional Hospital		
Rosenberg, Brett	Y	Person memorial Hospital	Y	84
		North Carolina Specialty Hospital		
		Johnston Health		
		Betsy Johnson Regional Hospital		
Rosenblum, Shepard	Y	North Carolina Specialty Hospital	Y	57
		Rex Healthcare		
		Wake Med		
		Blue Ridge Surgery Center		
Silver, William	Y	North Carolina Specialty Hospital	Y	26
		Durham Regional Hospital		
		Person memorial Hospital		
		Granville Medical Center		
		Blue Ridge Surgery Center		
		Rex Healthcare		
Solte, John	Y	Durham Regional Hospital	Y	51
		Davis Ambulatory Surgical Center		
		Rex Healthcare		
		Wake Med		
		Blue Ridge Surgery Center		
		Person memorial Hospital		
Takekaga, Zachary	N	North Carolina Specialty Hospital	Y	21
		Durham Regional Hospital		
		Granville Medical Center		
		Person memorial Hospital		
Viens, Nicholas	N	Granville Medical Center	Y	44
		North Carolina Specialty Hospital		
		Durham Regional Hospital		
		Person memorial Hospital		
		Wake Med		
Winters, Steven	Y	Granville Medical Center	Y	45
		North Carolina Specialty Hospital		
		Durham Regional Hospital		
		Person memorial Hospital		

# Outpatient client-to-standard mappings

551001 Triangle Ortho Surg Ctr NC 04/01/2015 06/30/2015

*Handwritten signature*

## Discharges by primary payer (Mapped)

Mapped primary payer	Total discharges	% of total	Hist comp.
CHAMPUS: NOS	28	5.17%	8.52%
Commercial: Blue Cross	241	44.46%	43.27%
Commercial: HMO/PPO	12	2.21%	3.81%
Commercial: NOS	6	1.11%	0.22%
Commercial: PPO	117	21.59%	19.03%
Medicald: NOS	22	4.08%	6.28%
Medicare: NOS (not otherwise specified)	50	9.23%	10.09%
Medicare: HMO	1	0.18%	
Other Government Payers: NOS	5	0.92%	0.57%
Self Pay	8	1.48%	1.79%
Worker's Compensation: NOS	52	9.59%	6.28%

*Handwritten circled notes:*  
 6.28%  
 10.09%  
 8.07%

## Discharges by primary payer (Client)

Client Input	Mapped payer description	Total discharges	% of Total
CH	CHAMPUS: NOS	28	5.17%
BL	Commercial: Blue Cross	241	44.46%

\*Historical comparison refers to previous year

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# Outpatient client-to-standard mappings

551001 Triangle Ortho Surg Ctr NC 04/01/2015 08/30/2015

## Discharges by primary payer (Client)

Client Input	Mapped payer description	Total discharges	% of Total
13	Commercial: HMO/PPPO	12	2.24%
CI	Commercial: NOS	6	1.11%
12	Commercial: PPO	117	21.59%
MC	Medicaid: NOS	22	4.06%
MB	Medicare: NOS (not otherwise specified)	50	9.23%
16	Medicare: HMO	1	0.18%
OF	Other Government Payers: NOS	3	0.55%
VA	Other Government Payers: NOS	2	0.37%
09	Self Pay	8	1.48%
WC	Worker's Compensation: NOS	52	9.59%

\*Historical comparison refers to previous year

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# Outpatient client-to-standard mappings

561970 Triangle Ortho Surg Ctr NC 07/01/2015 09/30/2015

*03 2015*

## Discharges by primary payer (Mapped)

Mapped primary payer	Total discharges	% of total	*Hist comp.
CHAMPUS: NOS	39	7.12%	6.88%
Commercial: Blue Cross	216	39.42%	46.37%
Commercial: HMO/PPD	18	3.28%	1.18%
Commercial: NOS	4	0.73%	1.38%
Commercial: PPO	122	22.26%	17.49%
Medicaid: NOS	22	4.01%	4.32%
Medicare: NOS (not otherwise specified)	57	10.40%	11.00%
Medicare: HMO	1	0.18%	
Other Government Payers: NOS	6	1.05%	0.79%
Self Pay	13	2.37%	3.73%
Worker's Compensation: NOS	50	9.12%	6.88%

*8.05%*

## Discharges by primary payer (Client)

Client Input	Mapped payer description	Total discharges	% of Total
CH	CHAMPUS: NOS	39	7.12%
BL	Commercial: Blue Cross	216	39.42%

\*Historical comparison refers to previous year

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# Outpatient client-to-standard mappings

561970 Triangle Ortho Surg Ctr NC 07/01/2015 09/30/2015

## Discharges by primary payer (Client)

Client Input	Mapped payer description	Total discharges	% of Total
13	Commercial: HMO/PPPO	18	3.28%
CI	Commercial: NOS	4	0.73%
12	Commercial: PPO	122	22.26%
MC	Medicaid: NOS	22	4.01%
MB	Medicare: NOS (not otherwise specified)	57	10.40%
16	Medicare: HMO	1	0.18%
11	Other Government Payers: NOS	1	0.18%
OF	Other Government Payers: NOS	4	0.73%
VA	Other Government Payers: NOS	1	0.18%
09	Self Pay	13	2.37%
WC	Worker's Compensation: NOS	50	9.12%

\*Historical comparison refers to previous year

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# Outpatient client-to-standard mappings

576112 Triangle Ortho Surg Ctr NC 10/01/2015 12/31/2015

*RTS*

## Discharges by primary payer (Mapped)

Mapped primary payer	Total discharges	% of total	*Hist.comp.
CHAMPUS: NOS	33	5.59%	7.53%
Commercial: Blue Cross	286	48.47%	46.76%
Commercial: HMO/PPO	10	1.69%	2.45%
Commercial: NOS	2	0.34%	0.70%
Commercial: PPO	128	21.69%	21.02%
Medicaid: NOS	20	3.39%	2.80%
Medicare: NOS (not otherwise specified)	55	9.32%	11.56%
Other Government Payers: NOS	6	0.85%	0.53%
Self Pay	8	1.36%	1.58%
Worker's Compensation: NOS	43	7.29%	5.08%

*4.38%*

## Discharges by primary payer (Client)

Client Input	Mapped payer description	Total discharges	% of Total
CH	CHAMPUS: NOS	33	5.59%
BL	Commercial: Blue Cross	286	48.47%
13	Commercial: HMO/PPO	10	1.69%

\*Historical comparison refers to previous year

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# Outpatient client-to-standard mappings

576112 Triangle Ortho Surg Ctr NC 10/01/2015 12/31/2015

## Discharges by primary payer (Client)

Client input	Mapped payer description	Total discharges	% of Total
CI	Commercial: NOS	2	0.34%
12	Commercial: PPO	128	21.69%
MC	Medicaid: NOS	20	3.39%
MB	Medicare: NOS (not otherwise specified)	55	9.32%
11	Other Government Payers: NOS	4	0.68%
VA	Other Government Payers: NOS	1	0.17%
09	Self Pay	8	1.36%
WC	Worker's Compensation: NOS	43	7.29%

\*Historical comparison refers to previous year

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# Outpatient client-to-standard mappings

588807 Triangle Ortho Surg Ctr NC 01/04/2016 03/31/2016

*Q1 PPO*

## Discharges by primary payer (Mapped)

Mapped primary payer	Total discharges	% of total	*Hist comp.
CHAMPUS: NOS	44	8.04%	8.95%
Commercial: Blue Cross	225	41.13%	44.95%
Commercial: HMO/PPO	13	2.38%	1.33%
Commercial: NOS	5	0.91%	0.57%
Commercial: PPO	115	21.02%	15.81%
Medicaid: NOS	24	4.39%	5.90%
Medicare: NOS (not otherwise specified)	72	13.16%	11.62%
Other Government Payers: NOS	6	1.10%	0.76%
Self Pay	11	2.01%	1.52%
Workers Compensation: NOS	32	5.85%	8.57%

*7.42%*

## Discharges by primary payer (Client)

Client input	Mapped payer description	Total discharges	% of Total
CH	CHAMPUS: NOS	44	8.04%
BL	Commercial: Blue Cross	225	41.13%
13	Commercial: HMO/PPO	13	2.38%

\*Historical comparison refers to previous year

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# Outpatient client-to-standard mappings

588607 Triangle Ortho Surg Ctr NC 01/04/2016 03/31/2016

## Discharges by primary payer (Client)

Client Input	Mapped payer description	Total discharges	% of Total
CI	Commercial: NOS	5	0.91%
12	Commercial: PPO	115	21.02%
MC	Medicaid: NOS	24	4.39%
MB	Medicare: NOS (not otherwise specified)	72	13.16%
11	Other Government Payers: NOS	1	0.18%
OF	Other Government Payers: NOS	2	0.37%
VA	Other Government Payers: NOS	3	0.55%
09	Self Pay	11	2.01%
WC	Worker's Compensation: NOS	32	5.85%

\*Historical comparison refers to previous year

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**Report to Statewide Data Processor**

Pursuant to the material representations made in your application and the conditions imposed on your certificate, the facility is required to submit utilization and payment data to the statewide data processor as required by G.S. 131E-214.2. Did the facility submit utilization and payment data to the statewide data processor during the reporting period? Yes Provide supporting documentation.

# Outpatient executive summary

551001 Triangle Ortho Surg Ctr NC 04/01/2015 06/30/2015

## Discharges summary

Discharges summary	Discharges	Total LOS	Avg LOS	*Hist comp	LOS
Grand total	542	542	1.00		446
Total except newborn	542	542	1.00		446
Total combined newborn, OB	0	0			0

## Discharges by patient status

Patient status	Total discharges	% of total	*Hist comp.
Discharged to home or self care (routine discharge)	542	100.00%	100.00%

<sup>4</sup>Historical comparison refers to previous year

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Run date: 07/10/2015 02:56 PM

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# Outpatient executive summary

551001 Triangle Ortho Surg Ctr NC 04/01/2015 08/30/2015

## Discharges by admission type

Admission type	Total discharges	% of total	*Hist. comp.
Information not available	542	100.00%	100.00%

## Discharges by ZIP code

ZIP code	Total discharges	% of total	*Hist. comp.
Valid			
In State	535	98.71%	99.10%
Out of State	7	1.29%	0.90%

## Discharges by admission source

Admission source	Total discharges	% of total	*Hist. comp.
Information not available	542	100.00%	100.00%

\*Historical comparison refers to previous year

# Outpatient executive summary

561001 Triangle Ortho Surg Ctr/NC 04/01/2015 06/30/2015

## Discharges by age range

Age range description	Total discharges	% of total	*Hist. comp.
1 - 17	62	11.44%	9.87%
18 - 44	205	37.82%	40.36%
45 - 64	218	40.22%	38.57%
65 - 74	40	7.38%	9.42%
75 +	17	3.14%	1.79%

## Discharges by medical record #

Medical record #	Total discharges	% of total	*Hist. comp.
Not Reported	542	100.00%	100.00%

## Discharges by ethnic origin

Ethnic origin	Total discharges	% of total	*Hist. comp.
Hispanic	5	1.48%	3.14%
Non Hispanic	534	98.52%	96.86%

## Discharges by race

Race	Total discharges	% of total	*Hist. comp.
Asian	2	0.37%	
Black or African American	85	15.68%	12.78%
Other Race	28	5.17%	7.62%
White	427	78.78%	79.60%

\*Historical comparison refers to previous year

Run date: 07/10/2015 02:56 PM

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# Outpatient executive summary

561970 Triangle Ortho Surg Ctr NC 07/01/2015 09/30/2015

## Discharges summary

Discharges summary	Discharges	Total LOS	Avg. LOS	*Hist. comp. LOS
Grand total	548	548	1.00	509
Total except newborn	548	548	1.00	509
Total combined newborn, OB	0	0		0

## Discharges by patient status

Patient status	Total discharges	% of total	*Hist. comp.
Discharged to home or self care (routine discharge)	548	100.00%	100.00%

\*Historical comparison refers to previous year

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# Outpatient executive summary

561970 Triangle Ortho Surg Ctr NC 07/01/2015 09/30/2015

## Discharges by admission type

Admission type	Total discharges	% of total	*Hist comp.
Information not available	548	100.00%	100.00%

## Discharges by ZIP code

ZIP code	Total discharges	% of total	*Hist comp.
In State	542	98.91%	99.02%
Out of State	6	1.09%	0.98%

## Discharges by admission source

Admission source	Total discharges	% of total	*Hist comp.
Information not available	548	100.00%	100.00%

\*Historical comparison refers to previous year

# Outpatient executive summary

561970 Triangle Ortho Surg Ctr NC 07/01/2015 09/30/2015

## Discharges by age range

Age range description	Total discharges	% of total	*Hist. comp.
1 - 17	57	10.40%	9.43%
18 - 44	188	34.31%	39.88%
45 - 64	235	42.89%	39.10%
65 - 74	47	8.58%	9.04%
75 +	21	3.83%	2.55%

## Discharges by medical record #

Medical record #	Total discharges	% of total	*Hist. comp.
Not Reported	548	100.00%	100.00%

## Discharges by ethnic origin

Ethnic origin	Total discharges	% of total	*Hist. comp.
Hispanic	12	2.19%	3.93%
Non Hispanic	536	97.81%	96.07%

## Discharges by race

Race	Total discharges	% of total	*Hist. comp.
Aeian	1	0.18%	0.79%
Black or African American	93	16.97%	12.57%
Native Hawaiian or Pacific Islander			0.20%
Other Race	40	7.30%	8.64%
White	414	75.55%	77.80%

\*Historical comparison refers to previous year

# Outpatient executive summary

576112 Triangle Ortho Surg Ctr NC 10/01/2015 12/31/2015

## Discharges summary

Discharges summary	Discharges	Total LOS	Avg LOS	*Hist. comp.	LOS
Grand total	590	590	1.00		571
Total except newborn	590	590	1.00		571
Total combined newborn, OB	0	0			0

## Discharges by patient status

Patient status	Total discharges	% of total	*Hist comp.
Discharged to home or self care (routine discharge)	590	100.00%	100.00%

\*Historical comparison refers to previous year

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# Outpatient executive summary

576112 Trangle Ortho Surg Cir NC 10/01/2015 12/31/2015

## Discharges by admission type

Admission type	Total discharges	% of total	*Hist. comp.
Information not available	590	100.00%	100.00%

## Discharges by ZIP code

Valid ZIP code	Total discharges	% of total	*Hist. comp.
In State	584	98.98%	98.60%
Out of State	6	1.02%	1.40%

## Discharges by admission source

Admission source	Total discharges	% of total	*Hist. comp.
Information not available	590	100.00%	100.00%

\*Historical comparison refers to previous year

# Outpatient executive summary

576112 Triangle Ortho Surg Ctr NC 10/01/2015 12/31/2015

## Discharges by age range

Age range description	Total discharges	% of total	*Hist. comp.
1 - 17	60	10.17%	10.16%
18 - 44	235	39.83%	34.15%
45 - 64	251	42.54%	44.48%
65 - 74	32	5.42%	8.41%
75 +	12	2.03%	2.80%

## Discharges by medical record #

Medical record #	Total discharges	% of total	*Hist. comp.
Not Reported	590	100.00%	100.00%

## Discharges by ethnic origin

Ethnic origin	Total discharges	% of total	*Hist. comp.
Hispanic	14	2.37%	1.23%
Non Hispanic	576	97.63%	98.77%

## Discharges by race

Race	Total discharges	% of total	*Hist. comp.
Asian	1	0.17%	0.35%
Black or African American	82	13.90%	14.89%
Other Race	36	6.10%	5.43%
White	471	79.83%	79.33%

\*Historical comparison refers to previous year

Run date: 02/18/2016 04:04 PM

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# Outpatient executive summary

588807 Triangle Ortho Surg Ctr NC 01/04/2016 03/31/2016

## Discharges summary

Discharges summary	Discharges	Total LOS	Avg LOS	*Hist comp.	LOS
Grand total	547	547	1.00		525
Total except newborn	547	547	1.00		525
Total combined newborn, OB	0	0			0

## Discharges by patient status

Patient status	Total discharges	% of total	*Hist comp.
Discharged to home or self care (routine discharge)	547	100.00%	100.00%

\*Historical comparison refers to previous year

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# Outpatient executive summary

583807 Triangle Ortho Surg Ctr NC 01/04/2016 03/31/2016

## Discharges by admission type

Admission type	Total discharges	% of total	*Hist. comp.
Information not available	547	100.00%	100.00%

## Discharges by ZIP code

Valid ZIP code	Total discharges	% of total	*Hist. comp.
In State	542	99.09%	98.86%
Out of State	5	0.91%	1.14%

## Discharges by admission source

Admission source	Total discharges	% of total	*Hist. comp.
Information not available	547	100.00%	100.00%

\*Historical comparison refers to previous year



# Outpatient executive summary

588807 Triangle Ortho Surg Ctr NC 01/04/2016 03/31/2016

## Discharges by age range

Age range description	Total discharges	% of total	*Hist. comp.
1 - 17	49	8.96%	9.52%
18 - 44	206	37.66%	36.95%
45 - 64	224	40.95%	42.67%
65 - 74	56	10.24%	7.62%
75 +	12	2.19%	3.24%

## Discharges by medical record #

Medical record #	Total discharges	% of total	*Hist. comp.
Not Reported	547	100.00%	100.00%

## Discharges by ethnic origin

Ethnic origin	Total discharges	% of total	*Hist. comp.
Hispanic	12	2.19%	2.48%
Non Hispanic	535	97.81%	97.52%

## Discharges by race

Race	Total discharges	% of total	*Hist. comp.
Asian	3	0.55%	0.57%
Black or African American	77	14.08%	17.52%
Other Race	34	6.22%	8.19%
White	433	79.16%	73.71%

\*Historical comparison refers to previous year

Run date: 05/20/2016 03:34 PM

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A Safe Surgery Checklist Test, Amikai #3000

Test, Amikai Case:   
 Chart: 3000 / Ss Date: 07/13/2015   
 DOB: n/a   
 Facility: Titanale Orthopaedics Sur   
 PP: KUREMSKY MARSHALL 5x Pdoc   
 Physician:   
 Pre-Op Dk

Height 0' 0"   
 Weight 0lbs   
 BMI: 0   
 ESM

Preprocedure Check-In	Sign-In	Time-Out	Sign-Out
<p><b>In Holding Area</b></p> <p>Patient/patient representative actively confirms with Registered Nurse(RN): <input type="checkbox"/> Yes</p> <p>Identify <input type="checkbox"/> Yes</p> <p>Procedure and procedure site <input type="checkbox"/> Yes</p> <p>Consent(s) <input type="checkbox"/> Yes</p> <p>Site Marked by person performing the procedure <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>RN confirms the presence of: <input type="checkbox"/> Yes</p> <p>History and physical <input type="checkbox"/> Yes</p> <p>Preanesthesia Assessment <input type="checkbox"/> Yes</p> <p>Diagnostic and radiologic test results <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Blood products <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Any special equipment, devices, implants <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Notes</p>	<p><b>Before Induction of Anesthesia</b></p> <p>RN and Anesthesia care provider confirm: <input type="checkbox"/> Yes</p> <p>Confirmation of identity, procedure, procedure site and consent(s) <input type="checkbox"/> Yes</p> <p>Site Marked by person performing the procedure <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Patient allergies <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Difficult airway or aspiration risk? <input type="checkbox"/> No <input type="checkbox"/> Yes (preparation confirmed)</p> <p>Risk of blood loss (&gt;500ml) <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Number of units available <input type="checkbox"/> <input type="checkbox"/></p> <p>Anesthesia safety check completed <input type="checkbox"/> Yes</p> <p>Briefing: <input type="checkbox"/> Yes</p> <p>All members of the team have discussed case plan and addressed concerns</p>	<p><b>Before Skin Incision</b></p> <p>Initiated by designated team member: <input type="checkbox"/> Yes</p> <p>Introduction of team members <input type="checkbox"/> Yes</p> <p>Confirmation of the following: identity, procedure, incision site, consent(s) <input type="checkbox"/> Yes</p> <p>Site is marked and visible <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Relevant images properly labeled and displayed <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Equipment concerns <input type="checkbox"/> N/A</p> <p>Anticipated Critical Events Surgeon: <input type="checkbox"/> <input type="checkbox"/></p> <p>States the following: <input type="checkbox"/> Critical or noncritical steps <input type="checkbox"/> Case duration <input type="checkbox"/> Anticipated blood loss</p> <p>Anesthesia Provider: <input type="checkbox"/> <input type="checkbox"/></p> <p>Antibiotic prophylaxis rebated within one hour before incision <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Additional concerns <input type="checkbox"/> N/A</p> <p>Scrub and circulating nurse: <input type="checkbox"/> <input type="checkbox"/></p> <p>Sterilization indicators have been confirmed <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Additional concerns <input type="checkbox"/> N/A</p>	<p><b>Before the Patient Leaves the Operating Room</b></p> <p>RN confirms: <input type="checkbox"/> <input type="checkbox"/></p> <p>Name of operative procedure, Completion of sponge, sharp, and instrument counts <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Specimens identified and labeled <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Any equipment problems to be addressed? <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>To all team members: <input type="checkbox"/> <input type="checkbox"/></p> <p>What are the key concerns for recovery and management of this patient? <input type="checkbox"/> N/A</p>

**Patient Outcomes**

A comprehensive set of measures were prioritized by the Quality Improvement Committee, Infection Control Committee, Safety Committee and Medical Executive Committee. The Medical Executive Committee is comprised of 3 physician owners and 1 non-owner, one of which also serves as the Anesthesia Supervisor. The MEC also serves as the PEER review Committee and reviews all cases in which an adverse event has occurred. TOSC collects data for both improvement priorities and continuing measurement of important aspects of care, including infection rates, within the first 30 days after discharge. Each surgeon is required to self report patient infection rates. TOSC has a 100% infection self-survey return rate and each infection that is reported is investigated using the attached Infection Investigation worksheet. Infections remain <1% in 2016. Quality measures including are also tracked and reported through QualityNet(2017 Payment Year...2015 data submission confirmation attached) to include, antibiotic timing, patient falls, patient burn, wrong site surgery, and hospital transfers. TOSCs participation in ASCQR Program is voluntary to date since TOSC has not met the annual minimum threshold of Medicare patients. Since Q1 2016, TOSC has also elected to begin reporting Quality Measures through ASCA Benchmarking which additionally includes medication errors. This allows us to evaluate the stability of our processes and the predictability of our outcomes against other ASCs nationally. TOSC's EMR also requires data input for the CMS Quality Indicators(GCodes) on each case performed.

YEAR 3 reported data:

Infection rate:	0.36%
Medication Errors:	0.00%
Patient Falls:	0.00%
Patient transfer:	0.01%
Patient death:	0.00%


Attachments: CMS Quality Net ASCQR Confirmation  
G-Code Report Amkai  
Quality Indicators reported in EMR

---

Start Structural/Web-Based Measures

08/01/2016 12:17:48PT

Ambulatory Surgical Center Web-Based Measures

 Print

Submission Period  
01/01/2016 - 08/15/2016

With Respect to Reporting Period  
01/01/2015 - 12/31/2015

Web-Based Measures | PY 2017

Provider ID	ASC-6	ASC-7	ASC-9	ASC-10
1396089108	Completed	Completed	Completed	Com:

<

Attachment E

Generated by **WASHICK,  
CHRISTINE**

TRIO

Ambulatory Surgical  
Center

at *Monday, August 01, 2016* on WPP-  
XEN@PCTOSCCC1

Number of  
rows: 2351.

G-Codes by DOS

and Type ( FormData )  
and Form Data Type ( Encounter )  
and Status ( Unsigned, Signed, Reviewed )  
and Form Data Extra Property ( epCMS )  
and Form Data Service Date ( between 3/1/2015 and 2/29/2016 )

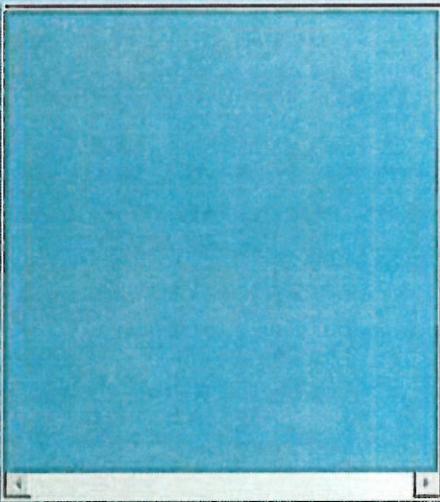
Test, Amkai

Chart: xxxxx /  
DOB: n/a

Case: [Cancelled] [3/20/2014] ART  
Sx Date: [03/20/2014] [05:30PM]

PP:   
Physician:  Sx Proc:   
Pre-Op Dx:

Confirmations:



CMS Qualifiers:

All Clear:

- G8907 AND
    - G8916 Patient with Pre-Operative order for IV antibiotic for SSL prophylaxis administered on time.
    - G8917 Patient with Pre-Operative order for IV antibiotic for SSL prophylaxis NDI administered on time.
    - G8918 Patient without Pre-Operative order for IV antibiotic for SSL.
- Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site /site /patient /procedure /implant event, or a hospital transfer or hospital admission upon discharge from the facility.

OR select one from each category:

1. Patient Burn
  - G8908 Patient documented to have received a burn prior to discharge.
  - G8909 Patient documented to have not received a burn prior to discharge.
2. Patient Fall in ASC Facility
  - G8910 Patient documented to have experienced a fall within the ASC.
  - G8911 Patient documented to have not experienced a fall within the ASC.
3. Wrong Site/Side/Patient/Procedure/Implant
  - G8912 Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event.
  - G8913 Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event.
4. Hospital Transfer/Admission
  - G8914 Patient documented to have experienced a hospital transfer or hospital admission upon discharge from the ASC.
  - G8915 Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from the ASC.
5. Timing of Prophylactic Antibiotic Administration
  - G8916 Patient with Pre-Operative order for IV antibiotic surgical site infection prophylaxis, antibiotic administered on time.
  - G8917 Patient with Pre-Operative order for IV antibiotic surgical site infection prophylaxis, antibiotic NDI administered on time.
  - G8918 Patient without Pre-Operative order for IV antibiotic for surgical site infection.

Tagged Nurses Notes:



**Interoperability with Other Providers**

TOSC continues to utilize AmkaiOffice and AmkaiCharts to ensure detailed data collection and reporting. An interface has been developed to allow demographic information to be sent from the physician's offices. See attached AmkaiOffice and AmkaiCharts product information. Hardcopy documents received are scanned into the patients chart in the corresponding section. The document can be viewed by clicking a link in either AmkaiOffice or AmkaiCharts. All providers have secure remote access to Amkai allowing for information to be obtained from off-site when needed. A complete medical record or particular sections of the chart can be faxed from within Amkai and tracked to ensure HIPAA compliance.

**Open Access to Physicians**

In the CON process TOSC agreed that the facility would provide open access to all orthopedic surgeons in the surrounding area. Phone calls were made to area physicians as well as an invitation to TOSC's open house. In year 3, three non-owner physicians performed cases and have regular block time at TOSC. An application has been provided to an orthopedic physician that has expressed interest and multiple non-orthopedic providers have requested to be notified if there is a potential to expand service specialties in the future. A copy of TOSC's qualifications for membership from the Medical Staff Bylaws is attached.



## ARTICLE IV MEMBERSHIP

### 4.1 NATURE OF MEMBERSHIP

Membership on the Medical Staff the Center is a privilege, which shall be extended only to professionally competent Practitioners who continuously meet the qualifications, standards and requirements set forth in these Bylaws. Appointment to and membership on the staff shall confer on the Member only such Clinical Privileges and Prerogatives as have been granted by the Governing Board in accordance with these bylaws, and shall include Medical Staff category, and any service area assignments, if applicable. These Bylaws, in and of itself, shall not be construed in a manner as to create a contract, employment, property or liberty right, or interest in Privileges or the continuation of Privileges. An applicant or Member is neither an employee nor independent contractor of the Center unless such a relationship is separately established between the Center and such applicant or Member. In the event of any conflict between these Bylaws and a specific contract between a Member and the Hospital, the terms of the contract shall control.

### 4.2 QUALIFICATIONS FOR MEMBERSHIP

#### 4.2.1 General Qualifications

Only Practitioners deemed to possess basic qualifications may be granted membership on the Medical Staff. Practitioners may be granted membership after verification, who:

- (a) Provide documentation of their (1) current state licensure, (2) photographic identification, (3) adequate experience, education, and training, including any documentation of any interruptions of that experience, (4) current professional competence, good clinical judgement, and knowledge through peer evaluation, (5) current DEA registration if applicable, and (6) proof of current medical liability coverage meeting the governing board requirements, and (7) current adequate physical and mental health status, or chemical dependency problems, so as to demonstrate to the satisfaction of the Medical Staff that they are professionally and ethically competent and that patients treated by them can reasonably expect to receive quality medical care;
- (b) Are determined (1) to adhere to the ethics of their respective professions, (2) to be able to work cooperatively with others so as not to adversely affect patient care, (3) to keep as confidential, as required by law, all information or records received in the Practitioner-patient relationship, and (4) to be willing to participate in and properly discharge those responsibilities determined by the Medical Staff;
- (c) Maintain in force continuous and uninterrupted professional liability insurance in not less than the minimum amounts; if any, as from time to time may be determined by the Governing Board. If professional liability insurance is obtained on a claims-made basis, the Member shall

be required to purchase tail insurance or its equivalent, as necessary, in order to prevent a lapse in coverage and shall provide evidence of such coverage to the Center.

- (d) Verify that they are not currently an Ineligible Person and shall not become an Ineligible Person and shall specifically agree to provide to the Medical Staff with or without request, any new or updated information that is pertinent to the individual's license, professional qualifications, current DEA registration, or any question on the application form, including but not limited to any change in Ineligible Person status, any change in the sanctions imposed or recommended by the U.S. Department of Health and Human Services or any State;
- (e) Document a history of previous professional liability claims, current claims and the final settlement or judgment rendered in each instance;
- (f) Report any information on licensure revocation, suspension, voluntary relinquishment, licensure probationary status, or other licensure conditions or limitations;
- (g) Document any conviction of a criminal offense other than a minor traffic violation;
- (h) Document any complaints or adverse action reports filed against the applicant with a local, state, or national professional society or board;
- (i) Notify the Administrator of a denial, suspension, limitation, termination, or nonrenewal of clinical privileges at any hospital, health plan, medical group, or other health care entity;
- (j) Notify the Administrator immediately upon receipt of notice of any professional liability claim or action pending against them regardless of the nature of such claim or action and its anticipated final outcome. A record of such claim or action and its ultimate outcome will be maintained in the Member's credentialing file.

#### 4.2.2 Particular Qualifications

- (a) Physicians. An applicant for Physician membership in the Medical Staff, must hold an MD or DO degree or their equivalent, a current DEA registration, and a valid and unsuspended license to practice medicine issued by the appropriate MD and DO medical licensing boards for State. For the purpose of this Section, "or their equivalent" shall mean any foreign medical degree recognized by the medical licensing board for the State.
- (b) Podiatrists. An applicant for podiatric membership on the Medical

Staff must hold a DPM degree and a valid and unsuspended license to practice podiatry issued by the podiatric licensing board of the State.

- (c) All Applicants should have current medical staff status at an inpatient facility within the Wake/Durham County.

#### 4.3 EFFECT OF OTHER AFFILIATIONS

No person shall be entitled to membership in the Medical Staff merely because that person holds a certain degree, is licensed to practice in this or in any other state, is a member of any professional organization, is certified by any clinical board, or because such person had, or presently has, staff membership or privileges at another health care facility.

#### 4.4 NONDISCRIMINATION

No aspect of Medical Staff membership or particular Clinical Privileges shall be denied on the basis of sex, race, age, creed, color, religion, national origin, or physical or mental impairment or other protected classification that does not prevent the Practitioner from performing the essential elements of Medical Staff membership.

#### 4.5 HEALTH STATUS

The Practitioner will submit a written statement as to his/her physical and mental fitness to provide care associated with requested Privileges. Medical Staff policies will define the processes and controls for self-referral and referral by others, to include a method to maintain informant confidentiality, appropriate professional internal and external resources for evaluation, diagnosis, and treatment of the condition or concern, method to manage patient load under the care of a Practitioner, methods to substantiate claims made, and methods to initiate rehabilitation.

When the credentials committee, MEC, Governing Board or Manager has reason to believe that the physical and/or mental health status of a Practitioner may be impaired, the Practitioner shall be required to submit to an evaluation of physical and/or mental health status by a Member or Members designated by the MEC and as a prerequisite to the maintenance of Member's current Staff membership or the exercise previously granted of Clinical Privileges, or to further consideration of application for Medical Staff reappointment or for initial Medical Staff appointment.

---

**Triangle Orthopaedics Surg Ctr LLC**

Case Date Through: through 02/18  
 Format: Summary  
 Case Status: Performed  
 Sort By: Case DOS  
 Case Provider

- Abidje, Nilsa (2)
- Burt, Mark (179)
- Delisero, David (8)
- Hage, William (365)
- Kemar, Paul (269)
- Kurinsky, Mariah (593)
- Repine, Lucas (7)
- Rosenberg, Brett (8)
- Rosenblum, Shepheard (508)
- Silver, William (118)
- Solt, John (332)
- Takanaga, Ryan (11)
- Visco, Nicholas (18)
- Wudejs, Steven (4)

Total count:

**Cases Monthly**

by case provider

	3/1	4/1	5/1	6/1	7/1	8/1	9/1	10/1	11/1	12/1	1/1	2/1	TOTAL
	0	0	1	0	0	0	1	0	0	0	0	0	2
	23	11	9	14	12	15	13	8	22	20	15	14	179
	7	0	0	0	0	0	0	1	0	0	0	0	8
	24	30	31	20	31	27	37	30	27	37	37	25	385
	23	37	20	22	15	22	27	19	24	34	19	18	280
	45	54	44	49	50	52	48	45	45	64	51	38	593
	1	2	0	0	0	1	0	0	1	2	0	0	7
	7	6	6	8	7	3	8	12	10	7	3	9	85
	22	20	23	20	30	23	29	26	21	30	26	24	308
	9	13	7	17	9	13	5	9	9	10	5	11	118
	18	24	15	15	21	12	23	20	19	25	18	19	232
	0	0	0	0	0	0	3	3	0	0	1	4	11
	2	1	1	0	2	0	1	3	0	4	3	1	18
	0	0	1	0	0	0	2	0	0	0	0	1	4
	192	204	199	182	185	171	198	135	178	234	175	165	2431

**Physician Responsibilities**

Name of Each Physician Affiliated with the Facility during the Reporting Period	Does the Physician have any Ownership Interest in the Facility? (Yes or No)	Name of Each Hospital where the Physician has Privileges (list only one hospital per line) (provide supporting documentation)	Provided Emergency Room Coverage during Reporting Period? (Yes or No) (provide supporting documentation)	# of Nights on Call during Reporting Period
Aldridge, Julian Mack	Y	North Carolina Specialty Hospital Durham Regional Hospital Rex Healthcare	Y	33
Burt, Mark	Y	Person memorial Hospital Granville Medical Center Rex Healthcare Wake Med	Y	51
Dellaero, David	Y	Duke Raleigh Hospital Blue Ridge Surgery Center Betsy Johnson Regional Hospital Durham Regional Hospital North Carolina Specialty Hospital Person memorial Hospital Granville Medical Center Davis Ambulatory Surgical Center Wake Med	Y	35
Hage, William	Y	North Carolina Specialty Hospital Rex Healthcare	Y	57
Kerner, Paul	Y	Blue Ridge Surgery Center North Carolina Specialty Hospital Durham Regional Hospital Rex Healthcare	Y	61
Kuremsky, Marshall	Y	Davis Ambulatory Surgical Center North Carolina Specialty Hospital Rex Healthcare Wake Med	Y	73
		Betsy Johnson Regional Hospital Blue Ridge Surgery Center Durham Regional Hospital		

Romine, Lucas	N	North Carolina Specialty Hospital Johnston Health	Y	96
Rosenberg, Brett	Y	Wilson Memorial Hospital Betsy Johnson Regional Hospital Person memorial Hospital North Carolina Specialty Hospital Johnston Health	Y	84
Rosenthal, Sheperd	Y	Betsy Johnson Regional Hospital North Carolina Specialty Hospital Rex Healthcare Wake Med	Y	57
Silver, William	Y	Blue Ridge Surgery Center North Carolina Specialty Hospital Durham Regional Hospital Person memorial Hospital Granville Medical Center Blue Ridge Surgery Center Rex Healthcare	Y	25
Solic, John	Y	Durham Regional Hospital Davis Ambulatory Surgical Center Rex Healthcare Wake Med	Y	51
Takenaga, Zachary	N	Blue Ridge Surgery Center Person memorial Hospital North Carolina Specialty Hospital Durham Regional Hospital Granville Medical Center Person memorial Hospital Granville Medical Center North Carolina Specialty Hospital Durham Regional Hospital Person memorial Hospital Wake Med	Y	21
Viens, Nicholas	N	Person memorial Hospital Granville Medical Center North Carolina Specialty Hospital Durham Regional Hospital Person memorial Hospital Wake Med	Y	44
Winters, Steven	Y	Granville Medical Center North Carolina Specialty Hospital Durham Regional Hospital Person memorial Hospital	Y	45

ALDRIDGE, JULIAN MACK

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution North Carolina Specialty Hosp.			
Address PO Box 15819	City Durham	State NC	Zip 27704
Staff Category Active		Telephone 919-285-8460	
Dates: From 08/08	To Present	Contact Person Candy Johnson	

Institution Durham Regional Hosp.			
Address 3643 N. Roxboro Rd.	City Durham	State NC	Zip 27704
Staff Category Active		Telephone 919-470-6754	
Dates: From 08/08	To Present	Contact Person Donna Wright	

Institution Rex Healthcare			
Address 4420 Lake Boone Trail	City Raleigh	State NC	Zip 27607
Staff Category Suburban Affiliate		Telephone 919-784-1175	
Dates: From 08/11	To Present	Contact Person Cindy Fagan	

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution Person Memorial Hosp.			
Address 618 Ridge Rd.	City Roxboro	State NC	Zip 27573
Staff Category Courtesy		Telephone 336-503-5691	
Dates: From 02/10	To Present	Contact Person Phyllis Burke	

Institution Granville Medical Center			
Address 1010 College St.	City Oxford	State NC	Zip 27565
Staff Category Consulting		Telephone 919-690-3000	
Dates: From 02/10	To Present	Contact Person Robert Dean	

Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates: From	To	Contact Person	

BURT, MARK

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution Rex Healthcare			
Address	City	State	Zip
4420 Lake Boone Trail	Raleigh	NC	27607
Staff Category Active		Telephone 919-724-3175	
Dates:	From	To	Contact Person
	10/05	Present	Clayton Hill

Institution Wake Med			
Address	City	State	Zip
3000 New Bern Ave.	Raleigh	NC	27610
Staff Category Associate		Telephone 919-850-8671	
Dates:	From	To	Contact Person
	07/04	Present	Kelly Poole

Institution Duke Raleigh Hosp.			
Address	City	State	Zip
3400 Wake Forest Rd.	Raleigh	NC	27609
Staff Category Courtesy		Telephone 919-854-3105	
Dates:	From	To	Contact Person
		Present	Sherry Sando

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution Blue Ridge Surgery Center			
Address	City	State	Zip
2308 Wessell Ct.	Raleigh	NC	27607
Staff Category Active-Resigned Prv. In 07/12		Telephone 919-926-7570	
Dates:	From	To	Contact Person
	11/08	07/12	Ruth Pickering

Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates:	From	To	Contact Person

Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates:	From	To	Contact Person



DELLAERO, DAVID

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution Betsy Johnson Regional Hosp.			
Address	City	State	Zip
800 Tighman Dr.	Durham	NC	
Staff Category		Telephone	
Active		919-592-7161	
Dates:	From	To	Contact Person
	11/12	Present	Angelina Jiri

Institution Durham Regional Hosp.			
Address	City	State	Zip
3643 N. Roxboro Rd.	Durham	NC	27704
Staff Category		Telephone	
Active		919-470-6254	
Dates:	From	To	Contact Person
	11/97	Present	Donna Wright

Institution NC Specialty Hosp.			
Address	City	State	Zip
PO Box 15819	Durham	NC	27704
Staff Category		Telephone	
Active		919-595-8460	
Dates:	From	To	Contact Person
	10/05	Present	Gandy Johnston

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution Person Memorial Hosp.			
Address	City	State	Zip
615 Ridge Rd.	Roxboro	NC	27573
Staff Category		Telephone	
Courtesy		936-303-5691	
Dates:	From	To	Contact Person
	07/07	Present	Phyllis Burke

Institution Granville Medical Center			
Address	City	State	Zip
1010 College St.	Oxford	NC	27565
Staff Category		Telephone	
Consulting		919-590-3000	
Dates:	From	To	Contact Person
	08/07	Present	Rebecca Dean

Institution Davis Ambulatory Surgical Center			
Address	City	State	Zip
120 E. Carver St.	Durham	NC	27704
Staff Category		Telephone	
Active-Full		919-470-1000	
Dates:	From	To	Contact Person
	09/97	Present	Phyllis Coleman, RN

HAGE, WILLIAM

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution Wake Med			
Address	City	State	Zip
3000 Newbern Ave.	Raleigh	NC	27610
Staff Category Active		Telephone 919-380-8679	
Dates:	From	To	Contact Person
	08/02	Present	Kelly Poole

Institution NC Specialty Hosp.			
Address	City	State	Zip
PO Box 13819	Durham	NC	27704
Staff Category Courtesy		Telephone 919-395-8260	
Dates:	From	To	Contact Person
	10/07	Present	Candy Johnston

Institution Rex Healthcare			
Address	City	State	Zip
4420 Lakeboone Trail	Raleigh	NC	27607
Staff Category Active		Telephone 919-784-3175	
Dates:	From	To	Contact Person
	10/02	Present	Cindy Faddell

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution Blue Ridge Surgery Center			
Address	City	State	Zip
2308 Wesvill Ct.	Raleigh	NC	27607
Staff Category Active		Telephone 919-781-4311	
Dates:	From	To	Contact Person
	11/02	Present	Ruth Stobering

Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates:	From	To	Contact Person

Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates:	From	To	Contact Person

KERNER, PAUL

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution NC Specialty Hosp.			
Address	City	State	Zip
PO Box 15018	Durham	NC	27704
Staff Category		Telephone	
Active		919-595-8460	
Dates:	From	To	Contact Person
	07/08	Present	Gandy L. Smith
Institution Durham Regional Hosp.			
Address	City	State	Zip
3643 N. Roxboro Rd.	Durham	NC	27704
Staff Category		Telephone	
Active		919-470-6254	
Dates:	From	To	Contact Person
	08/08	Present	Donna Wright
Institution Rex Healthcare			
Address	City	State	Zip
4420 Lake Boone Trail	Raleigh	NC	27610
Staff Category		Telephone	
Associate		919-310-3674	
Dates:	From	To	Contact Person
	11/08	Present	Kelly Noble

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution James E. Davis Ambulatory Surgical Center			
Address	City	State	Zip
120 E. Carver St.	Durham	NC	27704
Staff Category		Telephone	
Full		919-470-1000	
Dates:	From	To	Contact Person
	08/08	Present	Priscilla Coleman, RN
Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates:	From	To	Contact Person
Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates:	From	To	Contact Person

KUREMSKY, MARSHALL

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution North Carolina Specialty Hospital			
Address PO Box 25819	City Durham	State NC	Zip 27704
Staff Category Active		Telephone 895-0480	
Dates: From 08/12	To Present	Contact Person Candy Johnson	

Institution Rex Healthcare			
Address 4420 Lake Boone Trail	City Raleigh	State NC	Zip 27607
Staff Category Associate		Telephone 919-784-3175	
Dates: From 08/12	To Present	Contact Person Chris Faison	

Institution Wake Med			
Address 3000 New Bern Ave.	City Raleigh	State NC	Zip 27610
Staff Category Associate		Telephone 919-350-8673	
Dates: From 10/12	To Present	Contact Person Kelly Poole	

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution Besty Johnson Regional Hospital			
Address 800 Tilghman Dr.	City Durham	State NC	Zip 28333
Staff Category Active		Telephone 919-892-1000 ext 4116	
Dates: From	To Present	Contact Person Angela Klipp	

Institution Blue Ridge Surgery Center			
Address 2308 Wesvill Ct.	City Raleigh	State NC	Zip 27607
Staff Category Active		Telephone 919-926-7670	
Dates: From 09/12	To Present	Contact Person Ruth Eckhart	

Institution Durham Regional Hospital			
Address 5643 N. Roxboro Rd.	City Durham	State NC	Zip 27704
Staff Category Active		Telephone 919-470-6254	
Dates: From 09/12	To Present	Contact Person Dorine Wright	

Romine, Lucas

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution <b>NC Specialty Hosp.</b>			
Address <b>P.O. Box 15819</b>	City <b>Durham</b>	State <b>NC</b>	Zip <b>27704</b>
Staff Category <b>Active</b>		Telephone <b>919-956-9307</b>	
Dates: From <b>10/01/2014</b>	To <b>Present</b>	Contact Person <b>Debbie Wheeler</b>	
Institution <b>Johnston Health</b>			
Address <b>509 N. Bright Leaf Blvd.</b>	City <b>Smithfield</b>	State <b>NC</b>	Zip <b>27577</b>
Staff Category <b>Active</b>		Telephone <b>919-938-7105</b>	
Dates: From <b>08/01/2014</b>	To <b>Present</b>	Contact Person <b>Donna Phillips</b>	
Institution <b>Wilson Memorial Hospital</b>			
Address <b>1705 Tarboro Street, SW</b>	City <b>Wilson</b>	State <b>NC</b>	Zip <b>27893</b>
Staff Category <b>Active</b>		Telephone <b>252-399-8117</b>	
Dates: From <b>8/1/2014</b>	To <b>Present</b>	Contact Person <b>Cindy Ellis</b>	

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution <b>Harnett Health/Betsy Johnson Regional Hospital</b>			
Address <b>803 Tlghman</b>	City <b>Dunn</b>	State <b>NC</b>	Zip <b>28335</b>
Staff Category <b>Active</b>		Telephone <b>910-694-7161</b>	
Dates: From <b>08/01/2014</b>	To <b>Present</b>	Contact Person <b>Debbie Travis</b>	
Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates: From	To	Contact Person	
Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates: From	To	Contact Person	

ROSENBERG, BRETT

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution <b>Person Memorial Hosp.</b>			
Address <b>615 Ridge Rd.</b>	City <b>Roxboro</b>	State <b>NC</b>	Zip <b>27578</b>
Staff Category <b>Active</b>		Telephone <b>336-503-5691</b>	
Dates: From <b>05/11</b>	To <b>5/2015</b>	Contact Person <b>Phyllis Burke</b>	
Institution <b>NC Specialty Hosp.</b>			
Address <b>P.O. Box 15819</b>	City <b>Durham</b>	State <b>NC</b>	Zip <b>27704</b>
Staff Category <b>Active</b>		Telephone <b>919-956-9307</b>	
Dates: From <b>6/2011</b>	To <b>Present</b>	Contact Person <b>Debbie Wheeler</b>	
Institution <b>Harnett Health/Betsy Johnson Regional Hospital</b>			
Address <b>803 Tilghman</b>	City <b>Dunn</b>	State <b>NC</b>	Zip <b>28335</b>
Staff Category <b>Active</b>		Telephone <b>910-694-7161</b>	
Dates: From <b>08/01/2014</b>	To <b>Present</b>	Contact Person <b>Debbie Travis</b>	
Institution <b>Johnston Health</b>			
Address <b>509 N. Bright Leaf Blvd.</b>	City <b>Smithfield</b>	State <b>NC</b>	Zip <b>27577</b>
Staff Category <b>Active</b>		Telephone <b>919-938-7105</b>	
Dates: From <b>11/21/2014</b>	To <b>Present</b>	Contact Person <b>Donna Phillips</b>	

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

ROSENBLUM, SHEPHERD

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution North Carolina Specialty Hosp.			
Address PO Box 15819	City Durham	State NC	Zip 27704
Staff Category Courtesy		Telephone 919-595-8460	
Dates: From 01/08	To Present	Contact Person Candy Johnston	

Institution Rex Healthcare			
Address 4420 Lake Boone Trail,	City Raleigh	State NC	Zip 27607
Staff Category Active		Telephone 919-784-3175	
Dates: From 04/06	To Present	Contact Person Cindy Haddou	

Institution Wake Med			
Address 3000 New Barn Ave.	City Raleigh	State NC	Zip 27610
Staff Category Active		Telephone 919-375-8674	
Dates: From 04/06	To Present	Contact Person Ken Poole	

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution Blue Ridge Surgery Center			
Address 2308 Wesvile Ct.	City Raleigh	State NC	Zip 27607
Staff Category Consulting		Telephone 919-926-7520	
Dates: From 04/06	To Present	Contact Person Ruth Pickering	

Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates: From	To	Contact Person	

Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates: From	To	Contact Person	

SILVER, WILLIAM

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution North Carolina Specialty Hosp.			
Address	City	State	Zip
PO Box 15819	Durham	NC	27704
Staff Category Active		Telephone 919-698-2460	
Dates:	From	To	Contact Person
	10/05	Present	Candy Johnson

Institution Durham Regional Hosp.			
Address	City	State	Zip
3643 N. Roxboro Rd.	Durham	NC	27704
Staff Category Active		Telephone 919-470-6254	
Dates:	From	To	Contact Person
	10/05	Present	Donna Wight

Institution Person Memorial Hosp.			
Address	City	State	Zip
615 Ridge Rd.	Roxboro	NC	27573
Staff Category Courtsey		Telephone 919-599-5691	
Dates:	From	To	Contact Person
	05/11	Present	Phyllis Burke

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution Granville Medical Center			
Address	City	State	Zip
1010 College St.	Oxford	NC	27565
Staff Category Consulting		Telephone 919-836-3000	
Dates:	From	To	Contact Person
	05/11	Present	Rebecca Dean

Institution Blue Ridge Surgery Center			
Address	City	State	Zip
2308 Wesvill Ct.	Raleigh	NC	27607
Staff Category Consulting		Telephone 919-926-7570	
Dates:	From	To	Contact Person
	07/12	Present	Ruth Pickering

Institution Rex Healthcare			
Address	City	State	Zip
4430 Lake Boone Trail	Raleigh	NC	27607
Staff Category Associate		Telephone 919-784-5175	
Dates:	From	To	Contact Person
	11/06	Present	Cindy Fallon



SOLIC, JOHN

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution Durham Regional Hosp.			
Address 3543 N. Roxboro Rd.	City Durham	State NC	Zip 27704
Staff Category Active		Telephone 919-270-6254	
Dates: From 09/11	To Present	Contact Person Donna Wright	

Institution Davis Ambulatory Surgical Center			
Address 120 E. Carver St.	City Durham	State NC	Zip 27704
Staff Category Active (Full)		Telephone 919-270-1000	
Dates: From 09/11	To Present	Contact Person Ericella Coleman RN	

Institution Rex Healthcare			
Address 4420 Lake Boone Trail	City Raleigh	State NC	Zip 27607
Staff Category Associate		Telephone 919-784-1125	
Dates: From 05/11	To Present	Contact Person Cindy Padon	

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution WakeMed			
Address 3000 NewBern Ave.	City Raleigh	State NC	Zip 27610
Staff Category Associate		Telephone 919-350-6674	
Dates: From 07/11	To Present	Contact Person Kelly Poole	

Institution Blue Ridge Surgery Center			
Address 2308 Wesvill Ct.	City Raleigh	State NC	Zip 27607
Staff Category Active		Telephone 919-784-4971	
Dates: From 10/11	To Present	Contact Person Kelly Poole	

Institution Person Memorial Hosp.			
Address 615 Ridge Rd.	City Roxboro	State NC	Zip 27573
Staff Category Courtsey		Telephone 336-509-6691	
Dates: From 05/11	To Present	Contact Person Phyllis Burke	

Takenaga, Zachary

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution <b>NC Specialty Hosp.</b>			
Address <b>P.O. Box 15819</b>	City <b>Durham</b>	State <b>NC</b>	Zip <b>27704</b>
Staff Category <b>Active</b>		Telephone <b>919-956-9307</b>	
Dates: From <b>7/2015</b>	To <b>Present</b>	Contact Person <b>Debbie Wheeler</b>	
Institution <b>Durham Regional Hosp.</b>			
Address <b>3643 N. Roxboro Rd.</b>	City <b>Durham</b>	State <b>NC</b>	Zip <b>27704</b>
Staff Category <b>Active</b>		Telephone <b>919-470-6254</b>	
Dates: From <b>7/2015</b>	To <b>Present</b>	Contact Person <b>Debra Yalin</b>	
Institution <b>Granville Medical Center</b>			
Address <b>1010 College St.</b>	City <b>Oxford</b>	State <b>NC</b>	Zip <b>27565</b>
Staff Category <b>Active</b>		Telephone <b>919-690-3000</b>	
Dates: From <b>7/2015</b>	To <b>Present</b>	Contact Person <b>Becky Dean</b>	

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution <b>Person Medical Hosp.</b>			
Address <b>615 Ridge Rd.</b>	City <b>Roxboro</b>	State <b>NC</b>	Zip <b>27573</b>
Staff Category <b>Courtsey</b>		Telephone <b>336-503-5891</b>	
Dates: From <b>7/2015</b>	To <b>Present</b>	Contact Person <b>Phyllis Burke</b>	
Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates: From	To	Contact Person	
Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates: From	To	Contact Person	

VIENS, NICHOLAS

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution Granville Medical Center			
Address 1018 College St.	City Dixford	State NC	Zip 27965
Staff Category Active		Telephone 919-896-9000	
Dates: From 7/2014	To Present	Contact Person Linda Grissom	

Institution North Carolina Specialty Hospital			
Address PO Box 15819	City Durham	State NC	Zip 27704
Staff Category Active		Telephone 919-856-9308/409	
Dates: From 7/2014	To Present	Contact Person Maggie Glenn	

Institution Duke Regional Hospital			
Address 3643 N. Roxboro Rd.	City Durham	State NC	Zip 27704
Staff Category Affiliate		Telephone 919-470-6254	
Dates: From 2/2005	To Present	Contact Person Debra Yellin	

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution Person Memorial Hospital			
Address 615 Ridge Road	City Roxboro	State NC	Zip 27573
Staff Category Courtesy		Telephone 919-509-5691	
Dates: From 2014	To Present	Contact Person Phyllis Burke	

Institution WakeMed Health and Hospitals			
Address 300 New Barn Ave	City Raleigh	State NC	Zip 27630
Staff Category Courtesy		Telephone 919-380-7472	
Dates: From 2014	To Present	Contact Person Kelly Poole	

Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates: From	To	Contact Person	

WINTERS, STEVEN

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution Granville Medical Center			
Address 1010 College St.	City Oxford	State NC	Zip 27565
Staff Category Active		Telephone 919-690-3000	
Dates: From 7/2003	To Present	Contact Person Becky Dean	

Institution North Carolina Specialty Hospital			
Address PO Box 19819	City Durham	State NC	Zip 27704
Staff Category Active		Telephone 919-956-3300x409	
Dates: From 8/2003	To Present	Contact Person Maggie Glenn	

Institution Duke Regional Hospital			
Address 3643 N. Roxboro Rd.	City Durham	State NC	Zip 27704
Staff Category Affiliate		Telephone 919-470-6254	
Dates: From 7/2005	To Present	Contact Person Debra Valin	

HOSPITAL & PRACTICE AFFILIATIONS  
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution Person Memorial Hospital			
Address 615 Ridge Road	City Roxboro	State NC	Zip 27573
Staff Category Courtesy		Telephone 336-503-5631	
Dates: From 2003	To Present	Contact Person Phyllis Burke	

Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates: From	To	Contact Person	

Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates: From	To	Contact Person	