



Certificate of Need Application

Interventional Neuroradiology Suite

**Alaska Regional Hospital
Anchorage, Alaska**

October 2006

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Section I. General Applicant Information

	<h3 style="margin: 0;">CERTIFICATE OF NEED APPLICATION</h3> <h4 style="margin: 0;">APPLICANT IDENTIFICATION AND CERTIFICATION OF ACCURACY</h4>
1. Applicant Identification	
Facility Name Alaska Regional Hospital	Medicaid Provider Number HS20IP; HS20OP
Facility Address (Street/City/State/Zip Code) 2801 DeBarr Road, Anchorage, AK 99508	Medicare Provider Number 02-0017
Name and mailing address of organization that operates the facility (if different from above) Same	
Facility Administrator (Name, title, mailing address, including City/State/Zip Code) Ed Lamb, President & CEO 2801 DeBarr Road, Anchorage, AK 99508	Telephone (907) 264-1754 Facsimile (907) 264-1143 E-mail edward.lamb@hcahealthcare.com
Applicant (Name, title, mailing address, including City/State/Zip Code) Ed Lamb, President & CEO 2801 DeBarr Road, Anchorage, AK 99508	Telephone (907) 264-1754 Facsimile (907) 264-1143 E-mail edward.lamb@hcahealthcare.com
Principal Contact Person (Name, title, physical address, mailing address, including City/State/Zip Code) Jordan Herget, COO 2801 DeBarr Road, Anchorage, AK 99508	Telephone (907) 264-1330 Mobile Phone (907) 764-1211 Facsimile (907) 264-1143 E-mail jordan.herget@hcahealthcare.com
2. Ownership Information	
A. Type of Ownership (check applicable category) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> For profit: individual <input type="checkbox"/> For profit: partnership <input checked="" type="checkbox"/> For profit: corporation </div> <div> <input type="checkbox"/> Not for profit: government <input type="checkbox"/> Not for profit: corporation <input type="checkbox"/> Other (specify): _____ </div> </div>	
B. List of all Owners (Page 2 of application) C. Accreditation Information (Page 2 of application)	
3. Agreement to participate in the Uniform Statewide Reporting System	
I hereby agree to participate in the uniform statewide reporting system required under AS 18.07.101 when requested to do so under 7 AAC 07.105(c).	
4. Certification of Accuracy by Certifying Officer of the Organization	
I hereby certify that the information contained in this application, including all documents that form any part of it, is true, to the best of my knowledge and belief. I agree to provide, within 60 days from receipt of a request from the department under 7 AAC 07.050(b), any additional information needed by the department to make a decision.	
Name Ed Lamb	Title President & CEO
Signature	Date

2.B. List of All Owners

For Part 2.B. of the application form, provide the following ownership information under each requirement, using as much space as necessary to provide complete information:

(1) For individual owners and partnerships, list the names, titles, organizational name, mailing and street addresses, and telephone and facsimile numbers of the owner or partners.

Not applicable.

(2) For corporations, list the names, titles, and addresses of the corporate officers and Board of Directors. If the facility is a subsidiary of another company or has multiple owners, provide the names and addresses of all of the companies that have ownership in the facility.

Alaska Regional Hospital is owned and operated by Galen Hospital Alaska, Inc.

See the list below for Officers and Directors of Galen Hospital Alaska, Inc.

Galen Hospital Alaska, Inc. is wholly-owned by Galen Holdco, LLC. The membership interest of Galen Holdco, LLC is owned by Healthtrust, Inc. - The Hospital Company. All of the common stock of Healthtrust, Inc. - The Hospital Company is owned by HCA Inc. which is currently a publicly traded company (all addresses available on request).

A pending corporate transaction involving HCA Inc. is expected to be completed during the fourth quarter of 2006 (see October 2006 letter to Certificate of Need Coordinator included in the appendices). In the transaction, Hercules Holding II, LLC will acquire all of the outstanding ownership interests of HCA. As a result of the transaction, HCA will no longer be a publicly traded company.

While HCA is the ultimate parent of Alaska Regional Hospital, Alaska Regional is not owned by HCA. Rather, it is owned by an indirect subsidiary of HCA as described above. This subsidiary entity will not change ownership at all in the transaction. The transaction will not result in any change in the operation or management of Alaska Regional or the operation, management or location of the hospital. Additionally, the tax identification number, Medicaid provider numbers, and Officer and Directors, as listed below, will not change as a result of the transaction.

The Officers and Directors of Galen Hospital Alaska, Inc. are as follows:

Name	Title	Address
Samuel N. Hazen	President	One Park Plaza, Nashville, TN 37203
Tom May	Senior Vice President	2275 Corporate Circle, Ste. 100, Henderson, NV 89014
Robert A. Waterman	Senior Vice President	One Park Plaza, Nashville, TN 37203
David G. Anderson	Vice President and Treasurer	One Park Plaza, Nashville, TN 37203
Dora A. Blackwood	Vice President and Secretary	One Park Plaza, Nashville, TN 37203
Mike T. Bray	Vice President	One Park Plaza, Nashville, TN 37203

Name	Title	Address
Steven E. Clifton	Vice President and Assistant Secretary	One Park Plaza, Nashville, TN 37203
David L. Denson	Vice President and Assistant Secretary	One Park Plaza, Nashville, TN 37203
Rosalyn S. Elton	Vice President	One Park Plaza, Nashville, TN 37203
*John M. Franck II	Vice President and Assistant Secretary	One Park Plaza, Nashville, TN 37203
V. Carl George	Vice President	One Park Plaza, Nashville, TN 37203
Ronald Lee Grubbs, Jr.	Vice President	One Park Plaza, Nashville, TN 37203
Jim D. Hinton	Vice President	One Park Plaza, Nashville, TN 37203
*R. Milton Johnson	Vice President	One Park Plaza, Nashville, TN 37203
Dwight E. Long	Vice President	One Park Plaza, Nashville, TN 37203
*A. Bruce Moore, Jr.	Vice President	One Park Plaza, Nashville, TN 37203
Rick Shallcross	Vice President	One Park Plaza, Nashville, TN 37203
Steve Squires	Vice President	2275 Corporate Circle, Ste. 100, Henderson, NV 89014
Christopher Gentle	Assistant Secretary	One Park Plaza, Nashville, TN 37203
Dianne Johnson	Assistant Secretary	One Park Plaza, Nashville, TN 37203
Lisa Marie Meister	Assistant Secretary	One Park Plaza, Nashville, TN 37203
Robert Jerome Nevens	Assistant Secretary	One Park Plaza, Nashville, TN 37203
Kenneth Kurt Roth	Assistant Secretary	One Park Plaza, Nashville, TN 37203

***Directors**

(3) For governmental or other nonprofit owners, list the names and addresses of hospital board members.

Not applicable.

2.C. Accreditation Information

For Part 2.C. of the application form, provide the following information:

Is this facility accredited or certified by a recognized national organization?

X Yes ☐ No

If yes, identify the organization, the date of accreditation or certification, and attach as an appendix to this application a copy of the most current accreditation or certification.

Alaska Regional Hospital is accredited by the Joint Commission on Accreditation of Healthcare Organizations. ARH was surveyed in June 2004 and received accreditation for 2004 – 2007. A copy of the accreditation certificate is located in the appendices.

Section II. Summary Project Description

Provide a one-page summary of the proposed project including:

(1) A brief description of each proposed service, including whether equipment will be purchased or replaced and a list of that equipment.

Alaska Regional Hospital (ARH) is proposing to add one interventional neuroradiology suite. This suite will be dedicated to neuroradiology and radiology interventions. New equipment, a Phillips Integrated 3D Neuro Biplane Flat Detector System, will be purchased and room renovations will be made to accommodate the equipment.

(2) The number of square feet of construction/renovation.

The new suite will be approximately 519 square feet. The new suite is ARH's current room four fluoro general x-ray and the x-ray equipment will be relocated within the radiology department to an area of approximately 337 square feet, requiring renovation.

(3) The number and type of beds/surgery suites/specialty rooms.

The project will add one interventional neuroradiology suite.

(4) Services to be expanded, added, replaced, or reduced.

The project will add and expand interventional neuroradiology services at Alaska Regional Hospital. Specifically, treatment for cerebrovascular disease (stroke) will be added and expanded from the current limited scope to virtually all intensities, physiological locations and dedicated availability of service.

(5) The total cost of the project.

The project total cost is \$2.15M.

(6) How the project will be financed.

The project will be financed through a cash capital expenditure.

(7) Estimated completion date.

The estimated completion date is March 2007.

Section III. Description of Facilities and Capacity Indicators

A. Proposed changes in service capacity. Provide either the number of beds, surgery suites, rooms, pieces of equipment, or other service.

Type of Service	Current Capacity	Added, Expanded, or Replacement Capacity	TOTAL PROPOSED CAPACITY
IN-PATIENT ACUTE CARE HOSPITALS			
Med/Surg Beds	150	0	150
1-bed room/unit	64	0	64
2-bed room/unit	43	0	43
Other (list)	0	0	0
ICU Beds	18	0	18
CV Beds	15	0	15
Obstetrics Beds	35	0	35
Pediatric Beds	8	0	8
Acute Rehab Beds	10	0	10
Ancillary Services (list)			
Dialysis	7	0	7
Sleep Lab	7	0	7
BEHAVIORAL HEALTH CARE			
In-patient Acute Psychiatric Beds	0	0	0
RPTC Beds	0	0	0
In-patient Substance Abuse Beds	0	0	0
LONG-TERM CARE			
Acute Beds	0	0	0
1-bed room/unit	0	0	0
2-bed room/unit	0	0	0
Other (list)	0	0	0
Nursing Beds	0	0	0
1-bed room/unit	0	0	0
2-bed room/unit	0	0	0
Other (list)	0	0	0
DIAGNOSTIC AND DIAGNOSTIC IMAGING SERVICES			
CT Scanner	2	0	2
MRI	1	0	1
PET or PET/CT	0	0	0
Cardiac Catheterization	2	0	2
Emerging Med. Tech. (list)	0	0	0
SURGICAL CARE			
Ambulatory Surgery or Dedicated OP Suites	0	0	0
Suites for IP & OP	11	0	11
Endoscopy Suites	2	0	2
Open-Heart Surgery	1	0	1
Organ Transplantation	0	0	0
Other Services (list) Interventional			

Type of Service	Current Capacity	Added, Expanded, or Replacement Capacity	TOTAL PROPOSED CAPACITY
Neuroradiology Suite	0	1	1
THERAPEUTIC CARE			
Radiation Therapy	0	0	0
Lithotripsy	0	0	0
Renal Dialysis	1	0	1
Other (List)	0	0	0
Total Capacity	250 licensed beds	0	250 licensed beds

B. Provide a detailed narrative description of each service identified in "A" above, including the type of change (addition, expansion, conversion, reduction, replacement, elimination). Include, as appropriate, detailed information relative to the scope and level of service.

This project proposes to add one interventional neuroradiology suite. This will add and expand interventional neuroradiology services at Alaska Regional Hospital. The interventional neuroradiology services are the most advanced treatments available and have only recently become available on a limited basis in the State, at Alaska Regional Hospital.

The specific services are endovascular coiling and stenting, which are minimally invasive treatments for cerebrovascular disease, or stroke. Acute care treatment for both ischemic and hemorrhagic stroke in Alaska has, until recently, been limited to observation or invasive surgical techniques. A third option, less invasive endovascular treatment, was available to patients in Alaska only by a risky and expensive air ambulance flight out of the state to Washington, most typically.

Since August 2006, these procedures have been available at and have been performed at Alaska Regional Hospital on a limited basis. Specifically, several percutaneous endovascular treatments of intracranial aneurysms (endovascular coilings) have been performed by an endovascular neurosurgeon (see list below for related codes and DRGs).

During the procedures, the endovascular neurosurgeon threads a catheter into the affected cerebral vessel and, for coiling, positions the microcatheter inside the aneurysm. Small, platinum coils are packed into the aneurysm to block blood flow within the aneurysm and prevent further bleeding.

This procedure nearly eliminates the pain and intracranial edema associated with traditional neurosurgery. It is a safe, effective option for most patients, including non-surgical candidates. The recovery and post-treatment quality life is greatly improved. It is important to understand these treatments do not repair areas of the brain already injured by a stroke.

Recently, the treatments noted became available on a limited basis at Alaska Regional Hospital, using the hospital's existing biplane cath lab equipment. The scope and level of the treatments is currently limited by:

- The location of the aneurysm (close proximity access is needed by the large image intensifiers on the existing equipment in order to effectively view the aneurysm and, in certain cases, the patient's head interferes with this close, proximal viewing);
- The magnification available with the existing equipment is limited (may produce a "fuzzy" or "pixilated" image of the aneurysm, limiting ability of the endovascular neurosurgeon);
- The availability of the equipment, which is also currently used to conduct lengthy electrophysiology studies, is sometimes compromised – time is of the essence when dealing with cerebrovascular disease and the equipment is not always available, often on a protracted basis, in the event of an emergency.

The proposed interventional neuroradiology suite would address each of these limiting factors with the latest technology and dedicated suite and would enable more Alaskans to receive the latest, most advanced treatments available without having to leave the State.

A dedicated team of technicians and nursing professionals, as well as an extensive inventory of specialized supplies on-hand, will allow for provision of the treatment. Finally, Alaska Regional Hospital will provide high quality critical care services post-treatment.

Summary of Related Codes and DRG Payment Groups

ICD-9-CM Diagnosis Codes	
430	Subarachnoid Hemorrhage
437.3	Cerebral Aneurysm, Nonruptured
ICD-9-CM Procedure Codes	
39.72	Endovascular Repair or Occlusion of Head and Neck Vessels (<i>proposed treatment</i>)
39.51	Clipping of Aneurysm (<i>currently available invasive treatment</i>)
88.41	Arteriography of Cerebral Arteries
Medicare DRG Payment Groups	
DRG 1	Craniotomy Age > 17 with Comorbidities and Complications
DRG 2	Craniotomy Age > 17 without Comorbidities and Complications
DRG 528	Intracranial Vascular Procedure with a Principal Diagnosis of Subarachnoid Hemorrhage
CPT Code	
61624	Transcatheter Permanent Occlusion or Embolization, Any Method (Intracranial, Spinal)

C. Provide in the following table information regarding equipment to be purchased.

Equipment to be Purchased			
Equipment Description	Make	Model	Cost
Integrated 3D Neuro Biplane Flat Detector System	Phillips	Allura Xper FD20/10	\$1,705,688

D. Provide in the following table information regarding equipment to be replaced or retired.

Equipment to be Replaced or Retired				
Equipment Description	Make	Model	Date Placed Into Service	Reason for Replacement or Retirement
Not Applicable				

E. Describe replacement or upgrading of utilities including the electrical, heating, ventilation, and air conditioning systems.

Minor mechanical work will be completed related to the room renovations.

F. Describe the structural framing, floor system, and number of floors (including the basement).

No floor systems will be impacted in the renovations.

G. Total square footage in current facility/project.

856 total square feet.

H. Total square footage of proposed facility/project.

856 total square feet, renovated.

I. Area per bed, service unit, or surgery suite (if applicable).

519 square feet dedicated to the suite.

J. Percentage of total floor area used for direct service (non-bed activity).

100%.

K. Additional volume of service (non-bed activity) expected.

410 total procedures in 2007.

L. Provide a brief history of expansion and construction for the past five years, including new equipment purchases, additional beds, and new services. Describe how this project fits into the facility's long-range plans, including potential projects planned for development within the next five years.

Between 2000 and 2003, ARH added approximately 32,000 square feet and renovated approximately 30,000 square feet as part of the Alaska Regional Additions and Renovations

Project. In addition to a front entrance renovation, 2 operating room suites were added, 9 existing operating room suites were renovated, a new pre-op area was added, a new outpatient services waiting area was added, the ultrasound area was renovated and the labor and delivery area was renovated. New equipment added included a new flouro x-ray room and one CT scanner.

In 2005, the facility purchased Alaska's first da Vinci robotic surgical system, as well as 60 new replacement beds.

The Interventional Neuroradiology Suite project is critical to ARH's long range plans. ARH is developing one of the premier Neurosciences Programs in the country. In addition to interventional neuroradiology, the components of the program include neurosurgery and a stroke initiative with a planned JCAHO Certified Primary Stroke Center. The development of this program will ensure Alaskans can receive the highest quality, latest neurosciences care available without having to leave the State.

Potential projects planned for development within the next five years, and also related to this project, include a new and expanded Intensive Care Unit (ICU), a renovated Emergency Department and a dedicated Heart Center.

Section IV. Narrative Review Questions

A. RELATIONSHIP TO APPLICABLE PLANS AND NATIONAL TRENDS

Indicate how the application relates to any relevant plans, including the applicant's long-range plans, appropriate local, regional, or state government plans, the current *Alaska Certificate of Need Review Standards and Methodologies*, adopted by reference in 7 AAC 07.025, and current planning guidelines of recognized national medical and health care groups. If the proposal is at variance with any of these documents, explain why. (See the department's website for state planning processes and materials and links to federal websites.)

As mentioned above, this project is critical to Alaska Regional Hospital's long range plans to become one of the premier Neurosciences Programs in the country. Additionally, the treatments are recognized nationally as the most advanced for cerebrovascular disease and the provision of these services in-State is essential if Alaska is to meet the goals and standards outlined in various State government planning documents.

Current Planning Guidelines of Recognized National Medical and Health Care Groups

Guidelines for the management of unruptured intracranial aneurysms were issued by the Stroke Council of the American Heart Association in 2000.¹ In August 2006, a review article in the New England Journal of Medicine reported on treatment advances of cerebral aneurysms since the guidelines were published.²

While factors that favor endovascular or surgical aneurysm treatment vs. conservative management must be weighed for each patient, advances in endovascular treatment are making this option available to more candidates and with more successful outcomes in many respects than invasive clipping.

Relevant State Government Plans

The State of Alaska, through the Department of Health and Social Services, has articulated a plan for stroke prevention and treatment through several documents.

First, the *Healthy Alaskans 2010*, initiated in 2001, set the general tone for health care planning. *Take Heart Alaska, Second Edition* was published in October 2003 and looked specifically at cardiovascular disease issues. *The Burden of Heart Disease and Stroke in Alaska: Mortality, Morbidity, and Risk Factors, July 2006 Update* has recently articulated the State's approach to planning for stroke. Finally, a fact sheet entitled, *Heart Disease and Stroke Facts: Stroke in Alaska*, was presented by the Heart Disease and Stroke Prevention Program at the recent Alaska Stroke Symposium at Alaska Regional Hospital in September 2006 (included in appendices).

¹ Bederson JB, Awad IA, Wiebers DO, et al. Recommendations for the management of patients with unruptured intracranial aneurysms: a statement for healthcare professionals from the Stroke Council of the American Heart Association. *Stroke* 2000;31:2742-50.

² Brisman JL, Song JK, Newell DW. Cerebral aneurysms. *N Engl J Med* 2006;355:928-39.

Each of these planning documents constitutes steps and an evolution in the State's approach to stroke prevention and treatment. The relevant recommendations from this plan addressed by this project include:

Recommendation	Source
Adopting new technologies as valuable weapons for use in the public health system, understanding the increased resources required for purchase and administration.	<i>Healthy Alaskans 2010</i> (page 26-5)
Health Goal for the Year 2010: Improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events. Reduce stroke deaths (per 100,000 population) to 60.	<i>Healthy Alaskans 2010</i> (page 21-2)
Reducing deaths from cardiovascular disease also depends on trained and prepared first responders... One of the goals of the State is to increase the proportion of persons who have access to rapidly responding pre-hospital emergency medical services... Rapid emergency care identified as a factor of prevention or reduction in stroke.	<i>Healthy Alaskans 2010</i> (page 21-6)
The program is focused on building the capacity of the State to implement a comprehensive cardiovascular health program. The priorities of the program are: <ul style="list-style-type: none"> To collaborate and strengthen working relationships with cardiovascular health related programs, agencies, providers, partners, and individuals. 	<i>Take Heart Alaska, Second Edition</i> (page 16)
Heart disease and stroke events may occur suddenly and with very little warning. Outcomes are significantly enhanced if those experiencing symptoms of a heart attack or stroke are transported quickly to a hospital. This can be problematic in Alaska where traveling to a hospital may involve significant geographic, weather, and transportation barriers. [The differences in the Alaska rate vs. US rate for place of death for diseases of the heart] may be an indication of Alaska's unique challenges in transporting heart attack victims quickly to appropriate health care facilities.	<i>The Burden of Heart Disease and Stroke in Alaska: Mortality, Morbidity, and Risk Factors, July 2006 Update</i> (page 21)
2. Hospital discharge and Medicaid claims data indicate that treatment and long-term care for Alaskans who have had a stroke create a tremendous economic burden. ...it is imperative that we take an evidence-based, comprehensive approach to stroke treatment and care in order to reduce the health and economic costs related to stroke. Toward this end we recommend the development of stroke diagnostic guidelines for pre-hospital transport and a comprehensive stroke treatment plan that addresses acute and subacute care.	<i>The Burden of Heart Disease and Stroke in Alaska: Mortality, Morbidity, and Risk Factors, July 2006 Update</i> (page 61)
The State of Alaska Section of Chronic Disease, Stroke Task Force has developed several recommendations: <ol style="list-style-type: none"> Assess the current capacity of Alaska's acute care hospitals to treat stroke. This assessment includes standing orders, telestroke capabilities, neurology, neurosurgery and radiology services. Research the role telehealth can play in stroke diagnosis and treatment. Establish a comprehensive stroke treatment plan that: <ol style="list-style-type: none"> Includes criteria for patient selection for tPA, Includes management care guidelines (not limited to tPA), Is appropriate for hospitals that provide different levels of care according to the resources and medical expertise available, and Addresses subacute care and secondary prevention. 	<i>Heart Disease and Stroke Facts: Stroke in Alaska</i>

This project at Alaska Regional Hospital will add and expand the most advanced stroke treatments available and contributes to each of the above implicit, as well as stated, recommendations.

B. DEMONSTRATION OF NEED

1. Identify the problems being addressed by the project. For example, identify whether this project is for (a) a new service; (b) an expanded service; or (c) an upgrade of an existing service.

This project is to add and expand interventional neuroradiology services available only recently in the State of Alaska. While these services have been performed at Alaska Regional Hospital since August 2006, limitations with existing equipment do not allow for optimal treatment in all cases and this project will ensure the latest care for patients in Alaska.

2. Describe whether (and how) this project (a) addresses an unmet community need; (b) satisfies an increasing demand for services; (c) follows a national trend in providing this type of service; or (d) meets a higher quality or efficiency standard.

This project addresses all four concerns.

(a) Currently Alaskans are receiving this minimally invasive service, if it can be provided in a timely manner at all, outside of the state. Alaskans and their families will no longer have to leave the state to benefit from these treatments.

Working in cooperation with the Alice Rarig in the Certificate of Need office, as well as with the Washington State Department of Health, the following history of aneurysm coiling procedures for Alaskan patients is presented, demonstrating that treatment is typically received in the state of Washington (based on procedure code with related DRG and/or diagnosis code):

	AK Discharges/Procedures in Alaska		AK Discharges/Procedures in Washington	
	Surgical Clipping	Coiling	Surgical Clipping	Coiling
2001	20	0	20	0
2002	16	0	9	0
2003	10	0	6	3
2004	3	0*	25	11
2005	11	0*	14	11
Total	60	0	74	25

*3 coilings were done in Alaska in 2004 and 2 in 2005 for non aneurysm-related diagnoses.

For the 25 treatments in Washington in 2005:

- Average length of inpatient stay was 12 days.
- Average charges were \$150,000.
- Most procedures were performed at Harborview Medical Center or Swedish Providence Medical Center.
- 12 were commercial insurance, 2 were State of Alaska Medicaid, 5 were Medicare and the rest were self-pay or other payers.
- An additional 14 Alaska discharges received other treatment for stroke.

Clearly the advanced treatments are available out of state and being performed on those cases eligible for air transfer. This project will serve the unmet need for all Alaska patients.

(b) According to the New England Journal of Medicine article, there is a prevalence of intracranial aneurysms in the adult population between 1 and 5 percent. In the United States, the estimated incidence of subarachnoid hemorrhage from a ruptured intracranial aneurysm is 1 case per 10,000 persons and the peak incidence is in persons 55 to 60 years old. An estimated 5 to 15 percent of cases of stroke are related to ruptured intracranial aneurysms.

Furthermore, in 2005 in Alaska there were an estimated 662,604 persons, with 71% of those (468,301) being adults over the age of 18. The “most notable and most certain population growth during the next 25 years will be that of Alaska’s elders”. The cohort is growing at 4 percent annually, with the rate expected to increase to 5 to 6 percent and eventually 7.4 percent annually.³

Stroke is the fourth-leading cause of death in the State and, in contrast to heart disease, the stroke death rate in Alaska is about 10% higher than the national rate. Compared to the slowly declining rate of stroke death in the US, Alaska’s stroke death rate has not decreased over the last 14 years.⁴

This data suggests an increasing demand for services as our population grows and as the segment most at risk, the elderly grows at a higher rate. Indeed, the incident rate suggests that between 4,683 and 23,415 adults in the state have an intracranial aneurysm and that 66 annually will succumb to subarachnoid hemorrhage incidental to a ruptured aneurysm.

(c) The New England Journal of Medicine notes in August 2006 that “after almost a decade of increased use and evaluation, endovascular coiling has proved to be a safe and durable alternative to the traditional neurosurgical treatment of craniotomy and clip ligation (“clipping”). Coiling has now surpassed clipping as the primary method of treatment for intracranial aneurysms in some centers.”⁵ The important change in practice patterns to coiling is further reviewed in the article.

(d) The higher quality and efficiency standard is met because patient recovery is often smoother with these treatments. Whereas a clipping results in a 5 day or more inpatient stay in the hospital, a coiling patient typically stays one night in the ICU. Rehab opportunities are better and faster and, as noted previously, the patient can stay in the state, resulting in more cost effective, timely and efficient care.

³ *Alaska Economic Trends*; February 2005, Vol 25, Number 2. Published by Alaska Department of Labor and Workforce Development.

⁴ *The Burden of Heart Disease and Stroke in Alaska: Mortality, Morbidity, and Risk Factors, July 2006 Update*. Published by the State Department of Health and Social Services.

⁵ Brisman JL, Song JK, Newell DW. Cerebral aneurysms. *N Engl J Med* 2006;355:928-39.

3. Describe any internal deficiencies of the facility that will be corrected, and document which of these deficiencies have been noted by regulatory authorities. Note any deficiencies that will not be corrected by this project, what efforts have been taken to correct the deficiencies, and how this project will affect the deficiencies. Attach any pertinent inspection records and other relevant reports as an appendix to the application.

Not applicable.

4. Identify the target population to be served by this project. The "target population" is the population that is or may reasonably be expected to be served by a specific service at a particular site. Explain whether this is a local program, or a program that serves a population outside of the proposed service area. Use the most recent Alaska Department of Labor and Workforce Development statistics for population data and projections. Explain and document any variances from those projections. The population may be defined in one or more ways:

- a. Document the service area by means of a patient origin analysis.**
- b. Justify the customary geographical area served by the facility using trade and travel pattern information. Indicate the number and location of individuals using services who live out of the primary service area.**
- c. Use Alaska Department of Labor and Workforce Development information, including current census data on cities, municipalities, census areas, or census sub-areas, to describe trends, age/sex breakdowns, and other characteristics pertinent to the determination of need.**
- d. The population to be served can be defined according to the unique needs of patients requiring specialized or tertiary care (e.g. heart, cancer, kidney, alcoholism, etc.) or the needs of under-served groups.**

The target population is that of the state of Alaska, based on the incidence rates noted above.

Alaska Regional Hospital currently serves as a tertiary care facility for the entire state, receiving Medivac air ambulance patients from throughout the state, as well as from the primary service area around Anchorage.

Because this is a unique service in Alaska, it is expected that all cases with the potential for treatment from anywhere in the state will be considered as part of the target population.

The latest projections from the Alaska Department of Labor and Workforce Development for adults over the age of 18 are as follows:

	2005	2009	2014	2019	2024	2029
Age 18+	468,301	495,390	522,399	544, 419	564,693	580,940
Potential Incidence*:						
@ 1%	4,683	4,954	5,224	5,444	5,647	5,809
@ 5%	23,415	24,770	26,120	27,221	28,235	29,047
Total Ages	662,604	692,001	727,003	758,170	783,452	801,904
Growth Rate	-	4.44%	5.06%	4.23%	3.33%	2.36%
Incidence of Stroke**:						
@ 1 in 10,000 persons	66	69	73	76	78	80

*Incidence of intracranial aneurysms (unruptured and ruptured)

**Incidence of subarachnoid hemorrhage from ruptured intracranial aneurysm

5. Describe the projected utilization of the proposed services and the method by which this projection was derived. Do not annualize utilization data. It must include the last complete year of operation (indicate if it is a calendar year or fiscal year) and as many prior years as is feasible to show trends. If graphs are used to depict this information, and they do not include the actual utilization numbers, numerical charts must be included. In providing this information:

In August and September 2006, Dr. Marshall Tolbert, the endovascular neurosurgeon performed 4 endovascular coilings at Alaska Regional Hospital, 2 in each month. He treated an additional 8 patients with neuroradiology interventions in the existing cath lab during that time period.

Since 2005, ARH has performed a monthly average of 21.5 radiology interventions in our existing labs. With Dr. Tolbert's other work, that average is 25.5 a month.

As noted in the table above, an average of 32 patients per year for the last five years have received either the surgical clipping or endovascular coiling, including those treated in Washington, as well as those in state.

- a. Include evidence of the number of persons from the target population who are currently using these services and who are expected to continue to use the service, including individuals served out of the service area or out of state;**

In 2005, 11 patients had surgical clipping procedures in Alaska, 14 had surgical clipping procedures in Washington and 11 had endovascular coiling procedures in Washington. (Source: Alice Rarig, State of Alaska CON Office and Washington State Department of Health.)

It is anticipated that the availability of the service in the state, as well as the development of treatment protocols, will allow for an increase in the number of patients receiving these particular treatments. Patients both with ruptured

aneurysms and those with unruptured aneurysms eligible for treatment should be included.

With the incidence rate for ruptured aneurysms being 65-70 per year, with half of those receiving treatment now, ARH is projecting two procedures per week will be performed in the first year, with 4% growth rates in subsequent years.

- b. Include evidence of the number of persons who will begin to use any new services that are not now available, accessible, or acceptable to the target population.**

See above.

- c. Provide annual utilization data and demand trends for the five most recent years and monthly utilization data for the most recent incomplete year prior to the application for each existing facility offering a similar service in the service area. Provide projections for utilization for three years (or the appropriate planning horizon set out in the review standards related to this project) after construction, and show methodology used to determine use, including the math.**

The statewide utilization of surgical clipping (all hospital) as noted above:

	2001	2002	2003	2004	2005
AK Discharges	20	16	10	3	11

ARH is projecting the following for endovascular coiling treatments, assuming 2 procedures per week with 4% growth per year:

	2007	2008	2009
AK Discharges	104	108	112

- d. If the project is an acquisition of a new piece of major equipment or a new service, provide utilization data for similar services, existing equipment, or older technology. Indicate whether similar existing equipment will continue to be used and the project's effect on utilization of similar services. If this service or equipment was not in place in the service area, compare the expected utilization with other similar communities in Alaska or in other states.**

The new equipment will also be used for radiology and other neuroradiology interventions where, as noted above, ARH has averaged 25.5 procedures a month going back to January 2005, including Dr. Tolbert's recent work. It is projected that the procedures will continue with a less aggressive growth rate to match the general population growth rate of about 1%.

	2007	2008	2009
Interventional	306	309	312

- e. **If an increase in utilization is projected, list the factors that will affect the increase. Provide annual utilization projections for three to five years in the future, as applicable, for each specific service in the proposal (in general, equipment projections are for three years, and new beds and facility construction are for five years). Include each of the following data when applicable:**

- (1) number of admissions/discharges
- (2) number of patient days
- (3) average length of stay
- (4) percent occupancy
- (5) average daily census
- (6) number of licensed beds
- (7) number of beds set up
- (8) number of inpatient and outpatient surgeries and surgery minutes
- (9) number of existing surgery suites in the service area
- (10) number of procedures
- (11) number of treatment rooms
- (12) number of patients served
- (13) number of outpatient visits
- (14) number of laboratory tests
- (15) number of x-rays
- (16) number of ER visits
- (17) number of CT, MRI, PET or PET/CT scanners

ARH is projecting the total utilization of the suite for the next three years to be the following:

	2007	2008	2009
Coilings	104	108	112
Interventions	306	309	312
Total	410	417	424

- f. **If any services will be reduced, indicate how the proposed reduction will affect the service area needs and patient access.**

Not applicable.

- g. **Provide any other information that may be pertinent to establishing the need for this project.**

Not applicable.

h. Attach letters of support from local and regional agencies, other health care facilities, individuals, governmental bodies, etc.

See appendices for letters of support.

6. Include your calculations of numerical need for each proposed activity for your service area. If the proposed project is expected to have a larger capacity than that projected by (and available from) the department, explain the rationale and provide documentation to support the larger capacity.

This is a new service to Alaska and is not specifically addressed by the department in planning documents.

C. AVAILABILITY OF LESS COSTLY OR MORE EFFECTIVE ALTERNATIVES

1. Describe the different alternatives considered in developing this project. Explain why the particular alternative for providing the services proposed by this application was selected. Include as an alternative a discussion of the effect of doing nothing.

The effect of doing nothing in this case will perpetuate the inability for some Alaskans to receive timely and appropriate care for aneurysms, as well as the need for some Alaskans to leave the state to receive care. Based on incidence rates and actual procedures being performed in Alaska and in Washington, some Alaska patients are not receiving appropriate care for stroke.

Through this project, all Alaskans can be assured that there is a local option for receiving timely, high quality care.

An alternative that was considered was upgrading the existing cath lab equipment at Alaska Regional Hospital. This created two difficulties. First, it did not solve the problem of competing availability with electrophysiology studies. These studies are performed on the bi-plane equipment and are protracted in time, potentially making the equipment unavailable for emergency procedures. Second, upgrading the equipment meant excluding provision of existing services, specifically, upgrading the image intensifiers on our current equipment meant that they would be too small in viewing operation to perform some radiology interventions.

2. Describe any special needs and circumstances. Special needs may include special training, research, Health Maintenance Organizations (HMOs), managed care, access issues, or other needs.

The equipment as proposed is one part of the equation, with the physician, supporting team and supplies being the other part. Dr. Marshall Tolbert, M.D., the endovascular neurosurgeon, started practice in Alaska in August 2006. At the same time, cath lab professionals from Alaska Regional Hospital visited Dr. Tolbert's prior institution, Duke University in North Carolina to observe and receive orientation on the protocols and procedures related to these treatments. Alaska Regional Hospital also invested significantly in the appropriate inventory of supplies specific to these procedures.

Timely access to this equipment will be vital and Alaska Regional Hospital's participation in local EMS service, as well as ARH's Medivac program will allow for substantial coverage throughout south central Alaska, as well as the entire state. ARH's Medivac program is the only program in the state in which airplanes are able to deliver the patient directly to the hospital from Merrill Field in Anchorage without additional, time-adding ambulance transport. This will contribute to the successful provision of these services to Alaskans requiring transport to the facility.

D. THE RELATIONSHIP OF THE PROPOSED PROJECT TO EXISTING HEALTH CARE SYSTEM AND TO ANCILLARY OR SUPPORT SERVICES

1. Identify any existing comparable services within the service area and describe any significant differences in population served or service delivery. If there are no existing comparable services in the area, describe the unmet need and how the target population currently accesses the services. Describe significant factors affecting utilization, including cost, accessibility, and acceptability.

Until recently, the only local treatment for aneurysms was surgical clipping, an invasive procedure in which a neurosurgeon performs brain surgery through an opening in the skull.

Since August 2006, limited minimally invasive treatment has been available at Alaska Regional Hospital. The limiting factors have been described above and this project would virtually eliminate these limiting factors. These treatments are available to all Alaskans, including non-surgical candidates.

Prior to August 2006, Alaskans could receive this minimally invasive treatment only outside the state, requiring expensive and risky flights to Seattle or elsewhere, if permitted under the time sensitive circumstances of the condition (assuring virtually no treatment for emergency conditions).

The treatments proposed are less traumatic for the patient, as well as less expensive than invasive neurosurgery.

Alaska Regional Hospital is accessible by all Alaskans and visitors to the state.

The availability of the treatment also allows for follow-up care to be received at ARH.

2. Describe the probable effect on other community resources, including any anticipated impact on existing facilities offering the same/similar services or alternatives locally or statewide if applicable. Describe how each proposed new or expanded service will:

- a. complement existing services**
- b. provide an alternative or unique service**
- c. provide a service for a specific target population**
- d. provide needed competition**

With endovascular coiling available, patients in the state will now be able to consider an alternative for invasive clipping and providers formerly providing those services would potentially be available for competing incidents on an emergency basis, for example.

Extended and costly rehab and other post-treatment care related to current management of stroke patients will be reduced.

- a. The new service will complement and bolster the treatment for stroke available in Alaska. Existing neurosurgery and neurology services are being complemented by the new treatments. A premier Neurosciences Program available in the state will help meet the targets the state has set for stroke care.
- b. The service will provide an alternative to invasive neurosurgery and a unique service, as well, allowing Alaskans and their families to remain in the state to receive care.
- c. This will provide a service for those at risk of intracranial aneurysms and related stroke care.
- d. Not applicable.

3. Identify existing working relationships the applicant has with hospitals, nursing homes, and other resources serving the target population in the service area. Include a discussion of cooperative planning activities, shared services (i.e. agreements assigning services such as emergency or obstetrics), and patient transfer agreements. If other organizations provide ancillary or support services to your facility, describe the relationship. Attach copies of relevant agreements in an appendix in the application. If a service requires support from another agency but does not have an agreement, explain why.

The proposed service will operate independently at Alaska Regional Hospital; however, current existing relationships with community and other providers exist and have been operational as such for some time. These will continue and more detailed descriptions are available on request.

E. FINANCIAL FEASIBILITY

1. Demonstrate how the project will ensure financial feasibility, including long-term viability, and what the financial effect will be on consumers and the state, region, or community served.

The project will be considered part of the overall operations of the facility and is projected to have long term financial feasibility. ARH is in strong financial position and has the ability to provide this and our many other services on a long-term basis. Furthermore, we are in a position to dedicate significant resources to the ongoing success of the project to ensure the highest quality care for Alaskans.

The effect of the project on consumers will be decreased expense, shorter length of stay and improved post-treatment condition, including reduced rehab needs.

2. Discuss how the project construction and operation is expected to be financed. Demonstrate access to sufficient financial resources and the financial stability to build and operate this project.

The project will be financed with a cash capital expenditure and ongoing operations, including maintenance, will fall under ARH's long-term operations ability.

3. Provide a description and estimate of:

- a. The probable impact of the proposal on the annual increase on the overall costs of the health services to the target population to be served;**

It is difficult to accurately predict the impact of the services on the overall cost of health services related to stroke. Through the continuum of care, factors such as untreated aneurysms, alternatives to current management of disease, actual cost of treatment and rehab time and other post-treatment concerns vary from patient to patient.

Generally, it is anticipated that costs will decrease due to shorter length of stay, decreased use of expensive air ambulance flights out of state and shorter rehab time.

- b. If applying to build a residential psychiatric treatment centers, nursing homes, or additional nursing home beds the annual increase to Medicaid required to support the new project, and the projected cost of and charges for providing the health care services in the first year of operation (per diem rate, scan, surgery etc);**

Not Applicable.

- c. The immediate and long-term financial feasibility of continuing operations of the proposal.**

As noted above, this project will fall under the continued long-term operation of Alaska Regional Hospital.

F. ACCESS TO SERVICE BY THE GENERAL POPULATION AND UNDER-SERVED GROUPS

1. Provide information on service needs and access of under-served groups of people such as low-income persons, racial and ethnic minorities, women, and persons with a disability. Discuss any plans to overcome language and cultural barriers of groups to be served.

Alaska Regional Hospital is available for all Alaska patients and provides generous charity care, access to Medicare and Medicaid populations and has relationships with the Alaska Native Tribal Health Consortium, for example. Continuing efforts are made by Alaska Regional Hospital to provide all services to the groups noted and this project will fall into that category.

2. Indicate the annual amount of charity care provided in each of the last five years with projections for the next three years. Include columns for revenue deductions, contractual allowances, and charity care.

	2001	2002	2003	2004	2005	YTD 2006 Aug
IP Admissions	199	259	221	319	266	210
OP Visits	10,438	10,460	9,520	8,398	8,856	5,811
Revenue	13,288,213	14,559,680	17,356,996	20,881,867	16,610,000	16,651,000
Deductions						
Charity Care						(1,777,528)
Uninsured Discount	(1,351,011)	(3,519,998)	(6,364,311)	(4,541,585)	(4,076,660)	(2,318,253)
Other	(3,989,161)	(2,966,235)	(5,463,874)	(2,007,394)	(2,232,056)	(2,909,612)
Admin. Processing Adjust.	(2,479,107)	(2,217,091)	(2,515,776)	(30,568,424)	(21,335,195)	(21,049,655)
Total Revenue Deductions	(7,819,279)	(8,703,324)	(14,343,961)	(37,117,403)	(27,643,911)	(28,055,048)
Net Revenue	5,468,934	5,856,356	3,013,035	(16,235,536)	(11,033,911)	(11,404,048)

3. Address the following access issues:

a. transportation and travel time to the facility;

ARH participates in the Anchorage EMS program as well as provides a unique Medivac program in the state, where air ambulance flights arrive to the hospital directly via Merrill Field.

b. special architectural provisions for the aged and persons with a disability;

Not applicable.

c. hours of operation; and

Services available 24 hours a day, 7 days a week with scheduled cases falling under M-F 7:30am to 3:30pm.

d. the institution's policies for nondiscrimination in patient services.

Available on request.

Section V. Consideration of Quality, Effectiveness, Efficiency, and Benefits of the Applicant's Services

Please discuss the following in narrative form:

1. ACCREDITATION AND LICENSURE: The current status, source, date, length, etc., of the applicant's license and certification. Include information on Medicaid and Medicare Certification.

Alaska Regional Hospital (ARH) is licensed as a 250 bed acute care hospital, including 10 rehabilitation beds, by the Department of Health and Social Services of the State of Alaska. This license is effective July 1, 2006 through June 30, 2008. A copy of the license is located in the appendices.

ARH is certified by Medicare and Medicaid. ARH's Medicaid ID numbers are HS20IP and HS20OP and Medicare number is 02-0017.

ARH is accredited by the Joint Commission on Accreditation of Healthcare Organizations. ARH was surveyed in June 2004 and received accreditation for 2004 – 2007. A copy of the accreditation certificate is located in the appendices.

2. QUALITY CONTROL: How the applicant plans to ensure high quality service.

Patient Safety, Quality and Performance Improvement Activities are a number one priority at ARH. We are committed to providing services that meet or exceed the needs and expectations of our customers. We define customers as patients, families, physicians, co-workers, volunteers, outside representatives and visitors.

We are dedicated to providing goal oriented care which is designed to maintain or improve our patient's health status and/or comfort and prepare them for discharge.

Performance Improvement Activities are based on numerous indicators including high volume, high risk, problem prone processes, root cause analysis of all sentinel (or potential sentinel) events, medication errors and adverse drug events, use of restraints, hospital acquired infections, pain management, patient and physician complaints, patient, employee and physician satisfaction results and many other indicators that are identified from the data tools and care processes.

An ongoing, planned, purposeful, integrated, and coordinated evaluation of patient care is used to monitor, assess and improve the quality of care provided to patients. This process is largely based on feedback, monitoring and evaluation, education and communication. Information is obtained from wide and varied resources detailed in our Performance Improvement Plan (available on request).

At ARH, we utilize external benchmarking systems such as the National Quality Healthcare Initiatives, as well as internal benchmarking systems which compare our data trends within ARH, as well as with other facilities that are a part of our parent company, HCA. Our

participation in a large corporation such as HCA allows for access to vast data banks as well as large volumes of best practice/evidence-based practice information.

Additional materials available upon request.

3. PERSONNEL: Plans for optimum utilization and appropriate ratios of professional, sub-professional and ancillary personnel.

ARH ensures that current local and national standards of personnel ratios are maintained while providing efficient, optimum utilization of personnel. The specific staffing model for the proposed interventional neuroradiology suite would consist of two cath lab techs and one RN during regular scheduled hours, and an available call team for other times. Copies of the job descriptions are included in the appendices. While these professionals are trained and dedicated for this service, they will have cross training into our cardiac cath labs for efficiency and optimum utilization.

Already in 2006, ARH has sent one RN and one cath lab specialist to Duke University Medical Center for one week to scrub-in and participate in a variety of neuroradiology procedures in the interventional neuroradiology lab there. These professionals have returned to ARH and performed alongside the/our endovascular neuro surgeon on several basic, lower level procedures, as well as some of the specific aneurysm treatments described earlier.

They and the endovascular neuro surgeon have also provided training to other staff members and, subsequently, have laid the foundation from which our staff will build upon to enhance their skills as the new interventional neuroradiology suite comes online. Additional Outside training – most likely at Duke University Medical Center – will be sought as required.

4. APPROPRIATE UTILIZATION: Development of programs such as ambulatory care, assisted living, home health services, and preventive health care that will eliminate or reduce inappropriate use of inpatient services.

The existence of the proposed interventional neuroradiology suite will provide an opportunity for Alaskan patients who suffer from stroke and aneurysms to receive treatment in Alaska, without having to leave the state. This is an improvement over the current option of flying Outside to receive similar care.

In addition, these treatments are often done on an outpatient or observation bases, reducing or eliminating inpatient stays. For example, the invasive craniotomy-based treatment now available results in a four to five day inpatient hospital stay.

5. NEW TECHNOLOGY AND TREATMENT MODES: Plans to use modern diagnostic and treatment devices to enhance the accuracy and reliability of diagnostic and treatment procedures.

As described in this proposal, the proposed interventional neuroradiology suite is the latest technology and will provide diagnostic and treatment capabilities to a level that is beyond the scope of anything currently available in Alaska.

6. LABOR SAVING DEVICES AND EFFICIENCY: The employment of labor-saving equipment and programs to provide operating economies.

As mentioned above, the professionals trained in association with the proposed interventional neuroradiology suite will have the opportunity to cross train to the existing cath labs currently operating at ARH.

The treatments made available by this equipment are reducing or eliminating many of the labor and operating costs associated with lengthy inpatient stays and rehab, both to the patient and to their responsible fiduciary party.

7. PROGRAM EVALUATION: Future plans for evaluation of the proposed activity to ensure that it fulfills present expectations and benefits.

ARH conducts monthly operating reviews to ensure the efficient and optimum operation of related activities and this will be no exception. In addition, annual processes are undertaken whereby actual results are compared to plan and performance is measured.

It is anticipated that the performance and results related to anticipated stroke and aneurysm treatments, as well as the lab in general, will be reviewed regularly, documented and shared with stakeholders, including the State.

8. ORGANIZATIONAL STRUCTURE: Include an organizational chart, descriptions of major position requirements and board representation; show representation from community economic and ethnic groups.

Current ARH organization chart and composition of community advisory Board of Trustees is included in the appendices. Major position job descriptions for the lab addressed above in item 3 and also included in the appendices.

9. STAFF SKILLS: Provide descriptions of major position requirements, appropriate staff-to-patient ratios to maintain quality, and the minimal level of utilization that must be maintained to ensure that staff skills are maintained. Provide a source for the staffing standards.

Also addressed in item 3 and job descriptions included in the appendices.

Staffing for these specific procedures varies by complexity of the procedure. ARH's cath lab manager works closely with the endovascular neuro surgeon to ensure that adequate staff is present at each phase of a given procedure. Typically, one RN and two cath lab tech constitute the core staff during a procedure.

As stated in item 3 above, core staff has been trained, including one RN and one specialist, and additional staff will be available as complexities and volumes warrant. Many of the skills associated with these procedures overlap with the skills utilized in other cath lab procedures, so a potential loss of skill based on a low number of procedures will not be a factor.

10. ECONOMIES OF SCALE: The minimum and maximum size of facility or unit required to ensure optimum efficiency. If the planned project is significantly smaller or larger, explain the effect and why the size was chosen.

One suite is the appropriate size for the scope of this project – currently there is only one endovascular neuro surgeon in Alaska that can perform these procedures. One suite and one team of professionals dedicated to working with the physician, adept at the required techniques and performing the available procedures will produce the maximum efficiency of operation. In addition, expensive supplies are required to be maintained on hand for these procedures. One dedicated location for maintaining this inventory offers the highest efficiency for operation.

Section VI. Narrative Description of How Project Meets Applicable Review Standards

Describe in this section of the application how the proposed project meets each review standard applicable to all activities, and each specific review standard applicable to the proposed activity. *Some of this information will duplicate information required elsewhere in the application packet; that duplication is intentional.*

The general Review Standards are addressed below and in this application. Please note that the Review Standards for *Cardiac Catheterization Services* (Section VII.D.) do not apply as this suite will be dedicated to interventional neuroradiology and radiology interventions.

Review Standards

The department will apply the following general review standards, the applicable service-specific review standards set out in this document, the standards set out in AS 18.07.043, and the requirements of 7 AAC 07 in its evaluation of each certificate of need application:

- 1. The applicant documents the needs for the project by the population served, or to be served, including, but not limited to, the needs of rural populations in areas having distinct or unique geographic, socioeconomic, cultural, transportation and other barriers to care.**

Stroke is the fourth leading cause of death for the target population and with higher relative rate and intensity than comparable national populations. As documented in this application, the project will provide a unique service to a population that is at special risk for the condition due to risk factors present in the population. One barrier to care is that travel out of state has been necessary to receive the latest care and this project will eliminate that barrier.

- 2. The applicant demonstrates that the project, including the applicant's long-range development plans, augments and integrates with relevant community, regional, state and federal health planning, and incorporates or reflects evidence-based planning and service delivery. A demonstration under this standard should show that the applicant has checked with the department regarding any relevant state plan, with appropriate federal agencies for relevant federal plans, and with communities regarding community or regional plans.**

This application has included the plans requested above and the project is critical to the applicant's, as well as the state and reflects evidence-based planning and service delivery. Stroke is a significant concern to the community and this project helps to fulfill many recommendations surrounding stroke.

- 3. The applicant demonstrates evidence of stakeholder participation in planning for the project and in the design and execution of services.**

Alaska Regional Hospital has communicated closely with the physician providers involved in this service. See letters of support in the appendices. Dr. Marshall Tolbert, M.D., the

endovascular neurosurgeon who started practicing in Alaska in August of 2006 has worked closely with Alaska Regional Hospital to develop this service. Dr. Tolbert's CV is included in the appendices.

Additionally, the Alaska Stroke Symposium, co-sponsored with the American Heart Association and others, was held at the hospital in September 2006. Approximately 90 participants, including 20 physicians and 35 nursing professionals participated. While the Symposium did not focus on this project specifically, the treatments described were presented and discussed. A symposium flyer is included in the appendices.

4. The applicant demonstrates that they have assessed alternative methods of providing the proposed services and demonstrates that the proposed services are the most suitable approach.

Alaska Regional Hospital has considered upgrading current equipment, but is limited in doing so by the exclusion of providing current services.

5. The applicant briefly describes the anticipated impact on existing health care systems within the project's service area that serve the target population in the service area, and the anticipated impact on the statewide healthcare system.

The impact should be beneficial in that current providers in the system providing surgical clipping and post-treatment will see reduction in those services and will be able to focus on other services. Rehab and post-treatment care will be better and a reduction in those expended resources will occur.

6. The applicant demonstrates that the project's location is accessible to patients and clients, their immediate and extended families and community members, and to ancillary services. This includes the relocation of existing services or facilities.

The project is accessible to all Alaskans through the Medivac air ambulance program and includes access to Alaska House, Alaska Regional Hospital's low cost meals and lodging program for patients and their visitors.

Section VII. Construction Data

A. Please check appropriate boxes:

- | | | | |
|----------------------|-------------------------------|------------------------------------|--|
| 1. Construction type | <input type="checkbox"/> New | <input type="checkbox"/> Expansion | <input checked="" type="checkbox"/> Renovation |
| 2. Basement | <input type="checkbox"/> Full | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> None |

B. Project Development Schedule

Date

- | | |
|--|-------------------|
| 1. Estimated completion of final drawings and specifications | December 1, 2006 |
| 2. Estimated construction begun by | December 31, 2006 |
| 3. Estimated construction complete by | January 31, 2007 |
| 4. Estimated opening of proposed services | March 1, 2007 |

C. Facility site data: Provide the following as attachments (referenced by the subsection and item number):

(Items 1-4 not applicable.)

1. A legal description and area of the proposed site. Is the site now owned by the facility? If not, how secure are the arrangements to acquire the site?
2. Diagrammatic plan showing:
 - a. dimensions and location of structures, easements, rights-of-way or encroachments;
 - b. location of all utility services available to the site; and
 - c. Location of service roads, parking facilities, and walkways within site boundaries.
3. Document clearances regarding zone restrictions, fire protection, sewage, and other waste disposal arrangements (under special circumstances, it is acceptable to present evidence of conditional approvals from local government and regulatory agencies).
4. An architectural master plan including long-range concept and development of total facility.
5. Schematic floor plan drawings (or conceptual drawings) of proposed activity, including functional use of various rooms.

See schematics included in appendices.

D. Describe the plan for completing construction and the effect (disruption) construction activities will have on existing services.

Minimal disruption will occur during the room four move and renovation, but will be offset through usage of ARH's other facilities.

Section VIIIA. Financial Data – Acquisitions

Not applicable.

Section VIIIB. Financial Data – Construction Only

1. Construction Method (Please check)

- a. ☒ Conventional bid ☐ Contract management ☐ Design and build
b. ☐ Phased ☒ Single project ☐ Fast Track

2. Construction Cost (New Activity)

(Omit cents)

- | | | |
|---|----|-----------|
| a. Site acquisition (Section VIIIA.2.f) | \$ | |
| b. Estimated general construction** | \$ | 446,836 |
| c. Fixed equipment, not included in a** | \$ | |
| d. Total construction costs (sum of items a, b, and c)** | \$ | 446,836 |
| e. Major movable equipment** | \$ | 1,705,688 |
| f. Other cost:** | | |
| (1) Administration expense | \$ | |
| (2) Site survey, soils investigation, and materials testing | \$ | |
| (3) Architects and engineering fees | \$ | |
| (4) Other consultation fees (preparation of application included) | \$ | |
| (5) Legal fees | \$ | |
| (6) Land development and landscaping | \$ | |
| (7) Building permits and utility assessments (including water, sewer, electrical, phones, etc.) | \$ | |
| (8) Additional inspection fees (clerk of the works) | \$ | |
| (9) Insurance (required during construction period) | \$ | |
| g. Total project cost (sum of items d, e, f) | \$ | 2,152,524 |
| h. Amount to be financed | \$ | 0 |
| i. Difference between 2.g and 2.h (list, as Schedule 1, available resources to be used, e.g., available cash, investments, grants funds, community contributions, etc.) | \$ | 2,152,524 |
| j. Anticipated long-term interest rate _____% | | |
| k. Anticipated interim (construction) interest rate _____% | | |
| l. Anticipated long-term interest amount | \$ | |
| m. Anticipated interim interest amount | \$ | |
| n. Total items g, l, and m | \$ | 2,152,524 |
| o. Estimated annual debt service requirement | \$ | |
| p. Construction cost per sq. ft. | \$ | n/a |
| q. Construction cost per bed | \$ | n/a |
| r. Project cost per sq. ft. | \$ | n/a |
| s. Project cost per bed (if applicable) | \$ | n/a |

*Site acquisition should be stated as "book" value, i.e., actual purchase price (or estimate of value if donated) plus costs of development. If desired, the applicant may elect to state as "fair market value" (in which case, so indicate). A form for use in calculating fair market value is included on page 31 of this packet. Include your calculations as part of this section of your application.

** Items must be certified estimates from an architect or other professional. Major medical equipment may be documented by bid quotes from suppliers.

Section IX. Financial Data – All Proposed Activities

Provide an accompanying narrative explanation for each of the schedules below if there are any significant trends or significant changes in any item or group of items from year to year.

Note: Indicate whether you are using a calendar year or other fiscal year period.

A. Attach Schedule I - Facility Income Statement

1. For the most recent five prior full fiscal or calendar years
2. Projections during construction or implementation period (if applicable)
3. Projection for three years following completion of construction, or implementation of the proposed activity.

B. Attach Schedule II - Facility Balance Sheet

1. For the most recent five prior fiscal or calendar years.
2. Current fiscal or calendar year to date

C. Attach Schedule III - Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue Amounts

Provide revenue and expense data FOR EACH SERVICE THAT IS IDENTIFIED AS CHANGING.

1. For the most recent five prior full fiscal or calendar years (information may be obtained on total patient load, directly from your respective years' Medicare Cost Reports)
2. Current fiscal or calendar year to date
3. Projection for five years following completion of construction or implementation.

D. Attach Schedule IV – Operating Budget

Current and projected line item capital and operating budgets for the proposed activity. Describe what alternative plans have been made if deficits occur.

E. Attach Schedule V – A. Debt Service Summary, and B. New Project Debt Service Summary

A debt service cash flow schedule over the life of the debt, if applicable, for all long-term debt of the facility. Identify each debt, including the proposed activity, and break out interest, principal, and other costs.

F. Attach Schedule VI - Reimbursement Sources

Showing reimbursement sources for the facility for the previous five full years and projected for three years after implementation.

G. Attach Schedule VII – Depreciation Schedule

Showing a depreciation schedule for all items acquired through the proposed project. Note that the straight-line method must be used. Indicate on the depreciation schedule or separately which major movable equipment is being purchased for the project (see Section VIIIB, Item 2e). Also, on a separate page, include a list of all equipment to be purchased through this project and the costs.

Schedule I – Facility Income Statement

	FY 06 ³	FY 05	FY 04	FY 03	FY 02	FY 01
Inpatient Routine	\$31,157,004	\$42,772,211	\$38,576,606	\$35,487,229	\$36,140,805	\$28,967,789
Inpatient Ancillary	\$114,050,753	\$164,578,693	\$151,850,155	\$135,853,866	\$121,625,779	\$114,280,640
Outpatient	\$83,575,568	\$123,774,493	\$106,631,732	\$78,975,505	\$78,882,818	\$68,143,001
Long-Term Care	\$0	\$0	\$0	\$0	\$0	\$0
Swing Beds	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0	\$0	\$0
Total Patient Revenue	\$228,783,325	\$331,125,397	\$297,058,493	\$250,316,600	\$236,649,402	\$211,391,430
Less Deductions						
Charity Care	\$1,777,528	\$4,822,612	\$4,541,584	\$6,364,311	\$3,519,998	\$1,596,380
Contractual Allowances	\$133,586,069	\$186,680,891	\$162,313,545	\$124,978,935	\$113,570,424	\$100,386,699
Bad Debts	\$8,311,818	\$12,785,464	\$13,351,829	\$9,681,909	\$7,493,820	\$5,940,821
Total Deductions	\$143,675,415	\$204,288,967	\$180,206,958	\$141,025,155	\$124,584,242	\$107,923,900
Net Operating Revenues	\$85,107,910	\$126,836,430	\$116,851,535	\$109,291,445	\$112,065,160	\$103,467,530
All Other Revenues	\$877,279	\$615,837	\$711,640	\$945,594	\$2,115,711	\$1,518,502
EXPENSES:						
Salaries	\$27,606,442	\$40,705,181	\$37,008,461	\$38,356,620	\$40,210,197	\$36,019,248
Benefits	\$7,218,216	\$9,582,471	\$8,169,453	\$9,164,156	\$7,920,983	\$7,292,992
Supplies	\$15,495,116	\$24,980,680	\$24,048,775	\$19,901,231	\$18,814,139	\$17,612,535
Utilities	\$874,904	\$1,404,095	\$1,367,068	\$1,209,507	\$1,137,480	\$1,137,480
Property Tax	\$639,113	\$971,304	\$1,106,188	\$856,044	\$828,967	\$824,238
Rent	\$853,981	\$1,463,902	\$1,334,323	\$1,391,125	\$3,355,020	\$5,450,010
Lease						
Other Expenses	\$21,353,411	\$31,955,932	\$28,488,739	\$25,189,356	\$24,237,421	\$20,930,212
Depreciation	\$6,019,383	\$9,504,603	\$9,678,431	\$9,660,449	\$12,241,836	\$8,244,628
Interest	(\$4,232,805)	(\$5,214,400)	(\$3,964,477)	(\$2,831,894)	\$140,750	(\$3,080,676)
Total Expenses	\$75,827,761	\$115,353,768	\$107,236,961	\$102,896,594	\$108,886,793	\$94,440,279
Excess (Shortage) of Revenue Over Expenditures	\$10,157,428	\$12,098,499	\$10,326,214	\$7,340,445	\$5,294,078	\$10,545,753
Note(s): 1. Schedule I. Facility Income Statement computed for Unit 1406, COID 30201 2. FY is based on calendar year 3. FY 06 is YTD through 8/31/06						

Schedule II – Facility Balance Sheet

	FY 06 ³	FY 05	FY 04	FY 03	FY 02	FY 01
Cash & Cash Equivalent	-\$174,854	-\$446,645	\$573,067	\$9,836,292	-\$73,197	\$469,159
Net Patient Accounts Receivable	\$22,766,253	\$25,294,762	\$23,429,815	\$18,921,485	\$22,257,869	\$22,408,203
Other Accounts Receivable	-\$278,570	-\$259,214	-\$225,504	-\$42,121	-\$5,995	\$143,754
Inventories	\$6,969,726	\$5,588,700	\$4,475,966	\$4,661,959	\$4,138,912	\$3,825,017
Prepaid Expenses	\$898,788	\$4,505	\$75,004	\$88,997	\$29,094	\$386,949
Other	\$0	\$0	\$0	\$1	\$2	\$2
Total Current Assets	\$30,181,343	\$30,182,108	\$28,328,348	\$33,466,612	\$26,346,683	\$27,233,082
Property and Equipment						
Land & Improvements	\$4,122,657	\$4,122,657	\$4,122,657	\$4,122,657	\$4,122,657	\$4,122,657
Building/Fixed Equipment	\$108,865,657	\$108,827,062	\$106,513,583	\$106,476,245	\$123,074,234	\$103,994,551
Major Movable Equipment	\$61,834,755	\$59,664,784	\$58,416,697	\$58,963,424	\$54,439,707	\$48,069,812
Accumulated Depreciation	-\$124,715,254	-\$118,753,744	-\$109,318,128	-\$102,428,777	-\$95,597,628	-\$83,355,790
Net Property & Equipment	\$50,107,815	\$53,860,759	\$59,734,809	\$67,133,549	\$86,038,970	\$72,831,230
Other Assets	\$221,149	\$221,149	\$221,149	\$221,149	\$239,483	\$254,667
TOTAL Assets	\$80,510,307	\$84,264,016	\$88,284,306	\$100,821,310	\$112,625,136	\$100,318,979
LIABILITIES/FUND BALANCE						
Current Liabilities						
Accounts Payable	\$5,819,717	\$4,929,422	\$5,118,425	\$11,275,229	\$4,075,087	\$4,063,735
Accrued Expenses	\$2,025,043	\$952,902	\$879,986	\$887,079	\$981,059	\$919,889
Accrued Compensation	\$2,841,114	\$2,220,662	\$3,341,468	\$2,789,970	\$3,041,456	\$2,742,580
Other Accruals						
Total Current Liabilities	\$10,685,874	\$8,102,986	\$9,339,879	\$14,952,278	\$8,372,602	\$7,726,204
Long Term Liabilities						
Long Term Debt	-\$71,325,907	-\$59,468,777	-\$49,208,872	-\$32,920,148	-\$5,022,056	-\$15,163,404
Other	\$93,181	\$75,076	\$62,297	\$157,661	\$138,017	\$138,956
Total Long Term Liabilities	-\$71,232,726	-\$59,393,701	-\$49,146,575	-\$32,762,487	-\$4,884,039	-\$15,024,448
Fund Balance						
TOTAL Liabilities & Fund Balance	\$80,510,307	\$84,264,016	\$88,284,303	\$100,821,310	\$112,625,136	\$100,318,979
Note(s):						
<ol style="list-style-type: none"> Schedule II. Facility Balance Sheet computed for Unit 1406, COID 30201 FY is based on calendar year FY 06 is YTD through 8/31/06 						

Schedule III – Average Patient Cost Per Day and Revenue Amounts

	FY 06 ³	FY 05	FY 04	FY 03	FY 02	FY 01
Revenues	\$94,297,007	\$140,231,731	\$130,915,004	\$119,918,943	\$121,787,090	\$110,926,872
Expenses	\$75,659,313	\$114,932,363	\$106,727,815	\$97,808,107	\$96,484,823	\$88,384,010
Patient Days ⁴	22,908	35,012	35,315	33,148	39,653	39,568
Revenue Per Patient Day	\$4,116	\$4,005	\$3,707	\$3,618	\$3,071	\$2,803
Average Cost Per Patient Day	\$3,303	\$3,283	\$3,022	\$2,951	\$2,433	\$2,234
Operating & Capital Budget Summary:						
Gross Revenues	\$229,660,604	\$331,741,234	\$297,770,133	\$251,262,189	\$238,765,138	\$212,909,949
Deductions from Revenue	\$135,363,597	\$191,509,503	\$166,855,129	\$131,343,246	\$116,978,048	\$101,983,077
Net Revenue	\$94,297,007	\$140,231,731	\$130,915,004	\$119,918,943	\$121,787,090	\$110,926,872
Direct Expense	\$60,705,338	\$94,197,283	\$87,009,328	\$79,774,100	\$76,439,310	\$70,422,370
Indirect Expense	\$14,953,975	\$20,735,080	\$19,718,487	\$18,034,007	\$20,045,513	\$17,961,640
Net Income Projected	\$18,637,694	\$25,299,368	\$24,187,189	\$22,110,836	\$25,302,267	\$22,542,862
Rate Computation						
Annual Medicaid Rate						
Base Year Cost						
Less Ancillary						
Plus Admin. Overhead						
Cost Basis for Rate						
Base Year Patient Days						
Cost per Patient Day						
Note(s): <ol style="list-style-type: none"> 1. Schedule III. Average Cost per Patient Day computed for Unit 1406, COID 30201 2. FY is based on calendar year 3. FY 06 is YTD through 8/31/06 4. Patient Days are computed as Adjusted Patient Days 						

Schedule IV, V

Not applicable.

Schedule VI – Reimbursement Sources

FY 06 ³				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	7,868	\$28,549,857	\$18,017,290	\$10,532,567
Medicare	8,333	\$68,957,532	\$50,021,368	\$18,936,164
Private Insurance	22,880	\$90,788,220	\$28,749,685	\$62,038,535
Self Pay / Charity	4,946	\$16,786,361	\$1,777,258	\$15,009,103
Other	7,352	\$23,701,355	\$36,797,726	-\$13,096,371
Total	51,379	\$228,783,325	\$135,363,327	\$93,419,998
FY 05				
Medicaid	6,547	\$37,777,388	\$20,574,848	\$17,202,540
Medicare	8,637	\$92,872,420	\$63,846,785	\$29,025,635
Private Insurance	25,038	\$136,174,134	\$43,154,965	\$93,019,169
Self Pay / Charity	5,404	\$26,033,195	\$4,822,612	\$21,210,583
Other	3,364	\$38,268,259	\$59,110,293	-\$20,842,034
Total	48,990	\$331,125,397	\$191,509,503	\$139,615,894
FY 04				
Medicaid	7,346	\$31,658,560	\$17,698,251	\$13,960,309
Medicare	8,500	\$84,166,185	\$58,704,576	\$25,461,609
Private Insurance	26,466	\$127,318,205	\$38,661,465	\$88,656,740
Self Pay / Charity	5,230	\$20,881,868	\$4,541,585	\$16,340,283
Other	3,389	\$33,033,675	\$47,249,249	-\$14,215,574
Total	50,932	\$297,058,493	\$166,855,126	\$130,203,367
FY 03				
Medicaid	7,935	\$28,805,988	\$17,364,868	\$11,441,120
Medicare	7,959	\$69,047,279	\$48,795,935	\$20,251,344
Private Insurance	25,423	\$109,345,219	\$35,780,646	\$73,564,573
Self Pay / Charity	5,248	\$17,356,996	\$6,364,311	\$10,992,685
Other	4,120	\$25,761,117	\$23,037,487	\$2,723,630
Total	50,684	\$250,316,600	\$131,343,247	\$118,973,353
FY 02				
Medicaid	9,253	\$34,039,251	\$20,635,359	\$13,403,892
Medicare	9,639	\$64,755,166	\$45,069,522	\$19,685,644

Private Insurance	26,663	\$92,740,877	\$27,989,579	\$64,751,298
Self Pay / Charity	5,895	\$14,559,680	\$3,519,998	\$11,039,682
Other	8,634	\$30,554,428	\$19,763,589	\$10,790,839
Total	60,084	\$236,649,402	\$116,978,047	\$119,671,355
FY 01				
Medicaid	9,306	\$27,990,790	\$17,657,516	\$10,333,274
Medicare	9,856	\$60,660,651	\$41,495,040	\$19,165,611
Private Insurance	27,063	\$84,861,837	\$23,360,564	\$61,501,273
Self Pay / Charity	5,850	\$13,288,213	\$1,596,380	\$11,691,833
Other	8,696	\$24,589,939	\$17,873,577	\$6,716,362
Total	60,771	\$211,391,431	\$101,983,077	\$109,408,354
Note(s): <ol style="list-style-type: none"> 1. Schedule VI. Reimbursement Sources computed for Unit 1406, COID 30201 2. FY is based on calendar year 3. FY 06 is YTD through 8/31/06 				

Schedule VII – Depreciation Schedule

Schedule VII. Depreciation Schedule			
Use the straight-line method. Provide a separate schedule for any pieces of major moveable equipment.			
Equipment Description	Cost	AHA Life	Depreciation Per Year
Integrated 3D Neuro Biplane Flat Detector System	\$1,705,688	5 years	\$341,138

APPLICATION FEE – DETERMINATION AND CERTIFICATION OF AMOUNT

How to Determine the Amount of the Application Fee Required Under 7 AAC 07.079

(1) For a project that does not include a lease of a facility or equipment, the value of the project is:

A. the amount listed on page 20 of this packet under Section VIIIA, Financial Data – Acquisitions, subsection (2), item “a” (total acquisition cost of land and buildings): \$_____0_____

plus

B. the amount listed on page 21 of this packet under Section VIIIB, Financial Data – Construction Only, item “g” (total project cost, which is the sum of items d, e, and f): \$_____2,152,524_____

Estimated Value of the Activity for (1)
(sum of A & B above) \$_____2,152,524_____

(2) For a project that has a component that is leased, the fair market value of the leased equipment, facility, or land must be considered in addition to the acquisition cost. See the form on page 31 of this packet for how to determine fair market value.

Estimated Fair Market Value for (2): \$_____0_____

Estimated Value for (1) from above: \$_____2,152,524_____

Total Estimated Value of the Activity
(sum of (1) and (2)): \$_____2,152,524_____

Amount of Application Fee submitted with this application
(see 7 AAC 07.079 to calculate amount due): \$_____2,500_____

Certification of Individual Determining Application Fee

I certify that, to the best of my knowledge, as of this date, the estimated value and fee for this certificate of need activity are accurate.

Date: October 11, 2006

Facility Name and Address: Alaska Regional Hospital, 2801 DeBarr Road, Anchorage, AK 99508

Name and Title of Person Determining Application Fee: Ed Lamb, President & CEO

Signature of Certifying Officer of the Organization

APPENDICES

Application Fee Remittance Advice
October 2006 Letter to CON Coordinator re: Pending HCA Transaction
JCAHO Accreditation Certificate
Heart Disease and Stroke Facts: Stroke in Alaska Fact Sheet
Letters of Support
State of Alaska License for Alaska Regional Hospital
Job Descriptions
Alaska Regional Hospital Organization Chart
Alaska Regional Hospital Advisory Board of Trustees Composition
Dr. Marshall Tolbert, M.D. CV
Alaska Stroke Symposium Flyer
Schematics for Proposed Room



October 11, 2006

Via E-mail, Facsimile (907) 465-6861 and U.S. Mail

Mr. David Pierce
Certificate of Need Coordinator
Alaska Department of Health and
Social Services
P.O. Box 110601
Juneau, AK 99811-0601

Re: Alaska Regional Hospital

Dear Mr. Pierce:

We wish to advise you of the pending corporate transaction involving HCA Inc. ("HCA"), the ultimate parent of Alaska Regional Hospital (the "Transaction"). In the Transaction, Hercules Holding II, LLC will acquire all of the outstanding ownership interests of HCA, which is currently a publicly traded company. As a result of the Transaction, HCA will no longer be a publicly traded company. We expect the Transaction to be completed during the fourth quarter of 2006.

While HCA is the ultimate parent of Alaska Regional Hospital, Alaska Regional is not owned by HCA. Rather, it is owned by an indirect subsidiary of HCA. This subsidiary entity will not change ownership at all in the Transaction. The Transaction will not result in any change in the operation or management of Alaska Regional or the operation, management or location of the hospital. Additionally, the tax identification number, Medicaid provider number(s), and officers/board of directors of the hospital will not change as a result of the Transaction.

We assume that, given these facts, this Transaction involving a distant affiliate parent company does not constitute a change of ownership under Alaska's laws and regulations applicable to certificates of need. We understand that the Centers for Medicare and Medicaid Services (CMS) is also not treating the Transaction as a change of ownership.

If our assumption is incorrect or if you have questions, please do not hesitate to call me.

Sincerely,

Jordan Herget
Chief Operating Officer
Alaska Regional Hospital

6167944

Alaska Regional Hospital Anchorage, AK -

has been Accredited by the



Joint Commission on Accreditation of Healthcare Organizations

Which has surveyed this organization and
found it to meet the requirements for accreditation.

2004-2007

Bernard L. Hengstlaugh
Bernard L. Hengstlaugh
Chairman of the Board of Commissioners

Dennis S. O'Leary
Dennis S. O'Leary, M.D.
President

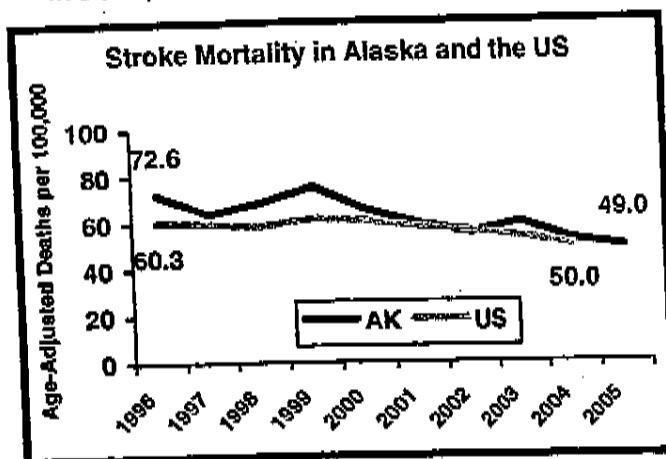
The Joint Commission on Accreditation of Healthcare Organizations is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to the Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through the Joint Commission's web site at www.jcaho.org.



Heart Disease and Stroke Facts: Stroke in Alaska

What is stroke costing Alaskans in terms of...Lives?

- Stroke was the 4th leading cause of death in Alaska in 2004¹
- In 2005, 162 Alaskans died from stroke¹



- Although there has been a slight decline in the Alaskan age-adjusted stroke death rate between 1996 and 2005, the actual number of stroke deaths has increased over this time by 15%, likely due to population aging and growth

...Economic burden?

- Stroke was associated with 1,059 hospital discharges in Alaska in 2004²
- On average, these stroke-related hospital stays cost \$17,900 and lasted 5.8 days in Alaska, comparable to US figures²
- In 2005, Medicaid payments linked with stroke-related services totaled over \$12.5 million, the majority of which was for long-term care²

...Quality of life?

- Stroke is also a leading cause of function impairments, with 15-30% being permanently disabled³
- Nearly 1/3 of Alaskans who have suffered a stroke report that their every day activities have been limited because of that condition³

All these costs are likely to increase in the future, as our population continues to age.

The Power of Prevention

Despite the advent of effective treatments for select patient subgroups, such as tissue-type plasminogen activator (tPA) for those with acute ischemic stroke, *prevention* remains the best way to reduce the burden of stroke. Following are just a few of the risk factors for stroke:

- Tobacco Use**
 - 69% of Alaskans with a history of stroke smoke now or used to be smokers³
- High Blood Pressure**
 - 49% of Alaskans with a history of stroke have been told they have high blood pressure³
- Atrial Fibrillation**
 - In 2004, 2,379 Alaskans had Medicaid claims associated with atrial fibrillation⁴
- Carotid Stenosis**
 - In 2004, 357 Alaskans had Medicaid claims associated with carotid stenosis⁴

The State of Alaska Section of Chronic Disease, Stroke Task Force has developed several recommendations:

- Assess the current capacity of Alaska's acute care hospitals to treat stroke. This assessment includes standing orders, telestroke capabilities, neurology, neurosurgery and radiology services.
- Research the role telehealth can play in stroke diagnosis and treatment.
- Establish a comprehensive stroke treatment plan that:
 - includes criteria for patient selection for tPA,
 - includes management care guidelines (not limited to tPA),
 - is appropriate for hospitals that provide different levels of care according to the resources and medical expertise available, and
 - addresses subacute care and secondary prevention.



Produced by the Heart Disease and Stroke Prevention Program, Division of Public Health, Alaska Department of Health and Social Services (9/20/2006)

¹Alaska Bureau of Vital Statistics; ²The Burden of Heart Disease and Stroke in Alaska: Mortality, Morbidity, and Risk Factors, available at: www.hss.state.ak.us/dph/chronic/chp/pubs/burden_july06.pdf; ³Alaska Behavioral Risk Factor Surveillance System, 2005; ⁴Alaska Hospital Discharge Dataset, 2004; ⁵American Heart Association. *Heart Disease and Stroke Statistics-2004 Update*. Dallas: American Heart Association; 2005.

October 11, 2006

Marshall Tolbert, MD
3220 Providence Dr., Ste. E3-020
Anchorage, Alaska 99508

David S. Pierce, MPH
Certificate of Need Coordinator
State of Alaska
Department of Health and Social Services
P.O. Box 110616
Juneau, AK 99811-0616

Dear Mr. Pierce

I would like to submit this letter of support for Alaska Regional Hospital's CON application for an interventional neuroradiology suite.

I believe the added and expanded neuroradiology services made possible through the addition of this suite would provide new options for the treatment of stroke and cerebral vascular disease for Alaskans which are currently unavailable in the state.

Respectfully,

A handwritten signature in cursive script, appearing to read "Marshall Tolbert".

Marshall Tolbert, MD

ALASKA IMAGING ASSOCIATES, LLC

2751 Debarr Road, Suite 330
Anchorage, Alaska 99508
Phone: (907) 274-7977
Fax: (907) 274-7986

October 11, 2006

David S. Pierce, MPH
Certificate of Need Coordinator
State of Alaska
Department of Health and Social Services
P.O. Box 110616
Juneau, AK 99811-0616

Dear Mr. Pierce

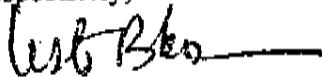
I would like to submit this letter of support for Alaska Regional Hospital's CON application for an interventional neuroradiology suite.

The proposed neuroradiology procedure suite will be unique to Anchorage and the state of Alaska. No such specialized equipment is presently available for neuroradiology and will advance patient care in the treatment of cerebral aneurysms and stroke patients beyond a level presently available.

In the past, such cases have had to leave the state for treatment.

I believe the added and expanded neuroradiology and radiology services made possible through the addition of these devices would be a great benefit towards the diagnosis and treatment of the neurosurgical patient and the overall health of Alaskans.

Respectfully,



Lester B. Lewis MD
President
Alaska Imaging Associates, LLC

STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Frank H. Murkowski, Governor

This is to Certify that a license is hereby granted by the Department of Health and Social Services to

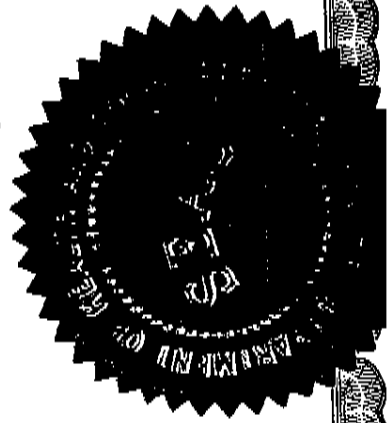
Alaska Regional Hospital

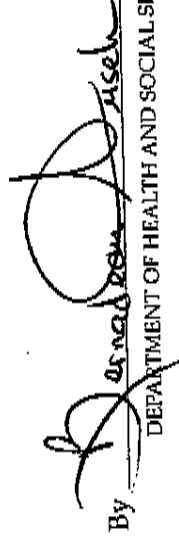
To conduct and maintain a 250 Bed Acute Care Hospital including 10 Rehabilitation Beds

In the premises located at 2801 DeBarr Road, Anchorage, Alaska

This License is effective July 1, 2006 through June 30, 2008, and is subject to the provisions of ALASKA STATUTES 47.32. This License shall not be assignable or transferable and shall be subject to revocation at any time by the Department of Health and Social Services for failure to comply with the laws of Alaska or rules and regulations as provided under the Alaska Administrative Code.

In Witness Whereof I have hereunto set my hand and seal of the Department of Health and Social Services this
First day of July, 2006.



By 
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

This License Must Be Posted In A Conspicuous Place On The Premises

Alaska Regional Hospital

POSITION DESCRIPTION

DEPT. NO.	DEPARTMENT NAME	POS. NO.	POSITION TITLE	SUPERVISOR TITLE
746	CATH LAB		CARDIOVASCULAR INVASIVE SPECIALIST	CATH LAB MANAGER

POSITION GOAL:

Assists Physicians in performing and completing invasive, interventional and therapeutic procedures using a variety of advanced equipment, monitors, devices and supplies. Knowledgeable in Vascular and cardiac procedure practice as well as emergent techniques and protocols. Accountable for maintaining and improving own vascular interventional knowledge and skills (competence). Supports hospitals mission and vision statements and goals.

POSITION RESPONSIBILITIES:

The Cardiovascular Invasive Specialist works as a team member that provides quality patient care with an awareness of hospital and departmental practices that reflect JCAHO and QI standards. There are three roles of the team that assist the physician. The credentials of the team may vary however the roles are consistent in the cath lab. These are:

1. Scrub

Surgically scrubs, preps and drapes the patient, then assists the physician with equipment. Equipment includes needles, wires, catheters, balloons, stents, and medications.

2. Monitor

Watches over the vital signs during the procedures. Documents the procedure and creates a medical record. Records the intra cardiac pressures. The person on the monitor is responsible for procedural room communications.

3. Circulate

Moves about the lab during the procedure providing equipment to the scrub tech as needed. Also attends to the needs of the patient as well as managing the IV medications.

All three roles of the Cardiovascular Invasive Specialist will be responsible for the following:

- Responsible for patient care in both cardiovascular / interventional radiology labs. Pre-operative preparation includes obtaining procedural documentation sheet information, recent lab values, orders, History & Physical, teaching, vital signs, preparation of invasive procedure sites, EKG / physiologic monitoring equipment / positioning, and surgical preparation. Intra-operative includes scrubbing, circulating, or monitoring / documenting the case and alerting Physician to changes in patient status, assures good patient communication for comfort / status assessment and vital signs. Post-operative includes Procedure documentation, vital signs, teaching, insertion site assessment, removing sheaths, use of vascular closure device per department policy, applying vascular pressure, monitoring / alerting Physician to changes, and documenting reports to appropriate nursing unit.
- Preparation of sterile procedure trays / set-ups. Adhering to "sterile" technique in all procedures (patients, equipment, and supplies.)
- Accurate patient positioning for optimal visualization and minimal radiation exposure to patients, staff and Physician.

ALASKA REGIONAL HOSPITAL/NURSING ADMINISTRATION
POSITION DESCRIPTION: CARDIOVASCULAR INVASIVE SPECIALIST
DEPARTMENT NUMBER: 746
Page 2 of 5

- Directly assists the Physician with all procedures performed within the lab as scrub assistant, circulator, and or monitor operator.
- Assuring standard completion of patient / computer reports, calculations, and appropriate procedural charges.
- Establishes / maintains professional training / educational expertise through appropriate continuing educational according to Departmental plan.
- Promotes positive working relationships and "teamwork" concept within Department and throughout the hospital.
- Able to assist in troubleshooting and minor equipment repairs within the lab. Stocks supplies, instruments, and equipment according to protocol and storage allocations. Alerts / notifies management about equipment / supply concerns or problems with operational performance.
- Participates in Quality Improvement Program and knowledgeable in its components and results that affect patient care and quality control issues. Participates in the orientation of new staff.
- Responsible for review / knowledge of Departmental policies and procedures / guidelines, skills checklist, medications review, and safety and disaster guidelines annually. Regularly attends staff meetings, inservices and skills labs.
- Implements care / services that recognize age / diversity specific needs / issues of customers served.
- Takes call as needed to cover the staffing needs of the department.

The above statements reflect the general duties considered necessary to describe the principal functions of the job as identified and shall not be considered as a detailed description of all the work requirements that may be inherent in the position.

INTERACTION WITH OTHER DEPARTMENTS AND OUTSIDE RELATIONSHIPS:

Works in cooperation with all departments within the hospital and surrounding healthcare facilities to provide superior patient care. Demonstrates a professional, helpful attitude in dealing with patients and visitors. Must interact with other hospital employees and physicians in a professional manner directed towards providing quality patient care in a cooperative manner.

POSITION REQUIREMENTS:

1. **Experience:** Previous Cath Lab experience preferred. Should be RN, RCIS or CVT registered. BLS & ACLS mandatory.
2. **Education:** Graduate of an accredited school with supervised clinical experience in invasive Cardiovascular, and/or interventional radiological procedures preferred.
3. **Special Qualifications:** Requires basic knowledge of anatomy and physiology, invasive Cardiovascular practices / techniques / pressures, basic EKG analysis and emergency protocols. Requires an ability to deal tactfully and compassionately with patients / families / significant others under potentially stressful

ALASKA REGIONAL HOSPITAL/NURSING ADMINISTRATION
POSITION DESCRIPTION: CARDIOVASCULAR INVASIVE SPECIALIST
DEPARTMENT NUMBER: 746
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conditions. Responsible for effective and constructive communication with staff / physicians / management and nursing units. Varies work schedule to meet department needs. Must be able to prioritize multiple tasks, and work with a variety of health unit teams. Must be able to remain calm in stressful situations. Maintains good employee relations.

4. Outside Relationships: Physicians' offices.
5. Budget Controlled: N/A
6. Assets Controlled: Equipment and supplies.
7. Employees' Supervised: None
8. Career Path: Cath Lab Manager
9. Degree of Supervision Required: Must be able to perform all duties with minimal supervision.

PHYSICAL DEMANDS

Sedentary Work ___ Light Work ___ Medium Work ___ Heavy Work X Very Heavy Work

Work in radiation exposure area. Standing for long period of times, walking, bending, lifting objects, moving and positioning patients and equipment. Exposure to infectious materials, cuts and abrasions from equipment.

FACTOR 1:

- Lifting:** Patients (conscious and unconscious) to, from and in bed, chair, gurney, table. Includes infants to adults. Equipment and supplies of all types. Lifting to and from all heights, weights of items being lifted varies from minimal to weights that require cooperative effort.
- Carrying:** Supplies and equipment from minimal weight to weights that require cooperative effort. Assisting patients (of all ages) to and from beds, wheelchair, gurney, and table while bearing some/most of their weight.
- Pushing:** To open and close breakaway doors, carts with minimum to heavy loads, wheelchairs, beds, gurneys, tables, or other hospital equipment with or without patients on them.
- Pulling:** Moving patients in beds, gurneys, wheelchairs, carts with minimum, to heavy loads. Equipment with or without patients.

FACTOR 2:

- Climbing:** Stairs with patient equipment. Step stools to retrieve items on shelves. Onto bed to perform CPR or assist with patient transfer.
- Balancing:** Equipment and supplies. Lifting equipment for transport. Self to prevent falling into equipment or patient. Patients on their side for procedures for prolonged time periods.

FACTOR 3:

ALASKA REGIONAL HOSPITAL NURSING ADMINISTRATION
POSITION DESCRIPTION: CARDIOVASCULAR INVASIVE SPECIALIST
DEPARTMENT NUMBER: 746
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- Stooping:** To retrieve items on floor or low levels, restock supplies, plug/unplug electrical cords, to provide care to patients who have fallen to the floor. To remove supplies from carts, cabinets, or drawers.
- Kneeling:** To measure drainage in collection containers. To retrieve items on floor, restock supplies, plug/unplug electrical cords. To adjust equipment, remove supplies from carts, cabinets, or drawers.
- Crouching:** Retrieving items on floor or low levels, restock supplies. Emptying and measuring drainage in collection containers, plug/unplug electrical cords.
- Crawling:** Under tables, drapes, beds, stretchers, or equipment to adjust electrical cords or equipment. To retrieve or examine items/equipment.

FACTOR 4:

- Reaching:** In all directions in order to assist with care, work with equipment, or obtain supplies. Plug/unplug electrical cords.
- Handling:** Manual and tactile dexterity to manipulate patients, equipment, and supplies of various sizes and weights from minimal to requiring cooperative effort.
- Fingering:** Able to palpate, percuss patients for assessments. Able to push buttons, keys, and hold instruments.
- Feeling:** To perceive by touch the temperature, texture, size, and shape of patients and equipment.

FACTOR 5:

- Talking:** Verbally communicates the English language. Able to articulate thoughts, ideas, and assessments to hospital team, patient, and family.
- Hearing:** Osculate by percussion, verbal communications from patients, families, physician, and staff.

FACTOR 6:

- Seeing:** Able to see and distinguish size, shape, color and motion of patients and equipment both on close examination and at distances of up to 20 feet or more.

WORKING CONDITIONS

FACTOR 1:

Inside/Outside

100% inside building

FACTOR 2:

Cold - N/A

FACTOR 3:

Heat - N/A

ALASKA REGIONAL HOSPITAL/NURSING ADMINISTRATION
 POSITION DESCRIPTION: CARDIOVASCULAR INVASIVE SPECIALIST
 DEPARTMENT NUMBER: 746
 Page 5 of 5

FACTOR 4:Wet/Humidity

Contact with water frequently; contact with blood and body fluids and solutions of medications.

FACTOR 5:Noise/Vibrations

Exposure to both constant and intermittent equipment operating sounds and alarms and overhead paging system.

FACTOR 6:Hazards

Exposure to toxic chemicals, infectious agents, radiation, sharp objects, unpredictable (possibly violent) patient/family/community interactions. Hazardous materials as posted in department.

FACTOR 7:Fumes/Odors/Toxic Conditions/Dust/Ventilation

Noxious smells, vapors and gases, both toxic and nontoxic. Mists or vapors carrying infectious agents.

OSHA BLOOD BORNE PATHOGEN CLASSIFICATION: Class I

GENERAL EDUCATIONAL DEVELOPMENT

Reasoning, Math and Language skills should be rated in levels 1-6, with 6 being the highest.

	LEVEL	REASONING	MATH	LANGUAGE
6.	Prof. School	6	6	6
5.	College Graduate			
4.	Graduate of Accredited Approved Nursing program	6	6	6
3.	High School Graduate	6	6	6
2.	8-10th Grade			
1.	Below 8th Grade			

STANDARD VOCATION PREPARATION

Unskilled _____ Semi-Skilled _____ Skilled X

APTITUDES

1= Important, 5= Less Important (Place an x in appropriate box)

	1	2	3	4	5
Intelligence	X				

ALASKA REGIONAL HOSPITAL/NURSING ADMINISTRATION
POSITION DESCRIPTION: CARDIOVASCULAR INVASIVE SPECIALIST
DEPARTMENT NUMBER: 746

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Verbal	X				
Numerical	X				
Spatial	X				
Form Perception	X				
Clerical Perception	X				
Motor Coordination	X				
Finger Dexterity	X				
Manual Dexterity	X				
Eye-Hand-Foot Coordination	X				
Color Discrimination	X				

Employee Signature

Date

Alaska Regional Hospital

POSITION DESCRIPTION

DEPT. NO.	DEPARTMENT NAME	POS. NO.	POSITION TITLE	SUPERVISOR TITLE
746	CATH LAB		CATH LAB RN	CATH LAB MANAGER

POSITION GOAL:

A Registered Nurse, who renders individualized comprehensive nursing care to meet physical, psychological, spiritual, social and educational needs of each patient, based on the nursing process. The RN provides professional nursing care in the cardiovascular and interventional radiology unit using a multidisciplinary approach. Coordinates care planning with other disciplines and team members. Delegates' aspects of patient care consistent with team members' level of educational training. Assists physicians in performing and completing invasive, interventional and therapeutic cardiovascular and radiological procedures in labs using a variety of specialized equipment, monitors, devices and supplies. Knowledgeable in Cardiac and vascular procedural practice as well as emergent techniques & protocol. Assists with pre and post procedure monitoring per hospital protocol. Assists in Quality Control checks and the hospitals Quality Improvement Program. Supportive and knowledgeable regarding the established standards of care and practice, policies and procedures of the nursing services at Alaska Regional Hospital. Accountable for maintaining and improving own nursing knowledge and skills (competence). S/he uses the Ethics Committee to address ethical issues in patient care. Serves as the point of contact for patient information. Supports hospitals mission and vision statements and goals.

POSITION RESPONSIBILITIES:

- Responsible for patient care in both cardiovascular / interventional radiology labs. Pre-operative preparation includes obtaining procedural documentation sheet information, informed consent, recent lab values, orders, IV site patency, pre-op medications, allergies, History & Physical, teaching, vital signs, preparation of invasive procedure sites. Intra-operative includes scrubbing, circulating, or monitoring the case and alerting Physician to changes in patient status, the administration of appropriate oral and intravenous medications under the direction of the performing physician, assures good patient communication for comfort / status assessment and vital signs. Post-operative includes Procedure documentation, vital signs, teaching, insertion site assessment, removing sheaths, use of vascular closure device per department policy, applying vascular pressure, monitoring / alerting Physician to changes, and documenting reports to appropriate nursing unit.
- Assesses patient. Obtains history and other pertinent information. Alerts Physician to any specific patient needs. Provides quality patient care in accordance with hospital standards.
- Preparation of sterile procedure trays / set-ups. Adhering to "sterile" technique in all procedures (patients, equipment, and supplies.)
- Accurate patient positioning for optimal visualization and minimal radiation exposure to patients, staff and Physician.
- Maintaining communication with family and / or significant others before, during, and after procedure. Acquisition of Pastoral care pm.
- Directly assists the Physician with all procedures performed within the lab.

ALASKA REGIONAL HOSPITAL NURSING ADMINISTRATION
POSITION DESCRIPTION: CARDIAC CATH LAB RN
DEPARTMENT NUMBER: 746
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- Assuring standard completion of patient / computer reports, calculations, and appropriate procedural charges.
- Establishes / maintains professional training / educational expertise through appropriate continuing educational according to Departmental plan.
- Promotes positive working relationships and "teamwork" concept within Department and throughout the hospital.
- Able to assist in troubleshooting and minor equipment repairs within the lab. Stocks supplies, instruments, and equipment according to protocol and storage allocations. Alerts / notifies management about equipment / supply concerns or problems with operational performance.
- Participates in Quality Improvement Program and knowledgeable in its components and results that affect patient care and quality control issues. Participates in the orientation of new staff.
- Responsible for review / knowledge of Departmental policies and procedures / guidelines, skills checklist, medications review, and safety and disaster guidelines annually. Regularly attends staff meetings, inservices and skills labs.
- Implements care / services that recognize age / diversity specific needs / issues of customers served.
- Takes call as needed to cover the staffing needs of the department.

The above statements reflect the general duties considered necessary to describe the principal functions of the job as identified and shall not be considered as a detailed description of all the work requirements that may be inherent in the position.

INTERACTION WITH OTHER DEPARTMENTS AND OUTSIDE RELATIONSHIPS:

Works in cooperation with all departments within the hospital and surrounding healthcare facilities to provide superior patient care. Demonstrates a professional, helpful attitude in dealing with patients and visitors. Must interact with other hospital employees and physicians in a professional manner directed towards providing quality patient care in a cooperative manner.

POSITION REQUIREMENTS:

1. **Experience:** Prefer two years experience in critical care nursing / emergency nursing, and or two years experience in cardiovascular, interventional radiology and or electrophysiology.
2. **Education:** Graduate of an accredited / approved school of Nursing. Licensed as a Registered Nurse in the State of Alaska. BLS, ACLS, & PALS
3. **Special Qualifications:** Requires basic knowledge of anatomy and physiology, invasive Cardiovascular practices / techniques / pressures, basic EKG analysis and emergency protocols. Requires an ability to deal tactfully and compassionately with patients / families / significant others under potentially stressful conditions. Responsible for effective and constructive communication with staff / physicians / management and nursing units. Varies work schedule to meet department needs. Must be able to prioritize multiple tasks, and work with a variety of health unit teams. Must be able to remain calm in stressful situations. Maintains good employee relations.

ALASKA REGIONAL HOSPITAL/NURSING ADMINISTRATION
POSITION DESCRIPTION: CARDIAC CATH LAB RN
DEPARTMENT NUMBER: 746
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4. Outside Relationships: Physicians' offices.
5. Budget Controlled: N/A
6. Assets Controlled: Equipment and supplies.
7. Employees' Supervised: None
8. Career Path: Cath Lab Manager
9. Degree of Supervision Required: Must be able to perform all duties with minimal supervision.

PHYSICAL DEMANDS

Sedentary Work ___ Light Work ___ Medium Work ___ Heavy Work __X__ Very Heavy Work

Work in radiation exposure area. Standing for long period of times, walking, bending, lifting objects, moving and positioning patients and equipment. Exposure to infectious materials, cuts and abrasions from equipment.

FACTOR 1:

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- Carrying:** Supplies and equipment from minimal weight to weights that require cooperative effort. Assisting patients (of all ages) to and from beds, wheelchair, gurney, and table while bearing some/most of their weight.
- Pushing:** To open and close breakaway doors, carts with minimum to heavy loads, wheelchairs, beds, gurneys, tables, or other hospital equipment with or without patients on them.
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FACTOR 3:

- Stooping:** To retrieve items on floor or low levels, restock supplies, plug/unplug electrical cords, to provide care to patients who have fallen to the floor. To remove supplies from carts, cabinets, or drawers.
- Kneeling:** To measure drainage in collection containers. To retrieve items on floor, restock supplies, plug/unplug electrical cords. To adjust equipment, remove supplies from carts, cabinets, or

ALASKA REGIONAL HOSPITAL NURSING ADMINISTRATION
POSITION DESCRIPTION: CARDIAC CATH LAB RN
DEPARTMENT NUMBER: 746
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drawers.

Crouching: Retrieving items on floor or low levels, restock supplies. Emptying and measuring drainage in collection containers, plug/unplug electrical cords.

Crawling: Under tables, drapes, beds, stretchers, or equipment to adjust electrical cords or equipment. To retrieve or examine items/equipment.

FACTOR 4:

Reaching: In all directions in order to assist with care, work with equipment, or obtain supplies. Plug/unplug electrical cords.

Handling: Manual and tactile dexterity to manipulate patients, equipment, and supplies of various sizes and weights from minimal to requiring cooperative effort.

Fingering: Able to palpate, percuss patients for assessments. Able to push buttons, keys, and hold instruments.

Feeling: To perceive by touch the temperature, texture, size, and shape of patients and equipment.

FACTOR 5:

Talking: Verbally communicates the English language. Able to articulate thoughts, ideas, and assessments to hospital team, patient, and family.

Hearing: Osculate by percussion, verbal communications from patients, families, physician, and staff.

FACTOR 6:

Seeing: Able to see and distinguish size, shape, color and motion of patients and equipment both on close examination and at distances of up to 20 feet or more.

WORKING CONDITIONS

FACTOR 1:

Inside/Outside

100% inside building

FACTOR 2:

Cold - N/A

FACTOR 3:

Heat - N/A

FACTOR 4:

Wet/Humidity

Contact with water frequently; contact with blood and body fluids and solutions of medications.

FACTOR 5:

Noise/Vibrations

ALASKA REGIONAL HOSPITAL/NURSING ADMINISTRATION
 POSITION DESCRIPTION: CARDIAC CATH LAB RN
 DEPARTMENT NUMBER: 746
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Exposure to both constant and intermittent equipment operating sounds and alarms and overhead paging system.

FACTOR 6:**Hazards**

Exposure to toxic chemicals, infectious agents, radiation, sharp objects, unpredictable (possibly violent) patient/family/community interactions. Hazardous materials as posted in department.

FACTOR 7:**Fumes/Odors/Toxic Conditions/Dust/Ventilation**

Noxious smells, vapors and gases, both toxic and nontoxic. Mists or vapors carrying infectious agents.

OSHA BLOOD BORNE PATHOGEN CLASSIFICATION: Class I

GENERAL EDUCATIONAL DEVELOPMENT

Reasoning, Math and Language skills should be rated in levels 1-6, with 6 being the highest.

LEVEL		REASONING	MATH	LANGUAGE
6.	Prof. School			
5.	College Graduate			
4.	Graduate of Accredited Approved Nursing program	6	6	6
3.	High School Graduate	6	6	6
2.	8-10th Grade			
1.	Below 8th Grade			

STANDARD VOCATION PREPARATION

Unskilled ____ Semi-Skilled ____ Skilled X

APTITUDES

ALASKA REGIONAL HOSPITAL NURSING ADMINISTRATION
POSITION DESCRIPTION: CARDIAC CATH LAB RN
DEPARTMENT NUMBER: 746
Page 6 of 6

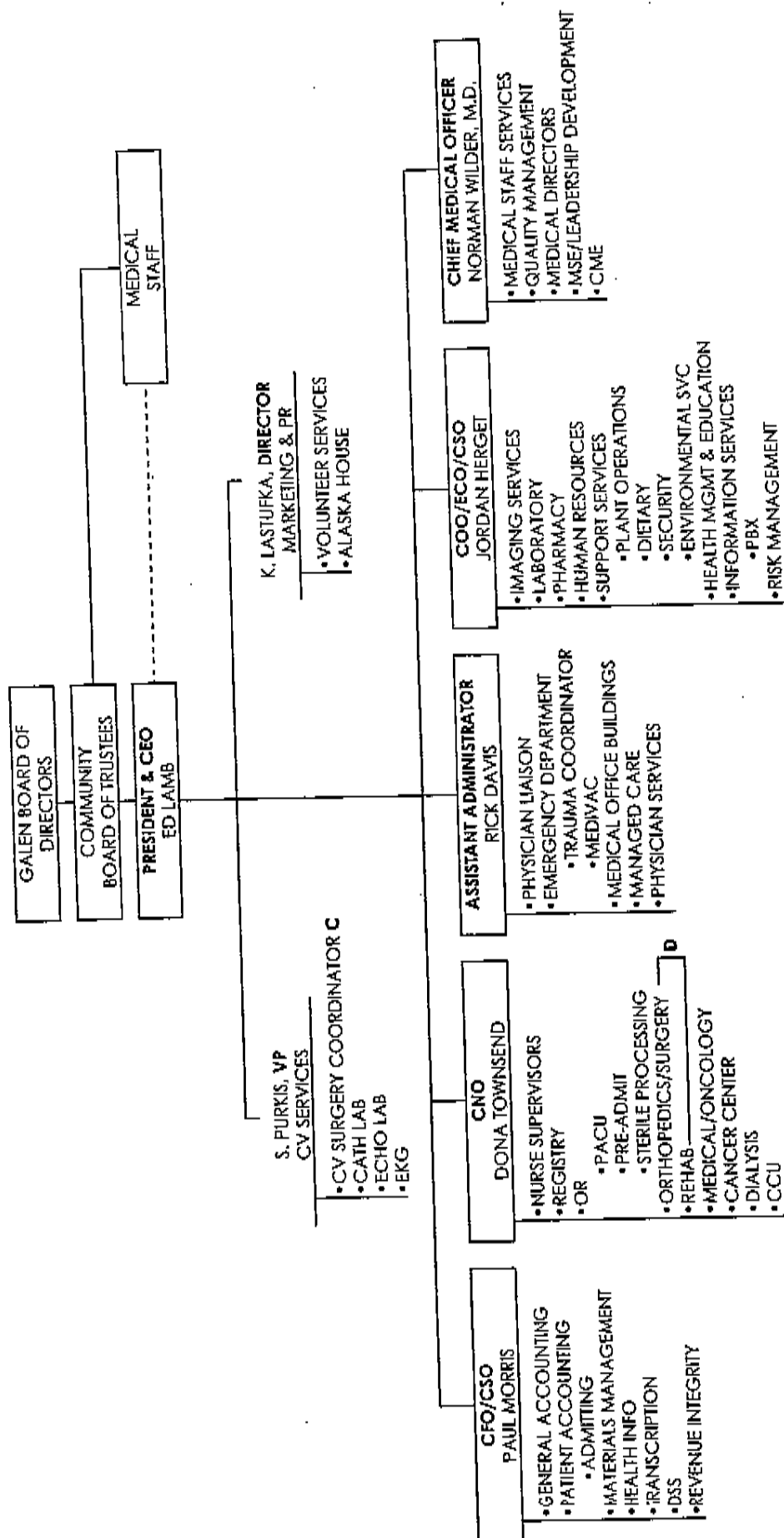
1 = Important, 5 = Less Important (Place an x in appropriate box)

	1	2	3	4	5
Intelligence	X				
Verbal	X				
Numerical	X				
Spatial	X				
Form Perception	X				
Clerical Perception	X				
Motor Coordination	X				
Finger Dexterity	X				
Manual Dexterity	X				
Eye-Hand-Foot Coordination	X				
Color Discrimination	X				

Employee Signature

Date

ALASKA REGIONAL HOSPITAL ORGANIZATIONAL CHART



ALASKA REGIONAL
HOSPITAL

Board of Trustees Membership List March 2006

Member	Address	Class	Term (by year)/ Rotation	End of Rotations
Bill Mehner	3801 Centerpoint Drive, #200 Anchorage, Alaska 99503	A	2/4	2007
John Frost, MD	4100 Lake Otis Pkwy, #302 Anchorage, Alaska 99508	A	2/3	2010
Jewel Jones (8/04)	310 K. Street, Suite 200 Anchorage, AK 99501	A	3/1	2016
Kenneth Moll, MD	2841 DeBarr Road #31 Anchorage, AK 99508	B	1/3	
David A. Lawer, Chairperson	First National Bank Alaska 101 W. 36 th Ave., #305 Anchorage, Alaska 99503	B	2/2	2014
Bob Hicfel	Box 101700 Anchorage, Alaska 99510-1700	B	3/3	2008
Sophie Minich	2525 C Street Anchorage, AK 99503	B	2/1	
Mike Sexton	1001 Northway Drive Anchorage, Alaska 99508	C	2/2	2012
Gilbert Dickie, MD	2801 DeBarr Road Emergency Department Anchorage, Alaska 99508	C	2/2	2012
Carol Heyman	Director, Commercial & Community Relations Chugach Electric 5601 Minnesota Drive Anchorage, Alaska 99518	C	1/3	2009
Cynthia Toohey, RN	2642 Forest Park Drive Anchorage, Alaska 99517	C	1/3	2012
Gerrie Ivy, RN	1265 Banister Drive Anchorage, Alaska 99508	Emeritus		
Tom May, President	HCA Far West Division	P		
Ed Lamb, ARH CEO, Secretary of BOT	2801 DeBarr Road Anchorage, Alaska 99508	P		
Larry Wood, MD President, Medical Staff	2751 DeBarr Road, Suite 390 Anchorage, Alaska 99508	P		
Connie Bernier President ARH Auxiliary	2801 DeBarr Road, Auxiliary Anchorage, Alaska 99508	P		

One "Term" = 3 years. A max of 4 "Terms" are allowed per BOT Bylaws for a total of 12 years of service max on the BOT. Term by Year/Rotation (Examples: if member is in 3rd year of their first rotation it would be 3/1, meaning they are serving their 3rd year of the 12 year max; if in 2nd year of 3rd rotation (2/3) it means member is serving their 8th year of the 12 year max.)

CURRICULUM VITAE

Marshall E. Tolbert
5519 Sunlight Dr Apt 203
Durham, NC 27707
marshall.tolbert@duke.edu

Work address:

Department of Radiology, Division of Vascular Interventional Radiology
Box 3808
Duke University Medical Center
Durham, NC 27710

Medical Licensure: North Carolina

Date of birth: 11/25/1964 **Place:** Washington, D.C.

Citizenship: United States of America

Education:	Place	Date	Degree
High School:	Robert E. Lee Jacksonville, FL	1978-1982	
College:	King College Bristol, TN	8/1982 – 6/1986	B.S. Biology
Graduate:	Wright State University Dayton, OH	8/1986-6/1994	Ph.D. Biomedical Sciences
Medical School:	University of Cincinnati	8/1994 – 6/1998	M.D.

Professional training and academic career:

	Place	Date
General surgery internship	University of North Carolina, Chapel Hill, NC	6/1998 – 6/1999
Neurosurgery Residency	University of North Carolina, Chapel Hill, NC	7/1999 – 7/2004
Interventional Neuroradiology Fellowship	Duke University Medical Center Durham, NC	7/2004 – 7/2006

Professional work experience:**Research Assistant**

VA Medical Center, Dayton, OH. January 1992-August 1994.

Graduate Teaching Assistant

Wright State University, Department of Biology, Dayton OH. June 1992-June 1993.

Clinical Associate

Duke University Medical Center, Department of Radiology, Durham NC
July 2004-July 2006

Professional organizations: American Association of Neurological Surgeons
Congress of Neurological Surgeons

Professional certifications: American Board of Neurological Surgery, Board Eligible
Diplomate, Federal Board of Medical Examiners
CREST subinvestigator
VIVA subinvestigator

Outside Interests: Photography, hiking, canoeing, camping, home beer brewing

PUBLICATIONS:**Refereed Journals:**

Tolbert M, Zaidat O, Smith TP, Enterline DS, Alexander MJ. Acute hemodynamic changes during carotid artery angioplasty and stenting. Submitted, Journal of Neurosurgery.

Paul CC, Mahrer S, Tolbert M, Elbert BL, Wong I, Ackerman SJ, Baumann MA. Changing the differentiation program of hematopoietic cells: retinoic acid induced shift of eosinophil committed cells to neutrophils. Blood 86: 3737-44, 1995.

Tolbert M and Giron DJ. Persistence of the D variant of encephalomyocarditis virus in the ICR Swiss mouse. Proc Soc Exp Biol Med 205: 124-31, 1994.

Paul CC, Ackerman SJ, Mahrer S, Tolbert M, Dvorak AM, Baumann MA. Cytokine induction of granule protein synthesis in an eosinophil-inducible human myeloid cell line, AML-14. J Leukocyte Biology 56: 74-9, 1994.

Paul CC, Tolbert M, Mahrer S, Singh A, Grace MJ, Baumann MA. Cooperative effects of interleukin-3 (IL-3), IL-5 and granulocyte-macrophage colony stimulating factor: a new myeloid cell line inducible to eosinophils. Blood 81: 1193-9, 1993.

Book Chapters:

The Little Black Book of Neurology. ed. Zaidat, OO, Lerner AJ. 1. Cerebral Angiography 2. Cerebral Aneurysms 3. Aneurysmal Subarachnoid Hemorrhage 4. Endovascular Treatment Intracranial Aneurysms 5. Brain and Spinal Tumor Embolization 6. Kyphoplasty and Vertebroplasty. Fifth edition. Submitted. Mosby Inc. St. Louis MI.

Oral Presentations:

Tolbert ME and Giron DJ. Persistence of EMCV-D in the ICR Swiss mouse. American Society of Virology, 1993.

Tolbert ME and Giron DJ. Persistence of encephalomyocarditis virus (D-variant) antigen in ICR Swiss mice. American Society of Virology, 1992.

Tolbert ME and Giron DJ. Tissue tropism of four EMCV subtypes as defined by in-situ hybridization. American Society of Virology, 1989.

Poster Presentations:

Tolbert ME, Zaidat OO, and Alexander MJ. Outcomes in endovascular treatment of medically refractory vasospasm. AANS/CNS/ASITN joint meeting, 2005.

Tolbert ME, Zaidat OO, Zomorodi A, Li Fuhai, Smith TP, Alexander MJ. Predictors of hemodynamic changes associated with carotid artery angioplasty and stenting. AANS/CNS/ASITN joint meeting, 2005.

Zaidat OO, Tolbert M, Pradhan A, Peterson P, Smith TP, and Alexander MJ. Long-term clinical and angiographic outcome following carotid artery angioplasty and stenting for radiation induced stenosis. AANS/CNS/ASITN joint meeting, 2005.

Tolbert ME and Giron DJ. Persistence of the D variant of EMC virus in the ICR Swiss mouse: demonstration of viral RNA and antigen. American Society of Virology, 1994.

Paul CC, Mahrer S, Tolbert M, Elbert BL, Ackerman SJ, Baumann MA. Changing the differentiation program of hematopoietic cells: retinoic acid-induced shift of eosinophil-committed cells to neutrophils. Blood 84 suppl: 20a, 1994.

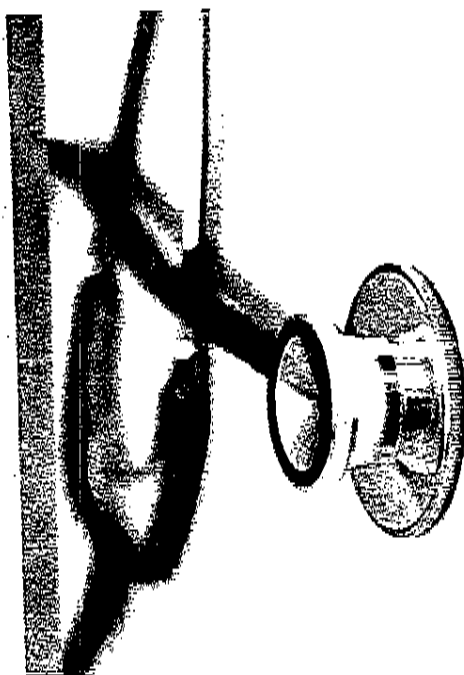
Paul CC, Ackerman, SJ, Mahrer S, Tolbert M, Baumann MA. Cytokine induction of granule protein synthesis in an eosinophil-inducible human myeloid cell line, AML-14. Blood 82 suppl: 24a, 1993.

Baumann MA, Corey SJ, Tolbert M, Mahrer S, Paul CC. Signal transduction through cytokine receptors during eosinophilic differentiation: definition of signals mediating differentiation versus proliferation. Blood 82 suppl: 107a, 1993.

Baumann MA, Tolbert M, Mahrer S, Paul CC. Evidence for an alternative functional low affinity IL-5 receptor on human B-lymphocytes. Blood 82 suppl: 241a, 1993.

Baumann MA, Paul CC, Mahrer S, Tolbert M, Grace MJ. Expression of IL-5 receptors by human B-Lymphocytes. Blood 80 suppl: 429a, 1992.

Paul CC, Tolbert M, Mahrer S, Singh A, Baumann MA. Differential and cooperative effects of IL-3, IL-5 and GM-CSF: a new myeloid cell line inducible to eosinophils. Blood 80 Suppl: 174a, 1992.



2006

Alaska Stroke Symposium:

The Frontier of Future Stroke Care

Monday, September 25, 2006
8:00 am - 1:00 pm

Alaska Regional Hospital
First Floor - Ivy Room
Anchorage, AK

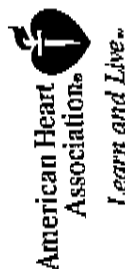
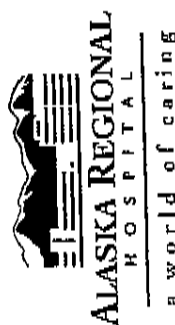


Alaska Regional
Medical Staff Services Department
2801 DeBarr Road
Anchorage, AK 99514

A CME Event

Designed to meet the educational needs of health care providers interested in stroke care. Centered on evidence-based, current, practical updates in the field of acute stroke medicine and telestroke advances.

Sponsored by



State of Alaska,
Department of Health and Social Services,
Division of Public Health,
Section of Chronic Disease,
Heart Disease and Stroke Prevention Program

Genentech

Registration Form

Mail or fax completed registration form to:

Tina Roy
Alaska Regional Medical Staff Services Department
2801 DeBarr Road
Anchorage, AK 99514
FAX: 1-907-264-1414
Phone: (907) 264-1416

Please detach and return to Alaska Regional Hospital. Registration fee includes Continental Breakfast, Lunch, and all conference materials.
Fee: \$20.00 by September 13th;
\$30.00 after Sept. 13th or at the door.

Name _____
Address _____
Phone _____
Email _____
Please designate: MD RN NP Other _____
Total Amount Remitted: _____
Checks payable to: Alaska Regional Hospital

Credit Card Information
☐ VISA ☐ Master Card
☐ American Express ☐ Discover

Card Number _____

Exp. Date _____

Print Name (as it appears on card) _____

Signature of cardholder _____

X _____

Total Amount Charged _____

Today's Date: _____

My signature on this document verifies that I authorize, understand and agree that Alaska Regional Hospital will apply fees for the CME or CEU to the credit card listed above.

Conference Objectives

To provide an overview of current practices in the evaluation and management of the acute stroke patient and the future possibilities of stroke care using telemedicine.

Topics include:

- The State of Stroke in Alaska
- Advanced neurointerventional procedures
- Tele-stroke and rural evaluation of ischemic stroke
- Alaska Native Stroke Registry

Credits: Alaska Regional Hospital is accredited by the Alaska State Medical Association CME Accreditation Committee to sponsor continuing medical education for physicians. Alaska Regional Hospital designates this educational activity for 4.5 Category 1 credits to satisfy relicensure requirements of the Alaska State Medical Quality Assurance Commission. This continuing nursing education activity was approved by the Alaska Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Alaska Stroke Symposium Conference Program

Ivy Room, Alaska Regional Hospital

8:00 - 8:30	Welcome and continental breakfast
8:30 - 10:00	Dr. Hess: Tele-stroke and the Rural Evaluation of Acute Ischemic Stroke (REACH) Experience
10:00 - 10:15	Break
10:15 - 11:00	Dr. Bernard: The State of Stroke in Alaska
11:00 - 11:45	Dr. Tolbert: New Neuro-interventional Procedures for Management of Stroke Break and Questions
11:45 - 12:00	Dr. Trimble: Alaska Native Stroke Registry
12:00 - 12:45	Questions and Evaluation
12:45 - 1:00	Lunch
1:00 - 1:30	

Keynote Speakers

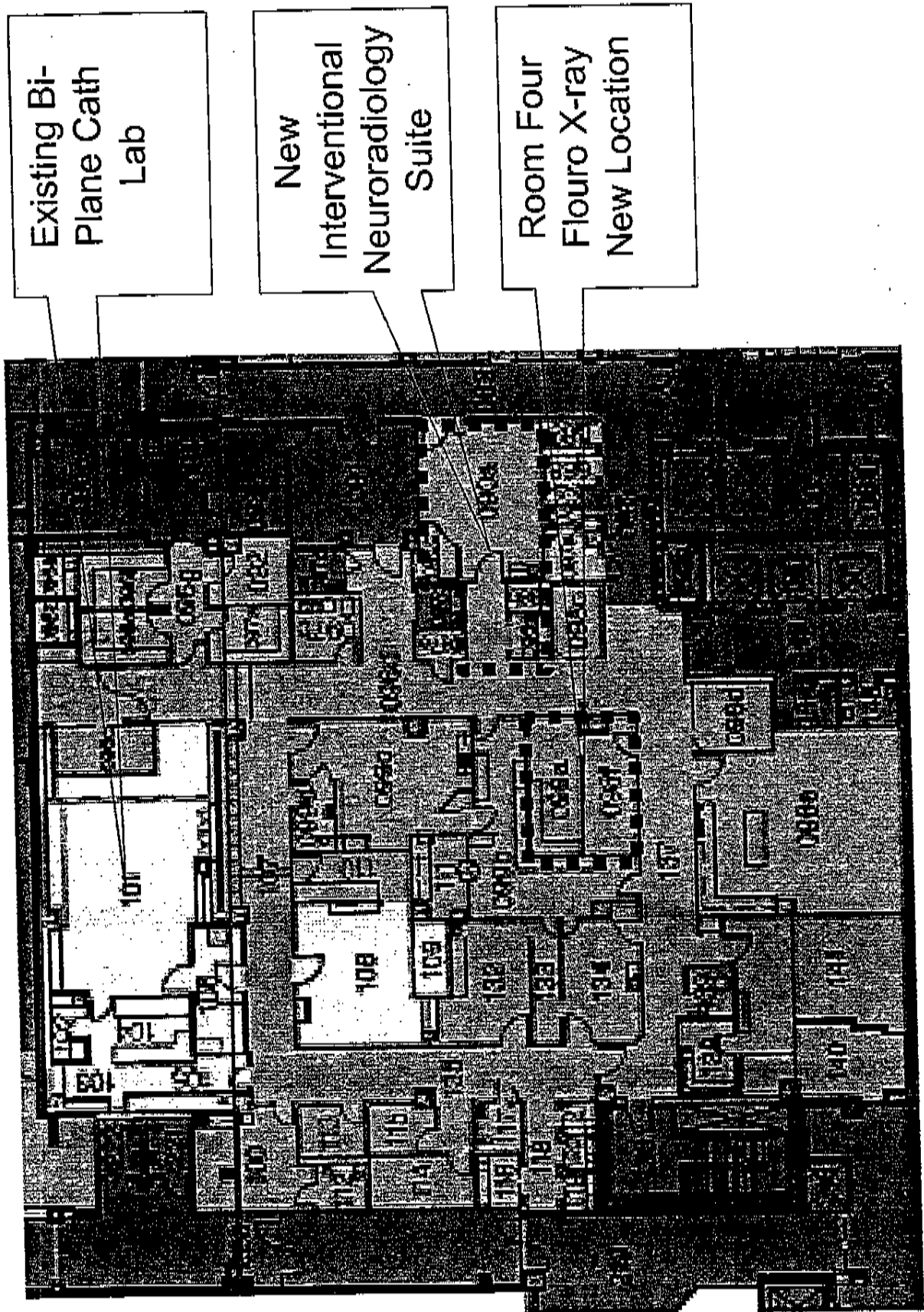
David Hess, MD
Neurologist
Professor and Chairman of Department of Neurology, Medical College of Georgia

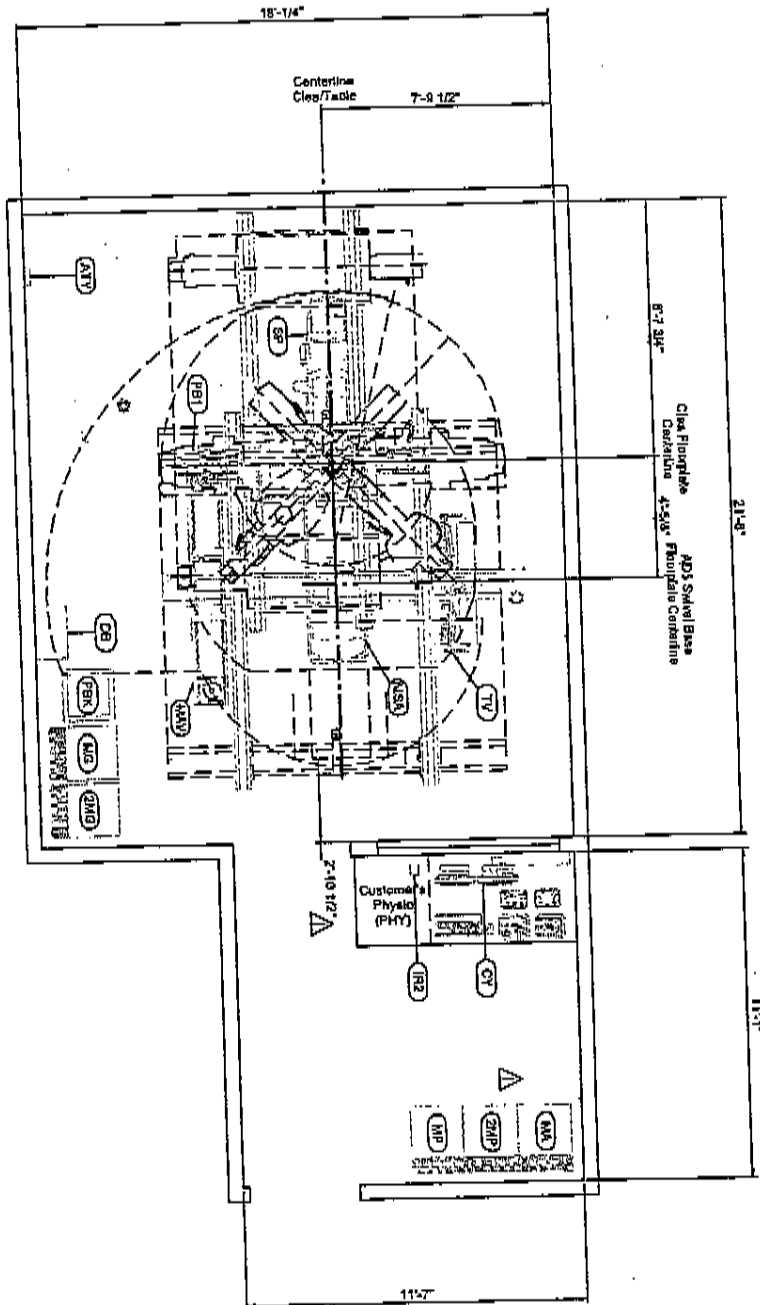
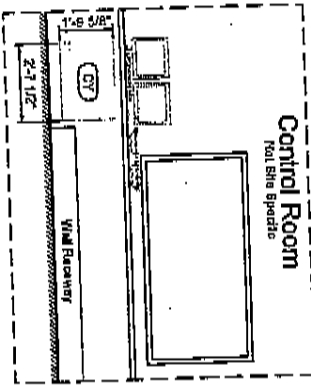
Estrada Bernard, MD
Neurosurgeon
Alaska Regional Hospital and Providence Medical Center, Anchorage, AK

Marshall Tolbert, MD
Interventional Radiologist
Alaska Regional Hospital and Providence Medical Center, Anchorage, AK

Brian Trimble, MD
Neurologist
Alaska Native Medical Center, Anchorage, AK

Alaska Regional Hospital Radiology Department





Equipment Layout

Required Ceiling Height: 9' - 9 1/8" (+3/16" / -0)
(2375mm, +5mm / -0)
Ceiling height measured from top of Clee floor plate to bottom of Unistrut.



Planning Issues and Considerations:

- * Cable run(s) from "FBK" to "PHY" and "MD" to "PHY" must be able to take the most direct route. (Maximum cable length = 38' 4" and 4' respectively).
- * A foot/cabinet 3'-0" clear distance is recommended around the front end of the ADS table when fully extended to ensure adequate space for staff flow.

General Notes

- * Cables and cabling shown to be supplied and installed by customer.

A1

Project Number
N-WES060741

Drawn By
Hsu, Stanford

Date
9/29/2006

Quote Number
N/A

O.A. Number
N/A

- Alaska Regional Hospital -
Anchorage, AK
Allura Biplane FD 20/10 - Room 4



STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

FRANK H. MURKOWSKI, GOVERNOR

P.O. BOX 110601
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030
FAX: (907) 465-3068

November 13, 2006

Ed Lamb, President and CEO
Alaska Regional Hospital
2801 DeBarr Rd.
Anchorage, Alaska 99508

Dear Mr. Lamb:

This letter is to advise you that we have finished the completeness check of your Certificate of Need application for an Interventional Neuroradiology Suite and have determined that we need to ask you for additional information before we can declare your application complete. Please provide the following:

1. On page 23 of your proposal you have a table that shows the amount of charity care for the past five years but you do not show your charity care projections for **the three years following completion of the project. We need that information.**
2. Also on page 23, 3. d, you state that Alaska Regional Hospital's policies for non-discrimination in patient services are available on request. **We would like to have a copy.**
3. Under Quality Control (Sec. V, 2) you did not indicate whether independent peer reviews would be part of your quality control program. **Please address this issue.**
4. Five of the tables under **Section IX-Financial Data** need more information.
 - a. **Schedule I-Facility Income Statement** needs projected data for the **three years** following completion of the project.
 - b. **Schedule III-Average Patient Cost Per Day** lacks projected data for **five years** following completion of the project.
 - c. **Schedule IV-Operating Budget** (current and projected line item capital and operating budgets for project) must be provided.
 - d. **Schedule VI-Reimbursement Sources** needs **three years** projected data.

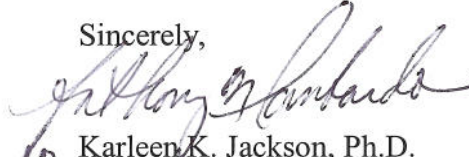
Finally, it would be helpful if you could share your plan for developing criteria to screen for clinical and anatomic situations appropriate and inappropriate for your facility based on published criteria. Please indicate what quality standard you plan to maintain, including the number of mortalities per 1000 procedures.

You have 60 days to provide this information, or until January 12, 2007, and the Department will have 20 days to declare your application complete or request additional information following

Mr. Ed Lamb, CEO
Alaska Regional Hospital
Page 2

your response. However, if you can provide us with the additional information quickly, I assure you that we will give high priority to finalizing the completeness check.

Sincerely,



for Karleen K. Jackson, Ph.D.
Commissioner

cc: Anthony Lombardo, Deputy Commissioner
Pat Carr, Chief, Health Planning Systems Development

November 16, 2006

Karleen K. Jackson, Ph.D.
Commissioner
State of Alaska, Department of Health and Social Services
P.O. Box 110601
Juneau, AK 99811-0601

Re: Additional Information as Requested for Interventional Neuroradiology
Suite CON Application

Dear Commissioner Jackson:

I am pleased to provide you with the following additional information as requested in your letter dated Nov. 13, 2006 regarding our Certificate of Need application for an Interventional Neuroradiology Suite.

Our answers follow the order of the questions in your letter.

*[1. On page 23 of your proposal you have a table that shows the amount of charity care for the past five years but you do not show your charity care projections for **the three** years following completion of the project. We need that information.]*

Please see the table below.

	2007	2008	2009
IP Admissions	347	381	419
OP Visits	9,588	10,547	11,602
Revenue	26,974,620	29,132,590	31,463,197
Deductions			
Charity Care	(2,932,921)	(3,226,213)	(3,548,835)
Uninsured Discount	(3,825,117)	(4,207,629)	(4,628,392)
Other	(4,800,860)	(5,280,946)	(5,809,040)
Admin. Processing Adjust.	(34,731,931)	(38,205,124)	(42,025,636)
Total Revenue	(46,290,829)	(50,919,912)	(56,011,903)
Deductions			
Net Revenue	(19,316,209)	(21,787,323)	(24,548,707)

[2. Also on page 23, 3. d, you state that Alaska Regional Hospital's policies for non-discrimination in patient services are available on request. We would like to have a copy.]

Please see the attached Alaska Regional Hospital Policies 900.13 "Non-Discrimination Statement", 900.17 "Discrimination Grievance Procedures", 101.08 "Code of Ethical

Behavior”, 902.10 “Admission of Patients to the Hospital” and 101.10 “EMTALA Medical Screening for Hospital Departments On and Off Campus”.

[3. *Under Quality Control (Sec V, 2) you did not indicate whether independent peer reviews would be part of your quality control program. **Please address this issue.***]

Alaska Regional Hospital has an active independent peer review process that is a critical part of our quality control program. The entire process is outlined in the attached Alaska Regional Hospital Policy 105.04 “Medical Staff Peer Review Performance Improvement”.

The policy applies to all physicians and allied health professionals providing care to patients at Alaska Regional Hospital and addresses the need for external peer review in cases when it is determined that no member of the medical staff is able to serve as a peer.

Due to the close relationship of this policy and process with our medical staff bylaws, we are including below the relevant section 10.4.13 from the Alaska Regional Hospital Medical Staff Bylaws.

10.4.13. COMMITTEES, DEPARTMENTS WITH PEER REVIEW RESPONSIBILITIES

Peer review is the concurrent or retrospective review of an individual’s professional qualifications professional competence, or professional conduct, including through clinical professional review activities. Peer review or professional review activity as defined in the peer review policy, is conducted to determine whether an individual may have Medical Staff membership or clinical privileges, to determine the scope and conditions of such membership or privileges, or to change or modify such membership or privileges.¹

10.4.13.1. Purpose of Peer Review: The purpose of the Hospital’s peer review processes, programs, and proceedings are to encourage candid discussions in a private and confidential setting among Practitioners, other individuals with clinical privileges and other health care personnel to accomplish the following objectives:

10.4.13.1.1. To improve the quality of health care provided to patients;

10.4.13.1.2. To reduce morbidity and mortality at the Hospital;

10.4.13.1.3. To improve the credentialing process in an effort to monitor the competence, professional conduct and patient care activities of Practitioners, other individuals with clinical privileges, and other health care professionals who provide care to patients at the Hospital; and,

10.4.13.1.4. To maintain confidentiality of information generated during the course of peer review processes, programs and proceedings.

10.4.13.2. Peer Review Information: All peer review information shall be kept private and confidential. A Practitioner, other individual with clinical privileges, or other Hospital staff member who participates or has

¹ 42 USC §11135; 42 C.F.R. §482.21(c), Guidance to Surveyors, 42 C.F.R. §482.22(a)(1)

participated in a peer review process at the Hospital shall treat all peer review information as private, confidential and privileged and shall not disclose peer review information obtained, generated or compiled during a peer review process in which he/she participates unless specifically and expressly authorized by the Hospital to do so or as required by Alaska statute.

- 10.4.13.3. Hospital Committees or Functions: A peer review process includes any process, program or proceeding involving any or all of the following Hospital committees or functions: performance improvement, utilization management, credentialing, infection control, use of medications, use of blood and blood components, clinical risk management, quality assessment, and fair hearings conducted pursuant to the Medical Staff Fair Hearing Plan.
- 10.4.13.4. Records and Minutes: The records and minutes of Medical Staff meetings and other Hospital committees and functions engaged in peer review shall be considered confidential. The commencement and completion of a peer review process will be documented; peer review processes that are continuous and ongoing will be identified. Peer review records and information will be identified with a conspicuous notation or stamp, for example: CONFIDENTIAL PEER REVIEW INFORMATION. The names of individuals who present or provide information during a peer review process should be documented.
- 10.4.13.5. Credentialing Records: The credentialing record or file of each Practitioner or other individual with clinical privileges shall be segregated so that the documents that are subject to the peer review privilege are maintained separately and identified as peer review information. Generally, the documents that are not subject to the peer review privilege include the initial application, application for reappointment, request for privileges, and correspondence from the Practitioner or other individual with clinical privileges.
- 10.4.13.6. Custody: Peer review information, including Medical Staff records, shall be maintained under the custody of the President of Staff and the CEO.
 - 10.4.13.6.1. A Practitioner or other individual with clinical privileges shall be permitted access to further information in the credentials and peer review file only if, following a written request by the individual, the CEO, in consultation with the President of Staff and legal counsel, finds that the individual has a compelling need for such information and grants written permission. A Practitioner or other individual with clinical privileges shall be permitted access to further information in that credentials file only if, following a written request by the individual, the Medical Executive Committee and the Board find that the individual has a compelling need for such information and grants written permission. Factors to be considered include the reasons for which access is requested; whether the release of information might have an adverse effect on the Hospital, the Medical Staff, the individual or other persons; whether the information could be obtained in a less intrusive manner; whether the information was provided to the Hospital in specific reliance upon continued confidentiality; whether a harmful precedent

might be established by the release; and such other factors as might be considered appropriate. The Medical Executive Committee or the Board may enforce restrictions or conditions if access is permitted.

- 10.4.13.7. Medical Staff Officers: Members of the Board, licensing agencies, accreditation and regulatory authorities, the CEO, counsel to the Hospital, authorized Hospital staff members participating in utilization management functions or in performance improvement activities, may be afforded limited access to Medical Staff files and records, as appropriate. Medical Staff committee members who are members of the Medical Staff may have access to the records of committees on which they serve and to the applicable credentials, peer review, utilization management, and performance improvement files of individuals whose qualifications or performance the committee is reviewing as part of its responsibilities and official functions. The Board and the CEO and their properly designated representatives shall have access to Medical Staff records to the extent necessary to perform their responsibilities and official functions.
- 10.4.13.8. Outside Requests for Information: The Medical Staff Office and the President of Staff (or his designee) may release information contained in Medical Staff files in response to a proper request from another hospital or health care facility or institution, provided that the request includes a representation that the information shall be kept confidential. The request must include information that the Practitioner or other individual with clinical privileges is a member of the requesting facility's medical staff or has been granted privileges at the requesting facility, or is an applicant for medical staff membership or clinical privileges at that facility, and must include a release for such records signed by the individual involved. No information shall be released until a copy of a signed authorization and release from liability has been received. Disclosure shall generally be limited to the specific information requested.
- 10.4.13.9. Reporting Obligations: If a Practitioner or other individual with clinical privileges has been the subject of disciplinary action at the Hospital and information concerning the action must be reported to the state professional licensing or regulatory authorities, appropriate information from Medical Staff files may be released for reporting and compliance purposes.
- 10.4.13.10. Surveyor Review: Hospital surveyors from licensing and regulatory agencies and authorities and accreditation bodies may be given access to Medical Staff records on the Hospital premises in the presence of Medical Staff personnel in accordance with law or accreditation requirements, provided that (a) no originals or copies may be removed from the premises, except pursuant to court or administrative order or subpoena or other legal requirements, (b) access is provided only with the concurrence of the CEO (or his/her designee) and the President of Staff (or his/her designee), and (c) the surveyor demonstrates the following to the satisfaction of the CEO or President of Staff:
 - 10.4.13.10.1. Specific statutory, regulatory or other appropriate authority to review the requested materials;
 - 10.4.13.10.2. The materials sought are directly pertinent to the matter being surveyed, investigated or evaluated;

- 10.4.13.10.3. The materials sought are the most direct and least intrusive means to accomplish the purpose;
- 10.4.13.10.4. Sufficient specificity of documents has been given to allow for the production of individual documents without undue burden to the Hospital;
- 10.4.13.10.5. If requests are made for documents with identifiers, the need for such identifiers is given and is determined to be appropriate, and information will be kept confidential to the maximum extent permitted by law.
- 10.4.13.11. Subpoenas: All subpoenas of Medical Staff records shall be referred to the Risk Manager.
- 10.4.13.12. Legal Counsel: Legal counsel to the Hospital may have access to information in Medical Staff records related to peer review proceedings, litigation, potential litigation or threatened litigation as coordinated by the Risk Manager
- 10.4.13.13. Other Requests: All other requests by persons or organizations for information contained in Medical Staff records shall be forwarded to the Risk Manager for evaluation.
- 10.4.13.14. Peer Review Meetings: All peer review functions shall be performed only at meetings held on the campus of the Hospital.

- [4. Five of the tables under **Section IX-Financial Data** need more information.
- a. **Schedule I-Facility Income Statement** needs projected data for the **three years** following completion of the project.
 - b. **Schedule III-Average Patient Cost per Day** lacks projected data for **five years** following completion of the project.
 - c. **Schedule IV-Operating Budget** (current and projected line item capital and operating budgets for project) must be provided.
 - d. **Schedule VI-Reimbursement Sources** needs **three years** projected data.]

Please see the schedules at the end of this letter. However, please note that the format and line items for **Schedule IV-Operating Budget** as provided in the *Certificate of Need Application Packet* are not applicable to this project. Please accept **Schedule IV-Operating Budget** as presented in an income statement-based format. Also note that since the service is new, so there will be no current budget available.

[Finally, it would be helpful if you could share your plan for developing criteria to screen for clinical and anatomic situations appropriate and inappropriate for your facility based on published criteria. Please indicate what quality standard you plan to maintain, including the number of mortalities per 1,000 procedures.]

Alaska Regional Hospital's screening criteria is targeted for development by March, 2007 and will be based on several data sources:

- AHA/ASA Appropriateness of Care Guidelines.

- Alaska Regional Hospital Peer Review Process.
- Concurrent and retrospective chart review process.
- Submission of data to national data bank for benchmarking – Get with the Guidelines.
- JCAHO Stroke Core Measures and Application for Acute Stroke Certification.

The screening criteria will be developed with participation of qualified physicians and professionals from the community, as appropriate.

Regarding quality standards, the services proposed are relatively new and we plan to maintain quality standards based on:

- Performance at or above national average.
- Top 25th percentile for HCA facilities for same diagnosis.
- Once established, maintain JCAHO certification for Stroke.

The standard for number of mortalities per 1,000 procedures for aneurysm coiling will be based on current literature as was reported in August 2006 as 1.1 to 1.5 percent², or 11 to 15 per 1,000 procedures.

Thank-you for the department's continuing support of Alaska Regional Hospital's efforts to provide quality healthcare to Alaskans. If you need further information, please contact me at (907) 264-1713.

Respectfully,

Ed Lamb, FACHE
President & Chief Executive Officer

² Brisman JL, Song JK, Newell DW. Cerebral aneurysms. N Engl J Med 2006;355:928-39.

Schedule I-Facility Income Statement (Three Year Projection)

	FY 07	FY 08	FY 09
Inpatient Routine	52,343,767	57,578,143	63,335,958
Inpatient Ancillary	191,605,265	210,765,792	231,842,371
Outpatient	140,406,954	154,447,650	169,892,415
Long-Term Care	0	0	0
Swing Beds	0	0	0
Other	0	0	0
Total Patient Revenue	384,355,986	422,791,585	465,070,743
Less Deductions			
Charity Care	2,932,921	3,226,213	3,548,835
Contractual Allowances	220,417,014	242,458,715	266,704,587
Bad Debts	13,714,500	15,085,950	16,594,545
Total Deductions	237,064,435	260,770,878	286,847,966
Net Operating Revenues	147,291,551	162,020,706	178,222,777
All Other Revenues	1,447,510	1,592,261	1,751,488
EXPENSES:			
Salaries	43,894,243	46,527,897	49,319,571
Benefits	11,476,963	12,165,581	12,895,516
Supplies	27,426,355	32,363,099	38,188,457
Utilities	1,443,592	1,587,951	1,746,746
Property Tax	1,054,536	1,159,990	1,275,989
Rent	1,409,069	1,549,976	1,704,973
Lease	0	0	0
Other Expenses	35,233,128	38,756,441	42,632,085
Depreciation	8,577,621	8,148,740	7,741,303
Interest	(6,984,128)	(7,682,541)	(8,450,795)
Total Expenses	123,531,379	134,577,134	147,053,845
Excess (Shortage) of Revenue			
Over Expenditures	25,207,683	29,035,834	32,920,419

Schedule III-Average Cost per Patient Day (Five Year Projection)

	FY 07	FY 08	FY 09	FY 10	FY 11
Revenues	158,418,972	174,260,869	191,686,956	210,855,651	231,941,217
Expenses	123,249,021	134,218,184	146,700,475	160,343,619	175,255,576
Patient Days	35,736	37,166	38,653	40,199	41,807
Revenue Per Patient Day	4,433	4,689	4,959	5,245	5,548
Average Cost Per Patient Day	3,449	3,611	3,795	3,989	4,192
Operating & Capital Budget Summary:					
Gross Revenues	384,355,986	422,791,585	465,070,743	511,577,817	562,735,599
Deductions from Revenue	237,064,435	260,770,878	286,847,966	315,532,763	347,086,039
Net Revenue	147,291,551	162,020,706	178,222,777	196,045,055	215,649,560
Direct Expense	99,072,166	107,930,861	117,937,184	128,905,342	140,893,539
Indirect Expense	24,459,213	26,646,273	29,116,661	31,824,511	34,784,190
Net Income Projected	23,760,172	27,443,573	31,168,932	35,315,202	39,971,831
Rate Computation					
Annual Medicaid Rate					
Base Year Cost					
Less Ancillary					
Plus Admin. Overhead					
Cost Basis for Rate					
Base Year Patient Days					
Cost per Patient Day					

Schedule IV-Operating Budget (Current and Five Year Projection)

	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11
Capital Expenditure						
General Construction		(466,836)				
Equipment		(1,705,688)				
Revenues						
Inpatient Revenues	n/a	10,528,000	11,808,000	13,225,000	14,793,000	16,527,000
Outpatient Revenues		5,563,000	6,067,000	6,616,000	7,214,000	7,865,000
Long-Term Care		0	0	0	0	0
Swing Beds		0	0	0	0	0
Other		0	0	0	0	0
Total Patient Revenue		16,091,000	17,874,000	19,840,000	22,006,000	24,392,000
Less Deductions						
Charity Care		123,192	138,060	154,512	172,692	192,672
Contractual Allowances		9,547,380	10,699,650	11,974,680	13,383,630	14,932,080
Bad Debts		595,428	667,290	746,808	834,678	931,248
Total Deductions		10,266,000	11,505,000	12,876,000	14,391,000	16,056,000
Net Operating Revenues		5,825,000	6,369,000	6,964,000	7,615,000	8,327,000
All Other Revenues		0	0	0	0	0
EXPENSES:						
Salaries		544,000	569,000	594,000	621,000	649,000
Benefits		154,000	161,000	168,000	176,000	184,000
Supplies		2,126,000	2,418,000	2,749,000	3,127,000	3,556,000
Utilities		29,000	32,000	35,000	38,000	42,000
Property Tax		20,000	20,000	20,000	21,000	21,000
Rent		0	0	0	0	0
Lease		0	0	0	0	0
Other Expenses		76,000	83,000	90,000	97,000	105,000
Depreciation		130,000	130,000	130,000	130,000	133,000
Interest		0	0	0	0	0
Total Expenses		3,080,000	3,412,000	3,787,000	4,210,000	4,690,000
Excess (Shortage) of Revenue						
Over Expenditures	n/a	2,745,000	2,957,000	3,178,000	3,406,000	3,638,000

Schedule VI-Reimbursement Sources (Three Year Projection)

FY 07				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	12,274	47,963,760	29,728,529	18,235,231
Medicare	12,999	115,848,654	82,535,257	33,313,397
Private Insurance	35,693	152,524,210	47,436,980	105,087,229
Self Pay / Charity	7,716	28,201,086	2,932,476	25,268,611
Other	11,469	39,818,276	60,716,248	(20,897,972)
Total	80,151	384,355,986	223,349,490	161,006,496
FY 08				
Medicaid	12,765	52,760,136	32,701,381	20,058,754
Medicare	13,519	127,433,519	90,788,783	36,644,736
Private Insurance	37,121	167,776,631	52,180,678	115,595,952
Self Pay / Charity	8,024	31,021,195	3,225,723	27,795,472
Other	11,928	43,800,104	66,787,873	(22,987,769)
Total	83,357	422,791,585	245,684,439	177,107,146
FY 09				
Medicaid	13,276	58,036,149	35,971,519	22,064,630
Medicare	14,060	140,176,871	99,867,661	40,309,210
Private Insurance	38,605	184,554,294	57,398,746	127,155,548
Self Pay / Charity	8,345	34,123,315	3,548,296	30,575,019
Other	12,405	48,180,114	73,466,660	(25,286,546)
Total	86,692	465,070,743	270,252,882	194,817,861

ALASKA REGIONAL HOSPITAL 2801 DEBARR ROAD ANCHORAGE, ALASKA 99508	DEPARTMENT: HOSPITAL CATEGORY: CLINICAL SECTION: Patient Rights
POLICY TITLE: Non-discrimination Statement	EFFECTIVE DATE: April, 2006 SUPERSEDES: 8/99; 1/98, 8/95; (Formerly Hospital Policy #104.7 - 9/93; 7/89; 7/92)
POLICY NUMBER: 900.13	AUTHORIZED BY:

PURPOSE: To provide for non-discrimination in all interactions at Alaska Regional Hospital and ambulatory care center(s).

APPLIES TO: Patients, employees, physicians and visitors.

POLICY:

1. Alaska Regional Hospital and ambulatory care centers do not discriminate against any person, including but not limited to: patients, employees, doctors or visitors on the basis of age, race, color, religion, sex, ancestry, national origin, political belief, sexual preference, or payment source. Furthermore, no person is discriminated against with regard to a perceived or qualified handicap.
2. Any patient, visitor or employee who believes possible discrimination has been encountered should contact the Director of Quality Management.

RESPONSIBILITY: Director of Quality Management.

REVISION

RESPONSIBILITY: Director of Quality Management.

ALASKA REGIONAL HOSPITAL 2801 DEBARR ROAD ANCHORAGE, ALASKA 99508	DEPARTMENT: HOSPITAL CATEGORY: CLINICAL SECTION: Patient Rights
POLICY TITLE: Discrimination Grievance Procedures	EFFECTIVE DATE: August, 1999 SUPERSEDES: 1/98, 10/95; (Formerly Hospital Policy #101.12 - 9/93; 8/93)
POLICY NUMBER: 900.17	AUTHORIZED BY:

PURPOSE:

1. To provide guidelines for an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action which is prohibited by the U.S. Department of Health and Human Services regulations (45 C.F.R. Part 84). Implementing Section 504 of the Rehabilitation Act of 1973 as amended (29 U.S.C. 794). Section 504 states, in part, that "no otherwise qualified handicapped individual..... shall solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance" The law and regulation may be examined in the office of the Quality Director or the Director of Human Resources who has been designated to coordinate the efforts of Alaska Regional Hospital (ARH) to comply with the regulations.
2. To establish guidelines for an internal grievance procedure for prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Health and Human Services regulations.
3. To establish guidelines for the elimination of discrimination in any program or activity at Alaska Regional Hospital, and ambulatory care center(s). Discrimination has a significant adverse effect on the opportunities of minorities to gain equal access to services.

APPLIES TO:

Any person filing a complaint alleging any action prohibited by the U.S. Department of Health and Human Services regulations (45 C.F.R. Part 94), all patients, employees, and visitors.

POLICY:

- A. Alaska Regional Hospital affirms that "no otherwise qualified handicapped individual shall solely by reason of his/her handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity. An individual will not be denied service based on his/her race, age, sex, color or natural origin.
- B. The Director of Quality Management and the Director of Human Resources are designated as the Section 504 Coordinators.
- C. Any person who believes himself or any specific class of individuals to be subjected to discrimination may by himself or by a representative file with the hospital's Director or Quality Management a written complaint.
- D. The right of a person to prompt and equitable resolution of the complain filed shall not be impaired by the person's pursuits of other remedies, such as filing of a Section 504 complaint with the office for civil Rights of the U.S. Department of Health and Human Services.
 - Utilization of this grievance procedure is not a prerequisite to the pursuit of other remedies.

POLICY:

Continued...

- E. The law and regulation may be examined by the Director of Quality Management or the Director of Human Resources. These rules shall be liberally construed to protect the substantial rights of interested persons, to meet appropriate due process standards and to assure ARH compliance with Section 504 and the regulations.
- F. Management shall respond to complaints/grievances in a manner outlined by this policy. No hospital employee shall intimidate, threaten, coerce, or discriminate against any individual because he/she made a complaint. Furthermore, management shall not discriminate or retaliate against an employee who assists in the investigation or presentation of complaints or grievances filed according to this policy.
- G. Documentation will be made of all discussions, investigations, actions as well as final resolution. Information shall be treated as confidential except as addressed by law.
- H. Common discriminatory practices are identified and prohibited by Title VI (45CFR, Part 80). These include:
 - 1. Denying services, financial aids or other benefits provided as a part of health or social service programs;
 - 2. Providing different services or services in a different manner from those provided to others under the program;
 - 3. Segregating or separately treating individuals;
 - 4. Treating individuals differently in the determination of their eligibility of services;
 - 5. Denying individuals the opportunity to participate in a program by providing them bases on race, color, or national origin, an opportunity to participate in a different program;
 - 6. Selecting the site for the delivery of services which has the effect of excluding individuals from services;
 - 7. Denying an individual the opportunity to participate as a member of a planning or advisory board; and
 - 8. Using criteria or methods of administering the program which have the effect of subjecting individuals to discrimination.

RESPONSIBILITY: All hospital employees, patients, medical staff, visitors.

REVISION

RESPONSIBILITY: Director, Quality Management.

PROCEDURE:

ACTOR:

ACTION:

Hospital Employee

Guidelines for Discrimination Grievance Procedures

Refers any individual complaining of discrimination to hospital Administration.

Guidelines for Discrimination Grievance Procedures

Continued...

Section 504

- 1. Receives written complaint alleging discrimination. The complaint should contain

- Coordinator** the name(s) and address(es) of the parties filing the complaint, the date of the alleged violation and a brief description of the action alleged to be prohibited by the regulations. The section 504 coordinator may assist the persons with the preparation and filing of complaints, participate in the investigation of complains and advise the hospital executive director concerning their resolution.
2. Conducts a thorough investigation of the complaint as may be appropriate to determine its validity. Federal rules contemplate informal but thorough investigations, affording all interested persons and their representatives, if any, shall be given the opportunity to submit evidence relevant to a complaint.
 3. Informs hospital administration of the investigative findings.
- CEO** Shall issue a written a written decision determining the validity of the complaint no later than thirty (30) days after its filing.
- Section 504 Coordinator**
1. Coordinates implementation of corrective action plan if indicated within the extent necessary.
 2. Informs Department Directors of needed resolution, policy and/or procedure development or revision; area design/redesign; and, needed staff inservice training.
 3. Maintains a copy of all files and records relating to the event under the name of the individual. All documentation related to the complaints shall be maintained for a minimum of three years.

ALASKA REGIONAL HOSPITAL 2801 DEBARR ROAD ANCHORAGE, ALASKA 99508	DEPARTMENT: HOSPITAL CATEGORY: OPERATIONAL SECTION: Leadership
POLICY TITLE: Ethical Behavior, Code of	EFFECTIVE DATE: February, 2004 SUPERSEDES: 7/02; 6/00; 8/99; 1/98
POLICY NUMBER: 101.08	AUTHORIZED BY:

PURPOSE: It is the responsibility of every member of the Alaska Regional Hospital (ARH) community; Board of Trustee members, administration, medical staff members, and employees to maintain organizational behavior that is honest, forthright, responsible, and never compromised. It is every member's responsibility to strive to maintain excellent relations with our customers and the community. Our behavior will be guided by a dedication to the principle that all patients, employees, physicians and visitors deserve to be treated with dignity, respect and courteousness. The organization will constantly strive to fairly and accurately represent ourselves and our capabilities, will provide services to meet the identified needs of our patients and will constantly seek to avoid the provision of those services which are unnecessary or not effective. The organization will adhere to a uniform standard of care based on excellence and quality.

APPLIES TO: All employees at Alaska Regional Hospital.

RESPONSIBILITY: Chief Executive Officer (CEO), Chief Nursing Officer, Chief Financial Officer and Chief Operations Officer.

REVISION
RESPONSIBILITY: President/CEO, Ethics and Compliance Officer

- POLICY:**
1. **Respect for the Patient**
We will treat all patients with dignity, respect, and courteousness. To the extent such is practical and possible, patients and their significant others will be involved in decisions regarding the care we deliver. We will also seek to inform all patients about the therapeutic alternatives and the risks associated with the care they are seeking. We will constantly seek to understand and respect the patient's objectives for care. In all circumstances we will treat patients with consideration to their background, culture, religion, and heritage.
 2. **Admission**
 - a. Admissions to the hospital will not be denied based on the patient's ability to pay for services rendered. If a patient is unable to make payment, the hospital will assist the patient in setting a payment schedule, applying for Medicaid, or making application for other available resources as deemed appropriate.
 - b. ARH will admit, treat, and make patient assignments without regard to age, race, color, national origin, religion, creed, sex or handicap. Request from patients for transfer to other rooms in the same pay class of accommodations are not honored if based on racial or ethnic considerations.
 3. **Transfer**
All patients treated in the hospital receive the most appropriate care provided within the scope of services available at this hospital. If it is determined that the patient needs services not available at this hospital, arrangements will be made to an appropriate facility which provides those services. Transfer to another facility may also occur at the request of the patient's family, if the patient is incapacitated or unconscious. Prior to the transfer, informed consent will be obtained from the patient or surrogate decision-maker. The hospital Transfer Policy will be followed in all cases.

POLICY:

Continued ...

4. **Discharge**

All discharges will be processed through the appropriate Nursing unit. If not done prior to discharge, agreement for an appropriate payment schedule will be obtained. The business office will determine and advise if the patient had medical insurance coverage, should apply for Medicaid or arrange a monthly payment schedule with the hospital.

5. **Billing**

All initial patient billing is itemized and includes date of service. There is no charge for this service. The bill will include charges only for those services and care provided during the time frame of service. Explanation of the itemized statement will be provided by patient account representatives in the Business Office upon patient or payer request. Any conflict regarding the content of the bill will be answered in an effort to accomplish customer satisfaction. If the conflict is not resolved, it will be referred to the Chief Financial Officer for attempted resolution. Any questions or complaints about patient bills will be responded to promptly. Billing complaints and efforts to resolve complaints will be documented on the hospital wide Complaint Form and forwarded to Administration for tracking and filing.

6. **Marketing**

The purpose of advertising at Alaska Regional Hospital is to communicate to the public only those services or educational programs that are available within the scope of services at our facility. At no time will a statement be permitted in advertisements that would mislead the customer. Advertising may be accomplished through the use of newspaper, printed materials (brochures, pamphlets, posters), radio, or television. All advertising information will be cleared through the CEO to assure the appropriateness of the information.

7. **Conflict of Interest**

- a. Alaska Regional Hospital recognizes the potential for conflict of interest exists for decision-makers at all levels within the hospital. This includes members of the Board of Trustees, administration, the medical staff, and all other employees. It is our policy to request the disclosure of potential conflicts of interest by all those individuals who provide care, treatment and services, as well as governance, so that appropriate action may be taken to ensure that such conflict does not inappropriately influence important decisions. Board members are bound by the conflict of interest policy stated in the bylaws of the Board of Trustees.
- b. The board as well as senior management and medical staff will review all potential conflicts (when appropriate) and take action if necessary. In the event a potential conflict of interest has direct implication for patient care, the institution may convene the Facility Ethics and Compliance Committee to assist in the resolution of the issue.
- c. Prior to finalization of any contractual agreement, which includes the provision of patient services, the Board of Trustees will review the contract to prevent any conflict of interest from occurring, which would not enable the hospital to provide quality health services in a cost effective manner.

POLICY:

Continued ...

8. Relationship to Other Healthcare Providers, Educational Institutions, and Payers

- a. The hospital will engage in contractual arrangements with other healthcare providers, educational institutions and payers. The contracts will define the responsibilities of each party. Conflict of interest will be addressed at the time of the initial contract and upon contract renewal as addressed above.
- b. The hospital will not refuse care to a patient, regardless of their ability to pay or contractual arrangement with their medical insurance carrier. It will be their patient's decision whether to receive care at this institution based on their medical insurance coverage and the hospital's contractual arrangement with the payer.
- c. Contracts with educational institutions will specify that the hospital assumes responsibility for all patient care provided by students, however the educational institution is responsible for carrying malpractice insurance and workers compensation insurance on students.

9. Confidentiality

Alaska Regional Hospital recognized the extreme need to maintain patient and other information in a confidential manner. As such, patient information will not be shared in an unauthorized manner and sensitive information concerning personnel and management issues will be maintained in strict confidence and utilized only by those individuals authorized to review and act upon such information.

10. Resolution Of Conflicts

We recognize that from time to time conflict will arise among those who participate in hospital and patient care decisions. Whether this conflict is between members of administration, medical staff employees, or the Board of Trustees of Alaska Regional Hospital, or between patient caregivers and the patient, we will seek to resolve all conflicts fairly and objectively. In cases where mutual satisfaction cannot be achieved, it is the policy of this organization to involve the patient advocate and/or the administrator on-call to oversee resolution of the conflict. Other staff and second opinions will be involved as needed to pursue a mutually satisfactory resolution. The hospital Conflict Resolution Policy will be followed in all cases.

11. Patient Access to Protective Services

The hospital is responsible for ensuring that patients have access to protective services. On admission to the facility, the patient/surrogate is provided with a list of telephone numbers in the admission packet directing them whom to contact if they feel they need protective services.

- a. If the patient requires assistance with accessing protective services, the social services department is consulted. A social services representative is available 8:00 AM - 4:30 PM, Monday thru Friday.
- b. The patient/surrogate is made aware of their right to file a complaint with hospital administrators. This is accomplished in the Patient Information pamphlet.
- c. The attached list provides telephone numbers and addresses of pertinent services for the patient population served.

POLICY:

Continued ...

12. **Financial Incentives**

In the event that the hospital has an arrangement with hospital staff or medical staff members to provide financial incentives for attaining certain goals, in no way will those goals interfere with clinical decision-making. To avoid compromising the quality of patient care, clinical decisions, including tests, treatments, and other interventions, will be based on the patient's identified care, treatment and service needs.

13. **Access of Code of Ethical Behavior Policy**

- a. ***Patients:*** Patients will have access to a copy of the "Code of Ethical Behavior" policy upon request. Patients will be informed of the right to information regarding hospital rules and regulations applicable to the conduct of patients on the "Patient Rights", which are provided at the time of admission or entry to the hospital system.
- b. ***Hospital Staff, Physicians, and Contracted Providers:*** Hospital staff, physicians, and contracted providers will have access to the "Code of Ethical Behavior" policy in hospital-wide manuals available to all hospital departments.

14. **Contracts, Ethics and Compliance Program**

- a. All vendor contract that relate in any way to the Ethics and Compliance Program, including any activities that would reasonably be considered as part of the Program, must include language prohibiting such vendors from advertising, disclosing, or otherwise discussing their business relationship with the Company without prior written approval of the Company's Corporate Ethics and Compliance Officer.
- b. All vendor contracts, whether for services or products, that relate in any way to the Ethics and Compliance Program, including any activities that would reasonably be considered as part of the Program, must include the following, or similar, language:
 - "The vendor agrees not to advertise, disclose, or otherwise discuss this Agreement and its business relationship with HCA Healthcare Corporation and/or its affiliates (collectively, the "Company") without the prior written consent of the Company's Corporate Ethics and Compliance Officer.
- c. Any violation of this provision shall be considered a material breach of this Agreement, conferring on [name of the Company subsidiary that is the party to this agreement] the right to cancel this Agreement immediately without further obligation to the vendor and to seek any other legal recourse available to it."

ALASKA REGIONAL HOSPITAL 2801 DEBARR ROAD ANCHORAGE, ALASKA 99508	DEPARTMENT: HOSPITAL CATEGORY: CLINICAL SERVICES SECTION: Care of Patients
POLICY TITLE: Admission of Patients to the Hospital POLICY NUMBER: 902.10	EFFECTIVE DATE: January, 2003 SUPERSEDES: 7/98; 8/95; (Gen. Nsg. P&P # 101.39 - 1/95; 4/92; 2/92; 3/91; 9/90; 7/89; 3/88; 9/83; 5/79) AUTHORIZED BY:

- PURPOSE:**
1. To establish written guidelines for the admission of patients to Alaska Regional Hospital.
 2. To provide guidelines for the standardization of the admission of patients to the nursing unit for therapeutic care.

APPLIES TO: All patients being admitted to Alaska Regional Hospital.

- POLICY:**
1. The Hospital will admit patients for the care and treatment of all diseases.
 2. Patients with communicable diseases must be maintained in isolation appropriate to the disease.
 - **Refer to Infection Control Section of ARH P&P's for specific isolation guidelines.**
 3. A patient may be admitted to the Hospital only by a member of the Medical Staff, as designated by the Medical Staff By-Laws, Rules and Regulations.
 4. Emotionally disturbed patients will be admitted unless the physician deems admission to a psychiatric institution to be more appropriate.
 5. A patient to be admitted on an emergency basis who does not have a physician may select a physician in the applicable service to attend him/her. When no such selection can be made, the on call practitioner will attend him/her.
 6. Admission of patients to the Postpartum Unit shall include the following:
 - a. Postpartum patients to include vaginal deliveries as well as C-section deliveries.
 - b. Antepartum patients.
 - c. Overflow GYN surgical patients.
 7. Admission of patient from the age of newborn to 14 years shall be admitted to the Pediatric Unit unless otherwise requested by the physician. The Pediatric Unit may also admit overflow adult patients ages 15 to geriatric.
 8. Admission of patients from date of birth to 28 days may be admitted to the Neonatal Intensive Care Unit. See Admission Criteria NICU Policy for specific details.
 9. Refer to department specific policy manuals for admission criteria and further information on specialty units (e.g. ICU/CCU/PCU/Rehabilitation/TCU).
 10. Patients will be admitted to the unit most appropriate to the type of medical service necessary. This is done to match the patients nursing care needs and available nursing resources. Exceptions may be made per the Nursing Supervisor/Manager of Clinical Support Services assessment of unit census and staffing. Every effort will be made to transfer patients to the appropriate area as bed/staffing availability allows.

RESPONSIBILITY: Admitting Staff, Nursing Services.

REVISION

RESPONSIBILITY: Admitting Department Manager, Chief Nursing Officer and/or designee.

PROCEDURE:

ACTOR

ACTION

Admitting

When patient arrives in Admitting/E.R. Registration, or call is received from MD's office for direct admit, contact the Nursing Supervisor or the Nursing Director for the applicable unit.

- **All admissions are directed to the Nursing Supervisor**

Nursing Services

Assess bed/staffing availability and direct Admitting as to receiving unit.

Admitting

1. Assure and document in the account (page 7), that the patient has received an Advanced Directives Booklet and Patient's Rights and Responsibility information.
2. Follow Admitting Protocol to admit patient.
3. Call receiving unit for bed assignment.
 - **The following information will be relayed: patient name, age, attending physician, diagnosis, and any other pertinent information (e.g., isolation, suicide precautions)**
4. Escort patient to assigned room.
5. Notify nursing staff that patient has arrived, verify the room number with nurse or Unit Secretary. Leave any admitting paperwork/orders at nurse's station.
 - **Never leave the unit without informing staff that patient is on unit**

Nursing Services

Welcome patient and introduce self.

CNA

1. Check for presence of patient identification band.
2. Assist the patient to undress as needed.
3. Assist the patient in putting on a hospital gown or his/her own nightclothes.
 - Complete Patient Personal Property List and have patient sign.
4. Take admitting vital signs, weight, and orient patient to room.

RN

1. Check for presence of patient identification band.
 - Place band for allergies (Red for Medications, Green for latex sensitivity, etc.)
2. Complete admission interview and physical assessment utilizing the Admission Assessment and Point of Entry Forms. Document using Meditech if on "live" unit.
3. Notify physician if necessary.
4. Initiate Multidisciplinary Problem/Knowledge Outcome List and prioritize care using Care Plan via Meditech if on "live" unit.
5. Co-sign transcription of physician's orders.

PROCEDURE:

Continued...

ACTOR

ACTION

Nursing Services

1. Proceed with transcription of physician's orders.
2. Complete Kardex.
3. Verify that signature and witness are present on consent form.
 - **Consent for medical treatment and release of information is on the back of Admission Face Sheet. If patient signature has not been obtained, the Unit Secretary will pull the form and obtain signature from patient.**
 - **Unit Secretary will sign as witness to signature**
4. Assemble patient's chart.
5. Document vital signs, height and weight on graphic record.

ALASKA REGIONAL HOSPITAL 2801 DEBARR ROAD ANCHORAGE, ALASKA 99508	DEPARTMENT: HOSPITAL CATEGORY: OPERATIONAL SECTION: Leadership
POLICY TITLE: EMTALA Medical Screening for Hospital Departments On and Off Campus	EFFECTIVE DATE: December, 2001 SUPERSEDES: (7/99 - EMTALA, Duty to Accept)
POLICY NUMBER: 101.10	AUTHORIZED BY: (Approved by MEC: 11/28/01 & BOT: 12/4/01)

- PURPOSE:** To ensure all individuals who present to a department of the hospital located on or off campus receive an appropriate medical screening examination and stabilization and treatment as deemed medically necessary.
- APPLIES TO:** All hospital-based entities on or off campus.
- POLICY:** Any individual that presents to a department of the hospital, including on and off campus hospital based entities, and requests examination and treatment for a potential emergency medical condition (EMC), will receive an appropriate medical screening examination within the capability of the hospital to determine whether or not an emergency medical condition exists.
- RESPONSIBILITY:** All hospital employees, Emergency Department Staff, Emergency Department Physicians.
- REVISION RESPONSIBILITY:** Hospital Risk Management Director and Emergency Services Medical Director.
- PROCEDURE:**
1. Medical Screening Examination for individual presenting to a department of the hospital located on or off campus.
 - a. If any individual comes to any hospital-based entity and a request is made on the individuals' behalf for examination or treatment of a medical condition an appropriate medical screening (MSE) will be performed to determine if an emergency medical condition (EMC) exists.
 - b. The capability of the department of the hospital located on or off campus to provide screening, treatment and stabilization for emergency medical conditions include the capability of the hospital as a whole and not just the capability of the department of the hospital.
 - c. Personnel at a department of the hospital located on or off campus must have direct contact with the emergency department. The Emergency Department physician, in consultation with the Charge Nurse(s), will determine whether or not to send ED staff, based upon consideration of the following factors:
 1. Availability of ED staff: Staff will respond if the provision of such assistance does not compromise ongoing ED patient evaluation and patient management.
 2. Appropriate level of provider available: Staff will respond if there are no non-hospital personnel or other qualified personnel in attendance.
 3. Security of the environment: Staff will respond if the provision of such assistance will not endanger the health, well being or lives of the hospital personnel.
 2. For a department located on or off campus that is routinely staffed by physicians, RNs or other allied health providers:
 - a. The physician or qualified medical provider must initiate the medical screening examination (MSE) upon the request to determine the presence of a potential emergency medical condition (EMC).
 - b. The designated qualified providers who will perform an EMC shall be either a designated physician, RN, Licensed Physical Therapist, Radiology and/or Lab Technician.

PROCEDURE:

2. For a department located on or off campus that is routinely staffed by physicians, RNs or other allied health providers:
Continued...
 - c. If the designated qualified provider is a RN, Licensed Physical Therapist, Radiology Technician and/or Lab Technician the following protocol must be followed:
 1. Determine responsiveness. Activate the emergency response system.
 2. Open the airway. Check breathing (look, listen and feel).
 3. If breathing and/or pulse are absent or inadequate, begin CPR.
 4. Obtain vital signs if possible.
 5. Report findings of assessment to the ED physician or Charge Nurse.
 - d. In consultation with the hospital emergency physician, the physician or qualified MSE provider must complete the screening and provide any necessary stabilizing treatment at the department and, after stabilization, move the patient to the hospital emergency department.
3. Transfer of the patient: At the direction of the Emergency Department Physician, one of the following will occur:
 - a. Designated Qualified Provider will arrange for transportation of the individual to the hospital ED.
 - b. Emergency Department personnel will assist in arranging an appropriate transfer to a medical facility, if the transfer of the individual with a potential EMC is warranted, to a medical facility other than the hospital.
 - c. Initiate transfer in accordance with the provisions for transfer outlined in the ARH Transfer Policy.
4. Documentation Requirements:
 - a. Document all pertinent information on the Medical Referral Form (refer to attached).
 - b. A copy of the Medical Referral Form will be sent with the patient or faxed to the ED at 264-2004.
 - c. The original of the Medical Referral Form will be maintained under the direction of the Department Director along with a log documenting all evaluations performed in the department.

ALASKA REGIONAL HOSPITAL 2801 DEBARR ROAD ANCHORAGE, ALASKA 99508	DEPARTMENT: HOSPITAL CATEGORY: OPERATIONAL SECTION: Medical Staff
POLICY TITLE: Medical Staff Peer Review Performance Improvement	EFFECTIVE DATE: February, 2004 SUPERSEDES: 8/02; 5/01; 8/99; 03/99, 1/01
POLICY NUMBER: 105.04	AUTHORIZED BY: (MEC Approval: 2/04)

PURPOSE:

1. To monitor and evaluate the quality and appropriateness of the medical care and treatment of patients.
2. To define the process for use of peer review in ongoing evaluation of a practitioner's competence for the purpose of renewing delineated clinical privileges.
3. To outline guidelines for monitoring of physician adverse pattern/trends.
4. To identify, address, and resolve opportunities to improve care.
5. To provide guidelines for Performance Improvement in the Peer Review Process.
 - a) **Consistent** – The peer review process will maintain consistency through adhering to this policy and fair referral of peer review cases.
 - b) **Timely** – Peer review cases will be completed timely, according to time frames outlined in this policy.
 - c) **Defensible** – Conclusions reached through the peer review process will be supported by a rationale that specifically addresses the issues for which the peer review was conducted, including, when appropriate, reference to current literature and relevant clinical practice guidelines.
 - d) **Balanced** – Minority opinions and views of the reviewee will be considered and recorded.
 - e) **Useful** – The results of peer review activities will be considered in practitioner-specific reappointment and clinical privilege decisions as part of the Performance Improvement activities to determine competence.
6. To ensure the confidentiality of the Medical Staff Peer Review Process that is documented on paper and within the HCA Patient Care System in accordance with Federal and Alaska State Statutes.

APPLIES TO:

All Physicians and Allied Health professionals providing care to patients at Alaska Regional Hospital.

Definitions:

Peer – an individual in the same profession and sub-specialty area (e.g. doctor and doctor, dentist and dentist, podiatrist and podiatrist).

Peer Review – the review of an individual's performance by another peer.

POLICY:

1. The Medical Staff is held accountable by the Medical Executive Committee to carry out the Performance Improvement Program in their respective departments.
2. According to the Medical Staff Bylaws, the Medical Staff will actively review and act upon performance improvement activities and functions listed as follows but not limited to:
 - a) Quality of care concerns
 - b) Medication usage evaluation
 - c) Medical records review
 - d) Blood usage
 - e) Pharmacy and Therapeutics
 - f) Risk Management
 - g) Infection Control

POLICY:

- h) Utilization Review
2. According to the Medical Staff Bylaws, the Medical Staff will actively review and act upon performance improvement activities and functions listed as follows but not limited to:
Continued...
- i) Operative, invasive and other procedures that place the patient at high risk
 - j) Unplanned returns to surgery
 - k) Re-admissions within 31 days
 - l) Mortalities/Autopsies
 - m) Interdisciplinary DRG monitoring
 - n) Patient, Staff, Peer complaints or referrals
 - o) Sentinel Events
 - p) Any adverse or unexpected outcome
 - q) Individual practitioner patterns and trends
3. Once the case is referred to peer review, the assigned peer reviewer must complete the peer review within a timely manner (30 working days for routine referrals and seven working days for Sentinel Events), unless extenuating circumstances arise. Cases not completed in this time frame will be referred to the Department Chairperson and/or Medical Executive Committee for disposition.
- **Results of peer review findings shall be compiled on a monthly basis and reported to each respective department meeting, at minimum, on a quarterly basis**
4. Practitioners may provide additional information regarding a case, either in writing or by attending the departmental meeting where the case may be presented and discussed.
5. **External Peer Review**, as determined by the Department Chairperson, President of the Medical Staff, Medical Executive Committee, Risk Manager, and/or Quality Director, external Peer Review may be requested regarding any of the performance improvement activities and functions listed in #2.
The purpose of external peer review is twofold:
- a) to provide the Medical Staff with an objective, unbiased review by outside professional peers with similar credentials, who may be experts in their fields and
 - b) to validate the effectiveness of peer review process within the organization as a check and balance of the system.
- Cases will be referred for external peer review by the Department Chairperson, Medical Executive Committee, or the Chief of Staff when it is determined that no member of the Medical Staff is able to serve as a peer. Reasons for this may include, but are not limited to, potential conflict of interest if potential reviewer is a member of same group as reviewer, lack of peers in a specialty area, due to the small number of sub-specialties who may be on staff, and/or peer review results that may be a significant variation from a nationally recognized standard of care. The Director of Quality Management shall be responsible for securing appropriate reviews by an external peer review agency.
6. **Intensified Reviews** can occur when a problem is suspected, a sentinel event occurs, when an opportunity to improve has been identified, or when there has been a pattern/trend noted regarding significant deviation from the recognized standard of care by an individual practitioner, with regards to quality of care or documentation. Intensified reviews may be conducted internally or referred to the external peer review process. If conducted internally, the peer review panel may be selected as an ad-hoc committee, by the Department Chairperson for specific circumstances. The Director of Quality Management or designee shall be available as a liaison to assist with facilitation of the process.

POLICY:

Continued...

7. Confidentiality of Medical Staff peer review activities is provided by ensuring that users having access to QM Module routines are restricted in their access.
8. Access to QM Module routines is provided by the Director of Quality Management or designee in the QM Module Access Dictionary.
9. All reviews are maintained in the practitioner's Quality PI Profile in a locked, secure area under the auspices of the Medical Staff Office. Access to these profiles is only given to the Quality Resource Department staff and Medical Staff Office. Results are aggregated on the profile at the time of reappointment, and are used in granting reappointments.
10. All peer review activities described in this policy are defined and intended to be peer review activities as defined in the Federal and State statutes, including the Health Care Quality Improvement Act of 1986, AS 18.23.020, AS 18.23.070(6). As such, they shall be protected from discoverability.

RESPONSIBILITY:

President of the Medical Staff, general members of the Medical Staff, Quality Resources staff, Medical Staff Coordinator.

REVISION

RESPONSIBILITY:

Quality Management Director and/or designee.

PROCEDURE:

ACTOR

ACTION

Quality Resource Staff

1. Review medical records of all patients in accordance with established criteria of performance improvement activities.
2. Prepare medical record for appropriate Medical Staff Department review when the record does not meet criteria.
3. Attach "Patient Care Review Form" (top portion completed) to chart.
4. Notify physician responsible for chart/peer review for the designated Department and month as pre-established by the Manager of Medical Staff Services as directed by the Medical Staff Departments.
 - a) If the physician reviewer is a care provider for the patient, another reviewer is obtained.
 - b) The physician reviewer completes the "Patient Care Review" form.
5. Follow actions indicated on the "Patient Care Review Form":
 - a) No action.
 - b) Letter written or phone call made by the respective Department Chairperson to the attending physician informing/discussing suggestions made for improvement in care or documentation.
 - The practitioner being reviewed may provide additional written documentation or explanation regarding the case, which will be attached to the "Patient Care Review Form" in their PI file.
 - c) The case review is presented at the respective Department meeting for discussion as an education topic, review of the standard, or to prevent repeated variances in care.
 - d) Send a letter to the Department Chairperson and the attending physician informing them of the case review with date and time of the meeting if the case is to be presented at a Department meeting. Either the practitioner reviewer or the Department Chairperson may present the case.
 - The practitioner being reviewed may provide additional explanation regarding the case either by written documentation or by personally attending the meeting.

PROCEDURE:

Continued...

ACTOR

ACTION

Quality Resource Staff

6. Remove the "Patient Care Review Form" from the chart and files along with any letters sent to the attending physician in their respective Performance Improvement files maintained by the Medical Staff Office. These are included with each reappointment performance improvement profile. This profile includes the number of cases reviewed and any quality of care issues identified.
 - Results of departmental meeting discussion, conclusions, and recommendations will be recorded on/with the "Patient Care Review Form" in the practitioner's PI file.
7. Document outcome in the Meditech QM Module.

Medical Staff Coordinator

- When case is referred to respective Department meetings for discussion, a summary of the case prepared by the Quality Resource staff is documented in the minutes along with recommendations and actions.
- a) These reports, minutes, recommendations, communications, and actions made or taken will be covered by the provisions of the Federal or State Statute providing protection to peer review or related activities.
 - b) Cases and physicians are referred to by PI code numbers, not by medical record numbers or by names.