



February 10, 2023

Alexandria Hicks, CON Project Coordinator

3601 C Street, Suite 978

Anchorage, Alaska 99503

RE: Additional Information for Determination of Ambulatory Surgical Center

I have attached a clear and concise description of the proposed ambulatory surgery center, certified cost estimates for all components and updated timeline for the project.

After submitting the initial request, we have made a few changes on cost estimates for the mobile unit and arthroscopy equipment lease. I have updated the initial request and have provided supporting documents. Our initial estimates were higher than the final invoice.

After reviewing the final quotes we needed to get duplicate equipment for back up. I also increased the estimated cost for operating room equipment by \$7,350 and Anesthesia/Crash Cart equipment by \$350.00. All of the receipts are included.

Information required to process McKinley Surgery Center, LLC request for Certification of Need Determination.

1. Description of proposed ambulatory surgery center:
 - a. One (1) operating room, one (1) PACU phase one and two, one (1) pre-op area, nurses' station, clean room, soiled room, bathroom, and janitor closet
 - b. New surgery unit is attached to McKinley Orthopedic via a temporary corridor/hallway
 - c. Comprehensive definition of the space proposed to provide ambulatory surgery services includes:
 - i. Mobile Ambulatory Surgery Center on wheels that is connected through a temporary corridor to existing clinic
 - ii. Calutech Mobile Solutions, Inc.
 - iii. Mobile Unit is approximately 930 square feet

UNIT DESCRIPTION:	
Length	53'- 0
Width	102"
Height	13'- 6"
EXPANDABLE WALL ASSEMBLY:	
Length	37'-0" approximately
Expansion	84" per side



FRONT EXPANDABLE:	
Length	80" approximately
Expansion	19"

- a. Reference attached Certificate of Title and Bill of Sale
- b. Specific same day surgical care services:

ORTHOPEDIC PROCEDURES
Arthroscopy, Knee, Shoulder
Carpal Tunnel Release
Cubital Tunnel Release
Closed Reduction Internal Fixation
Open Reduction Internal Fixation
De Quervain's Release
Excision Bony Lesion
Hammertoe Repair
Hardware Removal
I&D Abscess
Ligament Repair
Manipulation of Joint
Tendon Repair
Tenolysis
Epidural Steroid Injection

2. Cost estimates for all components of the project:
 - a. Please see the attached invoices, quotes, and proposals referencing the original request.
 - b. Decrease of \$2,039.16 from original issued quote related to Arthroscopy equipment lease. See attached rental agreement from Stryker.
 - c. Entire Mobile Unit cost included in packet. Lease cost per year: (please see attached Lease information)
 - i. Year 1 = \$107,175.18
 - ii. Year 2 = \$214,350.36
3. Timeline for the project: Propose to initiate provision of ambulatory surgery services starting March 2023 (pending CON determination and State Site Visit for Licensure).

Please let me know if you need any additional information regarding this request.
We look forward to hearing from you soon.

Sincerely,

Cassy Freeman