Dan A. Myers, M.D.
Chairman, North Carolina State Health Coordinating Council c/o Medical Facilities Planning Section
Division of Health Service Regulation
2714 Mail Service Center
Raleigh, NC 27699-2714

Re: Mission Hospital's Petition for Adjustment to Acute Care Bed Need

Determination for 9 Acute Care Beds in Buncombe County, North Carolina.

I. Petitioner

Brian D. Moore
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II. Requested Adjustment

Mission Hospital is submitting this petition for an adjustment in <u>Table 5A</u>: Acute Care Bed Need <u>Projections</u> the <u>Proposed 2010 State Medical Facilities Plan</u> for **9** new acute care beds in Buncombe County. The <u>Proposed 2010 State Medical Facilities Plan</u> currently identifies a need for 9 additional acute care beds in Buncombe County in Column J of Table 5A. However, Step 8.b. of the Acute Care Bed Need Methodology requires a need for 20 beds be identified before inclusion as need in Column K of Table 5A in the SMFP. Mission Hospital is asking that Step 8.b. be determined as not applicable for Buncombe County and that the 9 acute care beds identified as needed in Column J be reflected as a 2014 Need Determination in Column K of Table 5A and Table 5B: Acute Care Bed Need Determination.

Mission Hospital operates the only licensed acute care hospital in Buncombe County and is the largest provider of inpatient hospital care in its 18 county service area. Mission Hospital serves as the regional tertiary referral hospital for western North Carolina, providing such tertiary services such open heart surgery, cardiac catheterization, trauma, neonatal intensive care, and advanced cancer care.

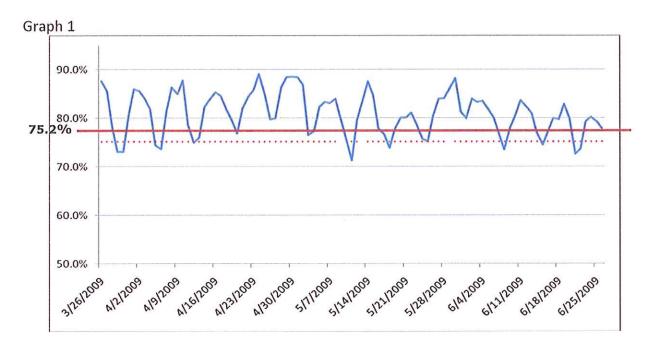
III. Reasons for Proposed Adjustment

High Utilization of Acute Care Beds at Mission Hospital

Mission Hospital is licensed for 673 acute inpatient hospital beds based on the 2009 Licensure Renewal Application and the *Proposed 2010 State Medical Facilities Plan*. Mission Hospital's average inpatient occupancy rate for FY 2008 was 76.1% based upon Thomson data reflected in the *Proposed 2010 SMFP*. The state's target planning occupancy rate for hospitals with an average daily census of greater than 200 is 75.2%.

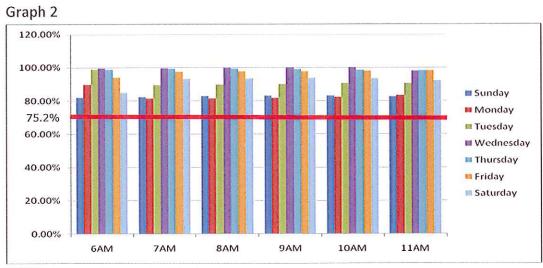
For the first nine months in FY 2009 (October 1, 2008 through June 30, 2009) occupancy at Mission Hospital has increased to 78.1% and in the last three months occupancy of the existing 673 acute care beds has exceeded 80%.

Average daily census at Mission has been over 85% of total licensed bed capacity for 13 of the last 90 days and over 80% for 50 of the last 90 days. The following graph shows the average daily census at Mission from March 26, 2009 through June 25, 2009. The mean for this 90 day period is 80.9% which is higher than the state's target occupancy rate for hospitals with an average daily census of greater than 200 of 75.2%. During this time period Mission has rarely been below the target planning occupancy of 75.2%.



¹ Calculation: (186,888 patient days)/ (365 days per year)=Average Daily Census and 511.8 ADC)/673 Licensed Acute Beds) = 76% occupancy

In addition, as the following graph illustrates, Mission Hospital historically operates at a much higher occupancy rates during peak hours of the day, 6AM-11AM, and during the middle of the week, Tuesday through Friday, reaching occupancy rates of 100%, much higher than the state's target occupancy rate of 75.2%.



Mission Hospital Inpatient admission data

Pending Changes in the Acute Care Bed Need Methodology

The SHCC Acute Care Bed Need Methodology Work Group began work earlier this year charged with reviewing and amending as necessary the existing Acute Care Bed Need Methodology. This Work Group met once and decided to delay any action on the methodology until the 2011 SMFP. However, the Work Group did acknowledge that some hospitals could potentially request an adjustment to the bed need as a result of the delay due to individual hospital circumstances and the need for additional acute care beds. Mission Hospital is one such hospital.

One methodology reviewed by the Work Group was the use of county specific hospital utilization growth rates to project future bed need. As reflected in Attachment 1, this methodology resulted in a need for 91 additional acute care beds at Mission Hospital by 2013 based upon FY 2007 data.

Mission Hospital however, is petitioning to add only 9 new acute care beds at this time to meet the critical need for acute care beds during the next year. The Acute Care Bed Need Methodology Work Group will reconvene later in 2009 to review and consider changes to the

existing Acute Care Bed Need Methodology. Mission Hospital is represented on the Work Group and will work within the structure of the Work Group to address future need for additional acute care beds.

The SMFP applied statewide growth factor is not based on based on aggregate acute care patient days reflected in Table 5A in the SMFP

Table 5A of the annual SMFP reflects total acute care days by hospital for all hospitals in North Carolina. However, the SMFP applied statewide growth factor is not determined using data included in Table 5A. The acute care SMFP statewide growth factor used to project future acute care days is provided to the DHSR Medical Facilities Planning Section annually by the Sheps Center and is based upon total patient day growth across North Carolina in all acute care hospitals and includes rehabilitation patient days and psychiatric patient days. At the time the current Acute Care Bed Need Methodology was implemented this was a reasonable growth rate to use due to data anomalies within hospital data and limited changes in utilization of rehabilitation and psychiatric hospital beds. However since the methodology was implemented in 2004, Thomson data from hospitals has improved significantly and decreases in utilization of rehabilitation and psychiatric hospital beds in acute care hospital units have occurred. Today, data included in Table 5A of the SMFP better reflects accurate acute care patient days in hospitals and is used here to reflect the need for additional acute care beds at Mission Hospital.

Mission Hospital totaled the actual number of inpatient days from Table 5A, Column F of the 2004 SMFP through the Proposed 2010 SMFP to compare the Table 5A growth rate to the growth rate used to project future acute care patient days in the annual *SMFP* (Attachment 2). The growth rate used annually to project future acute care patient days in the Acute Care Bed Need Methodology is not consistent with data used in Table 5A, column F of the SMFPs. Table 5A in the *SMFP* includes actual Thompson patient days for all acute care hospitals. These patient days are then used to project future patient days. Using the actual Thomson patient days provided in Table 5A, Column F of the *SMFP* to calculate the three year average growth rate results in a considerably higher three year average growth rate for acute care patient days provided in North Carolina hospitals than the growth rate utilized in the *Proposed 2010 SMFP*.

The table below reflects the actual aggregate acute care patient days from Table 5A, Column F and the historical data upon which the annual *SMFP* growth rates have been determined. The annual change was calculated and a three year average obtained. The current, calculated three year average growth rate (2005-2008) based on actual patient days from Table 5A is 0.42% versus the applied statewide growth rate factor in the *Proposed 2010 SMFP* which is 0.02%.

Table 1

Federal Fiscal Year	Data Source	Sum of All Act Annua	ute Care Hos al SMFP Tab				ed at the May ervices
		Total NC Acute Care Patient Days	Annual Change	Three Year Avg Growth	NC Acute Care Hospitals' Total Patient Days	Annual Change	Three Year Avg Growth
2002	2004 SMFP	4,252,506	- N 1 14400 3 11100 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4,480,926	7000 Section 14 (14 (14 (14 (14 (14 (14 (14 (14 (14	
2003	2005 SMFP	4,537,876	6.71%		4,576,550	2.13%	
2004	2006 SMFP	4,445,232	-2.04%	1.56%	4,679,727	2.25%	1.46%
2005	2007 SMFP	4,455,569	0.23%	1.63%	4,695,848	0.34%	1.58%
2006	2008 SMFP	4,448,930	-0.15%	-0.65%	4,639,819	-1.19%	0.47%
2007	2009 SMFP	4,511,691	1.41%	0.50%	4,680,021	0.87%	0.01%
2008	Proposed 2010 SMFP	4,511,555	0.00%	0.42%	Data Not Available		0.02%

Source: SMFPs; Attachment 3; Handouts from May 8, 2008 Acute Care Services Committee Meeting

The following table reflects projected patient days for Mission Hospital reflected in each annual *SMFP* since the current methodology was implemented compared to actual inpatient utilization.

Table 2

	2004 SMFP Using 2002 Data to Project 2008 Pt Days	2005 SMFP Using 2003 Data to Project 2009 Pt Days	2006 SMFP Using 2004 Data to Project 2010 Pt Days	2007 SMFP Using 2005 Data to Project 2011 Pt Days	2008 SMFP Using 2006 Data to Project 2012 Pt Days	2009 SMFP Using 2007 Data to Project 2013 Pt Days
Projected Patient Days	184,061	180,502	186,609	187,545	181,474	182,499
Actual Utilization Data - Year	2003	2004	2005	2006	2007	2008
Actual Patient Days	168,534	170,460	170,709	176,440	182,390	186,888
Following Year Patient Days as Percent of Total Six Year Projected Patient Days	91.6%	94.4%	91.5%	94.1%	100.5%	102.4%
Actual utilization compared to 2008 Projected 2008 Patient Days in 2004 SMFP					a de la constanta internacional internaciona	101.5%

Source: SMFPs

As shown in the previous table, projected patient days for Mission Hospital included in the annual 2004 SMFP through the 2009 SMFP were drastically understated in the last two years where utilization one year later exceeded the six year projection from the previous year. In addition, projected utilization for 2008, included in the 2004 SMFP was understated by nearly three thousand patient days which represents an ADC of 7.7 patients per day or 10 additional projected acute care beds at 75.2%, the target occupancy level for acute care facilities with ADC

exceeding 200 patients per day. Until this year, acute care bed capacity at Mission has been sufficient to make up for the understated projections. However, current utilization of Mission Hospital acute care beds has reached a critical point and new acute care beds are needed.

The SMFP applied statewide growth factor is too low and does not reflect Buncombe County's growth and demand for inpatient beds

The *Proposed 2010 SMFP* identifies a *9 bed deficit* Buncombe County. The *2009 State Medical Facilities Plan identified an 8 bed surplus* in Buncombe County, and the *2008 SMFP identified a 12 bed surplus* in Buncombe County. This trend reflects the continuing growth in patient days at Mission Hospital and supports the approval of this Petition.

The applied statewide growth factor is the statewide annual average inpatient day growth rate and is a key element in the state's formula for new acute bed need determinations. For the *Proposed 2010 SMFP*, the applied statewide growth factor is 0.02%. In the *2009 SMFP* and *2008 SMFP*, the applied statewide growth factors have been 0.01% and 0.47% respectively. Actual growth in Buncombe County has been significantly higher. The most current three year growth rate for Buncombe County acute care inpatient days, based upon actual acute care days reflected in Table 5A of the annual *SMFP* exceeds 3.0%.

The following table shows:

- The historical SMFP applied statewide growth factor for patient days used in the state's county-level new acute bed need determination formula for the 2008-2010 SMFPs
- The average patient day growth rates for Mission Hospital located in Buncombe County for the last three years reflected in the 2008-2010 SMFPs
- The average patient day growth rates for all large, urban hospitals with the exclusion of academic centers and with greater than 300 licensed beds averaged over the last three years reflected in the 2008-2010 SMFPs

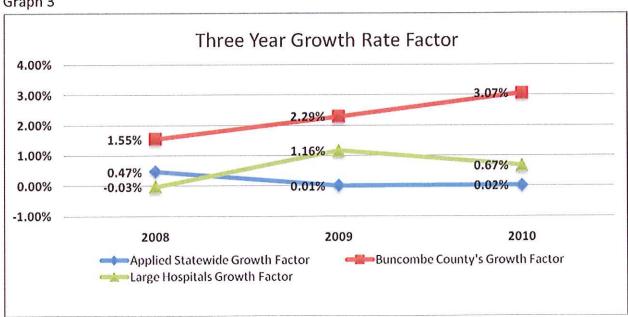
Table 3

	2008 Growth Rates – Avg. 3 Yr. 2004-2006	2009 Growth Rates – Avg. 3 Yr. 2005-2007	2010 Growth Rates- Avg. 3 Yr. 2006-2008
SMFP Applied Statewide Acute Care Patient Day Factor	0.47%	0.01%	0.02%
Buncombe County Acute Care Patient Day Growth Rate Factor	1.55%	2.3%	3.1%
Large Hospital's Acute Care Patient Day Growth Rate Factor	0%	1.16%	0.7%

Source: Table 5A - Historical and Proposed SMFPs

The following graph illustrates the significant difference between actual growth of patient days in Buncombe County and patient day growth rates used to project future bed need in the annual SMFP planning process and the overall large hospital acute care patient day growth rates reflected in the previous table.

Graph 3



Note: Larger Hospital Growth Factor for hospitals with more than 300 licensed acute care beds with the exclusion of teaching hospitals

Source: Table 5A - Historical and Proposed SMFPs

For the past three years, the actual historical patient day growth rates for Mission Hospital are consistently higher. In addition, large community hospitals have an average historical growth

rate higher than that of the applied statewide average patient day growth rates used in the SMFP bed need determinations. The previous graph clearly illustrates that the average patient days for Mission Hospital have consistently grown at a faster rate than the current SMFP's applied statewide growth factor.

In previous SMFP's, the low growth rates have resulted in a surplus of beds in Buncombe County. The proposed 2010 SMFP shows a **9** bed deficit but a 0 bed need determination for Buncombe County. Previously, Mission Hospital has had sufficient bed capacity to work around the slower applied statewide growth rate; however the demand for inpatient care in Mission Hospital's service area has now surpassed the available bed capacity in Buncombe County. Mission struggles on a daily basis to get patients admitted without patient delay.

Mission Hospital has demonstrated the need for an adjusted bed need determination ranging from 9 beds to 91 beds for Buncombe County based on several methodologies. Although Buncombe County's three year average growth rate is much higher than the current applied statewide annual growth rate and calculations based on the actual aggregate acute care patient days from Table 5A result in higher projected bed need, Mission Hospital is requesting that Column K of Table 5a: Acute Care Bed Need Projections be adjusted to reflect a 9 bed acute care 2014 Need Determination.

Mission believes that due to fluctuating economic conditions and the ongoing work of the Acute Care Bed Need Methodology Work Group requesting only the bed need deficit shown in Column J of Table 5A of the *Proposed 2010 SMFP* and omitting Step 8.b. of the current methodology is a more conservative approach to use at this time. Therefore, Mission is petitioning for a 2014 acute care bed need adjustment of **9** beds to meet the critical need for acute care beds in the next year.

Requested adjustment to the 2010 SMFP

Mission Hospital requests an adjusted bed need determination for Buncombe County of **9** beds based on the projected acute care bed need reflected in Column J of Table 5A of the *Proposed 2010 State Medical Facilities Plan*. The table below reflects Mission Hospital's 2008 Thomson Acute Care Patient Days reflected in Table 5A of the *Proposed 2010 State Medical Facilities Plan* projected to 2014 illustrating a bed deficit of 9 beds.

Table 4

Facility Name	Licensed AC beds	Thomson 2008 Acute Care Days	Six Year Annual Growth Projection 2014	2014 Projected Avg. Daily Census (ADC)	2014 Beds Adjusted for Target Occ.	Proj. 2014 Deficit or Surplus
	Buncombe	County at .029	% Annual Grow	vth Rate		
Mission Hospital	673	186,888	187,112	513	682	9

Source: Proposed 2010 SMFP Table 5A

The resulting impact is a need for 9 additional acute care beds in Buncombe County. The *Proposed 2010 SMFP* shows a need for deficit of 9 acute care beds with a need determination of 0. Mission Hospital is requesting an Adjusted Bed Need Determination of 9 beds for Buncombe County be reflected in Column K of Table 5A and Table 5B: Acute Care Bed Need Determination of the 2010 SMFP.

Statement of Adverse Effects

Over the next SMFP bed need six-year planning horizon, the calculated annual population growth rate for Buncombe County of 1.1% is almost 100 times greater than that of the SMFP's average annual statewide growth rate of 0.02%. Although the current growth rate shows a slight increase, prior SMFP growth rates have been declining even though the population of North Carolina and Buncombe County, in particular, has continued to grow. If additional acute inpatient beds are not available for CON review and approval, continued bottlenecks in inpatient admissions will occur. When this occurs, patients wait for admission in triage rooms, recovery rooms and emergency departments and tertiary patient referrals from other hospitals and physicians are delayed.

In addition, as evidenced in graph 2 on page 2, Mission Hospital operates at peak census level between 6Am and 11AM on Tuesday through Friday. These higher occupancy rates during peak times will result in even greater delays in the bedding of patients admitted through the ED, moving patients to proper inpatient beds, and meeting the requests of referral physicians from other hospitals in the region. In addition, higher occupancy rates will delay placement of patients on the most appropriate units at the beginning of their hospital stay. This could result in inefficient utilization of hospital staff and resources.

ED visits have been increasing at Mission Hospital's emergency department as they are across North Carolina, see Attachment 4. Over the past two years the admission rate for Mission Hospital's ED has increased from 20% in 2007 to 22.2% in 2008 impacting the demand for acute

care beds at Mission. In addition, the calculated annual growth rate of the aging population in Buncombe County is 1.7%. Due to the growth in the aging population, Mission Hospital's average length of stay is projected to show an incremental increase from 4.88 to 5.0 by 2018. This increase in the average length of stay will further impact utilization of acute care beds overall and will futher increase inpatient emergency admission wait times for inpatient beds.

Table 5

PROJECTED GROWTH	NC	Buncombe County
2007-2009 >65		
Total Popul. Growth	68,185	1,772
Total % Growth	6.20%	5.30%
CAGR	2.0%	1.7%

Without the proposed additional acute care beds, patients will be left waiting to be admitted in triage rooms, recovery rooms and emergency departments. In addition, delay in patient referrals to Mission will increase as a result of not having necessary available acute care beds.

Alternatives

Mission Hospital's patients and medical staff would be faced with holding inpatient admissions in the emergency department until an inpatient bed becomes available, which is less than optimal for the patient, family, and the physicians. During the last four months the average wait time for patients admitted from the ED for admission to an inpatient bed has increased to 4 hours and 32 minutes. This average wait time will continue to increase if beds are not made available. If the average wait time continues to grow the alternative will be for Mission Hospital to request approval from DHSR Licensure and Certification Section to temporarily license 10% more acute beds (10A NCAC 31B.3111). This would result in a short-term solution to the problem. The more lasting solution would be to adjust the patient day growth rate in Buncombe County for the 2010 SMFP. The adjustment will allow for the continued growth in patient days resulting from the population growth in Buncombe County and the surrounding service area and a defined need for additional acute care beds in Buncombe County in the 2010 SMFP.

IV. Duplication of Health Resources

Mission Hospital is the only hospital located in Buncombe County and serves as referral center for 18 counties. Because of Mission Hospital's unique situation, there will not be a duplication of services. A duplication of services suggests that there would be an excess of services within

the market. The data and the narrative provided demonstrates that there a need in Buncombe County for additional acute care beds.

V. Consistency with <u>SMFP</u> Basic Principles

The petition is consistent with the provisions of the Basic Principles of the State Medical Facilities Plan.

1. Safety and Quality Basic Principle

The State of North Carolina recognizes the importance of systematic and ongoing improvement in the quality of health services. Providing care in a timely manner is a key component of assuring safety and quality care to the citizens of Buncombe County and western North Carolina. Emerging measures of quality address both favorable clinical outcomes and patient satisfaction, while safety measures focus on the elimination of practices that contribute to avoidable injury or death and the adoption of practices that promote and ensure safety. Providing appropriate care in the appropriate setting works to assure quality care. Mission Hospital participates in a variety of nationally recognized metrics addressing these criteria, including programs at both the federal and state levels. Mission has participated in the North Carolina Hospital Quality Performance Report since initiation and has continually improved quality scores since 2007. The proposed adjusted need determination for Buncombe County is consistent with this basic principle as it will result in the availability of care in an appropriate setting in a timelier manner.

2. Access Basic Principle

Equitable access to timely, clinically appropriate and high quality health care for all the people of North Carolina is a foundation principle for the formulation and application of the North Carolina State Medical Facilities Plan. The formulation and implementation of the North Carolina State Medical Facilities Plan seeks to reduce all of these types of barriers to timely and appropriate access. The first priority is to ameliorate economic barriers and the second priority is to mitigate time and distance barriers. The SMFP is developed annually as a mechanism to assure the availability of necessary health care services to a population. The proposed adjustment will improve access to inpatient services for residents of Buncombe and western North Carolina as previously discussed. Assuring the availability of an acute care inpatient bed promotes access to needed acute care services.

The impact of economic barriers is twofold. First, individuals without insurance, with insufficient insurance, or without sufficient funds to purchase their own healthcare will often require public funding to support access to regulated services. Mission Hospital has long been

recognized as the safety net for patients regardless of income or insurance in western North Carolina. As the tertiary provider for western North Carolina, Mission Hospital has no barriers to care for the uninsured and the underinsured.

3. Value Basic Principle

The SHCC defines health care value as maximum health care benefit per dollar expended. Disparity between demand growth and funding constraints for health care services increases the need for affordability and value in health services. Measurement of the cost component of the value equation is often easier than measurement of benefit. Cost per unit of service is an appropriate metric when comparing providers of like services for like populations. The cost basis for some providers such as Mission Hospital, one of the top ten providers of inpatient Medicaid days in North Carolina, may be inflated by disproportionate care to indigent and underfunded patients.

Measurement of benefit is more challenging. Standardized safety and quality measures, when available, can be important factors in achieving improved value in the provision of health services. Mission Hospital participates in a variety of benchmark programs to compare the use of inpatient and outpatient resources to other large to learn from like hospitals and decrease costs wherever possible.

In addition, if the proposed bed need adjustment for Buncombe County is approved, Mission Hospital will be in a position to implement the additional beds, if CON approval is received, at very low cost in existing space within the current facility.

Summary

Mission Hospital is currently operating at an occupancy rate over 80% which is above the 75.2% target occupancy rate used in the SMFP to encourage efficiency of operation and planning for future acute care bed need. The proposed bed need adjustment for additional acute care beds in Buncombe County is based upon actual historical experience in patient origin, patient discharges, and reasonable assumptions.

Furthermore, if the proposed Bed Need Adjustment for Buncombe County is approved Mission Hospital will be in a position to implement the additional beds, if CON approval is received, at very low cost in existing space within the current facility.

The Petitioners are requesting an adjustment of need in the SMFP, based upon use of the acute care growth rate determined using Table 5A: Acute Care Bed Need Projections of the annual

SMFP. The Petitioners request that the State Health Coordinating Council adjust the need determination as requested so that the providers can better serve the health care needs of the community. Therefore, the Petitioners specifically request a specific adjustment in the 2010 SMFP approving their request to:

Adjust Table 5A: Acute Care Bed Need Projections and Table 5B: Acute Care Need Determinations for Buncombe County to reflect a need for 9 additional acute care beds in Column K.

Thank you for consideration of the petition,

Brian Moore

Director, Strategic Planning and Public Policy

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Unifor Danisma Medical Center	INCOCO COMO I COMO O COMO	Moses Cone Health System	High Point Regional Health System		2007 SMFP Need Determination	North Carolina Baptist Hospitals	Forsyth/Medical Park Totals	Medical Park Hospital	rorsyth Medical Center	Tomah Modical Contor		North Carolina Specialty Hospital	Duke/Durham Regional Totals	Durham Regional Hospital	Duke University Hospital		Thomasville Medical Center	Lexington Memorial Hospital	the first of the f	Kings Mountain Hospital	7.14.08.)	Crawley Memorial Hospital (CON to convert 41 AC beds to LTCH beds and 10 AC beds to nursing beds issued	Cleveland Regional Medical Center		Frye Regional Medical Center	Catawba Valley Medical Center		Valdese General Hospital	Grace Hospital		J. Arthur Dosher Memorial Hospital	Brunswick Community Hospital		Pungo District Hospital Corporation	Beautor County Hospital		Hoots Memorial Hospital	Wilson Medical Center	Wilkes Regional Medical Center	Washington Comy . Com	Mana Tarnam Toopica	Carolinas Medical Center - Onion	Transylvania Community Hospital	Swain County Hospital	Stokes-Reynolds Memorial Hospital	Stanly Regional Medical Center	Scotland Memorial Hospital	Rutherford Hospital
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March General Trophes	Circoni Constal	Carolinas Medical Center -	Lenoir Memorial Hospital	Central Carolina Hospital	Johnston Memorial Hospital	Harris Regional Hospital	Roanoke-Chowan Hospital	Center	Haywood Regional Medical	Granville Medical Center	Gaston Memorial Hospital	Center	Franklin Regional Medical	Heritage Hospital	Duplin General Hospital	Davie County Hospital	The Outer Banks Hospital	Center	Cape Fear Valley Medical	Carolina East Medical Canter	Columbus County Hospital	Chowan Hospital	Murphy Medical Center	Chatham Hospital	Carteret General Hospital	Caldwell Memorial Hospital	NorthEast	Carolinas Medical Center -	Mission Hospitals	County Hospital	Cane Fear Valley - Bladen	Wemonal nospital	Charles A. Cannon, Jr.	Ashe Memorial Hospital	Anson Community Hospital	Alleghany Memorial Hospital	Alexander Hospital	Center	Alamance Regional Medical	Facility Name	bi	
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Projections based on Growth Factor at .02% per year for the next 6 years.
Target Occupancy Factors: ADC<100=150%, ADC 100-200=140%, ADC>200=133%.
(ADC=Average Daily Census)

5.27.09 SHCC Meeting ACS Attachment A

102.00	E 200	E0153	H0257	H0006	H0267	H0050		H0111	H0069	H0165		H0008	H0107	H0067		H0039	10040	70004	Loos	H0013	H0079	H0104	H0066	H0115	H0054	H0157	1000	HONES	10001	H0228	H0100	10000		H0169	License	1.00	A	
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Projections based on Growth Factor at .02% per year for the next 6 years.
Target Occupancy Factors: ADC<100=150%, ADC 100-200=140%, ADC>200=133%.
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5.27.09 SHCC Meeting ACS Attachment A

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		7 5.614				27,354	16,496			23,239				27,031	37		27,391				33,096		-		67.988		0	219,161		2		210,547	6 Years Growth Using ,02% Growth Rate		G
		774											D			0					91		-	528				600		590	13	577	2014 Projec Average Di Census (Al		H
		15.		The state of the s	120 180	75 112	45 68		And in case of the owner, the	39 58			o		1.	0	75 113		-		73		-	3 702			0	799) 787	3 20	767	2014 Beds Adjusted F for Target Occupancy		1
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	2	7		490		3 252	1			3 452							2000			1	-19				328			-0.030				1.00.	D 2 2 5 D	Licensure	200
	0.170			7.2%	-	0.9%	0.070	0 %%		-3.2%	766.6						0.070	3 3%		1.570	-0.6%			2.1%	0.5%	And the second s		-2.0.70	3 20%		0.170	0.4%	Percent Difference Thomson/ Licensure		

Projections based on Growth Factor at .02% per year for the next 6 years.

Target Occupancy Factors: ADC<100=150%, ADC 100-200=140%, ADC>200=133%, (ADC=Average Daily Census)

5.27.09 SHCC Meeting ACS Attachment A

	H0184	H0049		H0072	H0023	-	H0265	H0158	-			H0251		H0270	H0282	H0010		H0071	H0255	H0042	License Number	2
The same of the sa	Northern Hospital of Surry County	Hugh Chatham Memorial Hospital		Morehead Memorial Hospital	Annie Penn Hospital	A comment in the second control of the secon	Sandhills Regional Medical Center	FirstHealth Richmond Memorial Hospital		2009 Mecklenburg SMFP Need Determination		Presbyterian Orthopaedic Hospital	Presbyterian Hospital Mint Hill	Presbyterian Hospital Matthews Mecklenburg	Presbyterian Hospital Huntersville	Presbyterian Hospital	Carolinas .	Carolinas Medical Center / Center for Mental Health	Carolinas Medical Center - University	Carolinas Medical Center - Mercy & Pineville	Facility Name	
Sum Total	Surry	Surry	Rockingham Total	Rockingham	Rockingham	Richmond Total	Richmond		Mecklenburg Total	Mecklenburg	1.0	Mecklenburg	Mecklenburg	Mecklenburg	Mecklenburg	Mecklenburg	Carolinas Medical Center Totals	Mecklenburg	Mecklenburg	Mecklenburg	County	
124	100	83	218	108	110	153	22	99	1,984		765	140	0	102	60	463	1,219	795	130	294	Licensed Acute Care Beds	
0						6		0		20	27			12	15			O	-36	ಜ್ಞ	Adjustments for CONs/ Previous Need	
0	0 15.719	0 18,817	٥		13,555		11,962	12,731		0	215.281		Utization for	30,779	17.081	154,618		233,864	21,979	61,844	Thomson 2008 Acute Care Days	Control of the Contro
	9 15.738	7 18,340		21,920		-	11,976	12,746	The second second second second	0		12,818	reporting period	30,816	17,102	154,804		234.145	22,005	61,918	6 Years Growth Using .02% Growth Rate	
	43	52		60		and the same of th	88	35	-		1.60		50 Utilization for reporting period shown below with H0251.	22	47	424			60	170	2014 Projected Average Daily Census (ADC)	
	65	2 77	-		36	-	49	52	-		014		H0251.	127	70		ĺ	853	90	237	2014 Beds Adjusted for Target Occupancy	
	-35	7	-	-10			-11	2 47	The second secon			339	-50	13	6			58	4	-93	Projected 2014 Deficit or Surplus ("-")	
	5	4	T	0	-	2			Contract of the last of the la												2014 Need Determination	
S	15,826	19.018		Ī	25.000	3400	10,470	0 12.794	•	D		12,803		31,418	17.842	104,102	454 403	234,134	22,746	62,595	2008 Licensure n Days	
	6 107	8 201	1		300		0 -1,492	63	-			0	0	639	2 761	1		270	767	751	3 . 5	2000
	0.7%	1.1%		0,000	10000	2 7%	-12.5%	0.5%	***************************************	age of the same of the same and the same of		0.0%	0.0%	2.1%	4,5%	0.070	2000	0.1%	3.5%	1.2%	Percent Difference Thomson/ Licensure	

Grand To	-	H0077	H0160					H0199	H0276	H0065	H0238	License	A	
Grand Total All Hospitals		Watauga Medical Center	Blowing Rock Hospital		2009 SMFP Wake Need Determination (neonatal beds only)	2008 Wake SMFP Need Determination		WakeMed Raleigh Campus	WakeMed Cary Hospital	Rex Hospital	Duke Health Raleigh Hospital	Facility Name	to	
	Watauga Total	Watauga	Watauga	Wake Total	Wake	Wake	WakeMed Totals	Wake	Wake	Wake	Wake	County	C	Counties with one hospital shown tirst, followed by counties with more than one nospital
20,468	145	117	28	1,278			671	515	156	421	186	Licensed Acute Care Beds	D	nospital sho
425		0	0	131	100	41	60	68	0	12	0	Adjustments for CONs/ Previous Need	m	OWN TIEST, TOLLO
	-	21,199	585	-	0	0	215,860	177,318	38,542	١.	23,215	Tho 2008	ור	wed by cour
		21,224			0	0	216,119	177,531	38,588	107,075	23,243	6 Years Growth Using .02% Growth Rate	G	ities with more
	-	58					592		108	293	2	2014 Projected Average Daily Census (ADC)	x	than one nos
		-	2				795		148	390	96	2014 Beds Adjusted for Target Occupancy	,	oliai.
The state of the s		4	-26				2					ojected 20 Deficit or		
36		2	0				1	2	3	3		2014 Need Determination	×	
0		20,844	654					1//.004	38,496	105.270	24,525	Lica		
		-355						-374		1			2000	
		-1-1%	71.5%	200	Andrew market and reserve to the control of			-0.2%	-0.1%	-7.5%	6.1%	Percent Difference Thomson/ Licensure		

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Pacility County Service Area Capacity Service Service Capacity Service Servi	Attachment 3	CONTRACTOR CONTRACTOR OF THE C	CONTRACTOR (1975)	a sa este este a marcana	Sec. 32 10. St.		SMFPs		
Price		2000	Health	Licensed and			Simila		
Alamance Regional Medical Center Alamance 2 182 41,231 42,441 40,888 43,733 45, Alaghany Remortal Rospital Alamance 2 182 41,231 42,441 40,888 43,733 45, Alaghany Remortal Rospital Alamance 2 182 41,231 42,441 40,888 43,733 45, Alaghany Remortal Rospital Annon 5 52 6,469 0,241 6,5962 6,397 4, Alamance Remortal Rospital Annon 1 76 6,464 6,270 6,584 6,070 5, Alama Remortal Rospital Annon 1 76 6,464 6,270 6,584 6,070 5, Alamance Remortal Rospital Annon 1 76 6,464 6,270 6,584 6,070 5, Alamance Remortal Rospital Annon 1 76 6,464 6,270 6,584 6,070 5, Alamance Remortal Rospital Rospital Rosp	Facility.	County	Service		EEV ANNA	EEV 2005	EEV 2006	FFY 2007	FFY 2008
Almence Regional Medical Center					FFT 2004	17.1.2000	1,1,2000		
Alleghany Momonial Rospital Alleghany (Alleghany Momonial Rospital Alleghany Momonial Rospital Alleghany Momonial Rospital Alleghany (Alleghany Momonial Rospital) (Alleghany (Alleghany Momonial Rospital) (Alleghany M				Capacity					230,000
Algebrary Memorial Hospital Algebrary Anson Community Hospital Asson 6 52 6,469 0,241 5,902 6,307 4, Anson Community Hospital Asson 6 52 6,469 0,241 5,902 6,307 4, Anson Community Hospital Asson 6 52 6,469 0,241 5,902 6,307 4, Anson Community Hospital Asson 6 52 6,469 0,241 5,902 6,307 4, Anson Community Hospital Asson 7 1 30 10,446 1,303 1,503 1	Alamanaa Daalangi Madlaal Cantar	Alamanca	2	182	41.231	42.441	40,888	43,733	45,843
Assignmental Hospital Beaufort 6 120 13,830 16,311 11,416 10,084 7,1900 7,000 7,	Allamance Regional Medical Cantal								2,785
April Apri									4,152
Avany									5,182
Hospited Avery 1 30 10,446 8,916 6,605 6,986 5,986		7310	<u> </u>		7,10				
Beaufort County Hospital	· · · · · · · · · · · · · · · · · · ·	Averv	1	30	10,446	8,915	6,505	5,965	6,433
Association, inc. Beaufort 6 120 13,830 16,311 11,115 10,0094 17,110 17,115 10,0094 17,110 17,115 10,0094 17,110 17,115 10,0094 17,110 17,115 10,0094 17,110 17,115 10,0094 17,110 17,115 10,0094 17,110 17,115 10,0094 17,110 17,115 11,0094 17,110 17,115 11,0094 17,110 17,115		7,1101,			12/11/2		1		
Pungo District Hospital Besufort 6 39 2,892 2,620 2,289 2,399 2,399 2,399 2,399 2,399 2,399 2,399 3,399 2,399 3,399	Accordation Inc	Beaufort	6	120	13,830	16,311	11,416	10,684	7,987
Bertile Bertile Bertile 6 6 914 1,266 1,470 1,696 1,470 1,696 1,470 1,696 1,470 1,696 1,470 1,696 1,470 1,472 3,966 1,470 1,472 3,970 1,4534 1,472 3,970 1,4534 1,472 3,970 1,4534 1,472 3,970 1,4534 1,472 3,970 1,4577 1,1205 11 1,470				<u> </u>		2,620	2,289	2,369	2,259
Bladen Counly Hospital Bladen 5 48 4,843 4,937 4,534 4,729 3,							1,470	1,566	1,578
Brunswick Community Hospital Brunswick 5					4,843		4,534	4,729	3,794
Dosher Memorial Hospital Brunswick 5 36 5,737 4,393 4,677 4,996 4,							12,197	11,205	11,513
Memorial Mission Hospital Buncombe 1 673 170,460 170,709 176,440 192,300 166 Grace Hospital, Inc. Burke 1 162 21,131 22,086 20,897 20,151 107,461 20,151							4,577	4,696	4,630
Grace Hospital, Inc. Burke 1 162 21,131 22,088 20,897 20,161 20,161 20 20,161 20,161 20 20,161 2							176,440	182,390	186,888
Valdesc General Hospital, Inc. Burke 1 131 13,623 12,994 12,459 12,151 11							20,897		20,541
Color Catalog Catalo				1			12,439		11,794
Caldwell Memorial Hospital, Inc. Caldwell 1 1110 14,376 15,221 16,966 16,096 17 Carteret County General Hospital Carteret 6 135 31,691 29,620 30,290 28,952 27 Frys Regional Medical Center Gatawba 1 200 60,098 52,717 49,159 48,677 47 Catawba Valley Medical Center Catawba 1 200 38,313 38,821 36,928 39,233 39 Catawba Valley Medical Center Catawba 1 200 38,313 38,821 36,928 39,233 39 Chaltam Hospital, Inc. Chatham 4 25 2,645 2,476 2,638 2,855 3, Murphy Medical Center, Inc. Cherokee 1 57 9,117 6,004 8,400 8,000 8, Chowan Hospital Chowan 6 49 7,317 6,092 6,968 0,598 0,598 6,698 0						90,833	92,686	98,475	105,542
Carleret County General Hospital Carteret 6 135 31,691 29,520 30,290 28,952 27 Fyre Reglonal Medical Center Gatawba 1 209 60,098 52,717 49,159 48,677 47 Gatawba Valley Medical Center Catawba 1 200 30,313 36,821 36,928 39,233 39 Chatham Hospital, Inc. Chatham 4 25 2,4545 2,476 2,638 2,855 3, Murphy Medical Center, Inc. Charlmam 4 25 2,4545 2,476 2,638 2,855 3, Murphy Medical Center, Inc. Charlmam 4 25 2,4545 2,476 2,638 2,855 3, Murphy Medical Center, Inc. Charlmam 6 49 7,317 6,982 6,988 6,698							15,986	15,095	17,505
Carter County General Prospital Carter General Prospital Carter General Prospital Carter General Prospital Carter General Ge	Catarion incitional recipitary inci-				 				
Frye Regional Medical Center	Carteret County General Hospital	Carteret	1 6	135	31,691	29,520	30,290	28,952	27,483
Catawba Valley Medical Center Catawba 1 200 36,313 36,821 35,928 39,233 39,831 36,821 35,928 39,233 39,831 36,821 35,928 39,233 39,831 36,821 36,928 32,855 33,841 36,900 36,000 36,								48,577	47,695
Chalham Hospital, Inc. Chalham 4 25 2,545 2,475 2,638 2,865 3,				200	36,313	36,821	35,928	39,233	39,713
Murphy Medical Center, Inc. Cherokee 1 57 9,117 8,804 8,400 8,000 8, Chowan Hospital Chowan 6 49 7,317 6,982 6,968 6,596 6, Chowan Hospital Chowan 6 49 7,317 6,982 6,968 6,596 6, Chowan Hospital Cleveland 1 241 43,030 43,332 44,056 37,094 37,090 37,171 37,076 37,094 37,090 37,171 37,076 37,094 37,090 37,750 37,094 37,090 37,750 37,094 37,090 37,750 37,095 37,094 37,090 37,750 37,095 37,0						2,475	2,638	2,855	3,341
Chowan Hospital Chowan 6 49 7,317 6,982 6,968 6,566						8,604	8,400	8,000	8,473
Cleveland Regional Medical Center Cleveland 1 241 43,030 43,332 44,056 37,094						6,982	6,968	6,596	6,988
Cleveland Regional Medical Center Cleveland 1 72 9,163 9,942 7,980 7,171 7,	Choracter		 						
Kings Mountain Hospital Cleveland 1 72 9,153 9,942 7,980 7,171 7 7 7 7 7 7 7 7 7	Cleveland Regional Medical Center	Cleveland	1	241	43,030	43,332	44,056	37,094	37,156
Crawley Memorial Hospital Cleveland 1 0 105 91 21 9			1		9,153	9,942	7,980	7,171	7,025
Columbus County Hospital, Inc. Columbus 5 154 25,887 26,241 24,905 25,813 18 Craven Regional Medical Center Craven 6 307 76,924 77,809 75,750 78,365 77 78,365			1	0	105	91	21		1
Craven Regional Medical Center Craven 6 307 76,924 77,809 75,750 78,365 77			5	154	25,887	26,241			18,581
Cape Fear Valley Medical Center Cumberland 5 531 134,898 132,678 134,128 136,755 14 Highsmith-Rainey Memorial Hospital Cumberland 5 66 3,670 0				307	76,924	77,809	75,750	78,365	77,708
Caper Fear Variety Medical Center Cumberland Cumber			İ		1		T		-
Highsmith-Rainey Memorial Hospital Cumberland 5 66 3,670 0 0 0 0	Cane Fear Valley Medical Center	Cumberland	5	531	134,898	132,678	134,128	136,755	145,017
Hospital Cumberland 5 66 3,670 0 0 0 0 0 0 0 0 0							}	T	
The Outer Banks Hospital, Inc. Dare 6 21 4,625 4,116 3,862 3,644 3 3 3 3 3 3 3 3 4 3 3		Cumberland	5	66	3,670		0		0
Thomasville Medical Center Davidson 2 123 14,554 15,018 13,907 13,498 12		Dare	6	21	4,625				3,634
Lexington Memorial Hospital, Inc. Davidson 2 94 11,844 13,147 13,188 11,661 17		Davidson	2	123	14,554	15,018	13,907	13,498	12,900
Davis Davi				<u> </u>			Ì		
Davie County Hospital Davie 2 81 1,155 1,106 1,486 1,264 1 Duplin General Hospital Duplin 6 61 12,616 11,536 9,776 11,459 1 Duke University Hospital Durham 4 924 230,239 230,700 236,215 235,196 24 Durham Regional Hospital Durham 4 316 68,336 66,096 62,567 63,487 6 North Carolina Specially Hospital Durham 4 18 1,678 2,047 3,163 2,505 3 Heritage Hospital Edgecombe 6 101 13,229 13,326 12,857 14,054 1 Forsyth Memorial Hospital, Inc. Forsyth 2 803 198,358 202,374 204,918 208,327 21 North Carolina Baptist Hospital Forsyth 2 802 197,823 197,023 204,591 213,567 21 Medical Park Hospital Forsyth 2 2	I exington Memorial Hospital, Inc.	Davidson	2	94	11,644				11,231
Duplin General Hospital Duplin 6 61 12,616 11,536 9,776 11,459 1 Duke University Hospital Durham 4 924 230,239 230,700 236,215 235,196 24 Durham Regional Hospital Durham 4 316 68,336 66,096 62,567 63,487 6 North Carolina Specialty Hospital Durham 4 18 1,678 2,047 3,163 2,505 3 Heritage Hospital Edgecombe 6 101 13,229 13,326 12,857 14,054 1 Forsyth Memorial Hospital, Inc. Forsyth 2 803 198,358 202,374 204,918 208,327 21 North Carolina Baptist Hospital Forsyth 2 802 197,823 197,023 204,591 213,567 21 Medical Park Hospital Forsyth 2 22 5,422 6,246 5,608 5,684 4 Franklin Regional Medical Center Franklin 4		Davle	2	81	1,155	1,106			1,420
Duke University Hospital Durham 4 924 230,239 230,700 236,216 235,196 24 Durham Regional Hospital Durham 4 316 68,336 66,096 62,567 63,487 6 North Carolina Specialty Hospital Durham 4 18 1,678 2,047 3,163 2,505 3 Heritage Hospital Edgecombe 6 101 13,229 13,326 12,857 14,054 1 Forsyth Memorial Hospital, Inc. Forsyth 2 803 198,358 202,374 204,918 208,327 21 North Carolina Baptist Hospital Forsyth 2 802 197,823 197,023 204,591 213,567 21 Medical Park Hospital Forsyth 2 22 5,422 6,246 5,608 5,684 4 Franklin Regional Medical Center Franklin 4 70 10,444 13,043 13,335 13,645 1 Gaston Memorial Hospital, Inc. Gaston <t< td=""><td></td><td>Duplin</td><td>6</td><td>61</td><td>12,616</td><td>11,536</td><td></td><td></td><td>11,401</td></t<>		Duplin	6	61	12,616	11,536			11,401
Durham Regional Hospital Durham 4 316 68,336 66,096 62,567 63,487 66 North Carolina Specialty Hospital Durham 4 18 1,678 2,047 3,163 2,505 3 Heritage Hospital Edgecombe 6 101 13,229 13,326 12,857 14,054 1 Forsyth Memorial Hospital Forsyth 2 803 198,358 202,374 204,918 208,327 21 North Carolina Baptist Hospital Forsyth 2 802 197,823 197,023 204,591 213,567 21 Medical Park Hospital Forsyth 2 22 5,422 6,246 5,608 5,684 4 Franklin Regional Medical Center Franklin 4 70 10,444 13,043 13,335 13,645 1 Gaston Memorial Hospital, Inc Gaston 3 372 92,437 92,850 92,548 87,990 8 Granville Medical Center Granville 4		Durham	4	924	230,239				242,051
North Carolina Specialty Hospital Durham 4 18 1,678 2,047 3,163 2,505 3 Heritage Hospital Edgecombe 6 101 13,229 13,326 12,857 14,054 1 Forsyth Memorial Hospital, Inc. Forsyth 2 803 198,358 202,374 204,918 208,327 21 North Carolina Baptist Hospital Forsyth 2 802 197,823 197,023 204,591 213,567 21 Medical Park Hospital Forsyth 2 22 5,422 6,246 5,608 5,684 4 Franklin Regional Medical Center Franklin 4 70 10,444 13,043 13,335 13,645 1 Gaston Memorial Hospital, Inc Gaston 3 372 92,437 92,850 92,548 87,990 8 Granville Medical Center Granville 4 62 7,436 7,825 7,072 7,280 8		Durham		316	68,336	66,096	62,567	63,487	64,752
Heritage Hospital Edgecombe 6 101 13,229 13,326 12,857 14,054 14,054 14,054 15,059 15,0									
Heritage Hospital Edgecombe 6 101 13,229 13,326 12,857 14,054 12,705 12,857 14,054 12,054 12,054 12,054 12,054 12,055 12,0	North Carolina Specially Hospital	Durham	4	18	1,678	2,047			3,248
Forsyth Memorial Hospital, Inc. Forsyth 2 803 198,358 202,374 204,918 208,327 21 North Carolina Baptist Hospital Forsyth 2 802 197,823 197,023 204,591 213,567 21 Medical Park Hospital Forsyth 2 22 5,422 6,246 5,608 5,684 4 Franklin Regional Medical Center Franklin 4 70 10,444 13,043 13,335 13,645 1 Gaston Memorial Hospital, Inc Gaston 3 372 92,437 92,850 92,548 87,990 8 Granville Medical Center Granville 4 62 7,436 7,825 7,072 7,280 8		Edgecombe		101	13,229	13,326	12,857		15,631
North Carolina Baptist Hospital Forsyth 2 802 197,823 197,023 204,691 213,667 21 Medical Park Hospital Forsyth 2 22 5,422 6,246 5,608 5,684 6 Franklin Regional Medical Center Franklin 4 70 10,444 13,043 13,335 13,645 1 Gaston Memorial Hospital, Inc Gaston 3 372 92,437 92,850 92,548 87,990 8 Granville Medical Center Granville 4 62 7,436 7,825 7,072 7,280 8	Forsylh Memorial Hospital, Inc.			803	198,358	202,374	204,918		210,295
Medical Park Hospital Forsyth 2 22 5,422 6,246 5,608 5,684 4 Franklin Regional Medical Center Franklin 4 70 10,444 13,043 13,335 13,645 1 Gaston Memorial Hospital, Inc Gaston 3 372 92,437 92,850 92,548 87,990 8 Granville Medical Center Granville 4 62 7,436 7,825 7,072 7,280 8				802	197,823	197,023	204,591		218,898
Franklin Regional Medical Center Franklin 4 70 10,444 13,043 13,335 13,645 1 Gaston Memorial Hospital, Inc Gaston 3 372 92,437 92,850 92,548 87,990 8 Granville Medical Center Granville 4 62 7,436 7,825 7,072 7,280 8		1				6,246	5,608	5,684	4,906
Franklin Regional Medical Center Franklin Regio									
Gaston Memorial Hospital, Inc Gaston 3 372 92,437 92,850 92,548 87,990 8 Granville Medical Center Granville 4 62 7,436 7,825 7,072 7,280 8	Franklin Regional Medical Center	Franklin	4	70	10,444	13,043			11,342
Granville Medical Center Granville 4 62 7,436 7,825 7,072 7,280 8			3		92,437	92,850			81,162
402.000		1			7,436	7,825	7,072	7,280	8,077
Moses H. Cone Memorial Hospital Guilford 2 777 195,128 198,106 194,847 192,620 11	ALEMAN IN THE STATE OF THE STAT			1					
	Moses H. Cone Memorial Hospital	Guilford	2	777	195,128	198,108	194,847	192,620	192,429
High Point Regional Health System Guilford 2 307 75,395 71,198 69,036 72,495 6	High Point Regional Health System	Guilford	2	307	75,395	71,198	69,036	72,495	67,906

			Licensod and			SMFPs		
		Health	GON				Decree of the second	
Facility	County	Service	Approved Bed	FFY 2004	FFY 2005	FFY 2006	FFY 2007	FFY 2008
		Area	Capacity					
Halifax Regional Medical Center,							00.404	00.000
Inc.	Halifax	6	186	35,344	31,269	31,797 189	33,124 139	33,056 52
Our Community Hospital	Halifex	6	20	377	158	169	138	02
Datau Jahuaan Daglangi Uganiigi	Harnett	5	101	19,648	23,677	27,957	28,675	27,358
Belsy Johnson Regional Hospital Harnelt Health System	Harnett	5	50	0	0	0	0	0
Good Hope	Harnell	5	34	7,264	5,978	705	0	0
Cood Hope								
Haywood Regional Medical Center	Haywood	1	153	20,954	20,525	19,998	21,412	14,217
Pardee Memorial Hospital	Henderson	1	193	29,564	28,797	27,504	26,797	23,211
Park Ridge Hospilal	Henderson	1	62	14,697	14,127	13,112	13,397	14,135
Roanoke-Chowan Hospital	Hertford	6	86	16,634	17,298	15,940	15,220	14,323
Iredell Memorial Hospital,		_	l		15.000	40.000	41,817	40,708
Incorporated	Iredell	3	199	44,576	45,969	42,880	41,017	40,700
Lake Norman Regional Medical)redell		123	30,097	31,616	28,474	27,757	27,321
Center Davis Regional Medical Center	lredell	3	102	18,778	18,635	17,519	16,644	16,476
Harris Regional Hospital, Inc.	Jackson	1	86	18,160	17,698	17,774	19,445	18,293
Johnston Memorial Hospital	Johnston	4	179	33,836	36,699	38,110	38,576	37,952
Central Carolina Hospital	Lee	4	127	21,969	19,491	19,468	20,645	19,687
Lenior Memorial Hospital	Lenolr	6	218	47,518	47,982	45,366	43,336	46,226
CMC - Lincoln	Lincoln	3	101	15,776	14,543	14,833	15,624	15,253
Angel Medical Center, Inc.	Macon	1	59	4,967	5,309	4,754	5,655	5,607
				[1		1
Highlands-Cashiers Hospital, Inc.	Macon	11	24	1,633	1,546	1,074	756 7,894	919 7,965
Martin General Hospital	Martin	6	49	7,606	7,651	7,350 7,389	7,894	6,525
The McDowell Hospital, Inc.	McDowell	1	65	9,413	8,432 220,722	227,068	228,343	233,864
Carolinas Medical Center	Mecklenburg	3	795 539	223,625 135,649	142,038	149,608	159,139	154,618
Presbyterian Hospital CMC Mercy/Pineville	Mecklenburg Mecklenburg	3 3	330	53,782	54,186	54,807	56,294	61,844
Presbyterian Matthews	Mecklenburg	3	114	20,488	22,342	25,644	27,408	30,779
CMC - University	Mecklenburg	3	94	23,029	21,219	20,570	21,378	21,979
Presbyterian Huntersville	Mecklenburg	3	75	0	8,802	13,808	15,993	17,081
Presbyterian Orthopaedic	Macklenburg	3	64	12,428	12,838	13,001	12,915	12,803
Spruce Pine Community Hospital	Mitcheli	1	46	7,223	6,673	6,158	6,410	6,568
FirstHealth Montgomery Memorial						1		
Hospital	Montgomery	5	37	2,425	2,336	1,989	1,568	1,835
FirstHealth Moore Reg. Hosp	Moore	5	320	80,761	75,770	74,037	78,816	73,264
Nash General Hospital	Nash	6	270	59,119	60,010	58,039	58,151	56,887
New Hanover Regional Medical	11	_	0.17	151,717	155,945	152,173	147,013	139,307
Center	New Hanover Onslow	5 6	647 162	29,998	31,140	33,454	32,776	33,350
Onslow Memorial Hospital, Inc. University of North Carolina	Citatory	- 0	10%	20,000	1 0,11.0	1 00,101		
Hospitals	Orange	4	693	173,800	171,845	176,345	193,172	199,848
Albemarle Hospital	Pasquolank	6	182	37,884	36,346	32,548	31,121	27,437
Pender Memorial Hospital, Inc.	Pender	5	43	3,986	4,336	4,279	3,603	5,647
Person Memorial Hospital	Person	4	50	10,784	11,529	8,731	11,868	9,717
	1		1		1			(07.515
Pill County Memorial Hospital, Inc.		6	734	183,906	188,014	189,924	196,651	197,218
St. Lukes	Polk	1	45	5,511	4,898	3,352	3,493	3,521
Randolph Hospital	Randolph	2	145	24,424	23,693	23,577	24,464	27,782
FirstHealth Richmond Memorial	Dishmand		99	15,128	15,174	14,150	14,171	12,731
Hospital	Richmond	5	ุ ขอ	10,120	10,119	17,100		12,1.0.
Sandhills Regional Medical Center	Richmond	5	60	11,791	13,292	13,559	13,227	11,962
Southeastern Regional Medical	RUGHHORA	 	+	11,701	- 4 1-41			
Center	Robeson	5	292	69,477	68,218	62,340	61,776	60,085
Annie Penn Hospital	Rockingham	2	110	17,246	17,914	17,778	16,465	13,555
Morehead Memorial Hospital	Rockingham		108	22,458	23,164	22,897	24,150	21,894
Rowan Regional Medical Center,	1	<u> </u>		•				
inc.	Rowan	3	223	39,401	37,002	36,768	35,958	34,559
							Hosp	ital Data

	3.50	_ Health	Licensed and			SMFPs		
Facility	County	Service Area	CON Approved Bed Capacity	FFY 2004	FFY 2005	FFY 2006	FFY 2007	FFY 2008
Rutherford Hospital, Inc.	Rutherford	1	129	19,290	18,110	19,100	18,989	17,359
Sampson Regional Medical Center	Sampson	5	116	18,149	20,561	17,782	15,749	12,653
Scotland Memorial Hospital, Inc.	Scotland	5	118	26,337	26,367	25,732	24,557	24,706
Stanly Memorial Hospital, Inc.	Slanly	3	97	19,958	18,555	16,932	14,763	14,101
Stokes-Reynolds Memorial Hospital, Inc.	Stokes	2	53	3,490	1,696	1,649	1,365	842
Northern Hospital District of Surry County	Surry	2	100	17,030	17,032	17,144	16,678	15,719
Hugh Chatham Hospital	Surry	2	81	11,174	13,356	15,613	16,475	18,817
Swain County Hospital	Swain	1	48	1,720	1,799	1,874	1,645	1,607
Transylvania Community Hospital, Inc.	Transylvania	1	42	6,209	5,909	6,113	6,406	5,829
CMC - Union	Union	3	157	30,584	31,000	33,398	36,629	40,362
Maria Parham Hospital Medical Center	Vance	4	91	21,080	20,604	21,651	20,106	19,892
WakeMed - Raleigh Campus	Wake	4	575	191,257	158,980	166,249	175,351	177,318
Rex Hospital, Inc.	Wake	4	433	98,503	94,427	100,098	101,520	106,947
Duke Health Raleigh Hospital	Wake	4	186	31,085	28,724	22,268	23,185	23,215
WakeMed Cary Hospital	Wake	4	156	0	34,013	35,260	36,625	38,542
Washington County Hospital	Washington	6	12	2,834	2,610	2,458	2,140	1,849
Watauga Medical Center, Inc.	Watauga	1	117	24,915	23,836	23,519	22,661	21,199
Blowing Rock Hospital	Watauga	1	28	1,041	963	774	683	585
Wayne Memorial Hospital, Inc.	Wayne	6	255	60,930	60,210	59,606	59,380	60,022
Wilkes Regional Medical Center	Wilkes	1	120	19,207	21,524	21,502	17,707	16,184
Wilson Medical Center	Wilson	6	198	33,516	34,564	35,131	33,691	34,631
Hoots Memorial Hospital, Inc.	Yadkin	2	22	943	1,101	679	1,002	1,069
Total				4,445,232	4,455,569	4,448,930	4,511,691	4,511,655
Annual Growth Rale					0.23%	-0.15%	1.41%	0.00%
Three Year Growth Rate	Bir Brender	ALCONOMICS OF	HEAVEN STREET		REAL AND SERVICE		Second Second	0.42%

Source: Annual SMFPs and Proposed 2010 SMFP; Table 5A

Attachment 4

Kaiser State Health Facts

Category

Providers & Service Use

Subcategory

Hospital Trends ER Visits, 1999-

Topic

2007

Full Title

Hospital Emergency Room Visits per 1,000 Population, 1999-2007

Data Type

Number

	1999	2000	2001	2002	2003	2004	2005	2006	2007
North Carolina	371.82	369.36	394.16	399.99	407.71	407.86	436.33	434.00	449.00
Annual Growth	1	-0.7%	6.7%	1.5%	1.9%	0.0%	7.0%	-0.5%	3.5%

Notes

Data are for community hospitals, which represent 85% of all hospitals. Federal hospitals, long

term care hospitals, psychiatric hospitals, institutions for the mentally retarded, and alcoholism

and other chemical dependency hospitals are not included.

Definitions

NA: Not applicable when state/local government, non-profit, or for-profit hospitals do not exist

in the state. Community Hospitals: All nonfederal, short-term general, and specialty

hospitals whose facilities and services are available to the public.

Sources

Calculation based on 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006 and 2007 AHA Annual

Surveys. Copyright 2009 by Health Forum LLC, an affiliate of the American Hospital

Association, available at http://www.ahaonlinestore.com/ProductDisplay.asp?ProductID=637; Annual Population Estimates by State, July 1, 1999, 2000, 2001, 2002, 2003, 2004, 2005,

2006, and 2007 Populations, U.S. Census Bureau, available at

http://www.census.gov/popest/states/NST-ann-est.html.