



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

May 21, 2021

Maureen Demarest Murray
MMurray@Foxrothschild.com

Exempt from Review

Record #: 3571
Date of Request: May 17, 2021
Facility Name: Carolinas HealthCare System Blue Ridge
FID #: 943191
Business Name: Blue Ridge HealthCare Hospitals, Inc.
Business #: 2125
Project Description: Construct a replacement hospital tower and additional parking on the same main campus as the existing hospital to house the intensive care unit, progressive care unit and the emergency department
County: Burke

Dear Ms. Murray:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced proposal is exempt from certificate of need review in accordance with G.S. 131E-184(g). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

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 Agency. 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,

Ena Lightbourne
Project Analyst

for
Lisa Pittman
Acting Chief, Certificate of Need

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

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

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Maureen Murray

May 21, 2021

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cc: Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR
Radiation Protection Section, DHSR



230 N. Elm St.
Suite 1200
Greensboro, NC 27401
Tel (336) 378-5200 Fax (336) 378-5400
www.foxrothschild.com

MAUREEN DEMAREST MURRAY
Direct No: 336.378.5258
Email: MMurray@Foxrothschild.com

May 14, 2021

Lisa Pittman, Assistant Chief
Ena Lightbourne, Project Analyst
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
NC Department of Health and Human Services
2704 Mail Service Center
Raleigh, NC 27699-2704
lisa.pittman@dhhs.nc.gov
Ena.lightbourne@dhhs.nc.gov

**Re: Notice of Exemption for Replacement Hospital Facility
Carolinas HealthCare System Blue Ridge Morganton Campus**

Dear Lisa and Ena:

We represent Blue Ridge HealthCare Hospitals, Inc. d/b/a Carolinas HealthCare System Blue Ridge (“Blue Ridge”). Pursuant to N.C. Gen. Stat. § 131E-184(g), Carolinas HealthCare System Blue Ridge gives this prior written notice of its intent to construct a replacement hospital tower and some additional parking on the same main campus as the existing hospital in Morganton.

The purpose of the replacement hospital project is to construct on the Morganton main campus a new hospital tower to house the intensive care unit (ICU), the progressive care unit (PCU) and the emergency department. Other beds and services will remain in the existing health service facility building that is located on the same main campus. Space vacated by the ICU, PCU and emergency department will be repurposed in the existing facility.

As shown in its 2021 License Renewal Application (“LRA”), attached as Exhibit A, Carolinas HealthCare System Blue Ridge is located at 2201 S. Sterling Street, Morganton, North Carolina

A Pennsylvania Limited Liability Partnership

California Colorado Delaware District of Columbia Florida Georgia Illinois Minnesota Nevada
New Jersey New York North Carolina Pennsylvania South Carolina Texas Virginia Washington

Lisa Pittman, Acting Chief
Ena Lightbourne, Project Analyst
May 14, 2021
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28655, which is noted as the owner's location. The LRA lists the Morganton campus as the primary location. The address for the replacement hospital tower will remain the same as the current address for the main hospital campus. The site map attached as Exhibit B shows that the replacement hospital tower will be on the same main campus as the existing hospital where clinical patient services are currently provided.

Kathy C. Bailey currently serves as the President and CEO of Blue Ridge, and her office is located on the Morganton campus. Her role as the President of Carolinas HealthCare System Blue Ridge includes the exercise of administrative and financial control of the Hospital and the grounds and buildings adjacent to the main hospital building. On its website under "Contact Us," Blue Ridge identifies its main address and phone number as associated with the Morganton campus.

The replacement hospital is needed because the existing hospital building is over 40 years old and some clinical areas are becoming functionally out of date. Carolinas HealthCare System Blue Ridge assessed the possibility of significant renovations and determined that the limitations of the existing facility with regard to ceiling height, room size, electrical and mechanical systems, HVAC systems and technology make large scale renovation for the ICU, PCU and emergency department not as desirable. Blue Ridge believes that construction of a new hospital tower will be less disruptive to ongoing patient care, less costly and more effective than attempting to undertake large scale renovation in the existing hospital building while trying to continue using the space at the same time to serve patients. Carolinas HealthCare System Blue Ridge plans to continue operating the existing ICU, PCU and emergency department during construction of the new tower, which will minimize disruptions to operations.

The proposed replacement hospital tower project does not constitute the development of any new institutional health service for the following reasons:

- The project does not involve a change in bed capacity. The Morganton campus currently has 162 licensed acute care beds and 22 inpatient psychiatric beds. Blue Ridge does not plan to add any beds as part of this project. There also will not be any redistribution of beds from one category to another category as part of this project.
- The project does not involve the addition of any operating or endoscopy rooms. Carolinas HealthCare System Blue Ridge is currently licensed for one dedicated C-Section room, five operating rooms and one endoscopy room on the Morganton campus. Blue Ridge does not plan any change in these operating rooms and endoscopy rooms in this project.



Lisa Pittman, Acting Chief
Ena Lightbourne, Project Analyst
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- The project does not include the acquisition of any major medical equipment.
- The project does not involve the addition of a health service that is not currently offered at Carolinas HealthCare System Blue Ridge.
- The project does not entail the development or addition of a new health service facility.
- The project does not involve a change in a project for which a CON was issued. The Morganton campus does not have any CON projects under development or completed within the past year.

The current estimated capital expenditure for the replacement hospital is \$88 million.

Pursuant to N.C. Gen. Stat. §131E-184(g), we request that you please confirm in writing that Carolinas HealthCare System Blue Ridge's construction of a replacement hospital tower on its existing main hospital campus in Morganton is exempt from certificate of need review. Please let us know if you have questions or need any additional information.

Very truly yours,

A handwritten signature in blue ink that reads 'Maureen Demarest Murray'. The signature is fluid and cursive.

Maureen Demarest Murray

MDM:mpp



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

TO: **Carolinas HealthCare System Blue Ridge -- Morganton**
FROM: Azzie Y. Conley, RN, Section Chief
SUBJECT: **2021 Hospital License Renewal Application**

PLEASE READ CAREFULLY

Enclosed is your 2021 License Renewal Application. Please complete this license renewal application and return the original no later than January 16, 2021 to the address below.

Mailing Address

Acute and Home Care
Licensure and Certification Section
1205 Umstead Drive
2712 Mail Service Center
Raleigh, NC 27699-2712

Overnight Address (UPS and FedEx Only)

Acute and Home Care
Licensure and Certification Section
1205 Umstead Drive
Raleigh, NC 27603

Data on file with the Division indicates that your facility/entity is a **Hospital** totaling **315** beds. Your annual licensure fee, as authorized by G.S. 131E-77, is **\$6,062.50**. This amount is comprised of a base fee of **\$550.00** plus an additional per bed fee of **\$17.50**.

Payment should be in the form of check, money order or certified check and must be payable to "NC - DHSR." Payment should include the facility's license number and be submitted with your license renewal application. A separate check is required for each licensed entity.

Your completed license renewal application **and** the **annual licensure fee** must be received by January 16, 2021 to ensure your license remains valid. Failure to possess a valid license may compromise your facility's ability to operate and/or adversely impact its funding sources.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

ACUTE AND HOME CARE LICENSURE AND CERTIFICATION SECTION
LOCATION: 1205 Umstead Drive, Lineberger Building, Raleigh, NC 27603
MAILING ADDRESS: 1205 Umstead Drive, 2712 Mail Service Center, Raleigh, NC 27699-2712
www.ncdhhs.gov/dhsr • TEL: 919-855-4620 • FAX: 919-715-3073
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Carolinas HealthCare System Blue Ridge -- Morganton

2021 Hospital License Renewal Notice

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A portion of this application contains **preprinted** information from our data systems, based on your last hospital license renewal application or the most recent information that has been reported to this office. If any of this preprinted information has changed, **mark through the incorrect information with a RED pen and write in the correct information**. **Prior to amending the D/B/A or legal entity, please contact this office for further instructions**. Please review the "*ownership disclosure*" section carefully to verify its accuracy. Complete all areas of this application and return by the date specified above, along with the **annual licensure fee**. **PLEASE, DO NOT RETYPE THE APPLICATION**, and be sure to retain a second copy of the license renewal application for your records. If you have any questions about the license renewal application, please feel free to call our staff at (919) 855-4620.

At the end of the LRA is a special section that asks for information regarding the hospital's experience during the COVID-19 pandemic. This information is in addition to what the hospital may have provided to other agencies or reporting systems, or elsewhere on this LRA. This data will assist Healthcare Planning in projecting the need for various services in the 2022 State Medical Facilities Plan. Please note that the COVID-19 section requires a separate authenticating signature.

National Provider Identifier (NPI). Please provide your NPI number in the space indicated on the license renewal application. If you need to obtain an NPI, have questions or need additional information regarding the NPI number contact 1-800-465-3203 (NPI Toll-Free) or visit the website <http://www.ncdhhs.gov/dma/NPI/index.htm>.

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
Regular Mail: 1205 Umstead Drive
2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Overnight UPS and FedEx only: 1205 Umstead Drive
Raleigh, North Carolina 27603
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only

License # H0062 Medicare # 340075
FID #: 943191
PC _____ Date _____

License Fee: \$6,062.50

**2021
HOSPITAL LICENSE
RENEWAL APPLICATION**

Legal Identity of Applicant: Blue Ridge HealthCare Hospitals, Inc.
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

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

PRIMARY: Carolinas HealthCare System Blue Ridge
Other: CMC-Blue Ridge, Valdese Campus
Other: _____

Facility Mailing Address: 2201 South Sterling St
Morganton, NC 28655

Facility Site Address: 2201 South Sterling St
Morganton, NC 28655
County: Burke
Telephone: (828)580-5000
Fax: (828)580-5509

Administrator/Director: Kathy C Bailey
Title: President/CEO
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Kathy C. Bailey **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: Patricia Moll **Telephone:** 828-580-5003
E-Mail: patricia.moll@blueridgehealth.org

All responses should pertain to October 1, 2019 through September 30, 2020

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

In accordance with Session Law 2013-382 and 10A NCAC 13B .3502(e) on an annual basis, on the license renewal application provided by the Division, the facility shall provide to the Division the direct website address to the facility's financial assistance policy. This Rule applies only to facilities required to file a Schedule H, federal form 990. Please use Form 990 Schedule B and/or Schedule H as a reference.

1) Please provide the main website address for the facility:

www.blueridgehealth.org

2) In accordance with 131E-214.4(a) DHHS can no longer post a link to internet Websites to demonstrate compliance with this statute.

A) Please provide the website address and/or link to access the facility's charity care policy and financial assistance policy:

www.blueridgehealth.org

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

Feel free to email the copy of the facility's charity care policy to:
DHHS.DHSR.Hospital.CharityCare.Policy@dhhs.nc.gov.

3) Please provide the following financial assistance data. All responses can be located on Form 990 and/or Form 990 Schedule H.

Contribution, Gifts, Grants and other similar Amounts <i>(Form 990; Part VIII 1(h))</i>	Annual Financial Assistance at Cost <i>(Form 990; Schedule H Part I, 7(a)(c))</i>	Bad Debt Expense <i>(Form 990; Schedule H Part III, Section A(2))</i>	Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy <i>(Form 990; Schedule H Part III, Section A(3))</i>
1,477,855	18,020,043	28,823,131	—

AUTHENTICATING SIGNATURE: this attestation statement is to validate compliance with GS 131E-91 as evidenced through 10A NCAC 13B .3502 and all requirements set forth to assure compliance with fair billing and collection practices.

Signature: Kathy C. Bailey Date: 12-4-20

Print Name of Approving Official: Kathy C. Bailey

All responses should pertain to October 1, 2019 through September 30, 2020

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

Primary National Provider Identifier (NPI) registered at NPES

1700860491

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

List all campuses as defined in NCGS 131E-176(2c) under the hospital license. Please include offsite emergency departments

Name(s) of Campus:	Address:	Services Offered:
Grace Ridge Physical Therapy	500 Lenoir Rd, Morganton, NC	Physical Therapy
321 Pain Clinic	2134 14th Ave, Cuscle Nuckels B Hickory, NC	Pain Clinic
Physical Therapy - Rehabilitation	137 W Parker Rd, Morganton, NC	Phys. Therapy - Rehab

Please attach a separate sheet for additional listings

ITEMIZED CHARGES: Licensure Rule 10A NCAC 13B .3110 requires the Applicant to provide itemized billing. Indicate which method is used:

- a. The facility provides a detailed statement of charges to all patients.
- b. Patients are advised that such detailed statements are available upon request.

All responses should pertain to **October 1, 2019 through September 30, 2020**

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: Blue Ridge Healthcare Hospitals, Inc
Street/Box: 2201 South Sterling St
City: Morganton State: NC Zip: 28655
Telephone: (828)580-5000 Fax: (828) 580-5509
CEO: Kathy Bailey, President/CEO

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

If 'Yes', name of Health System*: Blue Ridge Healthcare System, Inc

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

If 'Yes', name of CEO: Kathy C. Bailey

- 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:

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

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

Name: The Charlotte Mecklenburg Hospital Authority
Street/Box: 1000 Blythe Blvd.

City: Charlotte State: NC Zip: 28232
Telephone: (704)355-2000

3. Vice President of Nursing and Patient Care Services:

Barry Nelson, Chief Nurse Executive - VP Nursing

4. Director of Planning:

Jon Mercer, COO - SVP Operations

All responses should pertain to **October 1, 2019 through September 30, 2020**

Facility Data

A. Reporting Period. All responses should pertain to the period **October 1, 2019 to September 30, 2020.**

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

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

1. Admissions to Licensed Acute Care Beds: include only admissions to beds in category D-1 (a – q) on page 6; exclude responses in categories D-2 – D-8 on page 6; exclude normal newborn bassinets; exclude swing bed admissions.	4,947	
2. Discharges from Licensed Acute Care Beds: include only discharges from beds in category D-1 (a – q) on page 6; exclude responses in categories D-2 – D-8 on page 6; exclude normal newborn bassinets; exclude swing bed admissions.	5,122	
3. Average Daily Census: include only admissions to beds in category D-1 (a – q) on page 6; exclude responses in categories D-2-D-8 on page 6; exclude normal newborn bassinets; and exclude swing bed admissions.	52.5	
4. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No ✓
If 'Yes', what was the number of licensed beds at the end of the reporting period?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
5. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	4,552	
6. Number of unlicensed Observation Beds	—	

C. Designation and Accreditation

1. Are you a designated trauma center? Yes No Designated Level # _____
2. Are you a critical access hospital (CAH)? Yes No
3. Are you a long term care hospital (LTCH)? Yes No
4. Is this facility TJC accredited? Yes No Expiration Date: 1/27/2021
5. Is this facility DNV accredited? Yes No Expiration Date: _____
6. Is this facility AOA accredited? Yes No Expiration Date: _____
7. Are you a Medicare deemed provider? Yes No

All responses should pertain to October 1, 2019 through September 30, 2020

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)
Please provide a Beds by Service (p. 6) for each hospital campus (see G.S. 131E-176(2c))

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. If your facility has a Nursing Facility unit and/or Adult Care Bed unit, please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care Beds	Licensed Beds as of 9/30/2020	Operational Beds as of 9/30/2020	Inpatient Days of Care
Campus – if multiple sites: <i>Morganton</i>			
Intensive Care Units			
1. General Acute Care Beds/Days			
a. Burn (for DRG's 927, 928, 929, 933, 934, and 935 only)			
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	<i>16</i>	<i>46</i>	<i>3,389</i>
e. Neonatal Beds Level IV* (Not Normal Newborn)			
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical (Exclude Skilled Nursing swing-beds)	<i>126</i>	<i>77</i>	<i>13,402</i>
k. Neonatal Level III* (Not Normal Newborn)	<i>4</i>	<i>4</i>	<i>664</i>
l. Neonatal Level II* (Not Normal Newborn)			
m. Obstetric (including LDRP)	<i>16</i>	<i>16</i>	<i>1,763</i>
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other, List:			
Total General Acute Care Beds/Days (a through q)	<i>162</i> 293	<i>143</i>	<i>19,218</i>
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Substance Abuse / Chemical Dependency Treatment	0		
5. Psychiatry	22	<i>22</i>	<i>7,522</i>
6. Nursing Facility	0		
7. Adult Care Home	0		
8. Other	0		
9. Totals (1 through 8)	<i>184</i> 315	<i>165</i>	<i>26,740</i>

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

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

10. Number of Swing Beds	<i>N/A</i>
11. Number of Skilled Nursing days in Swing Beds	<i>N/A</i>

All responses should pertain to October 1, 2019 through September 30, 2020

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

Please provide a Beds by Service (p. 6) for each hospital campus (see G.S. 131E-176(2c))

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. If your facility has a Nursing Facility unit and/or Adult Care Bed unit, please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care Beds	Licensed Beds as of 9/30/2020	Operational Beds as of 9/30/2020	Inpatient Days of Care
Campus – if multiple sites: <u>Valdese</u>			
Intensive Care Units			
1. General Acute Care Beds/Days			
a. Burn (for DRG's 927, 928, 929, 933, 934, and 935 only)			
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	4	0	0
e. Neonatal Beds Level IV* (Not Normal Newborn)			
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical (Exclude Skilled Nursing swing-beds)	127	0	0
k. Neonatal Level III* (Not Normal Newborn)			
l. Neonatal Level II* (Not Normal Newborn)			
m. Obstetric (including LDRP)			
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other, List:			
Total General Acute Care Beds/Days (a through q)	131 293	0	0
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Substance Abuse / Chemical Dependency Treatment	0		
5. Psychiatry	22		
6. Nursing Facility	0		
7. Adult Care Home	0		
8. Other	0		
9. Totals (1 through 8)	131 315		

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

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

10. Number of Swing Beds	N/A
11. Number of Skilled Nursing days in Swing Beds	N/A

All responses should pertain to October 1, 2019 through September 30, 2020

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

Please provide a Beds by Service (p. 6) for **each** hospital campus (see G.S. 131E-176(2c))

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. If your facility has a Nursing Facility unit and/or Adult Care Bed unit, please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care Beds	Licensed Beds as of 9/30/2020	Operational Beds as of 9/30/2020	Inpatient Days of Care
Campus – if multiple sites: <u>Combined</u>			
Intensive Care Units			
1. General Acute Care Beds/Days			
a. Burn (for DRG's 927, 928, 929, 933, 934, and 935 only)			
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	20	46	3,389
e. Neonatal Beds Level IV* (Not Normal Newborn)			
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical (Exclude Skilled Nursing swing-beds)	253	47	13,402
k. Neonatal Level III* (Not Normal Newborn)	4	4	664
l. Neonatal Level II* (Not Normal Newborn)			
m. Obstetric (including LDRP)	16	16	1,763
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other, List:			
Total General Acute Care Beds/Days (a through q)	293	143	19,218
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Substance Abuse / Chemical Dependency Treatment	0		
5. Psychiatry	22	22	7,522
6. Nursing Facility	0		
7. Adult Care Home	0		
8. Other	0		
9. Totals (1 through 8)	315	165	26,740

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

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

10. Number of Swing Beds	N/A
11. Number of Skilled Nursing days in Swing Beds	N/A

All responses should pertain to **October 1, 2019 through September 30, 2020**

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

Campus – if multiple sites: Morganton

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 6)	Emergency Visits (total should be the same as F.3.b. on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as 9.e. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as 9.e. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay	1,476	5,980	1,818	114	67
Charity Care	77	270	58	5	4
Medicare*	9,383	8,134	29,600	1,109	728
Medicaid*	2,666	5,642	5,776	221	221
Insurance*	4,789	6,023	18,204	295	734
Other (Specify)	827	961	2,522	60	104
TOTAL	19,218	27,010	57,978	1,804	1,858

* Including any managed care plans.

F. Services and Facilities

1. Obstetrics

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

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

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

2. Abortion Services

Number of procedures per Year _____
 (Feel free to footnote the type of abortion procedures reported)

All responses should pertain to **October 1, 2019 through September 30, 2020**

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

Campus – if multiple sites: Valdese

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 6)	Emergency Visits (total should be the same as F.3.b. on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as 9.e. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as 9.e. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay	0	3,208	1,879	1	85
Charity Care	0	145	60	0	5
Medicare*	0	4,364	30,611	6	915
Medicaid*	0	3,027	5,973	1	278
Insurance*	0	3,230	18,826	1	922
Other (Specify)	0	516	2,609	0	131
TOTAL	0	14,490	59,958	9	2,336

* Including any managed care plans.

F. Services and Facilities

1. Obstetrics

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

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

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

2. Abortion Services

Number of procedures per Year _____
 (Feel free to footnote the type of abortion procedures reported)

All responses should pertain to **October 1, 2019 through September 30, 2020**

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

Campus – if multiple sites: Combined

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 6)	Emergency Visits (total should be the same as F.3.b. on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as 9.e. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as 9.e. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay	1,476	9,188	3,697	115	152
Charity Care	77	415	118	5	9
Medicare*	9,383	12,498	60,211	1,115	1,643
Medicaid*	2,666	8,664	11,749	222	499
Insurance*	4,789	9,253	31,030	296	1,656
Other (Specify)	827	1,477	5,131	60	235
TOTAL	19,218	41,500	117,936	1,813	4,194

* Including any managed care plans.

F. Services and Facilities

1. Obstetrics

	Number of Infants
a. Live births (Vaginal Deliveries)	549
b. Live births (Cesarean Section)	266
c. Stillbirths	3

a. Live births (Vaginal Deliveries)
b. Live births (Cesarean Section)
c. Stillbirths

	Number of Rooms
d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	0
f. Delivery Rooms – LDRP (include in Item "D.1.m" on Page 6)	16

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

g. Number of Normal Newborn Bassinets (Level I Neonatal Services) 16
 Do not include in section "D. Beds by Service" on Page 6

2. Abortion Services

Number of procedures per Year 0
 (Feel free to footnote the type of abortion procedures reported)

All responses should pertain to **October 1, 2019 through September 30, 2020**

3. Emergency Department Services

- a. Total Number of ED Exam Rooms: 31
 Of this total, how many are:
- a.1. # Trauma Rooms 2
 - a.2. # Fast Track Rooms 0
 - a.3. # Urgent Care Rooms 0
- b. Total Number of ED visits for reporting period: 41,500
- c. Total Number of admits from the ED for reporting period: 5,799
- d. Total Number of Urgent Care visits for reporting period: 0
- e. Does your ED provide services 24 hours a day 7 days per week? Yes No
 If no, specify days/hours of operation: _____
- f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No
 If no, specify days/hours physician is on duty: _____

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

- 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 94
 HIV Culture N/A
- d. Organ Bank Yes No
- e. Pap Smear Screening Yes No

All responses should pertain to **October 1, 2019 through September 30, 2020**

6. Transplantation Services - Number of transplants

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

7. Telehealth/Telemedicine*

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

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

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

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

a. Open Heart Surgery

Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	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

All responses should pertain to **October 1, 2019 through September 30, 2020**

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

b. Cardiac Catheterization and Electrophysiology

Cardiac Catheterization, as defined in NCGS 131E-176(2g)	Diagnostic Cardiac Catheterization**	Interventional Cardiac Catheterization***
1. Number of Units of Fixed Equipment	1	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	386	136
4. Number of Procedures* Performed in Mobile Units	0	0
Dedicated Electrophysiology (EP) Equipment		
5. Number of Units of Fixed Equipment		0
6. Number of Procedures on Dedicated EP Equipment		0

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

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

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

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

0

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

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

Name of Mobile Vendor, if not owned by hospital: _____

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)

All responses should pertain to **October 1, 2019 through September 30, 2020**

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

NOTE: If this License includes more than one campus, please copy pages 11-13 (through Section 9-g) for each site. Submit the Cumulative Totals and submit a duplicate of pages 11-13 for each campus.

Campus – if multiple sites: Morganton

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	1
Other Dedicated Inpatient Surgery (<i>Do not include dedicated Open Heart or C-Section rooms</i>)	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	5
Total of Surgical Operating Rooms	6

Of the Total of Surgical Operating Rooms , above, how many are equipped with advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer treatments? Your facility may or may not refer to such rooms as “hybrid ORs.”	0
--	---

b) Gastrointestinal Endoscopy Rooms, Procedures, and Cases

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

Total Number of Licensed Gastrointestinal Endoscopy Rooms: 1

GI Endoscopies*	PROCEDURES		CASES		TOTAL CASES
	Inpatient	Outpatient	Inpatient	Outpatient	
Performed in Licensed GI Endoscopy Rooms	92	432	358	1,784	2,166
NOT Performed in Licensed GI Endoscopy Rooms	266	1,352	—	—	1,618
TOTAL CASES –must match total reported on Page 27 (Patient Origin – GI Endoscopy Cases) →					4,284

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

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

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

Total Number of Procedure Rooms: 2

All responses should pertain to **October 1, 2019 through September 30, 2020**

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

NOTE: If this License includes more than one campus, please copy pages 11-13 (through Section 9-g) for each site. Submit the Cumulative Totals and submit a duplicate of pages 11-13 for each campus.

Campus – if multiple sites: Valdese

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	0
Other Dedicated Inpatient Surgery (<i>Do not include dedicated Open Heart or C-Section rooms</i>)	0
Dedicated Ambulatory Surgery	4
Shared - Inpatient / Ambulatory Surgery	0
Total of Surgical Operating Rooms	4

Of the Total of Surgical Operating Rooms , above, how many are equipped with advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer treatments? Your facility may or may not refer to such rooms as “hybrid ORs.”	0
--	---

b) Gastrointestinal Endoscopy Rooms, Procedures, and Cases

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

Total Number of Licensed Gastrointestinal Endoscopy Rooms: _____

GI Endoscopies*	PROCEDURES		CASES		TOTAL CASES
	Inpatient	Outpatient	Inpatient	Outpatient	
Performed in Licensed GI Endoscopy Rooms	0	118	0	0	118
NOT Performed in Licensed GI Endoscopy Rooms	0	5	0	0	5
TOTAL CASES –must match total reported on Page 27 (Patient Origin – GI Endoscopy Cases) →					123

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

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

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

Total Number of Procedure Rooms: 2

All responses should pertain to **October 1, 2019 through September 30, 2020**

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

NOTE: If this License includes more than one campus, please copy pages 11-13 (through Section 9-g) for each site. Submit the Cumulative Totals and submit a duplicate of pages 11-13 for each campus.

Campus – if multiple sites: Combined

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	1
Other Dedicated Inpatient Surgery (<i>Do not include dedicated Open Heart or C-Section rooms</i>)	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	9
Total of Surgical Operating Rooms	10

Of the Total of Surgical Operating Rooms , above, how many are equipped with advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer treatments? Your facility may or may not refer to such rooms as “hybrid ORs.”	0
--	---

b) Gastrointestinal Endoscopy Rooms, Procedures, and Cases

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

Total Number of Licensed Gastrointestinal Endoscopy Rooms: 3

GI Endoscopies*	PROCEDURES		CASES		TOTAL CASES
	Inpatient	Outpatient	Inpatient	Outpatient	
Performed in Licensed GI Endoscopy Rooms	92	550	358	1,784	2,184
NOT Performed in Licensed GI Endoscopy Rooms	266	1,357	—	—	1,623
TOTAL CASES –must match total reported on Page 27 (Patient Origin – GI Endoscopy Cases) →					4,407

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

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

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

Total Number of Procedure Rooms: 4

All responses should pertain to October 1, 2019 through September 30, 2020

Campus – if multiple sites: Morganton

d) Non-Surgical Cases by Category

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Endoscopies OTHER THAN GI Endoscopies		
Performed in Licensed GI Endoscopy Rooms	8	6
NOT Performed in Licensed GI Endoscopy Rooms	13	0
Other Non-Surgical Cases		
Pain Management	0	0
Cystoscopy	2	16
YAG Laser	1	1
Other (specify)	0	89

e) Surgical Cases by Specialty Area

Enter the number of surgical cases performed in licensed operating rooms only, by surgical specialty area. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 28 and 29.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	0	0
Open Heart Surgery (from 8.(a) 4. on page 9)	0	
General Surgery	477	493
Neurosurgery	0	0
Obstetrics and GYN (excluding C-Sections)	90	326
Ophthalmology	0	178
Oral Surgery/Dental	1	10
Orthopedics	841	512
Otolaryngology	40	83
Plastic Surgery	0	0
Podiatry	0	0
Urology	89	256
Vascular	0	0
Other Surgeries (specify)	1	1
Number of C-Sections Performed in Dedicated C-Section ORs	266	
Number of C-Sections Performed in Other ORs	0	
Total Surgical Cases Performed Only in Licensed ORs	1,804	1,858

f) Number of surgical procedures performed in unlicensed Procedure Rooms: 0

All responses should pertain to **October 1, 2019 through September 30, 2020**

Campus – if multiple sites: Valdese

d) Non-Surgical Cases by Category

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Endoscopies OTHER THAN GI Endoscopies	0	0
Performed in Licensed GI Endoscopy Rooms	0	0
NOT Performed in Licensed GI Endoscopy Rooms	0	0
Other Non-Surgical Cases		
Pain Management	0	51
Cystoscopy	0	3
YAG Laser	0	1
Other (specify)	0	76

e) Surgical Cases by Specialty Area

Enter the number of surgical cases performed in licensed operating rooms only, by surgical specialty area. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 28 and 29.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	0	0
Open Heart Surgery (from 8.(a) 4. on page 9)	0	
General Surgery	3	523
Neurosurgery	0	0
Obstetrics and GYN (excluding C-Sections)	1	72
Ophthalmology	0	0
Oral Surgery/Dental	0	212
Orthopedics	4	1,292
Otolaryngology	1	74
Plastic Surgery	0	0
Podiatry	0	1
Urology	0	111
Vascular	0	0
Other Surgeries (specify)	0	51
Number of C-Sections Performed in Dedicated C-Section ORs	0	
Number of C-Sections Performed in Other ORs	0	
Total Surgical Cases Performed Only in Licensed ORs	9	2,336

f) Number of surgical procedures performed in unlicensed Procedure Rooms: 0

All responses should pertain to October 1, 2019 through September 30, 2020

Campus – if multiple sites: Combined

d) Non-Surgical Cases by Category

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Endoscopies OTHER THAN GI Endoscopies		
Performed in Licensed GI Endoscopy Rooms	8	6
NOT Performed in Licensed GI Endoscopy Rooms	12	8
Other Non-Surgical Cases		
Pain Management	0	51
Cystoscopy	2	19
YAG Laser	0	
Other (specify)	0	165

e) Surgical Cases by Specialty Area

Enter the number of surgical cases performed in licensed operating rooms only, by surgical specialty area. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 28 and 29.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	0	0
Open Heart Surgery (from 8.(a) 4. on page 9)	0	
General Surgery	480	1,016
Neurosurgery	0	0
Obstetrics and GYN (excluding C-Sections)	91	398
Ophthalmology	0	178
Oral Surgery/Dental	1	222
Orthopedics	845	1,804
Otolaryngology	41	157
Plastic Surgery	0	0
Podiatry	0	1
Urology	89	367
Vascular	0	0
Other Surgeries (specify)	0	51
Number of C-Sections Performed in Dedicated C-Section ORs	266	
Number of C-Sections Performed in Other ORs		
Total Surgical Cases Performed Only in Licensed ORs	1,813	4,194

f) Number of surgical procedures performed in unlicensed Procedure Rooms: 0

All responses should pertain to October 1, 2019 through September 30, 2020

Campus – if multiple sites: Morganton

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

g. Average Operating Room Availability and Average Case Times

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

Average Hours per Day Routinely Scheduled for Use Per Room*	Average Number of Days per Year Routinely Scheduled for Use	Average Case Time ** in Minutes for Inpatient Cases	Average Case Time ** in Minutes for Ambulatory Cases
10	252	96.2	48.4

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

A facility has 3 ORs: 2 are routinely scheduled for use 8 hours per day, and 1 is routinely scheduled for use 9 hours per day.

2 rooms	x	8 hours	=	16 hours
1 room	x	9 hours	=	9 hours
Total hours per day				25 hours

25 hours divided by 3 ORs
 = 8.3 Average Hours per day
 Routinely Scheduled for Use Per Room

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

All responses should pertain to October 1, 2019 through September 30, 2020

Campus – if multiple sites: Valdese

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

g. Average Operating Room Availability and Average Case Times

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

Average Hours per Day Routinely Scheduled for Use Per Room*	Average Number of Days per Year Routinely Scheduled for Use	Average Case Time ** in Minutes for Inpatient Cases	Average Case Time ** in Minutes for Ambulatory Cases
8.5	252	0	56.9

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

A facility has 3 ORs: 2 are routinely scheduled for use 8 hours per day, and 1 is routinely scheduled for use 9 hours per day.

2 rooms	x	8 hours	=	16 hours
1 room	x	9 hours	=	9 hours
Total hours per day				25 hours

25 hours divided by 3 ORs
 = 8.3 **Average Hours per day**
Routinely Scheduled for Use Per Room

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

All responses should pertain to October 1, 2019 through September 30, 2020

Campus – if multiple sites: Combined

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

g. Average Operating Room Availability and Average Case Times

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

Average Hours per Day Routinely Scheduled for Use Per Room*	Average Number of Days per Year Routinely Scheduled for Use	Average Case Time ** in Minutes for Inpatient Cases	Average Case Time ** in Minutes for Ambulatory Cases
9.25	252	96.2	52.1

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

A facility has 3 ORs: 2 are routinely scheduled for use 8 hours per day, and 1 is routinely scheduled for use 9 hours per day.

2 rooms	x	8 hours	=	16 hours	
1 room	x	9 hours	=	9 hours	
Total hours per day				25 hours	

25 hours divided by 3 ORs
 = 8.3 Average Hours per day
 Routinely Scheduled for Use Per Room

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

All responses should pertain to **October 1, 2019 through September 30, 2020**

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

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

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

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

- A “health system” includes all licensed health service facilities located in the same county that are owned or leased by:
1. the same legal entity (i.e., the same individual, trust or estate, partnership, corporation, hospital authority, or the State or political subdivision, agency or instrumentality of the State); or
 2. the same parent corporation or holding company; or
 3. a subsidiary of the same parent corporation or holding company; or
 4. a joint venture in which the same parent, holding company, or a subsidiary of the same parent or holding company is a participant and has the authority to propose changes in the location or number of ORs in the health service facility.

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

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

If so, name of health system:

Blue Ridge Healthcare System, LLC

All responses should pertain to **October 1, 2019 through September 30, 2020**

i. 20 Most Common Outpatient Surgical Cases - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	72
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	132
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	99
42820	Tonsillectomy and adenoidectomy; younger than age 12	14
42830	Adenoidectomy, primary; younger than age 12	2
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	144
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	988
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	3
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	180
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	259
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	773
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	6
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	430
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	0
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	0
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	24
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	0
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	0
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	0
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	0

All responses should pertain to October 1, 2019 through September 30, 2020

10. Imaging Procedures

a. 20 Most Common Outpatient Imaging Procedures

Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	3,739
70486	Computed tomography, facial bone; without contrast material	430
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material	879
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	440
71020	Radiologic examination, chest; two views, frontal and lateral	6,617
71250	Computed tomography, thorax; without contrast material(s)	744
71260	Computed tomography, thorax; with contrast material(s)	1,022
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	961
72100	Radiologic examination, spine, lumbosacral; two or three views	1,159
72110	Radiologic examination, spine, lumbosacral; minimum of four views	212
72125	Computed tomography, cervical spine; without contrast material	898
72141	Magnetic resonance (e.g., proton) imaging, spine cervical without contrast material	350
72148	Magnetic resonance (e.g., proton) imaging, spine lumbar without contrast material	576
73221	Magnetic resonance (e.g., proton) imaging, upper joint (e.g. shoulder, elbow, wrist) extremity without contrast material	120
73630	Radiologic examination, foot; complete, minimum of three views	1,086
73721	Magnetic resonance (e.g., proton) imaging, lower joint (e.g. knee, ankle, mid-hind foot, hip) extremity without contrast material	201
74000	Radiologic examination, abdomen; single anteroposterior view	1,797
74176	Computed tomography, abdomen and pelvis; without contrast material	2,013
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	3,141
74178	Computed tomography, abdomen and pelvis; with contrast material(s) followed by contrast material	136

All responses should pertain to **October 1, 2019 through September 30, 2020**

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

b. MRI Procedures

Indicate the number of procedures performed on MRI scanners (units) operated during the 12 month reporting period at your facility. For hospitals that use equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. **Campus – if multiple sites:** 7 Morganton

Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Fixed	244	782	1,028	794	1,369	2,163	3,191
Mobile (performed only at this site)	0	0	0	0	0	0	0
TOTAL**	246	782	1,028	794	1,369	2,163	3,191

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

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

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

c. Fixed MRI Scanners

Indicate the number of MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. **Campus – if multiple sites:** 7 Morganton

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

Number of grandfathered fixed MRI scanners on this campus: _____

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

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

All responses should pertain to **October 1, 2019 through September 30, 2020**

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

b. MRI Procedures

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

Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Fixed	0	0	0	361	689	1,050	1,050
Mobile (performed only at this site)	0	0	0	0	0	0	0
TOTAL**	0	0	0	361	689	1,050	1,050

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

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

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

c. Fixed MRI Scanners

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

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

Number of grandfathered fixed MRI scanners on this campus: _____

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

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

All responses should pertain to October 1, 2019 through September 30, 2020

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

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

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

Did the facility contract for mobile MRI services? Yes No

If Yes, name of mobile vendor: _____

e. Other MRI

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 30 of this application. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus.

Campus – if multiple sites: _____

Other Scanners	Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Other Human Research MRI scanners	0	0	0	0	0	0	0	0
Intraoperative MRI (iMRI)	0	0	0	0	0	0	0	0

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

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

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

Complete the following table for fixed and mobile CT scanners.

	Type of CT Scan	FIXED CT Scanner # of Scans	MOBILE CT Scanner # of Scans
1	Head without contrast	3,114	0
2	Head with contrast	15	0
3	Head without and with contrast	84	0
4	Body without contrast	1,914	0
5	Body with contrast	2,807	0
6	Body without contrast and with contrast	733	0
7	Biopsy in addition to body scan with or without contrast	264	0
8	Abscess drainage in addition to body scan with or without contrast	35	0
	Total	8,946	0

All responses should pertain to October 1, 2019 through September 30, 2020

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

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

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

Did the facility contract for mobile MRI services? Yes No

If Yes, name of mobile vendor: _____

e. Other MRI
 Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 30 of this application. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus.
 Campus – if multiple sites: _____

Other Scanners	Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Other Human Research MRI scanners	0	0	0	0	0	0	0	0
Intraoperative MRI (iMRI)	0	0	0	0	0	0	0	0

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

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

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

Complete the following table for fixed and mobile CT scanners.

	Type of CT Scan	FIXED CT Scanner # of Scans	MOBILE CT Scanner # of Scans
1	Head without contrast	625	0
2	Head with contrast	6	0
3	Head without and with contrast	49	0
4	Body without contrast	821	0
5	Body with contrast	1,196	0
6	Body without contrast and with contrast	208	0
7	Biopsy in addition to body scan with or without contrast	0	0
8	Abscess drainage in addition to body scan with or without contrast	0	0
	Total	2,905	0

All responses should pertain to October 1, 2019 through September 30, 2020

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

	Number of Units	Number of Procedures*		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0	0	0	0
Mobile PET Scanner	1	2	243	245
PET pursuant to Policy AC-3	0	0	0	0
Other PET Scanners used for Human Research only	0	0	0	0

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

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

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

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

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

If No, name of Mobile PET Provider, if any: Alliance Imaging

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

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Ultrasound equipment	5	1,418	6,583	8,001
Mammography equipment	1	7	6,182	6,189
Bone Density Equipment	1	3	337	339
Fixed X-ray Equipment (excluding fluoroscopic)	2	6,317	17,805	22,122
Fixed Fluoroscopic X-ray Equipment	1	417	964	1,381
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	1	459	1,010	1,469
Coincidence Camera	0	0	0	0
Mobile Coincidence Camera. Vendor:	0	0	0	0
SPECT	3	0	0	0
Mobile SPECT. Vendor:	0	0	0	0
Gamma Camera	4	244	4,042	4,286
Mobile Gamma Camera. Vendor:	0	0	0	0
Proton Therapy equipment	0	0	0	0

i. Lithotripsy. Campus – if multiple sites: Morganton

	Number of Units	Number of Procedures			Lithotripsy Vendor/Owner
		Inpatient	Outpatient	Total	
Fixed	1	0	89	89	Piedmont Stone
Mobile	1	0	89	89	

All responses should pertain to **October 1, 2019 through September 30, 2020**

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

	Number of Units	Number of Procedures*		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0	0	0	0
Mobile PET Scanner	1	0	238	238
PET pursuant to Policy AC-3	0	0	0	0
Other PET Scanners used for Human Research only	0	0	0	0

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

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

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

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

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

If No, name of Mobile PET Provider, if any: Alliance Imaging

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

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Ultrasound equipment	2	0	1,914	1,914
Mammography equipment	1	0	1,074	1,074
Bone Density Equipment	1	0	219	219
Fixed X-ray Equipment (excluding fluoroscopic)	2	0	10,173	10,173
Fixed Fluoroscopic X-ray Equipment	1	0	347	347
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	0	0	0	0
Coincidence Camera	0	0	0	0
Mobile Coincidence Camera. Vendor:	0	0	0	0
SPECT	2	0	0	0
Mobile SPECT. Vendor:	0	0	0	0
Gamma Camera	2	0	564	564
Mobile Gamma Camera. Vendor:	0	0	0	0
Proton Therapy equipment	0	0	0	0

i. Lithotripsy. Campus – if multiple sites: Valdese

	Number of Units	Number of Procedures			Lithotripsy Vendor/Owner
		Inpatient	Outpatient	Total	
Fixed	1	0	107	107	Predmont Stone
Mobile	1	0	107	107	

All responses should pertain to **October 1, 2019 through September 30, 2020**

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

Campus – if multiple sites: _____

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	192
77402	Radiation treatment delivery (<=5 MeV)	83
77403	Radiation treatment delivery (6-10 MeV)	1
77404	Radiation treatment delivery (11-19 MeV)	0
77406	Radiation treatment delivery (>=20 MeV)	0
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	0
77408	Radiation treatment delivery (6-10 MeV)	0
77409	Radiation treatment delivery (11-19 MeV)	0
77411	Radiation treatment delivery (>=20 MeV)	0
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	2,832
77413	Radiation treatment delivery (6-10 MeV)	0
77414	Radiation treatment delivery (11-19 MeV)	0
77416	Radiation treatment delivery (>= 20 MeV)	0
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery and/or CPT codes 77385 and/or 77386 and/or G6015	3,612
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	0
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	0
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	0
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	0
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the LINAC)	0
	Pediatric Patient under anesthesia	0
	Limb salvage irradiation	0
	Hemibody irradiation	0
	Total body irradiation	0
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	391
Total Procedures – Linear Accelerators		7,110
Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	0
Total Procedures – Gamma Knife®		0

All responses should pertain to **October 1, 2019 through September 30, 2020**

11. Linear Accelerator Treatment Data *continued*

Campus – *if multiple sites:* _____

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

Number of Patients 298

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

- b. TOTAL number of Linear Accelerators: 2

Of the TOTAL above,

Number of Linear Accelerators configured for **stereotactic radiosurgery:** 0

Number of **CyberKnife®** Systems: 0

Number of **other specialized linear accelerators:** 0

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

- d. Number of **treatment simulators** 1

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

- e. Number of grandfathered Linear Accelerators 0

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

- f. CON Project ID numbers for all non-grandfathered Linear Accelerators: _____
-

All responses should pertain to October 1, 2019 through September 30, 2020

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

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

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

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

b. Hospice Inpatient Unit Data:

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

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

c. Psychiatric and Substance Use Disorder Units

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

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

3. Director of the above services,

Carol Erwin, RN

All responses should pertain to **October 1, 2019 through September 30, 2020**

Indicate the Location of Services in the **Service Categories** charts below. If it is in the hospital, include the room number(s). If it is located at another site, include the building name, program/unit name and address.

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

Psychiatric Services

Rule 10A NCAC 27G Licensure Rules for Mental Health Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.	/						
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness	/	/	/	/	/	/	/
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness	/	/	/	/	/		/
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances	/						
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness	/	/	/	/	/		/
.5000 Facility Based Crisis Center	/	/	/	/	/	/	/

Rule 10A NCAC 13B Licensure Rules Mental Health	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders	4th Floor South	/	/	/	/	22	22

All responses should pertain to **October 1, 2019 through September 30, 2020**

Substance Use Disorder Services

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers	/	/	/	/	/	/	/
.3200 Social setting detoxification for substance abusers	/	/	/	/	/	/	/
.3300 Outpatient detoxification for substance abusers	/						
.3400 Residential treatment/rehabilitation for individuals with substance abuse disorders	/	/	/	/	/	/	/
.3500 Outpatient facilities for individuals with substance abuse disorders	/						
.3600 Outpatient narcotic addiction treatment	/						
.3700 Day treatment facilities for individuals with substance abuse disorders	/						

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

All responses should pertain to October 1, 2019 through September 30, 2020

Patient Origin - General Acute Care Inpatient Services

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admission to your facility. Submit one record for the licensed hospital.
DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.

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

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	1	37. Gates		73. Person	
2. Alexander	7	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene	1	76. Randolph	
5. Ashe	2	41. Guilford	1	77. Richmond	
6. Avery	7	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	1	80. Rowan	
9. Bladen		45. Henderson	1	81. Rutherford	45
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	10	47. Hoke		83. Scotland	
12. Burke	3,419	48. Hyde		84. Stanly	1
13. Cabarrus	7	49. Iredell		85. Stokes	
14. Caldwell	679	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	1
16. Carteret		52. Jones		88. Transylvania	1
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	190	54. Lenoir		90. Union	
19. Chatham	1	55. Lincoln	24	91. Vance	
20. Cherokee		56. Macon	1	92. Wake	2
21. Chowan		57. Madison	1	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	33	59. McDowell	414	95. Watauga	4
24. Columbus	1	60. Mecklenburg	6	96. Wayne	
25. Craven		61. Mitchell	31	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	3
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	2
31. Duplin		67. Onslow		102. South Carolina	6
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	5
34. Forsyth		70. Pasquotank		105. Other States	18
35. Franklin	9	71. Pender		106. Other	
36. Gaston	10	72. Perquimans		Total No. of Patients	4,947

All responses should pertain to **October 1, 2019 through September 30, 2020**

Patient Origin – Emergency Department Services

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

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

The total number of patients from this chart must match the number of Emergency Department visits provided in **Section F.(3)(b): Emergency Department Services, Page 8.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	3	37. Gates		73. Person	
2. Alexander	92	38. Graham		74. Pitt	3
3. Alleghany		39. Granville	1	75. Polk	4
4. Anson	1	40. Greene	1	76. Randolph	1
5. Ashe	7	41. Guilford	22	77. Richmond	
6. Avery	50	42. Halifax	2	78. Robeson	7
7. Beaufort	5	43. Harnett	4	79. Rockingham	1
8. Bertie		44. Haywood	11	80. Rowan	10
9. Bladen	1	45. Henderson	8	81. Rutherford	256
10. Brunswick	5	46. Hertford		82. Sampson	1
11. Buncombe	74	47. Hoke	1	83. Scotland	1
12. Burke	28,061	48. Hyde		84. Stanly	11
13. Cabarrus	25	49. Iredell	24	85. Stokes	2
14. Caldwell	7,303	50. Jackson	4	86. Surry	5
15. Camden		51. Johnston	9	87. Swain	10
16. Carteret	1	52. Jones		88. Transylvania	5
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	2225	54. Lenoir	1	90. Union	3
19. Chatham	12	55. Lincoln	223	91. Vance	
20. Cherokee	2	56. Macon	2	92. Wake	20
21. Chowan		57. Madison	3	93. Warren	
22. Clay		58. Martin	1	94. Washington	
23. Cleveland	279	59. McDowell	1,942	95. Watauga	16
24. Columbus		60. Mecklenburg	118	96. Wayne	
25. Craven	1	61. Mitchell	108	97. Wilkes	34
26. Cumberland	6	62. Montgomery		98. Wilson	3
27. Currituck		63. Moore	3	99. Yadkin	1
28. Dare		64. Nash		100. Yancey	9
29. Davidson	4	65. New Hanover	3		
30. Davie	2	66. Northampton		101. Georgia	22
31. Duplin		67. Onslow	5	102. South Carolina	88
32. Durham	5	68. Orange	3	103. Tennessee	32
33. Edgecombe	1	69. Pamlico		104. Virginia	31
34. Forsyth	28	70. Pasquotank		105. Other States	157
35. Franklin	3	71. Pender	2	106. Other	8
36. Gaston	71	72. Perquimans		Total No. of Patients	41,500

All responses should pertain to October 1, 2019 through September 30, 2020

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	33	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	2	77. Richmond	
6. Avery	9	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett	2	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson	4	81. Rutherford	50
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	9	47. Hoke		83. Scotland	
12. Burke	2,451	48. Hyde		84. Stanly	
13. Cabarrus	2	49. Iredell	4	85. Stokes	
14. Caldwell	877	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	300	54. Lenoir		90. Union	
19. Chatham		55. Lincoln	39	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	41	59. McDowell	514	95. Watauga	7
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell	24	97. Wilkes	6
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	13
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	3
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	8
35. Franklin		71. Pender		106. Other	
36. Gaston	6	72. Perquimans		Total No. of Patients	4,407

All responses should pertain to October 1, 2019 through September 30, 2020

Patient Origin – Inpatient Surgical Cases

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The Total from this chart should match the Total Inpatient Cases reported on the “Surgical Cases by Specialty Area” table on page 12.

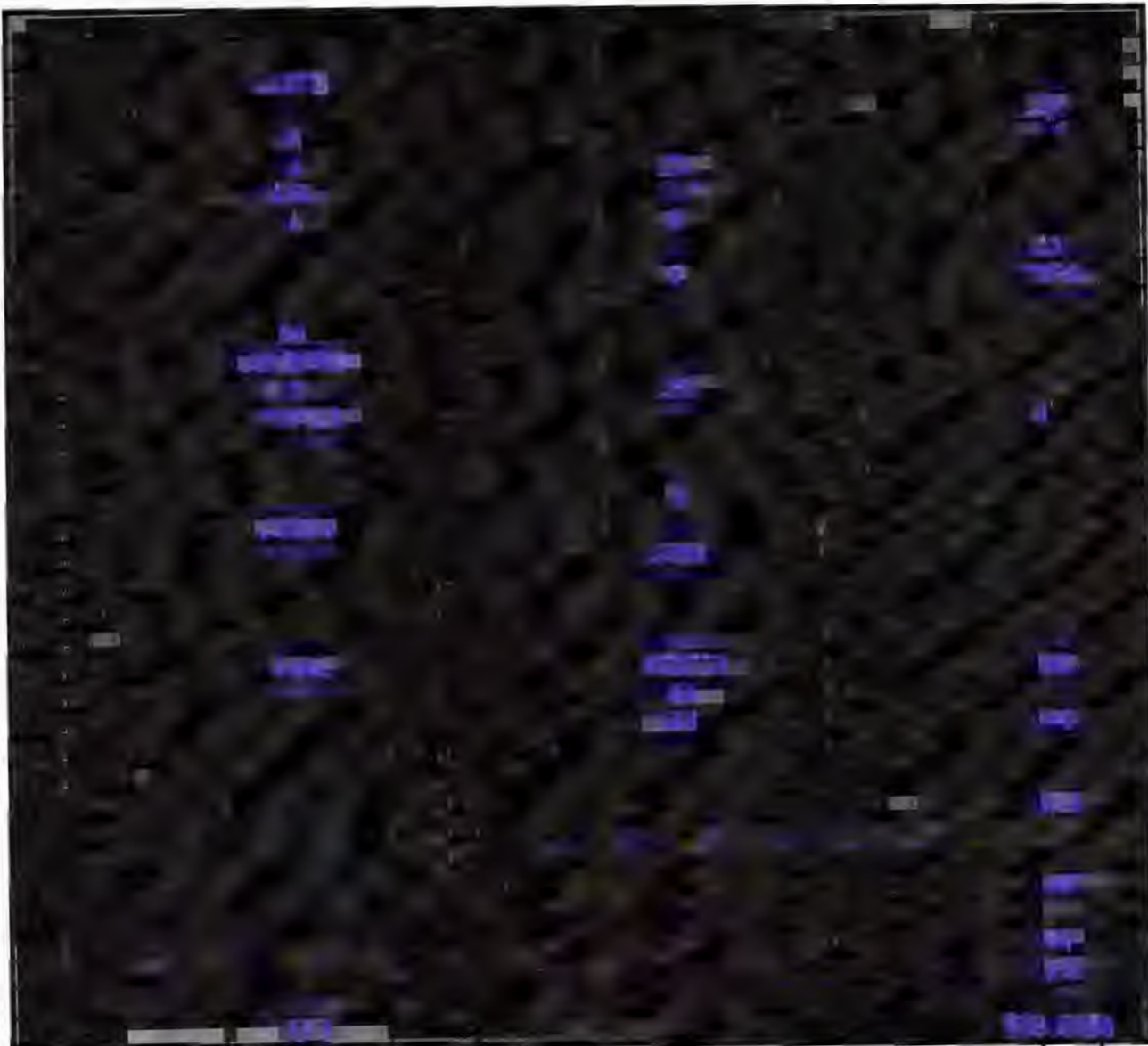
County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	4	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	
6. Avery	3	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson	1	81. Rutherford	6
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	3	47. Hoke		83. Scotland	
12. Burke	958	48. Hyde		84. Stanly	
13. Cabarrus	3	49. Iredell		85. Stokes	
14. Caldwell	240	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	1
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	64	54. Lenoir		90. Union	
19. Chatham		55. Lincoln	8	91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	12	59. McDowell	138	95. Watauga	1
24. Columbus		60. Mecklenburg	4	96. Wayne	
25. Craven		61. Mitchell	10	97. Wilkes	1
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	1
31. Duplin		67. Onslow		102. South Carolina	1
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	3
34. Forsyth		70. Pasquotank		105. Other States	6
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	1,470

All responses should pertain to **October 1, 2019 through September 30, 2020**

Patient Origin – Ambulatory Surgical Cases

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the “Surgical Cases by Specialty Area” table on page 12.

The image shows a large, dark rectangular area that appears to be a table or a data visualization. The content is extremely faint and illegible, with only some scattered blue and purple highlights visible against a black background. It is likely a scan of a table containing patient origin data for ambulatory surgical cases, but the specific data points cannot be discerned.

All responses should pertain to **October 1, 2019 through September 30, 2020**

Patient Origin - MRI Services

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	10	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	1
5. Ashe	2	41. Guilford		77. Richmond	
6. Avery	14	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett	1	79. Rockingham	
8. Bertie		44. Haywood	1	80. Rowan	1
9. Bladen	1	45. Henderson	1	81. Rutherford	39
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	5	47. Hoke		83. Scotland	
12. Burke	2,739	48. Hyde		84. Stanly	1
13. Cabarrus	3	49. Iredell	5	85. Stokes	1
14. Caldwell	739	50. Jackson		86. Surry	
15. Camden		51. Johnston	2	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	137	54. Lenoir		90. Union	2
19. Chatham		55. Lincoln	28	91. Vance	
20. Cherokee		56. Macon		92. Wake	3
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	1
23. Cleveland	27	59. McDowell	379	95. Watauga	19
24. Columbus		60. Mecklenburg	12	96. Wayne	
25. Craven		61. Mitchell	43	97. Wilkes	5
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	2
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	4
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	3
34. Forsyth	2	70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston	10	72. Perquimans		Total No. of Patients	4,241

All responses should pertain to **October 1, 2019 through September 30, 2020**

Patient Origin – PET Scanner

In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		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	2	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	3
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	287	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell	90	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	24	54. Lenoir		90. Union	
19. Chatham		55. Lincoln	2	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	3	59. McDowell	67	95. Watauga	3
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	1
34. Forsyth		70. Pasquotank		105. Other States	1
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	483

All responses should pertain to **October 1, 2019 through September 30, 2020**

Patient Origin – Linear Accelerator Treatment

In an effort to document patterns of utilization of linear accelerators in North Carolina, hospitals are asked to provide the county of residence for patients served on linear accelerators in your facility. Report the number of patients who receive radiation oncology treatment on equipment (linear accelerators, CyberKnife®, but not Gamma Knife®) listed in Section 11 of this application. Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	1	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery	1	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	4
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	197	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell	58	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	6	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	28	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	3
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	298

All responses should pertain to October 1, 2019 through September 30, 2020

Patient Origin - Psychiatric and Substance Use Disorder

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

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

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Use Disorder Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
<i>Example: Wake</i>		5	8	30	43			10	2	12
1. Alamance										
2. Alexander				38	38					
3. Alleghany										
4. Anson				173	173					
5. Ashe										
6. Avery				2	2					
7. Beaufort										
8. Bertie										
9. Bladen										
10. Brunswick										
11. Buncombe				25	25					
12. Burke				324	324					
13. Cabarrus				393	393					
14. Caldwell				482	482					
15. Camden										
16. Carteret										
17. Caswell										
18. Catawba				194	194					
19. Chatham										
20. Cherokee										
21. Chowan										
22. Clay										
23. Cleveland				103	103					
24. Columbus				3	3					
25. Craven										
26. Cumberland										
27. Currituck										
28. Dare										
29. Davidson				2	2					
30. Davie										
31. Duplin										
32. Durham				8	8					
33. Edgecombe										
34. Forsyth				10	10					
35. Franklin				22	22					
36. Gaston				184	184					
37. Gates										
38. Graham										
39. Granville										
40. Greene										
41. Guilford				31	31					
42. Halifax										
43. Harnett										

Continued on next page

All responses should pertain to **October 1, 2019 through September 30, 2020**

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Use Disorder Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
44. Haywood				15	15					
45. Henderson										
46. Hertford										
47. Hoke										
48. Hyde										
49. Iredell				42	42					
50. Jackson										
51. Johnston				16	16					
52. Jones										
53. Lee										
54. Lenoir										
55. Lincoln				113	113					
56. Macon										
57. Madison										
58. Martin										
59. McDowell				261	261					
60. Mecklenburg				1,384	1,384					
61. Mitchell				6	6					
62. Montgomery										
63. Moore										
64. Nash										
65. New Hanover										
66. Northampton										
67. Onslow				7	7					
68. Orange										
69. Pamlico										
70. Pasquotank										
71. Pender										
72. Perquimans										
73. Person										
74. Pitt										
75. Polk				10	10					
76. Randolph				15	15					
77. Richmond				6	6					
78. Robeson										
79. Rockingham										
80. Rowan				55	55					
81. Rutherford				122	122					
82. Sampson										
83. Scotland										
84. Stanly				53	53					
85. Stokes										
86. Surry				12	12					
87. Swain										
88. Transylvania										
89. Tyrrell										
90. Union				225	225					
91. Vance										
92. Wake										

Continued on next page

All responses should pertain to **October 1, 2019 through September 30, 2020**

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Use Disorder Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
93. Warren										
94. Washington										
95. Watauga										
96. Wayne										
97. Wilkes										
98. Wilson				6	6					
99. Yadkin										
100. Yancey										
101. Other States				235	235					
102. Other										
TOTAL					752					

All responses should pertain to October 1, 2019 through September 30, 2020

This license renewal application must be completed and submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2021 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2021 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:  Date: 12-4-20

PRINT NAME
OF APPROVING OFFICIAL KATKY C BAILEY

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

All responses should pertain to **October 1, 2019 through September 30, 2020**

COVID-19 Addendum to Hospital License Renewal Application

This special section for the 2021 License Renewal Application seeks additional information regarding the hospital's experience with COVID-19, beyond what the hospital may have provided to other agencies or reporting systems. This data will assist Healthcare Planning in projecting the need for various services in the 2022 State Medical Facilities Plan.

Submit one record for each licensed hospital. Do not submit a record for each hospital campus. If you do not know a specific date, please enter your best estimate. The facilities/services covered in this addendum are limited to those in this LRA. Do not provide information for facilities owned or operated by the health system, but that are not part of this LRA.

In the sections below, a *COVID* or *COVID-19 patient* is defined as a patient with a "confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider, documentation of a positive COVID-19 test result, or a presumptive positive COVID-19 test result...., [that is,] a diagnosis code of U07.1, COVID-19" (<https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>).

For questions regarding this section, contact Healthcare Planning at 919-855-3865

Unless otherwise specified, please enter data relevant for time period ending September 30, 2020.

COVID-A. Emergency Services and Observation Beds (including temporary ED and temporary observation beds)

1.	Date first COVID patient was seen in the Emergency Department (mm/dd):	7/4/20	
2.	Check if hospital increased the number of observation beds due to COVID-19?		<input type="checkbox"/>
3.	Total number of COVID patients seen in the Emergency Department:		265

COVID-B. Inpatient Services (Including Intensive Care Units)

1.	Date first COVID patient was admitted as an inpatient (mm/dd):	3/26/20	
2.	Check if hospital received Licensure approval for expansion beds due to COVID. If not, go to item 3:		<input type="checkbox"/>
	Enter total number of expansion beds approved:		
	Total number of expansion beds ever made <i>available for use</i> due to COVID. Count each bed only once. (<i>Available for use</i> means that the beds have been staffed, and approved to serve patients. Expansion beds may or may not be used exclusively for COVID patients, not all beds may have been made available for use at the same time, and not all beds may have been in use for the entire time through 9/30/2020. The number of beds made <i>available for use</i> may not match the number of expansion beds approved by Acute and Home Care Licensure):		
	Date expansion beds first served patients (mm/dd):		
	Number of expansion beds still available for use (COVID/non-COVID patients) on 9/30/2020:		
3.	Total number of inpatient admissions with a COVID diagnosis:		198
4.	Days of care (including ICU) in expansion beds (if any) <u>and</u> standard licensed inpatient acute care beds:		1,252
	Total days of care in expansion beds for COVID patients:		0
	Total days of care in expansion beds for non-COVID patients:		0
	Total days of care in standard (non-expansion) beds for COVID patients:		1,252
	Total days of care in standard (non-expansion) beds for non-COVID patients:		0
5.	Check if hospital suspended elective inpatient admissions due to COVID:		<input type="checkbox"/>
	Enter the date on which elective inpatient admissions were suspended (mm/dd):		
	Check if elective inpatient admissions resumed by 9/30/2020:		<input type="checkbox"/>
	If checked, enter the date on which elective inpatient admissions resumed (mm/dd):		

All responses should pertain to **October 1, 2019 through September 30, 2020**

COVID-C. Inpatient Surgery (excluding C-sections) Performed in Licensed Operating Rooms (ORs)

1.	Check if the facility suspended inpatient elective surgeries in licensed ORs:	<input checked="" type="checkbox"/>
	If checked, beginning date of suspension (mm/dd): 3/31/20	
	Check if elective surgeries resumed by 9/30/2020 :	<input checked="" type="checkbox"/>
	If checked, date elective surgeries resumed (mm/dd): 6/1/20	
2.	Regardless of whether the facility formally suspended elective surgeries, enter the <u>total number</u> of outpatient surgical cases between 4/1/2020 and 9/30/2020 (Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.):	844 IP
3.	Average case time* from 10/1/2019 - 3/31/2020 (in minutes):	67.336
4.	Average case time* from 4/1/2020 - 9/30/2020 (in minutes):	117.10
5.	Check if the facility has ever set aside at least one inpatient or shared OR (excluding C-section ORs) to be used exclusively to perform surgery on patients diagnosed with COVID or suspected to have COVID.	<input checked="" type="checkbox"/>
	If so, how many ORs were set aside?	1
	Check if the room was still set aside on 9/30/2020 :	<input checked="" type="checkbox"/>

* **Case Time = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure. Case time includes time needed for airborne contaminant removal. Case time should include time needed for airborne contaminant removal or other procedures implemented due to COVID* (<https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#table1>).

COVID-D. Outpatient/Ambulatory Surgery Performed in Licensed Operating Rooms (ORs)

1.	Check if the facility suspended outpatient/ambulatory elective surgeries in licensed ORs:	<input checked="" type="checkbox"/>
	If checked, beginning date of suspension (mm/dd): 3/31/20	
	Check if elective surgeries resumed by 9/30/2020 :	<input checked="" type="checkbox"/>
	If checked, date elective surgeries resumed (mm/dd): 6/1/20	
2.	Regardless of whether the facility formally suspended elective surgeries, enter the <u>total number</u> of outpatient surgical cases between 4/1/2020 and 9/30/2020 (Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.):	2,814
3.	Average case time (see definition, above) from 10/1/2019 - 3/31/2020 (in minutes):	67.216
4.	Average case time (see definition, above) from 4/1/2020 - 9/30/2020 (in minutes):	117.10
5.	Check if the facility has ever set aside at least one outpatient/ambulatory OR to be used exclusively to perform surgery on patients diagnosed with COVID or suspected to have COVID.	<input checked="" type="checkbox"/>
	If so, how many ORs were set aside?	1
	Check if at least one room was still set aside on 9/30/2020 :	<input checked="" type="checkbox"/>

COVID-E Telemedicine/Telehealth

1.	Check if the hospital increased use or provision of telemedicine/telehealth services or initiated use or provision of telemedicine/telehealth in new areas due to COVID:	<input type="checkbox"/>
	If checked above, indicate areas in which telemedicine/telehealth services changed:	
	Increased Use Initiated New Use	
	Emergency Department	<input type="checkbox"/> <input type="checkbox"/>
	Imaging	<input type="checkbox"/> <input type="checkbox"/>
	Other service(s)	<input type="checkbox"/> <input type="checkbox"/>
	Specify:	

All responses should pertain to October 1, 2019 through September 30, 2020

COVID-F. Magnetic Resonance Imaging (MRI)

1.	Check if the hospital or a free-standing imaging center on the hospital's license suspended elective inpatient and/or outpatient MRIs:							<input type="checkbox"/>
	If checked, beginning date of suspension (mm/dd):							
	Check if elective outpatient MRIs resumed by 9/30/2020:							<input type="checkbox"/>
	If checked, date elective MRIs resumed (mm/dd):							
2.	Regardless of whether the hospital formally suspended elective MRIs, enter the total number of MRI procedures performed between 4/1/2020 and 9/30/2020 in the table below (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.):							
Procedures 4/1/20-9/30/20 only	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures	
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient		
Fixed	80	241	321	601	1,182	1,783	2,104	
Mobile (performed only at this site)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
TOTAL	80	241	321	601	1,182	1,783	2,104	

COVID-G. Positron Emission Tomography (PET)

1.	Check if the hospital or a hospital-owned imaging center (i.e., on the hospital's license) suspended elective inpatient and/or outpatient PET procedures:			<input type="checkbox"/>
	If checked, beginning date of suspension (mm/dd):			
	Check if elective outpatient PET resumed by 9/30/2020:			<input type="checkbox"/>
	If checked, date elective PET resumed (mm/dd):			
2.	Regardless of whether the hospital formally suspended elective PET procedures, enter the total number of PET procedures performed between 4/1/2020 and 9/30/2020 (A 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):	Inpatient Fixed	Inpatient Mobile	
		Outpatient Fixed	Outpatient Mobile	0
				117

COVID-H. Cardiac Catheterization Procedures

1.	Check if the hospital suspended elective diagnostic or interventional cardiac catheterization procedures due to COVID:			<input type="checkbox"/>
	If checked, beginning date of suspension (mm/dd):			
	Check if elective procedures resumed by 9/30/2020:			<input type="checkbox"/>
	If checked, date elective procedures resumed (mm/dd):			
2.	Regardless of whether the hospital formally suspended elective cardiac catheterization procedures, enter the total number of diagnostic and interventional cardiac catheterization procedures (adult and pediatric) performed between 4/1/2020 and 9/30/2020 (A procedure is defined as one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit only once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed during that visit. For example, if a patient has both a diagnostic and an interventional procedure in one visit, count it as one interventional procedure. See page 10 for definitions of diagnostic and interventional procedures.):	Diagnostic	Interventional	
				100
				66

All responses should pertain to October 1, 2019 through September 30, 2020

COVID-1. Linear Accelerator (LINAC)

1.	Check if the hospital suspended either elective or any other LINAC procedures due to COVID:	<input type="checkbox"/>
	If checked, beginning date of suspension (mm/dd):	
	Check if all types of procedures resumed by 9/30/2020:	<input type="checkbox"/>
	If checked, date all types of procedures resumed (mm/dd):	
2.	Regardless of whether the hospital formally suspended any types of LINAC procedures, enter the total number of procedures performed between 4/1/2020 and 9/30/2020 in the table below:	

CPT Code	Description	Procedures 4/1/20-9/30/20 only
Simple Treatment Delivery		
77401	Radiation treatment delivery	41
77402	Radiation treatment delivery (<=5 MeV)	58
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)	1,158
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 and/or CPT codes 77385 and/or 77386 and/or G6015	1,843
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	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	179
Total Procedures – Linear Accelerators		3,279

AUTHENTICATING SIGNATURE: The undersigned submits the COVID-19 Addendum as part of the 2021 Hospital License Renewal Application and certifies the accuracy of this information.

Signature: *Kathy C Bailey* Date: 12-4-20

PRINT NAME OF APPROVING OFFICIAL: KATHY C BAILEY

Terry Moore

All responses should pertain to October 1, 2019 through September 30, 2020

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

NOTE: If this License includes more than one campus, please copy pages 11-13 (through Section 9-g) for each site. Submit the Cumulative Totals and submit a duplicate of pages 11-13 for each campus.

Campus – *If multiple sites:* Combined

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	1
Other Dedicated Inpatient Surgery (<i>Do not include dedicated Open Heart or C-Section rooms</i>)	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	9
Total of Surgical Operating Rooms	10

Of the Total of Surgical Operating Rooms. above. how many are equipped with advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer treatments? Your facility may or may not refer to such rooms as “hybrid ORs.”

0

b) Gastrointestinal Endoscopy Rooms, Procedures, and Cases

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

Total Number of Licensed Gastrointestinal Endoscopy Rooms: 3

GI Endoscopies*	PROCEDURES		CASES		TOTAL CASES
	Inpatient	Outpatient	Inpatient	Outpatient	
Performed in Licensed GI Endoscopy Rooms	424	2420	378	1843	2221
NOT Performed in Licensed GI Endoscopy Rooms		128		118	118
TOTAL CASES –must match total reported on Page 27 (Patient Origin – GI Endoscopy Cases) →					

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

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

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

Total Number of Procedure Rooms: 4

All responses should pertain to October 1, 2019 through September 30, 2020

Terry Moore

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

NOTE: If this License includes more than one campus, please copy pages 11-13 (through Section 9-g) for each site. Submit the Cumulative Totals and submit a duplicate of pages 11-13 for each campus.

Campus – if multiple sites: Valdese

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	0
Other Dedicated Inpatient Surgery (Do not include dedicated Open Heart or C-Section rooms)	0
Dedicated Ambulatory Surgery	4
Shared - Inpatient / Ambulatory Surgery	0
Total of Surgical Operating Rooms	4

Of the Total of Surgical Operating Rooms, above, how many are equipped with advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer treatments? Your facility may or may not refer to such rooms as “hybrid ORs.”	0
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b) Gastrointestinal Endoscopy Rooms, Procedures, and Cases

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

Total Number of Licensed Gastrointestinal Endoscopy Rooms: 2

GI Endoscopies*	PROCEDURES		CASES		TOTAL CASES
	Inpatient	Outpatient	Inpatient	Outpatient	
Performed in Licensed GI Endoscopy Rooms	0	0	0	0	0
NOT Performed in Licensed GI Endoscopy Rooms	0	128	0	118	118
TOTAL CASES – must match total reported on Page 27 (Patient Origin – GI Endoscopy Cases) →					

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

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

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

Total Number of Procedure Rooms: 2

All responses should pertain to October 1, 2019 through September 30, 2020

Harry Moore

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

NOTE: If this License includes more than one campus, please copy pages 11-13 (through Section 9-g) for each site. Submit the Cumulative Totals and submit a duplicate of pages 11-13 for each campus.

Campus – if multiple sites: *Mountain* *

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	1
Other Dedicated Inpatient Surgery (Do not include dedicated Open Heart or C-Section rooms)	0
Dedicated Ambulatory Surgery	5
Shared - Inpatient / Ambulatory Surgery	—
Total of Surgical Operating Rooms	6

Of the Total of Surgical Operating Rooms, above, how many are equipped with advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer treatments? Your facility may or may not refer to such rooms as “hybrid ORs.”	0
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b) Gastrointestinal Endoscopy Rooms, Procedures, and Cases

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

Total Number of Licensed Gastrointestinal Endoscopy Rooms: *2 (base)*

GI Endoscopies*	PROCEDURES		CASES		TOTAL CASES
	Inpatient	Outpatient	Inpatient	Outpatient	
Performed in Licensed GI Endoscopy Rooms	424	2420	378	1843	2221
NOT Performed in Licensed GI Endoscopy Rooms	0	0	0	0	0
TOTAL CASES –must match total reported on Page 27 (Patient Origin – GI Endoscopy Cases) →					

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

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

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

Total Number of Procedure Rooms: *2*

All responses should pertain to October 1, 2019 through September 30, 2020

Susan Rector

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	18	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	
6. Avery	5	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett	1	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson	2	81. Rutherford	21
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	5	47. Hoke		83. Scotland	
12. Burke	1296	48. Hyde	1	84. Stanly	
13. Cabarrus	1	49. Iredell	2	85. Stokes	
14. Caldwell	467	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	159	54. Lenoir		90. Union	
19. Chatham	1	55. Lincoln	21	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	22	59. McDowell	273	95. Watauga	4
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell	13	97. Wilkes	3
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	7
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	3
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	8
35. Franklin		71. Pender		106. Other	
36. Gaston	3	72. Perquimans		Total No. of Patients	2339

All responses should pertain to October 1, 2019 through September 30, 2020

Patient Origin – Inpatient Surgical Cases

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" table on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	5	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	2	77. Richmond	
6. Avery	2	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson	2	81. Rutherford	8
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	2	47. Hoke		83. Scotland	
12. Burke	1183	48. Hyde		84. Stanly	
13. Cabarrus	2	49. Iredell		85. Stokes	
14. Caldwell	297	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	2
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	79	54. Lenoir		90. Union	
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	14	59. McDowell	170	95. Watauga	2
24. Columbus		60. Mecklenburg	3	96. Wayne	
25. Craven		61. Mitchell	13	97. Wilkes	2
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	1
31. Duplin		67. Onslow		102. South Carolina	1
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	3
34. Forsyth		70. Pasquotank		105. Other States	6
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	1813

All responses should pertain to October 1, 2019 through September 30, 2020

Patient Origin – Ambulatory Surgical Cases

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the “Surgical Cases by Specialty Area” table on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	21	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	2
4. Anson	1	40. Greene		76. Randolph	
5. Ashe	1	41. Guilford	2	77. Richmond	
6. Avery	13	42. Halifax		78. Robeson	
7. Beaufort	1	43. Harnett	1	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	2
9. Bladen		45. Henderson	1	81. Rutherford	21
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	9	47. Hoke		83. Scotland	
12. Burke	2315	48. Hyde		84. Stanly	
13. Cabarrus	1	49. Iredell	3	85. Stokes	
14. Caldwell	716	50. Jackson		86. Surry	1
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	273	54. Lenoir		90. Union	
19. Chatham		55. Lincoln	29	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	69	59. McDowell	563	95. Watauga	8
24. Columbus		60. Mecklenburg	4	96. Wayne	
25. Craven		61. Mitchell	31	97. Wilkes	9
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	12
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	5
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	3
34. Forsyth		70. Pasquotank		105. Other States	6
35. Franklin		71. Pender		106. Other	
36. Gaston	10	72. Perquimans		Total No. of Patients	4194

“EXHIBIT B”

New Central Energy Plant

- New CEP building and fuel tank located across the service road from the existing hospital CEP. This building to house new generators and switch gear as needed for the new Tower Pavilion.

POB Demolition

- Current two story POB located on the western side of the hospital to be demolished in order to make room for new staff parking.

New Staff Parking

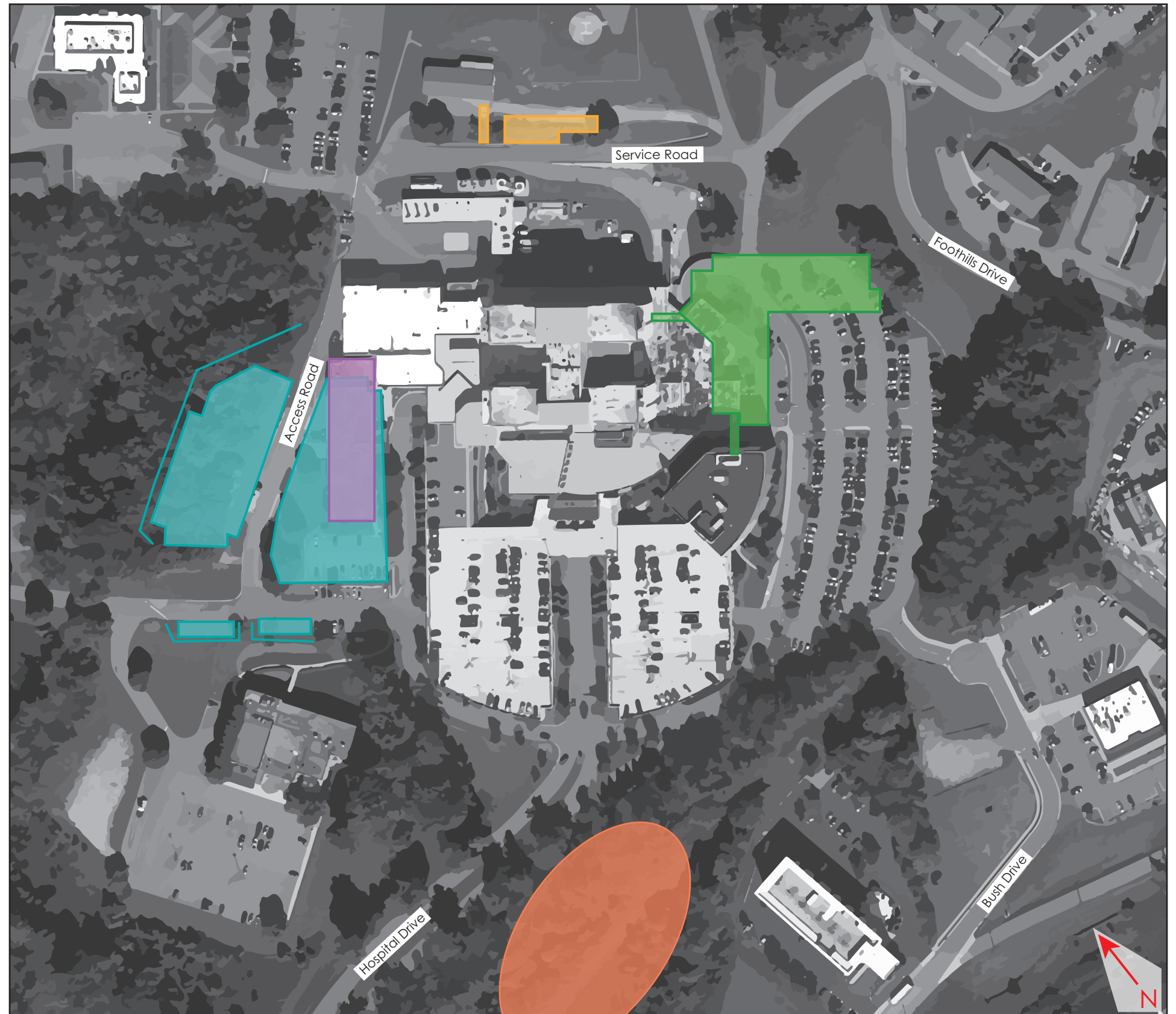
- New 104 +/- space parking lot #8 in location of demolished POB and old 26 space parking lot South of the POB.
- New 86 +/- space parking lot #12 West of the access road. Created using fill dirt from the excavation of new Tower Pavilion.
- New 16 +/- spaces added along road south of the demolished POB and old 26 space parking lot.
- Retaining walls as needed.

New Detention Pond

- New storm water detention pond located along the South side of Hospital Drive. Dam created using fill dirt from the excavation of new Tower Pavilion.

New Bed Tower Pavilion and Connectors

- New Bed Tower Pavilion located at the Eastern side of the existing hospital.
- Tower to be four stories tall with capability of two future stories added at a later date.
- Ground level to house new Emergency Department and Mechanical/ Electrical space.
- Second level to be shell space for future Med/Surg unit build out.
- Third level to house ICU/PCU.
- Fourth level to be Mechanical floor.
- Roof to have helipad.
- Connector bridge to connect new Tower Pavilion to existing North East hospital tower.
- Connector bridge to connect new Tower Pavilion to existing Medical Office Building.



MORGANTON CAMPUS SITE PLAN

