



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

March 11, 2014

Barbara Freedy
Novant Health
2085 Frontis Plaza Boulevard
Winston-Salem, NC 27103

Exempt from Review

Facility: Novant Health Matthews Medical Center
Project Description: Renovate the existing second floor Women's Center, which currently includes 23 Labor-Delivery-Recovery-Postpartum (LDRP) rooms and support space
County: Mecklenburg
FID #: 945076

Dear Ms Freedy:

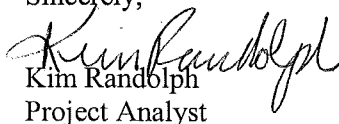
In response to your letter of October 15, 2013, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(g). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.


However, you need to contact the Construction and Acute and Home Care Licensure Sections of the Division of Health Service Regulation to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Certificate of Need Section. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

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

Sincerely,


Kim Randolph
Project Analyst


Martha J. Frisone, Interim Chief
Certificate of Need Section

cc: Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR
Medical Facilities Planning Branch, DHSR



Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-733-8139

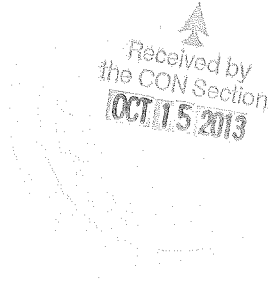
Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

An Equal Opportunity/ Affirmative Action Employer



October 15, 2013



2085 Frontis Plaza Boulevard
Winston-Salem, NC 27103

VIA HAND DELIVERY

Craig R. Smith, Chief
Martha J. Frisone, Assistant Chief
Certificate of Need Section
NC Department of Health and Human Services
Division of Health Service Regulation (DHSR)
809 Ruggles Drive
Raleigh, North Carolina 27603

RE: Notice of Exempt Capital Expenditures Pursuant to N.C. Gen. Stat. § 131E-184(g) for Novant Health Matthews Medical Center (NHMMC) Proposal to Renovate Existing LDRP and Support Space on its Campus; Mecklenburg County/HSA III

Dear Mr. Smith and Ms. Frisone:

This letter and its supporting attachments provide prior written notice of NHMMC's proposal to incur a capital expenditure in excess of \$2 million to renovate its facility. NHMMC's proposed project is exempt from Certificate of Need review for the reasons set forth in this letter.

NHMMC is an existing licensed hospital located at 1500 Matthews Township Parkway in Matthews, North Carolina, Mecklenburg County. NHMMC has 117 acute care beds, including 23 Obstetric/Labor-Delivery-Recovery-Postpartum (LDRP) beds. *See Attachment A*, which is a copy of NHMMC's current license, and *Attachment B*, which is copy of NHMMC's 2013 Hospital License Renewal Application (HLRA).

NHMMC is proposing to renovate its existing 23 LDRP rooms and related support space located on the second floor of NHMMC. These rooms and support space have had little to no significant upgrades or renovation since the hospital was opened in 1994. Therefore, NHMMC is seeking to renovate the LDRP unit with new bathrooms, drywall, paint, furniture, fixtures, curtains, and signage, in addition to upgrading the information technology for the area including the Nurse Call and Security Monitoring systems. The estimated capital cost for these renovations is \$6,678,357. *See Attachment C*, which is a copy of the capital cost form. *See also Attachment D*, which is a copy of the floor plan for the second floor of NHMMC showing where the renovations will occur.

Pursuant to N.C. Gen. Stat. § 131E-184(g), the CON Section "shall exempt from review any capital expenditure that exceeds the two million dollar (\$2,000,000)

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threshold set forth in G.S. 131E-176(16)(b)." if the following three conditions are met:

1. The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus;
2. The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service; and
3. The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

N.C. Gen. Stat. § 131E-184(g)(emphasis added). The term "Main Campus" is defined in N.C. Gen. Stat. § 131E-176(14n) as:

"Main Campus" means all of the following for purposes of G.S. 131E-184(f) and (g) only:

- a. The site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building.
- b. Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.

The proposed renovations at NHMMC meet the three conditions set forth above, as well as the definition of "Main Campus" for exemption from Certificate of Need review.

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First, the sole purpose of the capital expenditure is to renovate and update a portion of an existing health service facility on its main campus. As a licensed acute care hospital, NHMMC is an existing health service facility. *See* Attachments A and B (license for NHMMC and 2013 HLRA for NHMMC). *See also* N.C. Gen. Stat. § 131E-176(9b)(defining "health service facility" to include hospitals). The renovations are to take place on the second floor of the existing hospital located at 1500 Matthews Township Parkway. As set forth in the Affidavit of NHMMC's President, Roland R. Bibeau (Attachment E), this is the site of the main building of NHMMC. It is the location where NHMMC provides clinical patient services and where financial and administrative control of NHMMC is exercised. As such, the renovations meet the conditions set forth in N.C. Gen. Stat. § 131E-184(g)(1) and the definition of "Main Campus" in N.C. Gen. Stat. § 131E-176(14n).

Second, NHMMC is currently licensed for 117 acute care beds, including 23 Obstetric/LDRP beds as indicated on its 2013 HLRA included as Attachment B. The proposed renovations will encompass the 23 LDRP beds, along with their support space, and will not result in an increase or change in bed capacity. Furthermore, the proposed renovation of the existing LDRP rooms and support space does not qualify, nor will it result, in the addition of a health service facility or any other "new institutional health service." Therefore, the proposed renovations at NHMMC meet the condition set forth in N.C. Gen. Stat. § 131E-184(g)(2) above, and do not implicate N.C. Gen. Stat. §§ 131E-176(5)(definition of "change in bed capacity," N.C. Gen. Stat. 131E-184(9b)(definition of "health service facility") and 131E-176(16)(definition of "new institutional health service").

Third, in accordance with N.C. Gen. Stat. § 131E-184(g)(3), this letter constitutes prior written notice to the Department, along with supporting documentation to demonstrate that the renovations described in this letter meet the exemption criteria of N.C. Gen. Stat. § 131E-184(g).



2085 Frontis Plaza Boulevard
Winston-Salem, NC 27103

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NHMMC is eager to commence the renovation of the LDRP rooms to accommodate a recent dramatic increase at NHMMC in laboring mothers and deliveries of babies. A nine-person group of obstetrician/gynecologists joined the active medical staff at NHMMC on October 1, 2013 and has begun delivering babies at NHMMC. We would therefore appreciate your prompt written confirmation that this project is exempt from Certificate of Need review. If you have any questions or need additional information, please do not hesitate to contact me at (336) 718 -4483.

Sincerely,

A handwritten signature in cursive script that reads "Barbara L. Freedy".

Barbara L. Freedy
Director, Certificate of Need

Enclosures:

- A License for NHMMC
- B 2013 HLRA for NHMMC
- C Capital Cost Form
- D Floor Plan
- E Affidavit of Roland Bibeau with attached CV

File: MMCLDRPRenoExempt 101013.docx

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Effective April 17, 2013, this license is issued to

Presbyterian Medical Care Corp.

to operate a hospital known as

Novant Health Matthews Medical Center

located in Matthews, North Carolina, Mecklenburg County.

*This license is issued subject to the statutes of the
State of North Carolina, is not transferable and shall remain
in effect until amended by the issuing agency.*

Facility ID: 945076

License Number: H0270

Bed Capacity: 117

General Acute 117

Dedicated Inpatient Surgical Operating Rooms: 2

Dedicated Ambulatory Surgical Operating Rooms: 0

Shared Surgical Operating Rooms: 6

Dedicated Endoscopy Rooms: 4

Authorized by:



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



Director, Division of Health Service Regulation

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

For Official Use Only

License # H0270

Medicare # 340171

Computer: 945076

PC _____

Date ✓ 11/30/13

License Fee:

\$2,497.50

2013
HOSPITAL LICENSE
RENEWAL APPLICATION

Legal Identity of Applicant: Presbyterian Medical Care Corp.

(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As

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

PRIMARY: Presbyterian Hospital Matthews

Other: _____

Other: _____

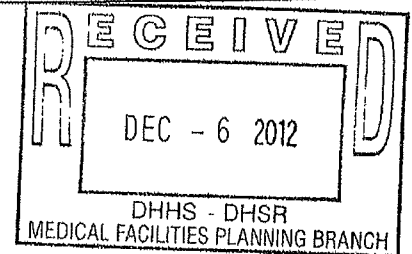
Facility Mailing Address: P O Box 3310
Matthews, NC 28106-3310

Facility Site Address: 1500 Matthews Township Parkway
Matthews, NC 28105

County: Mecklenburg

Telephone: (704)384-6370

Fax: (704)384-6515



Administrator/Director: ~~Mark Billings~~ Edward R. Bibeau

Title: ~~President/CEO~~ Administrator/President

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

Chief Executive Officer: Harry Smith Jr.*

Title: President & CEO

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

Name of the person to contact for any questions regarding this form:

Name: Melissa Masterton

Telephone: 704-384-9810

E-Mail: mfmasterton@navanthealth.org

Primary National Provider Identifier (NPI) registered at NPES 1063463150

If facility has more than one "Primary" NPI, please provide _____

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

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."

*Effective November 12, 2012

Handwritten initials 'M'

All responses should pertain to October 1, 2011 through September 30, 2012.

Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)

List Name(s) of facilities:	Address:	Type of Business / Service:

Please attach a separate sheet for additional listings

Ownership Disclosure (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

Owner: Presbyterian Medical Care Corp.
 Federal Employer ID# 50-1370308
 Street/Box: 1500 Matthews Township Parkway
 City: Matthews State: NC Zip: 28105
 Telephone: (704)384-6370 Fax: (704)384-6515
 CEO: ~~Mark Billings~~, President HARRY SMITH JR.

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

If 'Yes', name of Health System*: NOVANT HEALTH INC.

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

If 'Yes', name of CEO: CARL ARMATO

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

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

If "YES", name of building owner:
Presbyterian Medical Care Corporation

2. Is the business operated under a management contract? ~~X~~ Yes No

If 'Yes', name and address of the management company.

Name: NA
 Street/Box: _____
 City: _____ State: _____ Zip: _____
 Telephone: () _____

All responses should pertain to October 1, 2011 through September 30, 2012.

Ownership Disclosure continued...

3. Vice President of Nursing and Patient Care Services:
Brenda Schooley, RN, Director of Nursing
4. Director of Planning: Gwendolyn Buemsey

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2011 to September 30, 2012.**

B. General Information (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	7,925 ✓	
b. Discharges from Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	8,016	
c. Average Daily Census: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	83.2 ✓	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes X	No
If 'Yes', what is the current number of licensed beds?	117	
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	2,024	

C. Designation and Accreditation

1. Are you a designated trauma center? ___ Yes (___ Designated Level #) X No
2. Are you a critical access hospital (CAH)? ___ Yes X No
3. Are you a long term care hospital (LTCH)? ___ Yes X No
4. Is this facility TJC accredited? ___ Yes X No Expiration Date: 5/18/14
5. Is this facility DNV accredited? ___ Yes X No Expiration Date: _____
6. Is this facility AOA accredited? ___ Yes X No Expiration Date: _____
7. Are you a Medicare deemed provider? X Yes _____ No

Handwritten mark

All responses should pertain to October 1, 2011 through September 30, 2012.

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a **Beds by Service (p. 4)** for **each** hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below)	Licensed Beds as of September 30, 2012	Staffed Beds as of September 30, 2012	Annual Census Inpt. Days of Care
<i>Campus</i> _____			
Intensive Care Units			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	6	6	1,491
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	80	80	***23,781
k. Neonatal Level III ** (Not Normal Newborn)	8	8	**1,021
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	23	23	4,172
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List)			
Total General Acute Care Beds/Days (a through q)	✓ 117	117	30,465 ✓
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	✓ 117	117	30,465 ✓

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

** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)

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

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All responses should pertain to October 1, 2011 through September 30, 2012.

D. Beds by Service (Inpatient) continued

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0
Number of unlicensed observation beds	0

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

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

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a - q total on p. 4)	Emergency Visits (total should be the same as F.3.b. on p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 9)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 9)
Self Pay/Indigent/Charity	1,147	9,875	1,170	50	103
Medicare & Medicare Managed Care	116,235	10,017	15,156	555	1,016
Medicaid	3,772	8,704	2,300	116	282
Commercial Insurance	8,486	15,118	19,282	690	2,155
Managed Care	438	854	1,058	20	135
Other (Specify)	387	1,136	1,050	110	127
TOTAL	30,465	41,304	40,016	1,503	4,378

Other: Other Government
 Other
 Workers Compensation

F. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	847
b. Live births (Cesarean Section)	398
c. Stillbirths	4

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	0
f. Delivery Rooms - LDRP (include Item "D.1.m" on Page 4)	23
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	13

2. Abortion Services Number of procedures per Year 2

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All responses should pertain to October 1, 2011 through September 30, 2012.

3. Emergency Department Services (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 33. Of this total, how many are:

a.1. # Trauma Rooms 7

a.2 # Fast Track Rooms 0

a.3 # Urgent Care Rooms 0

b. Total Number of ED visits for reporting period: 40,304 ✓

c. Total Number of admits from the ED for reporting period: 5,447

d. Total Number of Urgent Care visits for reporting period: 15,681

e. Does your ED provide services 24 hours a day 7 days per week? Yes No
 If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No
 If no, specify days/hours physician is on duty:

4. Medical Air Transport: Owned or leased air ambulance service:

a. Does the facility operate an air ambulance service? Yes No

b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

5. Pathology and Medical Lab (Check whether or not service is provided)

a. Blood Bank/Transfusion Services Yes No

b. Histopathology Laboratory* Yes No

c. HIV Laboratory Testing** Yes No

Number during reporting period

HIV Serology 30

HIV Culture N/A

d. Organ Bank Yes No

e. Pap Smear Screening Yes No

6. Transplantation Services - Number of transplants N/A

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic		f. Kidney/Liver		k. Lung	
b. Bone Marrow-Autologous		g. Liver		l. Pancreas	
c. Cornea		h. Heart/Liver		m. Pancreas/Kidney	
d. Heart		i. Heart/Kidney		n. Pancreas/Liver	
e. Heart/Lung		j. Kidney		o. Other	

Do you perform living donor transplants? Yes No.

Revised 08/2012 * Initial processing and frozen sections.

** Only HIV rapid screens performed. HIV confirmation performed at offsite laboratory.

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All responses should pertain to October 1, 2011 through September 30, 2012.

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25 -	Interventional Cardiac Catheterization ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96
1. Number of Units of Fixed Equipment	1 ✓	
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	0	0
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	438	199
4. Number of Procedures* Performed in Mobile Units	0	0
	Electro-physiology ICF-9 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54	
5. Number of Units of Fixed Equipment	0	
6. Number of Procedures on Dedicated EP Equipment	59*	

*A procedure is defined to be one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed within that visit.

Name of Mobile Vendor: _____

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

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	0
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	0
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	0
4. Total Open Heart Surgery Procedures (2. + 3.)	0
Procedures on Patients Age 14 and younger	
5. Of total in #2, Number of Procedures on Patients Age 14 & younger	0
6. Of total in #3, Number of Procedures on Patients Age 14 & younger	0

*performed on dedicated cath equipment.

Handwritten initials

All responses should pertain to October 1, 2011 through September 30, 2012.

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please copy pages 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 and 9 for each campus.

(Campus -- If multiple sites: _____)

a) Surgical Operating Rooms

Report Surgical Operating Rooms built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	2
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	0
Total of Surgical Operating Rooms	2

Number of additional CON approved surgical operating rooms pending development: 0

CON Project ID Number(s) N/A

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

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 0

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed only in these rooms during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 4

Number of additional CON approved GI Endoscopy Rooms pending development: 0

CON Project ID Number(s) N/A

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy**	333	1,483	371	1,484
Non-GI Endoscopy	174	235	188	235
Totals	507	1,718	559	1,719

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

ca

All responses should pertain to October 1, 2011 through September 30, 2012.

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

(Campus – If multiple sites: _____)

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 20 and 21.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	1	0
Open Heart Surgery (from 7.(b) 4.)	0	
General Surgery	661	1,646
Neurosurgery	0	0
Obstetrics and GYN (excluding C-Sections)	83	758
Ophthalmology	0	117
Oral Surgery	0	19
Orthopedics	248	879
Otolaryngology	8	216
Plastic Surgery	13	173
Urology	96	466
Vascular	0	0
Other Surgeries (specify) <u>podiatry</u>	0	104
Other Surgeries (specify)	0	0
Number of C-Section's Performed in Dedicated C-Section ORs	393	
Number of C-Section's Performed in Other ORs	0	
Total Surgical Cases Performed Only in Licensed ORs	1,503 ✓	4,378 ✓

e) Non-Surgical Cases by Category Table

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, except do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	2	173
Cystoscopy		
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)		
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
Total Non-Surgical Cases	2	173

cl

All responses should pertain to October 1, 2011 through September 30, 2012.

9. Average Operating Room Availability and Average Case Times:

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
7.5	250	150.1	138.42

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

Example for determining average hours per day routinely scheduled for use:

A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.

$$\begin{aligned}
 &2 \text{ rooms} \times 8 \text{ hours} = 16 \text{ hours per day} \\
 &\quad \text{plus} \\
 &2 \text{ rooms} \times 10 \text{ hours} = 20 \text{ hours per day} \\
 &\text{equals} \quad \quad 36 \text{ hours per day total}
 \end{aligned}$$

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

** "Case Time" = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

All responses should pertain to October 1, 2011 through September 30, 2012.

10a. Magnetic Resonance Imaging (MRI)

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

Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	# Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
# of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	1 ✓	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Number of Policy AC-3 MRI scanners used for general clinical purposes	0							
Total Fixed MRI Scanners/Procedures	0	3912	9104	1,350	1,878	2554	4,432	5,788 ✓
Procedures performed on mobile MRI scanners only at this site	1							
Name(s) of Mobile MRI Provider(s): N/A								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 25 of this application.								
Other Human Research MRI scanners								

* An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	4
70540	MRI Orbit/Face/Neck w/o	3
70542	MRI Orbit/Face/Neck with contrast	
70543	MRI Orbit/Face/Neck w/o & with	32
70544	MRA Head w/o	552
70545	MRA Head with contrast	2
70546	MRA Head w/o & with	10
70547	MRA Neck w/o	45
70548	MRA Neck with contrast	
70549	MRA Neck w/o & with	280
70551	MRI Brain w/o	1002
70552	MRI Brain with contrast	5
Subtotal for this page		2,001

All responses should pertain to October 1, 2011 through September 30, 2012.

10b. MRI Procedures by CPT Codes *continued*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	901
7055A	IAC Screening	
71550	MRI Chest w/o	9
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with	1
71555	MRA Chest with OR without contrast	4
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o	309
72142	MRI Cervical Spine with contrast	3
72156	MRI Cervical Spine w/o & with	127
72146	MRI Thoracic Spine w/o	119
72147	MRI Thoracic Spine with contrast	1
72157	MRI Thoracic Spine w/o & with	91
72148	MRI Lumbar Spine w/o	525
72149	MRI Lumbar Spine with contrast	1
72158	MRI Lumbar Spine w/o & with	115
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o	63
72196	MRI Pelvis with contrast	1
72197	MRI Pelvis w/o & with	85
72198	MRA Pelvis w/o OR with Contrast	15
73218	MRI Upper Ext, other than joint w/o	8
73219	MRI Upper Ext, other than joint with contrast	1
73220	MRI Upper Ext, other than joint w/o & with	15
73221	MRI Upper Ext, any joint w/o	103
73222	MRI Upper Ext, any joint with contrast	57
73223	MRI Upper Ext, any joint w/o & with	11
73225	MRA Upper Ext, w/o OR with contrast	
73718	MRI Lower Ext other than joint w/o	84
73719	MRI Lower Ext other than joint with contrast	
73720	MRI Lower Ext other than joint w/o & with	66
73721	MRI Lower Ext any joint w/o	337
73722	MRI Lower Ext any joint with contrast	22
73723	MRI Lower Ext any joint w/o & with	18
73725	MRA Lower Ext w/o OR with contrast	22
74181	MRI Abdomen w/o	224
74182	MRI Abdomen with contrast	
	Subtotal for this page	3398

All responses should pertain to October 1, 2011 through September 30, 2012.

10b. MRI Procedures by CPT Codes *continued*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	178
74185	MRA Abdomen w/o OR with contrast	21
75557	MRI Cardiac Morphology w/o	
75561	MRI Cardiac Morphology with contrast	
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
77055	MRI Breast, unilateral w/o and/or with contrast	10
77056	MRI Breast, bilateral w/o and/or with contrast	151
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy	
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	29
Subtotal for this page		389
Total Number of Procedures for all pages		5,788 ✓

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 2 ✓
 Does the hospital contract for mobile CT scanner services? ___ Yes X No
 If yes, identify the mobile CT vendor _____

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	10301	X	1.00	=	10301
2	Head with contrast	1134	X	1.25	=	1417.5
3	Head without and with contrast	45	X	1.75	=	78.75
4	Body without contrast	91038	X	1.50	=	136557
5	Body with contrast	3876	X	1.75	=	6783
6	Body without contrast and with contrast	371	X	2.75	=	1020.25
7	Biopsy in addition to body scan with or without contrast	11	X	2.75	=	30.25
8	Abscess drainage in addition to body scan with or without contrast	19	X	4.00	=	76

TOTAL 20,885

29,323.75
 Page 13

u

All responses should pertain to October 1, 2011 through September 30, 2012.

Scans Performed on Mobile CT Scanners (Multiply # scans by Conversion Factor to get HECT Units) *N/A*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast		X	1.00	=	
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

10d. Other Imaging Equipment

PET not owned by hospital 1/31/13 NP

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner *	<i>80</i>	<i>4</i>	<i>102</i>	<i>106</i>
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	<i>5</i>	<i>2,148</i>	<i>9,205</i>	<i>11,853</i>
Mammography equipment	<i>2</i>	<i>12</i>	<i>10,199</i>	<i>10,711</i>
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)				
Fixed Fluoroscopic X-ray Equipment				
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera				
Vendor:				
SPECT	<i>1</i>	<i>173</i>	<i>436</i>	<i>609</i>
Mobile SPECT				
Vendor:				
Gamma Camera	<i>1</i>	<i>261</i>	<i>1218</i>	<i>1,479</i>
Mobile Gamma Camera				
Vendor:				

* PET procedure means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
Mobile	<i>1</i>	<i>0</i>	<i>180</i>	<i>180</i>

Lithotripsy Vendor/Owner:
Baybridge

OK

All responses should pertain to October 1, 2011 through September 30, 2012.

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

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	
77404	Radiation treatment delivery (11-19 MeV)	
77406	Radiation treatment delivery (>=20 MeV)	
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	
77409	Radiation treatment delivery (11-19 MeV)	
77411	Radiation treatment delivery (>=20 MeV)	
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	
77414	Radiation treatment delivery (11-19 MeV)	
77416	Radiation treatment delivery (>= 20 MeV)	
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery	
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	
Total Procedures – Linear Accelerators		
Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	
Total Procedures – Gamma Knife®		

All responses should pertain to October 1, 2011 through September 30, 2012.

11. Linear Accelerator Treatment Data *continued N/A*

a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. .
 # Patients _____ (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.)

b. Linear Accelerators
 1. TOTAL number of Linear Accelerator(s) _____
 2. Of the TOTAL number above, number of Linear Accelerators configured for stereotactic radiosurgery _____
 3. Of the TOTAL number above, Number of CyberKnife® Systems: _____
 Other specialized linear accelerators _____ Identify Manufacturer of Equipment _____

c. Number of Gamma Knife® units _____

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

12. Telemedicine

- a. Does your facility utilize telemedicine to have images read at another facility? yes*
- b. Does your facility read telemedicine images? no

13. Additional Services:

a) Check if Service(s) is provided: (for dialysis stations, show number of stations)

	Check		Check
1. Cardiac Rehab Program (Outpatient)		5. Rehabilitation Outpatient Unit	
2. Chemotherapy		6. Podiatric Services	
3. Clinical Psychology Services		7. Genetic Counseling Service	
4. Dental Services		8. Number of Acute Dialysis Stations	

b) Hospice Inpatient Unit Data: N/A

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

*The telemedicine capability in item 12a is related to PACS only.

CA

2013 Renewal Application for Hospital:
Presbyterian Hospital Matthews

License No: H0270
 Facility ID: 945076

All responses should pertain to October 1, 2011 through September 30, 2012.

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

All responses should pertain to October 1, 2011 through September 30, 2012.

13. Additional Services: *continued*

- c) **Mental Health and Substance Abuse** *N/A*
1. If psychiatric care has a different name than the hospital, please indicate:

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

 3. Director of the above services.

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

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

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

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders						

All responses should pertain to October 1, 2011 through September 30, 2012.

13. Additional Services: *continued*

c) **Mental Health and Substance Abuse *continued*** N/A

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers						
.3200 Social setting detoxification for substance abusers						
.3300 Outpatient detoxification for substance abusers						
.3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders						
.3500 Outpatient facilities for individuals with substance abuse disorders						
.3600 Outpatient narcotic addiction treatment						
.3700 Day treatment facilities for individuals with substance abuse disorders						

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type) # of Treatment beds _____ # of Medical Detox beds _____						

All responses should pertain to October 1, 2011 through September 30, 2012.

Patient Origin - General Acute Care Inpatient Services

Facility County: **Mecklenburg**

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	1
3. Alleghany	1	39. Granville	1	75. Polk	
4. Anson	100	40. Greene		76. Randolph	
5. Ashe	1	41. Guilford	2	77. Richmond	4
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett	1	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	12
9. Bladen		45. Henderson		81. Rutherford	1
10. Brunswick	6	46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke	1	83. Scotland	
12. Burke		48. Hyde		84. Stanly	100
13. Cabarrus	105	49. Iredell	11	85. Stokes	
14. Caldwell		50. Jackson	1	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	5	54. Lenoir		90. Union	2,811
19. Chatham		55. Lincoln	4	91. Vance	
20. Cherokee	1	56. Macon		92. Wake	4
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	4	59. McDowell		95. Watauga	1
24. Columbus	1	60. Mecklenburg	4,307	96. Wayne	2
25. Craven	1	61. Mitchell		97. Wilkes	
26. Cumberland	1	62. Montgomery	2	98. Wilson	2
27. Currituck		63. Moore	1	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	2	65. New Hanover	2		
30. Davie		66. Northampton	1	101. Georgia	10
31. Duplin		67. Onslow	1	102. South Carolina	219
32. Durham	1	68. Orange	1	103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	9
34. Forsyth	5	70. Pasquotank		105. Other States	100
35. Franklin		71. Pender		106. Other	15
36. Gaston	39	72. Perquimans		Total No. of Patients	7,925 ✓

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All responses should pertain to October 1, 2011 through September 30, 2012.

Patient Origin – Inpatient Surgical Cases

Facility County: Mecklenburg

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately.

The Total from this chart should match the Total Inpatient Cases reported on the “Surgical Cases by Specialty Area” Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	14	40. Greene		76. Randolph	
5. Ashe	1	41. Guilford	2	77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	2
9. Bladen		45. Henderson		81. Rutherford	1
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke	1	83. Scotland	
12. Burke		48. Hyde		84. Stanly	23
13. Cabarrus	24	49. Iredell	3	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	2	54. Lenoir		90. Union	573
19. Chatham		55. Lincoln	4	91. Vance	
20. Cherokee	1	56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	3	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	768	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery	1	98. Wilson	1
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	1	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	50
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth	1	70. Pasquotank		105. Other States	15
35. Franklin		71. Pender		106. Other	
36. Gaston	11	72. Perquimans		Total No. of Patients	1,503

a

All responses should pertain to October 1, 2011 through September 30, 2012.

Patient Origin – Ambulatory Surgical Cases

Facility County: Mecklenburg

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the “Surgical Cases by Specialty Area” Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	43	40. Greene		76. Randolph	
5. Ashe		41. Guilford	2	77. Richmond	3
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	8
9. Bladen		45. Henderson		81. Rutherford	2
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	
12. Burke	1	48. Hyde		84. Stanly	59
13. Cabarrus	78	49. Iredell	8	85. Stokes	2
14. Caldwell	2	50. Jackson		86. Surry	3
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	3	54. Lenoir		90. Union	1,167
19. Chatham		55. Lincoln	10	91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	10	59. McDowell	1	95. Watauga	2
24. Columbus		60. Mecklenburg	2074	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore	1	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	2	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	329
32. Durham		68. Orange	1	103. Tennessee	4
33. Edgecombe		69. Pamlico		104. Virginia	2
34. Forsyth		70. Pasquotank		105. Other States	18
35. Franklin	1	71. Pender	1	106. Other	4
36. Gaston	38	72. Perquimans		Total No. of Patients	4378 ✓

CU

All responses should pertain to October 1, 2011 through September 30, 2012.

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Mecklenburg

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately.

The Total from this chart should match the Total GI Endoscopy cases reported on the “Gastrointestinal Endoscopy Rooms, Cases and Procedures” Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the “Non-Surgical Cases by Category” Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville	1	75. Polk	
4. Anson	20	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	1
9. Bladen		45. Henderson		81. Rutherford	4
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	25
13. Cabarrus	29	49. Iredell	2	85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret	1	52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	1	54. Lenoir		90. Union	578
19. Chatham		55. Lincoln	7	91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	4	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	1,001	96. Wayne	
25. Craven	1	61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery	2	98. Wilson	
27. Currituck		63. Moore	1	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	89
32. Durham	1	68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	2
34. Forsyth		70. Pasquotank		105. Other States	12
35. Franklin		71. Pender		106. Other	2
36. Gaston	22	72. Perquimans		Total No. of Patients	1810 ✓

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All responses should pertain to October 1, 2011 through September 30, 2012.

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: **Mecklenburg** N/A

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander									
Alleghany									
Anson									
Ashe									
Avery									
Beaufort									
Bertie									
Bladen									
Brunswick									
Buncombe									
Burke									
Cabarrus									
Caldwell									
Camden									
Carteret									
Caswell									
Catawba									
Chatham									
Cherokee									
Chowan									
Clay									
Cleveland									
Columbus									
Craven									
Cumberland									
Currituck									
Dare									
Davidson									
Davie									
Duplin									
Durham									
Edgecombe									
Forsyth									
Franklin									
Gaston									
Gates									
Graham									
Granville									
Greene									
Guilford									
Halifax									
Harnett									
Haywood									
Henderson									
Hertford									
Hoke									
Hyde									
Iredell									
Jackson									
Johnston									

** Note: See counties: Jones through Yancey (including Out-of-State) on next page.

All responses should pertain to October 1, 2011 through September 30, 2012.

Patient Origin - Psychiatric and Substance Abuse Jones through Yancey (including Out-of-State)

Facility County: Mecklenburg N/A
 (Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln									
Macon									
Madison									
Martin									
McDowell									
Mecklenburg									
Mitchell									
Montgomery									
Moore									
Nash									
New Hanover									
Northampton									
Onslow									
Orange									
Pamlico									
Pasquotank									
Pender									
Perquimans									
Person									
Pitt									
Polk									
Randolph									
Richmond									
Robeson									
Rockingham									
Rowan									
Rutherford									
Sampson									
Scotland									
Stanly									
Stokes									
Surry									
Swain									
Transylvania									
Tyrrell									
Union									
Vance									
Wake									
Warren									
Washington									
Watauga									
Wayne									
Wilkes									
Wilson									
Yadkin									
Yancey									
Out of State									
TOTALS									

** Note: See counties: Alamance through Johnston on previous page.

All responses should pertain to October 1, 2011 through September 30, 2012.

Patient Origin - MRI Services

Facility County: **Mecklenburg**

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 11.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville	1	75. Polk	
4. Anson	31	40. Greene		76. Randolph	
5. Ashe		41. Guilford	2	77. Richmond	3
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett	1	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	2
9. Bladen		45. Henderson		81. Rutherford	1
10. Brunswick	2	46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	1
12. Burke	1	48. Hyde		84. Stanly	54
13. Cabarrus	108	49. Iredell	4	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	3	54. Lenoir		90. Union	1,028
19. Chatham		55. Lincoln	4	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	2	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	2374	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	2	62. Montgomery	1	98. Wilson	1
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	1	65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	4
31. Duplin		67. Onslow		102. South Carolina	145
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	5
34. Forsyth	1	70. Pasquotank		105. Other States	23
35. Franklin		71. Pender		106. Other	4
36. Gaston	9	72. Perquimans		Total No. of Patients	4382 ✓

Are mobile MRI services currently provided at your hospital? yes _____ no ✓

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All responses should pertain to October 1, 2011 through September 30, 2012.

Patient Origin – Linear Accelerator Treatment

Facility County: Mecklenburg N/A

In an effort to document patterns of utilization of linear accelerators in North Carolina, hospitals are asked to provide the county of residence for patients served on linear accelerators in your facility. Report the number of patients who receive radiation oncology treatment on equipment (linear accelerators, CyberKnife®, but not Gamma Knife®) listed in Section 11 of this application. Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. The number of patients reported here should match the number of patients reported in Section 11.a. of this application.

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

All responses should pertain to October 1, 2011 through September 30, 2012.

Patient Origin – PET Scanner

Facility County: **Mecklenburg**

In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 14.

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

All responses should pertain to October 1, 2011 through September 30, 2012.

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2013 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2013 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: Harry L. Smith, Jr. Date: 11-30-12

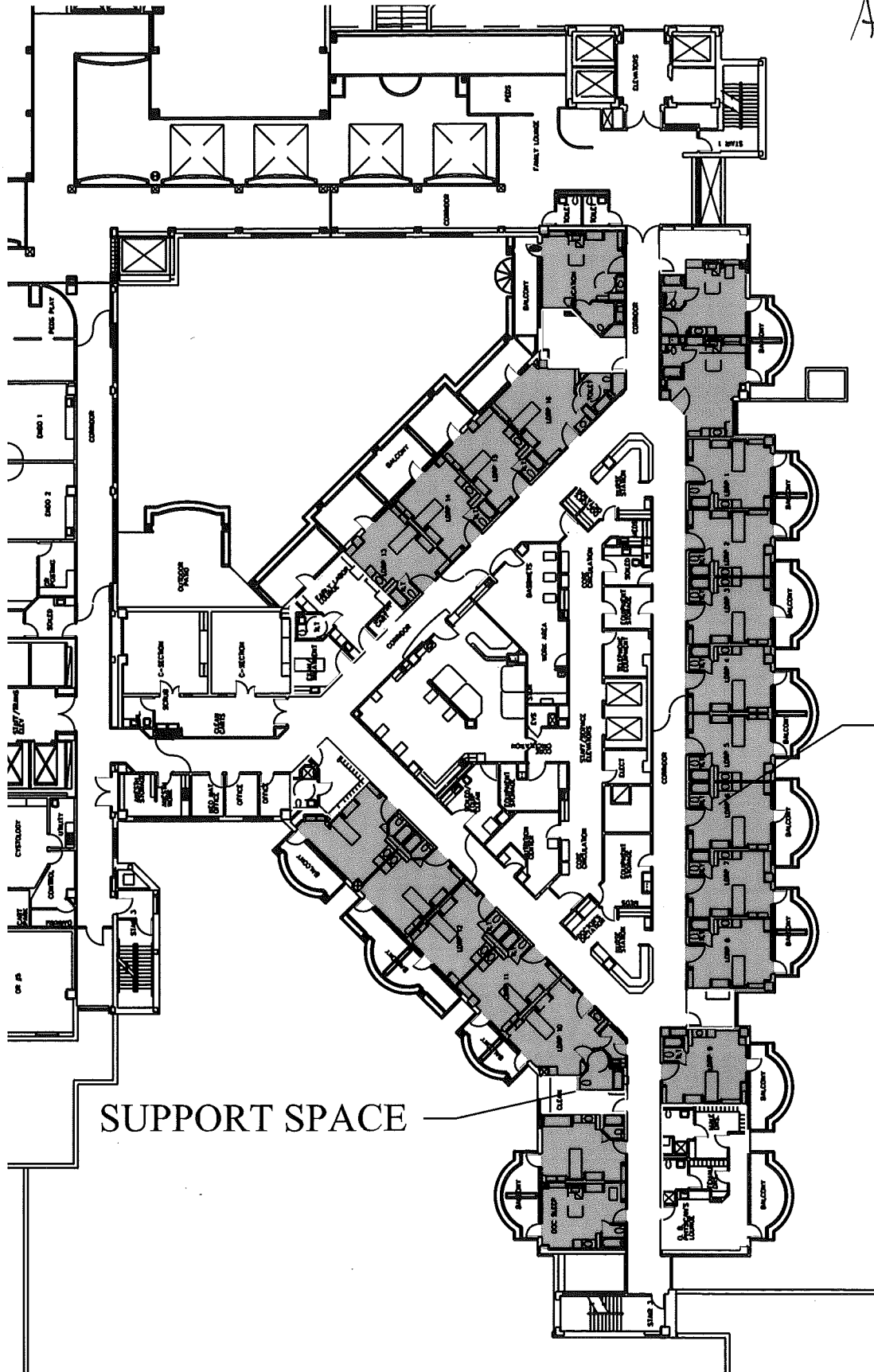
PRINT NAME
OF APPROVING OFFICIAL Harry L. Smith, Jr.

Please be advised, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a hospital license.

CA

**TOTAL PROJECT CAPITAL COST: Novant Health Matthews Medical
Center – CON Exemption Request – Renovation of Existing LDRP Rooms**

A. Site Costs	
(1) Full purchase price of land	N/A
(2) Closing costs	N/A
(3) Site Inspection and Survey	N/A
(4) Legal fees and subsoil investigation	N/A
(5) Site Preparation Costs [Include] Soil Borings Clearing and Grading Roads and Parking Sidewalks Water and Sewer Excavation and Backfill Termite Treatment	
Sub-Total Site Preparation Costs	N/A
(6) Other (N/A)	N/A
(7) Sub-Total Site Costs*	\$0
B. Construction Contract (for Renovation of OR)	
(8) Cost of Materials [Include]	
Sub-Total Cost of Materials]	\$1,700,578
(9) Cost of Labor	\$1,700,579
(10) Other (N/A)	N/A
(11) Sub-Total Construction Contract	\$3,401,157
C. Miscellaneous Project Costs	
(12) Building Purchase	N/A
(13) & (14) Fixed & Movable Equipment Purchase	\$1,770,982
(14a) Information Technology	\$557,891
(15) Furniture, Cubicle Curtains, Signs	\$248,310
(16) Landscaping	N/A
(17) Consultant Fees (CON)	N/A
Architect/Engineering Fees (+ Reimbursables)	\$173,058
DHSR Review Fees, Special Inspections, Pre T&B, County ADA Allowance, Move Coordination	N/A
Other: Nurse Call, Security System, miscellaneous low voltage systems	\$200,000
Total Consultant Fees	\$373,058
(18) Financing Costs (e.g. Bond, Loan, etc.)	N/A
(19) Interest During Construction	\$0
(20) Other: Project Contingency	\$326,959
(21) Sub-Total Miscellaneous	\$3,277,200
D. Total Capital Cost of Project (Sum A-C above-Rows (7), (11), & (21))	\$6,678,357



23 LDRP BEDS

SUPPORT SPACE

AFFIDAVIT OF ROLAND R. BIBEAU

1. My name is Roland R. Bibeau. I am a resident of the State of North Carolina. I am over the age of 18 and I am competent to make this affidavit. The facts stated in this affidavit are true of my own personal knowledge, and if called to testify, I would so testify.
2. I am the President of Novant Health Matthews Medical Center (NHMMC). I have been in this position since December 2008. Prior to assuming the role of President of NHMMC, I served as Chief Operating Officer of NHMMC. As such, I am very familiar with NHMMC and its operations. My responsibilities include administrative and financial oversight for NHMMC. Attachment 1 to this affidavit is a copy of my CV.
3. NHMMC is a licensed acute care hospital located at 1500 Matthews Township Parkway, Matthews, North Carolina. We have been in this location since the hospital opened in 1994. Currently, we are licensed for 117 acute care beds, including 23 labor-delivery-recovery-postpartum (LDRP) beds. Our 23 LDRP beds are located on the second floor of NHMMC. We have a growing labor and delivery practice at NHMMC, and we have recently added a nine-person group of obstetricians/gynecologists to our active medical staff.
4. The rooms in which the 23 LDRP beds are located, along with the support space for those rooms, have not received any significant upgrades or renovations since the hospital opened in 1994. We are therefore seeking to renovate the LDRP unit on the second floor of NHMMC with new bathrooms, drywall, paint, furniture, fixtures, curtains, and signage, in addition to upgrading the information technology for the area including the Nurse Call and Security Monitoring systems. The estimated capital cost for these renovations is \$6,678,357.
5. NHMMC's location at 1500 Matthews Township Parkway is the main building of NHMMC. This is the facility site address listed on page 1 of our 2013 Hospital License Renewal Application. We provide clinical patient services at this location. NHMMC's location at 1500 Matthews Township Parkway is also the location from which financial and administrative control over NHMMC is exercised. Although NHMMC is part of the Novant system, each hospital within the Novant system is responsible for its own finances and administration. Therefore, financial and administrative control for NHMMC resides at 1500 Matthews Township Parkway where these renovations will take place. 1500 Matthews Township Parkway is therefore the main campus of NHMMC.
6. I also confirm that: (i) the sole purpose of this capital expenditure is to renovate the second floor of NHMMC; and (ii) the capital expenditure does not result in a change of bed capacity, the addition of a health service facility or any other new institutional health service as defined in the Certificate of Need Law.

[REMAINDER OF PAGE LEFT BLANK INTENTIONALLY]

Further affiant sayeth not.

Roland R. Bibeau

Roland R. Bibeau

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

Subscribed and sworn to before me

This 14 day of October, 2013

Andrea M. Solomon

Notary Public

My Commission Expires: 8-16-15



Roland R. Bibeau

18105 Meadow Bottom Road, Charlotte, NC 28277 • 704-621-2495 • rrbibeau@novanthealth.org

OBJECTIVE

To obtain a challenging administrative position in which my experience and qualities can best contribute to the organization's goals.

WORK EXPERIENCE

December 2008 to Present

President, Novant Health Matthews Medical Center (NHMMC)

Responsible for leading/growing NHMMC and the South Market.

Accomplishments:

- Year over year, exceeded in financial budget, quality and satisfaction goals
- NHMMC is number one for acute care PNR in Novant
- Growing NHMMC
 - Service Line Growth
 - Bariatric Service
 - Urgent Care
 - Cardiovascular
 - Intervention (PCI)
 - Cardiac Triage Unit
 - Consolidation/growth in Endoscopy services
 - Formed Pulmonary Team (3 MD's)
 - Intermediate Care Unit expansion (6 to 10 beds)
 - 5th Floor Vertical Expansion
- Growing South Market
 - Co-lead South Market with physician partners
 - Physician practice additions:
 - Rocky River Family Practice
 - Stevens Mills Road Family Practice
 - Pine Lake Family Practice
 - Pulmonary Team
 - add mid level
 - Satellite to Monroe Medical Plaza
 - Bariatric Service
 - add mid level
 - Carmel OB/GYN expansion to Medical Plaza 9/12
 - Timeshare in Medical Plaza 9/16 for GI, Pain Management and Dermatology
 - Arboretum-addition of two new MD's
 - Partnership with Union County Public Schools for Wellness programming and sports medicine program
- Community engagement
 - Present previous year accomplishments to county/city/town councils.
 - Lead Matthews Alive events for NHMMC
 - Partner with Elevation Church for matching foundation grant to Matthews Free Clinic
 - Enhanced Community Health Alliance committee with multiple "blue collar" efforts

October 2008 to December 2008

Chief Operating Officer Presbyterian Hospital Matthews

Responsible for growth and development of hospital operations.

May 2008 to October 2008

Vice President Ambulatory Operations

Presbyterian Medical Group

Responsible for growth and development of Ambulatory Surgery Centers, medical Plaza's and Physician Practices

Accomplishments:

- Successful development/operational efficiency for Ballantyne and Monroe Medical Plaza.
- Budget result exceeded projected forecast.

October 2006 to May 2008

Administrator, Presbyterian Medical Plazas

Senior Director of Growth and Development

Responsible for developing and coordinating all operations for SPR Medical Plaza Models to include Ballantyne Medical Plaza, Monroe Medical Plaza, and Steeplecroft Medical Plaza.

Accomplishments:

- Ballantyne Medical Plaza completed on schedule and within budget.
- Monroe Medical Plaza development on schedule.
- Physician buy-in/partnership for all above noted projects.

October 1998 to October 2006

Vice President/Chief Nurse Executive

Thomasville Medical Center

Thomasville, NC

Responsible for developing and implementing Thomasville Medical Center policies to provide quality patient care and services that meet the mission, goals, values and strategic plan. Participate with leaders from the governing body, medical staff and clinical personnel for planning, promoting and conducting organizational-wide performance assessment and improvement activities.

Accomplishments:

- Leadership for planning/completion of Perioperative services (2001), Behavioral Health services (2002 and 2005), and Emergency Room planning (2006).
- Vision and Leadership for meeting/exceeding strategic goals for 1999-2005.
- Leadership/development of Centers of Excellence for Heartburn Treatment Center, Total Joint Center, Chest Pain Center, Stroke Center and Sleep Center.
- Leadership and Vision for Quest for Excellence process

February 1998 – October 1998

Director of Perioperative Services

Thomasville Medical Center

Thomasville, NC

Twenty-four hour responsibility for perioperative services (Inpatient/Outpatient Surgery, PACU, and Oncology/GI Clinic). Budget accountability \$2.2 million/yr. Inpatient/Outpatient Surgical Volume (3100 cases/yr.) Report to VP of Patient Services.

Accomplishments:

- Vision and leadership for future surgical renovations.

- Design 14,000 sq. ft. surgical center.
- Reduction of surgical inventory by \$60,000
- Implementation of custom pack system (yearly savings \$32,000)
- Administrative support to Anesthesia Department.
- Co-Chairman Performance Improvement Team.

EDUCATION

1994-1997

Masters in Health Services Administration
 St. Francis College
 Joliet, IL
 (Graduated with Honors)

1991-1992

Bachelor of Arts
 St. Leo College
 St. Leo, FL

1979 -1981

Associate of Science in Nursing.
 Community College of Allegheny County
 Pittsburgh, PA

MEMBERSHIPS

American College of Healthcare Executives-Fellow
 Past President, Foundation Chair Matthews Rotary Club 2011-Present
 Levine Senior Center Board Member 2010-Present
 Community Health Alliance Leader 2008-Present
 Union County Chamber Board Member 2009-Present

REFERENCES

Harry Smith, President & CEO
 Novant Health Presbyterian Medical Center
 Greater Charlotte Market
 704.384.4699

J. Mark Collins, MD
 Novant Health Physician Executive
 704.316.4460