



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

May 13, 2022

Catharine Cummer

[Catharine.cummer@duke.edu](mailto:Catharine.cummer@duke.edu)

**Exempt from Review – Replacement Equipment**

**Record #:** 3892  
**Date of Request:** May 11, 2022  
**Facility Name:** Duke University Hospital  
**FID #:** 943138  
**Business Name:** Duke University Health System, Inc.  
**Business #:** 640  
**Project Description:** Replace existing CT scanner  
**County:** Durham

Dear Ms. Cummer:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project is exempt from certificate of need review in accordance with G.S. 131E-184(f). Therefore, you may proceed to acquire without a certificate of need the Siemens Somatom Force CT scanner to replace the GE Lightspeed VCT CT scanner. This determination is based on your representations that the existing unit will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Handwritten signature of Kim Meymandi in cursive.

Kim Meymandi  
Project Analyst

Handwritten signature of Micheala Mitchell in cursive.

Micheala Mitchell  
Chief

cc: Radiation Protection Section, DHSR  
Construction Section, DHSR

**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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



**Catharine W. Cummer**  
Regulatory Counsel, Strategic Planning

May 11, 2022

Via Electronic Mail

Ms. Micheala Mitchell  
Ms. Kimberly Meymandi  
Division of Health Service Regulation  
2704 Mail Service Center  
Raleigh, NC 27699-2704

Re: Exempt Replacement Project at Duke University Hospital

Dear Ms. Mitchell and Ms. Meymandi:

The purpose of this letter is to request the CON Section's written confirmation that the acquisition of replacement CT scanner equipment satisfies the requirements under N.C.G.S. 131E-184(f) for "replacement equipment that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(22) if all of the following conditions are met:

- (1) The equipment being replaced is located on the main campus.
- (2) The Department has previously issued a certificate of need for the equipment being replaced. This subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.
- (3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

As set forth below, we believe that Duke University Hospital's project meets these requirements and is exempt from certificate of need review.

(1) Main Campus

The purpose of this project is to replace an existing CT scanner located in the Duke University Hospital emergency department, which is part of the main building of Duke University Hospital. The "main campus" of the facility is defined in N.C.G.S. 131E-176(14n) to include

Ms. Micheala Mitchell  
Ms. Kimberly Meymandi  
May 11, 2022  
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both “[t]he site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building” and “[o]ther areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.”

In this case, Duke University Hospital is a licensed health service facility, and the main hospital building from which Duke University Hospital provides its clinical services and exercises financial and administrative control is the physically contiguous structure that includes Duke South, Duke North, the Duke Children’s Hospital, the Duke Medicine Pavilion, Duke Central Tower, the Morris Clinic, the Duke Cancer Center, the Wadsworth Building, and the Hudson Building. The hospital’s current license and floorplans showing the location of this replacement project are included.

(2) Previous Certificate of Need Exemption

The existing equipment was acquired and put into service in 2008 pursuant to the exemption notice included with this request. Please note that the equipment was subsequently relocated within the hospital to the emergency department.

(3) Replacement equipment

The equipment qualifies as replacement equipment pursuant to the existing statutory and regulatory definitions. A completed Equipment Comparison form is enclosed. Both the existing equipment and the replacement equipment provide cardiac catheterization procedures. The total project cost exceeds \$2,000,000 reflecting major medical equipment, related equipment, and renovation/installation expenses. Copies of the equipment quotations are available upon request. Duke will not acquire any other major medical equipment or develop any other new institutional health services other than those described in Section 131E-176(16)(b). The existing equipment will be traded into the vendor and will accordingly be taken out service in North Carolina.

Thank you for your attention to this request. If you have questions about this information, please let me know.

Very truly yours,



Catharine W. Cummer

Enclosures

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

*Effective January 01, 2022, this license is issued to  
Duke University Health System, Inc.*

*to operate a hospital known as  
Duke University Hospital  
located in Durham, North Carolina, Durham County.*

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

*Facility ID: 943138*

*License Number: H0015*

***Bed Capacity: 1048***

*General Acute 1048*

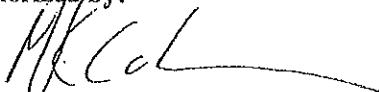
**Dedicated Inpatient Surgical Operating Rooms: 6**

**Dedicated Ambulatory Surgical Operating Rooms: 9**

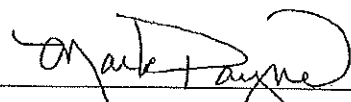
**Shared Surgical Operating Rooms: 50**

**Dedicated Endoscopy Rooms: 11**

Authorized by:



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



Director, Division of Health Service Regulation





**North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Certificate of Need Section**

2704 Mail Service Center ■ Raleigh, North Carolina 27699-2704

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

<http://facility-services.state.nc.us>

Lee Hoffman, Section Chief  
Phone: 919-855-3873  
Fax: 919-733-8139

August 13, 2007

Duncan Yaggy, Chief Planning Officer  
Duke University Health System  
3100 Tower Boulevard  
Suite 600, Box 80  
Durham, NC 27707

RE: Exempt from Review - Replacement Equipment/Duke University Hospital/Replace a GE 4-slice computed tomography (CT) scanner with a new GE 64-slice CT scanner/Durham County  
FID # 943138

Dear Mr. Yaggy:

In response to your letter of July 11, 2007, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(a)(7). Therefore, you may proceed to acquire, without a certificate of need, the GE Lightspeed VCT CT scanner to replace the existing GE QX/I Lightspeed CT scanner [Serial # 346618CN2]. This determination is based on your representations that the existing unit will be removed from North Carolina and will not be used again in the State without first obtaining a certificate of need. Further please be advised that as soon as the replacement equipment is acquired, you must provide the CON Section and the Medical Facilities Planning Section with the serial number of the new equipment to update the inventory.

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Michael J. McKillip, Project Analyst

Lee B. Hoffman, Chief  
Certificate of Need Section

cc: Medical Facilities Planning Section, DFS  
Construction Section, DFS



## EQUIPMENT COMPARISON

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type (e.g., Cardiac Catheterization, Gamma Knife®, Heart-lung bypass machine, Linear Accelerator, Lithotripter, MRI, PET, Simulator, CT Scanner, Other Major Medical Equipment)	CT Scanner	CT Scanner
Manufacturer	GE	Siemens
Model number	Lightspeed VCT	Somatom Force
Other method of identifying the equipment (e.g., Room #, Serial Number, VIN #)	DUH ED CT2	DUH ED CT2
Is the equipment mobile or fixed?	Fixed	Fixed
Date of acquisition	2008	2023
Was the existing equipment new or used when acquired? / Is the replacement equipment new or used?	New	New
Total projected capital cost of the project <Attach a signed Projected Capital Cost form>	N/A	\$3.2M
Total cost of the equipment		\$1.75M
Location of the equipment <Attach a separate sheet for mobile equipment if necessary>	DUH ED CT2	DUH ED CT2
Document that the existing equipment is currently in use	Yes	
Will the replacement equipment result in any increase in the average charge per procedure?		No
If so, provide the increase as a percent of the current average charge per procedure		
Will the replacement equipment result in any increase in the average operating expense per procedure?		No
If so, provide the increase as a percent of the current average operating expense per procedure		
Type of procedures performed on the existing equipment <Attach a separate sheet if necessary>	CT scans of head, neck, spine, chest, abdomen, pelvis, upper, lower extremities both diagnostic and	

<p>Type of procedures the replacement equipment will perform &lt;Attach a separate sheet if necessary&gt;</p>	<p>angiography for emergency department presenting as trauma, stroke, via ambulance, or ambulatory into the ED.</p>	<p>CT scans of head, neck, spine, chest, abdomen, pelvis, upper, lower extremities both diagnostic and angiography for emergency department patients presenting as trauma, stroke, via ambulance, or ambulatory into the ED.</p>
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Date of last revision :