



**ALASKA REGIONAL**  
H O S P I T A L

William H. Hogan, Ph.D.  
Office of the Commissioner  
350 Main Street, Room 404  
PO Box 110601  
Juneau, Alaska 99811-0601  
July 07, 2010

Dear Commissioner Hogan:

Alaska Regional Hospital (ARH) is enclosing an application for a certificate of need for the project consisting in the relocation of its outpatient surgery and outpatient imaging services located on the same campus of Alaska Regional Hospital into the Veterans' Administration Clinical Building (VABC) and would involve remodeling existing space and acquisition and installation of medical equipment. The equipment is for four (4) surgery suites and eight (8) pre/post op bays and MRI, CT, X-Ray, Ultrasound and Digital Mammography imaging systems. We believe a Certificate of Need is required due to the expenditure threshold exceeding \$1.30 million for 2010. Due to the annual increases of inpatient surgeries for the past five years ARH must acquire more facility space to stay up with current demand. This project would establish an expansion of current inpatient surgery services by relocating and expanding outpatient surgery services in the new location and bed capacity will not change as a result.

The project consists of renovating approximately 32,000 square feet located in the VABC. The renovation cost has been estimated at approximately \$7,200,000. The net present value of the leased space for a 5 year period is \$4,800,000 at \$2.50 a square foot. The total equipment costs are estimated at \$4.283 million. The total project budget located in the VABC at Alaska Regional Hospital main campus is estimated at \$16.283 million. Enclosed is a check for the application fee of \$16,283.

This project will start construction upon receipt of a certificate of need from the Department. The construction and installation will take approximately 180 days and upon completion will begin service. The anticipated date of service is July 2011.

Thank you for your attention to this matter.

Sincerely,



Paul G. Morris  
Chief Financial Officer



**CERTIFICATE OF NEED APPLICATION**  
**For**  
**Expansion and Relocation of Outpatient Services**

**Submitted to**  
**Alaska Department Health and & Social Services**

**Submitted by**  
**ALASKA REGIONAL HOSPITAL**  
**ANCHORAGE, ALASKA**

**July 2010**

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This Certificate of Need Application Packet has been adopted by reference in regulations of the Alaska Department of Health and Social Services. Only the version that has been adopted by reference will be accepted by the department for review. To ensure that you have the correct packet, please check the current version of 7 AAC 07.040 or contact the Certificate of Need Coordinator. Any questions may also be directed to the Coordinator:

The Certificate of Need Coordinator  
Health Planning & Systems Development Unit  
Office of the Commissioner  
Department of Health and Social Services  
P. O. Box 110601, Juneau, Alaska 99811-0601  
Phone: (907) 465-3001 Fax: (907) 465-3068  
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Additional information is available at the department's Internet web site:  
[http://www.hss.state.ak.us/dph/chems/cert\\_of\\_need/](http://www.hss.state.ak.us/dph/chems/cert_of_need/).

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**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 the all of companies that have ownership in the facility.**

HCA  
Galen  
Board of Trustees  
HCA Board of Directors  
HCA Corporate Officers

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

Not applicable.

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

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

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. ARH was surveyed in July, 2007 and received accreditation through July 2010. A copy of the accreditation letter is located in the appendix A.

## **Section II. Summary Project Description**

### **Provide a one-page summary of the proposed project:**

Alaska Regional Hospital (ARH) is requesting a Certificate of Need for the expansion of surgery suites and imaging services by relocating outpatient services to an adjacent building, the Veterans Administration Clinic Building (VABC) building located on the same campus. Because of increased growth in both inpatient and outpatient services ARH has embarked on an expansion of its services by relocating to a facility/building located on the main campus called VABC. ARH's need for this expansion is evident in its growth in neurological, cardiac, and orthopedic procedures which are more complex inpatient surgical procedures than the average inpatient surgical of both the national average and the largest competitor being Providence Hospital. ARH has seen an 18% to 22% increase these types of surgeries over the last 3 years. Also the Case Mix Index (CMI) from Medicare shows ARH as the highest acuity rate of all providers in Alaska. The CMI number for ARH during 2009-2010 was 2.02-2.18 respectively which is some 20%+ higher than Providence Hospital. This acuity rate consolidates ARH's higher inpatient surgical time which shows a greater amount of more complex and intense surgeries. This project will move numerous outpatient surgical procedures and outpatient imaging services to the VACB and allow for additional inpatient procedures to be done in the main operating rooms. Both outpatient surgery and imaging services will be named for this application as outpatient services. The outpatient services will lease approximately 32,000 square feet, for 4 operating suites and 8 pre- and post-operative bays for ambulatory patients and outpatient imaging services which includes an MRI system, CT system, X-ray/Fluoro systems, ultrasound, mammography and bone density. Also one existing procedure room will be placed in the new outpatient facility. This proposed project would be operational in first quarter of 2011. This project will be financed through a cash capital expenditure within the HCA Corporation.

The 4 operating rooms are expected to operate at 80 percent capacity upon opening. Projected volumes, based on the historic growth rate from 2005-2009, show all 4 ORs will be at 88 percent capacity by 2011.

Opening this proposed outpatient surgery facility will ease the current ARH capacity issues at the hospital's inpatient OR's. ARH has done a redesign of workflow within the operating rooms to improve efficiencies. Even with this workflow improvement ARH is still challenged with capacity issues. ARH has 11 Operating Rooms with 10 of these being combination (inpatient and outpatient) ORs that are operating over 90 percent capacity, and one that is a dedicated open heart surgery suite. Six surgeons are on a waiting list for "block time" on the surgery schedule. Twelve surgeons have asked the hospital to develop a freestanding outpatient surgery center to increase efficiency for these shorter procedures.

ARH is also proposing to relocate its outpatient imaging services to this same facility due to the less than optimal current location of its outpatient imaging services. The outpatient imaging service will increase patient access and care efficiency, while decreasing costs. The outpatient focus will allow the hospital to concentrate on important inpatient and emergency

services in the main portion of the hospital, thus increasing the overall efficiency of the healthcare delivery system. Imaging is basic patient management tool for physicians whose importance will grow over the next decade.

The total cost of this project is \$16,283,200 financed thru a cash capital expenditure. The facility will operate in 32,000 square feet of space. This project will result in more Alaskans being able to obtain accessible, available, low-cost, efficient, and high quality inpatient and outpatient surgery and imaging services.

**(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 increase surgery capacity, on the main ARH campus, from 10 general surgery suites to 14 general surgery suites. ARH has done a redesign of workflow within the operating rooms to improve efficiencies. Even with this workflow improvement ARH is still challenged with capacity issues. At this time ARH has shared the inpatient surgery facility with the outpatient surgery which continues to cause scheduling conflicts and efficiency issues with the outpatient work flow. ARH will purchase the diagnostic imaging equipment for outpatient diagnostic services. The present MRI located in the main facility is over eight (8) years old and was recently upgraded. The upgrade life cycle has approximately 2 to 3 years left. This upgrade is the final upgrade possible on this model. ARH needs to maintain this MRI system for inpatient scanning due to its location in the main building. Also due to construction and de-installation issues, this scanner is located within the hospital and it is best for ARH to keep this existing scanner in place and use for inpatient scanning only. The need to replace the scanner will be reviewed in the next 24 months and may possibly replace then. ARH will add a second MRI in the VACB to fit the outpatient needs of the facility. The two CT scanners existing in the ARH facility are used at full capacity with one scanner, a GE four slice, being completely depreciated for its life cycle. ARH wants to replace the older CT scanner and move it to the outpatient services facility. A digital Mammography and X-ray and Ultrasound machines will be purchased for this project.

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

The project will have an increase in construction of 32,000 sq. ft. in a new building lease located in the VABC on the same main campus.

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

The inpatient surgery facility will be expanded to the existing 10 OR's and relocation of the outpatient surgery services in the VABC building which is adjacent to the main hospital on the same campus.

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

The inpatient surgical services will be expanded to utilize all 10 suites located in the main ARH building. The selected outpatient surgical services will be relocated in an adjacent building on the same campus. ARH will expand its outpatient diagnostic service through purchase of new imaging equipment, including MRI, X-Ray, Ultrasound, and a replacement CT scanner.

**(5) The total cost of the project.**

This project will lease 32,000 square feet, and construction costs for the space is estimated at approximately \$7.2 million. The length of the lease is 5 years at a cost of \$960,000 per year with a renewal every 5 years. There will be no additional build-out costs outside of the lease. The total cost for this project is \$16,283,200.

**(6) How the project will be financed.**

This project will be financed through a cash capital expenditure within the HCA Corporation.

**(7) Estimated completion date.**

The completion of this project is first quarter of 2011.

### 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
<b>IN-PATIENT ACUTE CARE HOSPITALS</b>			
Med/Surg Beds	176	0	176
1-bed room/unit	122	0	122
2-bed room/unit	54	0	54
Other (list)	0	0	0
ICU Beds	18	0	18
Obstetrics Beds	35	0	35
Pediatric Beds	11	0	11
Acute Rehab Beds	10	0	10
Obstetrics Beds			
Pediatric Beds			
Ancillary Services (list)	7	0	7
Dialysis	7	0	7
Sleep Lab			
<b>BEHAVIORAL HEALTH CARE</b>			
In-patient Acute Psychiatric Beds	0	0	0
RPTC Beds	0	0	0
In-patient Substance Abuse Beds	0	0	0
<b>LONG-TERM CARE</b>			
Acute Beds	0	0	0
1-bed room/unit	0	0	0
2-bed room/unit	0	0	0
Other (list)	0	0	0

Type of Service	Current Capacity	Added, Expanded, or Replacement Capacity	TOTAL PROPOSED CAPACITY
Nursing Beds	0	0	0
1-bed room/unit	0	0	0
2-bed room/unit	0	0	0
Other (list)	0	0	0
<b>DIAGNOSTIC AND DIAGNOSTIC IMAGING SERVICES</b>			
CT Scanner	2	0	2
MRI	1	1	2
PET or PET/CT	0	0	0
Cardiac Catherization	2	0	2
Emerging Med. Tech. (list)	0	0	0
<b>SURGICAL CARE</b>			
Ambulatory Surgery or Dedicated OP Suites	0	0	0
Suites for IP & OP	10	4	14
Endoscopy Suites	2	0	2
Open-Heart Surgery	1	0	1
Organ Transplantation	0	0	0
Other Services (list)			

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

**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.**

ARH will be relocating a portion of its outpatient services which will entail purchasing surgical equipment needed to outfit 4 surgery suites and 8 per/post op bays. The imaging services will have an MRI scanner that is fully functional in meeting all its community needs for outpatient imaging. Additionally ARH will provide a mammography package, functional MRI package for neurologic scanning, enhanced imaging reconstruction capability and other peripheral enhancements to this scanner. The CT scanner will be a 64 channel scanner with all enhancements needed for outpatient imaging. This scanner will also have cardiac capabilities to serve a growing aging population.

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

<b>Equipment to be Purchased</b>			
Equipment Description	Make	Model	Cost
<b>Imaging Equipment</b>			
MRI	Siemens Medical	1.5 T	950,000
MRI RF Enclosure	MRI Corp		82,340
CT	Siemens Medical	64 Sl	650,000
US	Siemens Medical		150,000
Mammo	Hologic	Digital	450,000
X-Ray	Siemens Medical		175,000
C-Arm	GE	9900	150,000
<b>Operating Room Equipment</b>			
OR Lights x4			160,000
OR PT Table at least 3085 x4			160,000

<b>Equipment to be Purchased</b>			
<b>Equipment Description</b>	<b>Make</b>	<b>Model</b>	<b>Cost</b>
OR Back Table med/lrg x4			4,800
OR Arm boards x 4set			3,600
OR Arm Board Extension x4			4,500
OR Prep Stand x4			800
OR Cabinets x4			800
kick basin x4			800
mayo stand-Lrg x4			1,000
ring stand-Db1 x4			1,400
Steps x4			2,000
Arm chair-rolling x4			3,000
stirups/ leg holders x 4set			12,800
computer on stand x4			4,800
Printer x4			2,000
Anesthesia chair x4			4,800
anesthesia machine x4			400,000
Anesthesia IV/Syrng pumps x4			12,800
Anes-hot line x4			5,060
Anes Pyxis x4			80,000
Anes cart x4			6,800
Biar Hugger x4			4,800
Anes IV poles x4			4,000
Videoscopy tower x4			320,000
Cautery Unit-Std & Bi-plr x4			27,900
Compression stocking unit x4			4,800
Case carts x 4			19,200
Phone x4			1,000
Steris or simular units x3			384,000
Flask Paks x 3 lg, x 2 small x4			18,000
PT transport carts x4			18,400
<b>Total</b>			<b>4,283,200</b>

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

There will be no equipment retired or replaced other than the older CT scanner located in the hospital presently and relocated in the new outpatient facility.

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

The current design of the VACB is antiquated and will require extensive upgrades. Upgrades to the HVAC and electrical systems will be done to satisfy current Anchorage building code standards.

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

The existing structural framing, floor system are standard medical grade and meet all engineering requirements for Alaska and Anchorage.

**G. Total square footage in current facility/project.**

The entire facility square footage is estimated at 32,000 square feet.

**H. Total square footage of proposed facility/project.**

The proposed square footage of this project is 32,000 sq. ft.

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

The area per suite is approximately 700 square feet.

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

The percentage of total floor usage for direct services is 70 percent.

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

Additional volume of service expected for this project is 25 percent to 30 percent.

**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.**

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The past history for ARH projects is an expansion of laboratory dated in 2009. Additional services include the future additional of PET/CT for oncology services and construction and equipment for a NICU Level III.

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## 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.)**

Alaska Regional Hospital (ARH) is for-profit organization that is serving the South Central and Anchorage bowl area. ARH has a long range plan to meet the needs of the community and its residents through comprehensive healthcare services. The Board of Directors has insight into the delivery of its vision and mission for the commitment of accessible, available, high quality, efficient, compassionate and safe services. Therefore the Board of Directors has found that ARH outpatient services must meet the increased accessibility and availability for such services. Because of increased growth in both inpatient and outpatient services ARH has embarked on an expansion of its services by relocating to a facility/building located on the main campus called the Veterans Administration Clinical Building (VABC). This project has received approval and funding from its parent corporation Hospital Corporation of America (HCA). ARH executive management and physicians all approved such a project to meet the demands for more outpatient services. This is accomplished by expanding and relocating the surgery and imaging services.

### 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.**

The facility has been used for all inpatient and outpatient surgeries combined for the last 47 years. Because of the increase in inpatient surgeries, strain on outpatient surgical services through scheduling and efficiency has been substantially hampered. Expansion of services is needed to alleviate the outpatient surgical services discrepancy. Since the majority of inpatient surgeries take precedent over outpatient surgeries, ARH and its physicians have to move outpatient surgeries to later time slots in evenings and weekends. ARH inpatient minutes volume has increased over 28 percent in the last 5 years which translates to a 21 percent increase in actual case volume. ARH outpatient minutes volume has increased over 10 percent in the last 5 years which translates to a 6 percent increase in actual case volume. The availability of space at the VABC is due to the Veterans Administration moving to a new

location. ARH has secured a viable secure long-term agreement with the building's owners to move services into an outpatient setting. This project gives remedy for this issue.

**Table A**  
**Alaska Regional Hospital**  
**Number of Operating Rooms by Type**

Operating Room Type	Number of ORs
<b>Dedicated ORs</b>	
Cardiac surgery	1
<b>General ORs</b>	
Outpatient Only	0
Combination – In- and Outpatient	10
TOTAL	11

**Table B**  
**Alaska Regional Hospital**  
**Surgical Minutes of 10 ORs Without**  
**Cardiac Surgery ORs 2005-2009**

Year	Outpatient Minutes	Inpatient Minutes	Total Minutes
2005	398,225	398,449	796,674
2006	422,391	412,730	835,121
2007	436,704	399,846	836,550
2008	434,736	489,345	924,081
2009	441,902	509,314	951,216
<b>% Change 05 – 09</b>	<b>11.0%</b>	<b>28.0%</b>	<b>19.40%</b>

**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 service expansion is due to demand for more inpatient surgeries. This demand is placing a strain on outpatient surgeries. The result is scheduling and performing outpatient surgeries in the evening and late evenings. The increase in inpatient surgeries shows the need for 10 full time ORs in the main hospital. Relocating the outpatient imaging services will allow a more efficient, compassionate, safe, and comfortable environment that will better serve the community and the long-term strategic plan of ARH.

**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.

The expansion of inpatient suites will alleviate the movement of outpatient surgeries to late afternoon, evening or weekend procedure times. Placing the outpatient imaging services in the same facility allows for a more consistent application of services that will better serve the population by having a dedicated outpatient setting.

**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.

**Table C**  
**Alaska Population by Service Areas, 2009**

Service Areas	Number	Percentage
Anchorage	290,588	42.0%
Gulf Coast & Mat-Su Regions	161,000	23.2%
Other Alaska Regions	240,726	34.8%
<b>Total Alaska</b>	<b>692,314</b>	<b>100%</b>

**Table D**  
**State of Alaska Population,  
Historic 2005-2009 and Projected  
2010, 2015, 2020**

Year	Population	% Growth
2005	664,334	1.04%
2006	671,202	1.03%
2007	676,056	0.72%
2008	681,977	0.87%
2009	692,314	1.51%
2010*	698,573	0.90%
2015*	734,999	5.21%
2020*	771,465	4.96%

\*- denotes projected population growth.

**Table E**  
**Municipality of Anchorage Projected 2010 - 2030**

	2006	2010	2015	2020	2025	2030	Change
<b>Municipality of Anchorage</b>	282,813	293,323	306,902	322,087	337,706	350,871	24.06%

Source: Alaska Economic Trends. October 2007, Volume 27, Number 10. Alaska Department of Workforce Development. Table 13, Page 10.

- 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.**

**Table F**  
**Alaska Regional Hospital**  
**Surgical Patients – Patient Origin, 2008**

Service Area	Inpatient	Outpatient	Total
<b>Anchorage</b>	69%	69%	69%
<b>Gulf Coast &amp; Mat-Su Regions</b>	21%	22%	21%
<b>Other Alaska</b>	7%	9%	8%
<b>Outside Alaska</b>	3%	<1%	2%
<b>Total</b>	100%	100%	100%

**Table G**  
**Alaska Regional Hospital**  
**Surgical Patients, by Age, by Percentage, 2008**

Age	Inpatient	Outpatient	Total
<b>0-14</b>	14%	10%	12%
<b>15-44</b>	29%	33%	31%
<b>45-64</b>	34%	44%	38%
<b>65+</b>	23%	13%	19%
<b>Total</b>	100%	100%	100%

**Table H**  
**Alaska Regional Hospital**  
**Surgical Patients, by Gender, by Percentage, 2008**

Gender	Inpatients	Outpatients	Total
<b>Female</b>	56%	53%	55%
<b>Male</b>	44%	47%	45%
<b>Total</b>	100%	100%	100%

- 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.**

**Table I**  
**Anchorage and Alaska's Population by Age, by Percentage 2008**

Age	Anchorage	Alaska
0-14	26%	24%
15-44	45%	42.0%
45-64	23%	26.7%
65+	7.3%	7.3%
Total	100%	100%

**Table J**  
**Anchorage and Alaska's Population by Race, by Percentage, 2008**

Race	Anchorage	Alaska
Caucasian	72.2%	70.2%
Native American	8.1%	16.0%
African American	7.2%	3.8%
Asian Pacific Islander/Other	12.5%	5.6%
Total	100%	100%

- 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 of this project is the same population currently being served, with the primary service area being the greater Anchorage area and the secondary service area being the rest of the state. All growth outside of past normal year over year trend is anticipated from population growth.

**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:**

- 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;**

The target population utilizing ARH services has and will still use these services. The long-term outcome will reflect increases in line with population increases. With the facilities inpatient and outpatient being offered in two locations on the same campus this will allow ARH to adapt to the needs of the future market.

Between 2009 and 2015, the Alaska population is projected to grow by 42,685 or 16.2% over the next six-year period (see Table D). The population of Anchorage will see an increase of approximately 5% over the same period. (State of Alaska Department of Health and Social Services, 2008) Using data from the Alaska Department of Workforce Development, between 2006 and 2015, the Anchorage population is projected to grow by 24,089 or 8.5%. The proposed project provides services whose future demand is expected to grow rapidly, outstripping population growth, with the outpatient imaging industry expected to grow by the same population growth in Alaska. Modality-specific projections indicate higher growth in CT and MRI.

Overall MRI utilization will expand more by 2016, due in part to continued growth in spine and joint studies and aging baby boomers as they age. Minimally invasive procedures will increase the number of patients opting for surgery, further increasing MR volumes. Breast MR examinations in support of cancer diagnostics will be one of the fastest-growing applications.

Ultrasound volume will increase because of more baby boomers needing more screenings for vascular disease including abdominal aortic aneurysm, carotid and extremity vascular studies.

X-ray volumes will grow due to the population increase over the next six-year period. Many chest, abdominal and musculoskeletal X-ray studies will shift to CT and MRI.

Digital mammography volumes will increase due to payer expansion for these studies.

The ARH facility projections below are based on:

1. Population growth in the service areas.
2. Increasing demand nationwide for the services provided (as outlined above).
3. The opportunity to increase patient access to the specialized professional expertise of ARH professionals.
4. The opportunity to increase access to enhanced technology.
5. The opportunity to provide higher levels of service and quality, at lower cost, than existing facilities.

- 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.**

The expansion of these facilities for existing services will remain the same to the population of Anchorage and the surrounding communities using ARH services now.

- 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 State Guidelines suggest that an inpatient operating room is at capacity at 94,250 minutes per year. An operating room that does a combination of both inpatient and outpatient surgeries also reaches capacity at 94,250 minutes. An outpatient-only operating room is at capacity at 68,850 minutes per year. Using these guidelines, the 10 combination ORs are at 100 percent capacity. If a portion of the outpatient volume were redirected to the proposed outpatient services facility, both the existing inpatient combination ORs and the new proposed outpatient ORs would be operating at 72 percent capacity guideline immediately. Given the 5.5 percent growth rate for the next 5 years (1.1 percent per year), the volume is such that 4 more ORs could be justified before 2014. ARH's need for this expansion is evident in its growth in neurological, cardiac, and orthopedic procedures which are more complex inpatient surgical procedures than the average inpatient surgical of both the largest competitor being Providence Hospital and the national average for inpatient surgical time per suite. This is evident in the average minute case load being some 122 minutes for Providence Hospital and 130 minutes for the National Average for inpatient surgery. ARH's average inpatient surgical minutes is some 159 minutes per case. See Attachment I. ARH has seen an 18% to 22% increase the type of surgeries over the last 3 years. Also the Case Mix Index (CMI) from Medicare shows ARH as the highest acuity rate of all providers in Alaska. The CMI number for ARH during 2009-2010 was 2.02-2.18 respectively which is some 20%+ higher than Providence Hospital. This acuity rate consolidates ARH's higher inpatient surgical time which shows a greater amount of more complex and intense surgeries. Using the review standards and methodology formulas the general operating rooms required for 2011 through 2013 would be 13 suites followed in 2014 and beyond 14 general surgery suites. See Attachment H

**Table K**  
**Alaska Regional Hospital**  
**Number of ORs by Type Using Actual 2009 Minutes,**  
**Existing Configuration vs. Proposed Configuration**

ORs by Type	Minutes	% Capacity	Capacity standard
<b>Existing ORs</b>			
10 combo ORs	951,216	100%	94,250 min/OR
<b>Proposed ORs</b>			
4 outpt only	284,792	103%	68,850 min/OR
10 Inpatient	666,424	70%	94,250 min/OR
14 Total	951,216	72%	

**Table L**  
**Alaska Regional Hospital**  
**Projected Surgical Minutes, 2009**  
**Based on 2009 Minutes & Historic 5-Year Growth Rate**

Minutes	Minutes in 2009 Base Year	Historic 5-Year Growth Rate, 2005-09	Projected Minutes 5 Years, 2014
Outpatient	441,902	11.00%	490,511
Inpatient	509,314	28.00%	651,922
Total	951,216	19.40%	1,135,752

**Table M**  
**Alaska Regional Hospital**  
**Projected Capacity of Four Ambulatory Surgery ORs, 2014**

ORs by Type	Minutes	% Capacity	Capacity Standard
4 outpatient only	490,511	142%	68,850 min/OR
10 Inpatient	651,922	69%	94,250 min/OR
Total of 14 ORs	1,135,752	86%	

**Table N**  
**Alaska Regional Hospital**  
**Annual MRI Scan Capacity, 2006-2009**

Year	Number of Scans	Average Month
2006	3088	258

2007	3042	253
2008	2988	249
2009	3004	250

**Table O**  
**Alaska Regional Hospital**  
**Annual CT Scan Capacity, 2006-2009**

Year	Number of Scans	Average Month
2006	3745	312
2007	3669	306
2008	3514	293
2009	3785	315

- 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 existing inpatient/outpatient surgery suites and equipment used in the existing main campus facility will remain the same. The 4 outpatient units located in the adjacent building will require the installation of new equipment.

The outpatient imaging service will increase its equipment of 1 MRI scanner, one (1) X-ray room, one (1) Ultrasound machine, and one (1) Bone density machine. The CT scanner will be a replacement scanner from the hospital.

- 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

N/A

(2) number of patient days

N/A

- (3) average length of stay  
N/A
- (4) percent occupancy  
N/A
- (5) average daily census  
N/A
- (6) number of licensed beds  
N/A
- (7) number of beds set up  
N/A
- (8) number of inpatient and outpatient surgeries and surgery minutes  
See Section IV.B.5.c; Table K and L
- (9) number of existing surgery suites in the service area  
27 surgery suites in the service area
- (10) number of procedures  
Number of procedures will increase with population growth.
- (11) number of treatment rooms  
The number of treatment rooms will remain the same.
- (12) number of patients served  
Patients served will increase with normal population growth.
- (13) number of outpatient visits  
Outpatient visits will increase to population growth.
- (14) number of laboratory tests  
N/A
- (15) number of x-rays  
X-rays numbers will remain the same with growth due to population.
- (16) number of ER visits  
N/A
- (17) number of CT, MRI, PET or PET/CT scanners  
One (1) MRI and one (1) CT will be included.

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

No services will be reduced.

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

A previous surgery center application was filed in 2005 at which time it was testified that the need for more surgery suites would be needed. This recognition of excess 4 years ago is correct and would fill that need. Here is the quote dated December 2005 from Susan Humphrey-Barnett,

pg. 10 ". applying that, we took the Anchorage population, total surgeries at Providence, Alaska Regional, and HealthSouth; got a rate of surgeries per thousand population, which averaged 87 over 3 years, 2002, 2003, 2004; and then applied that use rate.

In the -- Providence, Alaska Regional, and HealthSouth have a total -- currently, a capacity of 28 OR's. In 2009, we would still -- using this methodology, we would need 27 ORs, but those 27 ORs would be at 95 percent capacity.

So if you added 4 ORs and you came up to 32 ORs in this region, of all 32 of them collectively would be at 81 percent capacity. If you added 6 ORs in 2009, collectively they would be at 75 percent capacity."

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

**See Appendix B**

**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.**

The total calculations for ARH's inpatient and outpatient surgeries are established from the ASHNA data showing all surgeries performed in the Anchorage service area. ARH has experienced an increase in growth of inpatient surgeries doubled that of its largest competitor, Providence Hospital. This growth has had a profound impact on ARH abilities to provide accessible and available surgery services to its patients. The proposed capacity review standards cannot accurately define this need for expansion of surgery services and as such ARH has to exceed the review standards and methodologies for general surgeries. The general operating rooms required (GORR) step shows that ARH will start needing more rooms by 2011. However, because of ARH performing all of its surgeries in general combination rooms the inpatient requirement calls for needing more suites than presently authorized which is approximately 6 rooms. The expansion to 10 inpatient suites and relocating all outpatient surgery suites, four (4) in the VABC would provide the necessary suites for accessible, efficient services for the patients of the Anchorage area. The review standards used for this application have shown that if applied in a sterile format shows that ARH's need for surgery suites could not be expanded for four to five more years. However when ARH applies the State Guidelines of an inpatient operating room at capacity at 94,250 minutes per year, the 10 combination ORs are at 100+ percent capacity and need 12 suites now for 2010, 13+ suites for 2011 through 2013, and 14 suites for 2014 and beyond. Also the Case Mix Index (CMI) from Medicare shows ARH as the highest acuity rate of all providers in Alaska. The CMI number for ARH during 2009-2010 was 2.02-2.18 respectively which is some 20%+ higher than Providence Hospital. This acuity rate consolidates ARH's higher inpatient surgical time which shows a

greater amount of more complex and intense surgeries which requires more surgery suites. It is imperative that ARH meet these challenges through more proactive foresight in what lies ahead for Alaskans and its families needing these services.

**See Appendix H**

### **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.**

**Alternative 1: Do Nothing** Doing nothing will perpetuate the inability for some Alaskans to receive outpatient surgery services in a timely, cost-effective and high-quality manner due to increased inpatient needs overriding outpatient procedures. If patients are to be treated in a manner they deserve with regard to access, cost, and general patient care an alternative option would need to be explored. THEREFORE, ALTERNATIVE #1 IS NOT ACCEPTABLE.

**Alternative 2: Continue to operate only in the ARH facility.** The facility at ARH is fully utilized by existing patients. Additional ARH patients cannot be conveniently scheduled and the facilities themselves are not as efficient, convenient, or patient-friendly. THEREFORE, ALTERNATIVE #2 IS NOT ACCEPTABLE.

**Alternative 3: Apply for privileges at facilities with available capacity and treat ARH patients there.** According to data supplied by DHSS, other facilities such as Providence Alaska Medical Center, Advanced Pain Centers and others are fully utilized. ARH physicians and their patients are unable to access this capacity because these other facilities preclude consideration requests for surgery privileges from physicians outside the facilities with whom they have an exclusive contract. THEREFORE, ALTERNATIVE #3 IS NOT ACCEPTABLE.

**Alternative 4: Build a new outpatient facility.** This alternative is the most effective way to increase access to the services of ARH physicians in a cost-effective, high quality manner. In Anchorage, there is also an unmet need for capacity. The existing ARH units are fully utilized. As more patients seek the care of ARH physicians, patients need additional capacity to meet their needs. ARH surgery facilities are fully utilized and that additional capacity is needed to serve the patients of ARH physicians. THEREFORE, THIS ALTERNATIVE WAS THE MOST APPROPRIATE FOR THIS PROJECT.

**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.**

There will be no special needs or circumstance required in this application because the existing facility is only expanding the same services for inpatient surgeries. The outpatient facility will also need no special needs. If for some event needing such needs ARH will ensure that the facilities will have those needs met.

#### **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.**

There are comparable services in the area but due to population increases no increase in surgical services has been reviewed and implemented since the last approval of a CON for similar services dated from 2005. This project will provide a more enhanced delivery of surgical services causing more accessibility and acceptability to the existing population. Utilization for these services increase because of physician desire for more access to quality and state-of-the-art facilities. The project for Imaging Services will enhanced ARH's delivery of these services in better accessibility and acceptability to the existing population. There are several providers for diagnostic imaging CT services in the service area, which are distinct from ARH. Each will be profiled.

- 1). Providence Alaska Medical Center operates several CT units (a 16-Slice GE Light Speed, and a 64-Slice GE). Each is above target utilization. Privileging constraints make it unavailable to ARH physicians and their patients.
- 2). Providence Imaging Center operates a 16-Slice GE Light Speed Pro unit that is above target utilization. Privileging constraints make it unavailable to ARH physicians and their patients.
- 3). Diagnostic Health Corporation Anchorage operates an 8-Slice GE Light Speed. It is at, or near target utilization, and privileging constraints make it unavailable to ARH physicians and their patients.
- 4). Alaska Open Imaging operates a 16-Slice Toshiba unit. Privileging constraints make it unavailable to ARH's physicians and their patients.
- 5). Anchorage Alaska Native Medical Center operates a 16-Slice GE Light Speed Pro. This service is used to meet the needs of the Alaska Native population and is unavailable by others. It cannot meet the needs addressed by the ARH project. Privileging constraints also make it unavailable to ARH physicians and their patients.
- 6). Elmendorf AFB operates a GE Light Speed and a Siemens Somatom unit. Their CT service is designed to meet the needs of the Air Force Base population and is unavailable by others. It cannot meet the CT needs addressed by the ARH's project. In addition, privileging constraints make it unavailable to ARH physicians and their patients.

There are several other providers of similar MRI services in the Anchorage area. Described is each provider in the service area:

- 1). Providence Alaska Medical Center operates 1.5T GE Horizon LXi Short-bore unit. It is at or above target utilization. This MRI cannot meet the needs addressed by the ARH project. Privileging constraints make it unavailable to ARH physicians and their patients.
- 2). Providence Alaska Medical Center operates a 1.5T Siemens MRI unit. It is used to meet the needs of PAMC patients not otherwise suitable for the ARH physicians. As such, it is not capable of meeting the current and projected demand by ARH patients for MRI scans. Privileging constraints make it unavailable to ARH physicians and their patients.
- 3). Providence Imaging Center operates two MRI units, a 1.5T GE Signa unit and a 1.5T GE Signa Twin. Both are at or above target utilization. As such, it is not capable of meeting the current and projected demand by ARH patients for MRI scans. Privileging constraints make it unavailable to ARH physicians and their patients.
- 4). Diagnostic Health Corporation Anchorage operates a GEHT 1.5T Signa Excite HD MR System with CXX4 Magnet. It is at or above target utilization. This MRI cannot meet the needs addressed by the ARH project. Privileging constraints make it unavailable to ARH physicians and their patients.
- 5). Alaska Open Imaging operates a 0.3T Hitachi Open Unit. It is a low-field magnet with some application for claustrophobic patients, but fails to provide the image quality of the 1.5T magnet available at the ARH site. This MRI cannot meet the needs addressed by the ARH project. Privileging constraints make it unavailable to ARH physicians and their patients.
- 6). Alaska Innovative Imaging operates 0.2T Siemens Magnetom Jazz. It is a low-field magnet with limited application to the services ARH provides. This MRI cannot meet the needs addressed by the ARH project. Privileging constraints make it unavailable to ARH physicians and their patients.
- 7). Alaska Spine Institute operates a 1.5T GE Signa Infinity w/excite unit. This MRI cannot meet the needs addressed by the ARH project. Privileging constraints make it unavailable to ARH physicians and their patients.
- 8). Anchorage Fracture & Ortho Clinic operates a 0.2T GE/Lunar E-scan Open Unit. It is a low-field magnet with specific design features that render it unsuitable for most ARH patients. In any case, privileging constraints make it unavailable to ARH physicians and their patients.
- 9). Elmendorf AFB also operates a 1.5T GE Signa unit. Their MRI service is used to meet the needs of the Air Force Base population and is unavailable to others. This MRI cannot meet the needs addressed by the ARH project as it is unavailable to ARH physicians and their patients.
- 10). Anchorage Alaska Native Medical Center operates a 1.5T GE Signa unit. Their MRI service is used to meet the needs of the Alaska Native population and is not accessible by others. This MRI cannot meet the needs addressed by the ARH project. Privileging constraints make it unavailable to ARH physicians and their patients.

**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:**

- **complement existing services**
- **provide an alternative or unique service**

- **provide a service for a specific target population**
- **provide needed competition**

There will be no impact on, or change in other existing community facilities.

**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.**

ARH has a continued focus of providing high quality, cost efficient care. Due to years of growth and an increase in managed care contracts, ARH is positioning itself to meet current and future demands for volume and standards expected from business and patients that utilize and/or contract for ARH's services.

## **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.**

ARH is in strong financial position and the relatively small scope of this project will not have a material effect on the cost structure of the hospital's operations. Expanding inpatients surgery operations to all 10 suites located in the main hospital and relocating the outpatient surgery services makes a necessary need in the long term plan for ARH to responsibility meet Alaska resident's needs. The impact on financial effect to the state of Alaska's population will be a better delivery of quality services and creating efficiencies that serve more patients at or below current pricing structures. The overall cost passed onto the consumer will be in the form of streamlined cost efficient services. Access to the facilities services as well as wait times for delivery of care and overall cost to the patient will all be reduced.

**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. Ongoing operations will fall under ARH's long-term operations ability and will not change significantly from current operating costs.

### **3. Provide a description and estimate of:**

- **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;**

The impact on the increase cost to the population and health services will have no effect. The outpatient structure will allow for reduced cost to patients requiring either surgical or imaging services. Inpatient services will be more streamlined due to the focus on inpatient services within the main facility thereby reducing cost to the patient. Outpatient services in the VACB will not be delayed by emergent inpatient procedures taking precedence thereby minimizing the interruption in the lives of patients in their busy schedules.

- **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.

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

The immediate and long-term feasibility of the continuing operations for this proposal will affect services for the better by increasing the inpatient surgery facility. ARH can provide more efficient and better delivery in quality of those services due to these expansions and renovations.

## **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.**

Architectural Provisions for the Disabled – Requirements for people with special needs are addressed via code compliance with the following:

- Joint Commission on Accreditation of Health care Organizations;
- Alaska State Department of Health & Social Services (which oversees hospital licensing);
- National Electrical Code Published Standards; and
- Rules & Regulations of the Federal Register Nondiscrimination on the Basis of Disability of Public Accommodations and in Commercial Facilities.

**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.**

Year of Discharge Date	Total Charges	Revenue Deductions and Contractual Adjustments	Total Allowed Charges	Charity Care	Sum of Total Cash Payment
2005	4,170,384	181,266	3,972,187	3,956,122	16,065
2006	3,341,082	46,269	3,292,752	3,290,735	2,017
2007	3,753,169	108,209	3,399,850	3,3381,578	18,272
2008	4,648,624	88,355	4,193,929	4,185,246	8,683
2009	4,811,326	91,447	4,340,717	4,331,730	8,987
2010	4,979,723	94,648	4,492,642	4,483,340	9,301
2011	5,154,013	97,961	4,649,884	4,640,257	9,627

2009 - 2011 numbers are estimated to increase by 3.5% per year.

The annual amount of charity is increasing for the hospital system due to changes in the economy. ARH is expected to meet the needs of Alaska's population for any and all cases due to these financial issues.

**3. Address the following access issues:**

**a. transportation and travel time to the facility;**

The transportation and travel time to the existing facility for inpatient surgery will not be affected. As for outpatient access, the VACB will allow the patient direct access to parking via parking one floor below the clinic space with elevator access. The access will allow the patient to easily park and present for needed services within minutes versus the prior process of finding parking and services within the hospital that could take fifteen minutes or more.

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

All construction and design meets Anchorage Municipal code requirements. There will be provisions in the expansion facility of outpatient surgery for the aged and persons with a disability.

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Architectural Provisions for the Disabled – Requirements for people with special needs are addressed via code compliance with the following:

- Joint Commission on Accreditation of Health Care Organizations;
- Alaska State Department of Health & Social Services (which oversees hospital licensing);
- National Electrical Code Published Standards; and
- Rules & Regulations of the Federal Register Nondiscrimination on the Basis of Disability of Public Accommodations and in Commercial Facilities.

**c. hours of operation; and**

The hours of operation for the inpatient facility will stay the same. The outpatient facility will have hours of 7am to 7pm Monday through Friday, with Saturdays available, which add to the efficiency of services available to the outpatient population.

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

See Appendix C.

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**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.**

ARH is a licensed as an acute care hospital with 250 beds by the State of Alaska. It is certified by Medicare and Medicaid. ARH's Medicaid ID numbers are HS10IP and HS10op and Medicare number is 02-0017. A copy of the license is located in the appendices. ARH is accredited by the Joint Commission on Accreditation of Hospital Organizations (JCAHO). The hospital was surveyed in June of 2007 and is due to be surveyed again in late 2010. A copy of the accreditation is located in the appendices.

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

Patient safety, quality, and performance improvement are number one priority at Alaska Regional Hospital. ARH is committed to providing services that meet or exceed the needs and expectations of our customers. Customers are defined as patients, families, physicians, coworkers, volunteers, outside representatives and visitors. ARH is dedicated to providing goal oriented care which is designed to maintain or improve the patient's health status and/or comfort and prepare them for discharge.

Performance improvements 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.

At Alaska Regional Hospital external benchmarking systems are utilized such as the National Quality Healthcare Initiatives as well as internal benchmarking systems which compare data trends within Alaska Regional Hospital as well as those of ARH's parent company, Hospital Corporation of America (HCA). The 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.

The quality control program is outlined below:

(1) Equipment

All equipment meets quality and safety standards required of all manufacturers by the federal government. Preventive maintenance is performed on equipment, and consists of a thorough inspection for any defects that may affect patient care or safety.

(2) Personnel

- Physicians – Physicians' education, training and skills are evaluated through a credentialing process, and only qualified physicians are recommended for privileges. Members of the medical staff, through training and continuing education, stay current with new developments in their respective specialties.
- Clinical and Non-Clinical Personnel – All personnel must meet professionally accepted job requirements.
- Continuing Education – The ambulatory surgery center will provide continuing education and ensure that all personnel receive training provided by equipment vendors, professional societies and attend selected special educational meetings both in and out of state.

(3) Quality Assurance

Objectives of the Alaska Regional Hospital Performance Improvement Plan include the following:

- Provide optimal patient care within available resources;
- Manage resources in the most appropriate manner;
- Minimize risk and injury;
- Identify and act upon opportunities to improve patient care; and
- Trend, benchmark and maximize patient outcomes with advanced databases.

These objectives are met through the activities identified in the process called Performance Improvement Plan, which include identifying problems, establishing criteria, assessing, recommending action, monitoring and evaluating. Written plans define the manner in which personnel and medical staff members will accomplish quality improvement functions. The program is in compliance with JCAHO requirements and is evaluated annually.

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

It is anticipated that the proposed expansion of the outpatient surgery and imaging services would require approximately 38 FTEs. Staffing will be adjusted to fit volume demands, and personnel will be cross-trained to increase efficiency and staff availability for specific services.

**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 proposed expanding of inpatient surgery services and relocating outpatient surgery services is being developed to support the shift in procedures from the inpatient to the outpatient setting. The shift to the outpatient setting will continue to grow as technology makes advances. Surgeries that are higher risk will be done within the main facility inpatient ORs.

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**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.**

The proposed program will be designed for outpatient services and the surgeon performing the outpatient procedure. Added efficiencies will be built into the physical space and into the processes used to operate the outpatient facility. The existing inpatient surgery services, that will be expanded also, will benefit in a more efficient delivery through updating some equipment and flow throughput of inpatients.

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

The concept of a dedicated outpatient surgery center is based on the use of laborsaving equipment and processes to achieve the best operating economies, while maintaining high-quality care. This project will be successful with shorter turnaround times and efficiency in the OR with less surgical operating minutes per procedure. This takes good teamwork between the surgeon, anesthesiologist and the OR staff.

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

As part of the quality improvement plan, the goals or expectations will be clearly identified by the ARH Board of Directors and management and targets with measurable outcomes will be set. Identified targets will be monitored at least quarterly and will have a national benchmark for comparison.

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

A proposed organizational chart can be found in the appendix D.

**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.**

A proposed job description of all personnel can be found in the appendix E.

**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.**

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## 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.***

Alaska Regional Hospital (ARH) is requesting a Certificate of Need for the expansion of the inpatient surgery suites by relocating the outpatient services to an adjacent building, the VABC building located on the same campus. ARH's need for this expansion is evident in its growth in neurological, cardiac, and orthopedic procedures which are more complex inpatient surgical procedures than the average inpatient surgical of both the largest competitor, Providence Hospital and the national Average for inpatient surgical time per suite. This is evident in the average minute case load being some 122 minutes for Providence Hospital and 130 minutes for the National Average for inpatient surgery. ARH's average inpatient surgical minutes is some 159 minutes per case. ARH has seen an 18% to 22% increase the type of surgeries over the last 3 years. This project will allow the existing surgery suites in the main ARH building to be geared more toward inpatient surgical services by moving the outpatient surgery services to the above mentioned location. The outpatient surgery service will lease approximately 32,000 square feet, for 4 operating suites and 8 pre- and post-operative bays for ambulatory patients. Also an existing procedure room will be placed in the new outpatient facility. This proposed project would be operational in first quarter of 2011.

Alaska Regional Hospital ARH has been serving Alaskans for more than 47 years, as a for-profit health care provider, our commitment to meet Alaskans' health care needs, both now and in the future, requires that ARH connect with our communities and have a deep understanding of their current and future health care needs. The proposed project is consistent with the needs ARH has identified for health care services in the community, region and state. The proposed project has already garnered broad support from members of the community, medical staff, clinical staff and former patients as reflected in Appendix B. In securing the approval of the Board of Directors to proceed, the proposed project was required to be consistent with the ARH mission, core values, and operating commitments.

The draft State Guidelines suggest that an inpatient operating room at ARH is at capacity at 94,250 minutes per year. An operating room that does a combination of both inpatient and outpatient surgeries also reaches capacity at 94,250 minutes. An outpatient-only operating room is at capacity at 68,850 minutes per year. Using these guidelines, the 10 combination ORs are at 90 percent capacity. If a portion of the outpatient volume is redirected to the proposed expansion surgery center, both the existing inpatient combination ORs and the new proposed outpatient ORs would be operating within the 65 percent capacity guideline immediately. Given the 5.5 percent growth rate for the next 5 years (1.1 percent per year), the volume is such that 4 outpatient ORs could be justified now. Further expansion of surgery services could be met with more surgery suites approved.

Alaska Regional Hospital will lease 32,000 square feet in the VABC building for the operation of an outpatient center. The cost of the lease is estimated at about \$960,000 per year. The net present value of this lease over the life of the lease is \$ 4,800,000 for 5 years.

The 4 operating rooms are expected to operate at 69 percent capacity upon opening. Projected volumes, based on the historic growth rate from 2005-2009, show all 4 ORs to be open by 2011 at 88 percent capacity.

Opening this proposed outpatient center will ease the current ARH capacity issues at the hospital's inpatient OR's. ARH has 10 combination (inpatient and outpatient) ORs, which are operating over 90 percent capacity. Six surgeons are on a waiting list for "block time" on the surgery schedule. Twelve surgeons have asked the hospital to develop a freestanding outpatient surgery center to increase efficiency for these shorter procedures.

**This project meets review standards through the evaluation of:**

- 1. The applicant documents need 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.**

The project meets the needs of the population served by creating a greater ability in serving a more broad area in the above mentioned areas.

- 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 appropriate communities regarding community or regional plans.**

The demonstration that the project meets development, integration of community, regional, state, and federal planning by meeting the state's healthcare plan with services that remedy such issues as scheduling, procedural challenges, clinical risks of infection and lessening operational strain are as follows:

- Scheduling for routine procedures can be difficult because block time is in short supply and reliance on hospital suites increases the likelihood of routine procedures being postponed to accommodate emergencies.
- Procedures take longer than necessary, in part because of the time spent changing equipment and surgical teams, and because non-specialized support personnel are less efficient.
- Procedures that do not require an inpatient hospital environment must still be performed there creating inefficiencies. Having an outpatient setting allows clinicians to perform services with a higher level of proficiency and quality and will provide for a better patient experience with minimal disruption to their schedules.

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

ARH has reached out to various groups of stakeholders throughout the process of planning and evaluating this project. That feedback has shaped the project, ensuring that it is meeting community need. The design of the project has been initially approved by the stakeholders who will participate. The building was originally design and used by the Department of Veterans Affairs for outpatient services and will be used in the same capacity by ARH.

**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.**

See Section IV. C

**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 health care system.**

See Section IV. D.2

**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.**

See Section IV. F.3

Due to the Alaska Standards and Methodologies not providing correct data collection standards on the utilization of other health care facilities' surgery and imaging services the last numbers published were dated in 2007 from Imaging Associates of Providence Certificate of Need dated 2008 and the ruling from the Chief Administrative judge on the surgery center joint venture with Providence Alaska Medical Center dated May 2007. ARH has focused its community needs as measured by the requirements of patients seen at ARH.

**SERVICE SPECIFIC REVIEW STANDARDS**

**Magnetic Resonance Imaging**

**Table VI.1 below has been prepared with reference to Alaska Certificate of Need Review Standards and Methodologies Section VII.A. Diagnostic Imaging Services, Review Standards and Methodology, Magnetic Resonance Imaging as adopted December 9, 2005**

**Table VI.1 Magnetic Resonance Imaging Service Review Standards**

<b>MAGNETIC RESONANCE IMAGING REVIEW STANDARDS</b>	<b>COMMENTS</b>
<p>1. Except as provided in Review Standard 2, an applicant who seeks to establish an MRI service demonstrates the ability to provide a minimum of 3,000 MRI scans per year by the end of the third operational year, dating from the initiation of the service.</p>	<p>Utilization is expected to surpass 3000 MRI scans per year by the end of third year for the ARH facility after program implementation which will begin May 2011.</p>
<p>2. An applicant who seeks to establish an MRI service in a community with a population of 10,000 or less demonstrates the ability to provide a minimum of 1,000 MRI scans per year by the end of the third year, dating from the initiation of the service. (Based on the estimate of a minimum of 2,500 scans/70,000 people, it is estimated that the minimum service area population for an MRI service to provide a minimum of 1,000 MRI scans per year would be 28,000 people).</p>	<p>Not applicable. This project seeks to establish a new MRI service in a community with a population greater than 10,000.</p>
<p>3. No MRI service will be approved at a location that is less than 30 minutes access time of an existing MRI service performing fewer than 3,000 scans per year, or of a CON-approved, but not yet operational, MRI service.</p>	<p>We request a waiver of this standard, since it is inapplicable where contractual obligations prevent the physicians of one facility from accessing the equipment at another that may perhaps have excess capacity. ARH physicians are precluded by contract from applying for privileges at other area facilities, and can only see their patients at ARH facility.</p>

**Computed Tomography Imaging**  
**Table IV.2. Below has been prepared with reference to Alaska Certificate of Need**  
**Review Standards and Methodologies, Computed Tomography Imaging,**  
**Adopted December 9, 2005.**

Table VI.2 Computed Tomography Imaging Service Review Standards

CT Imaging Review Standards	Comments
1. An applicant who seeks to establish a new CT service in an urban area (population of 70,000 or more) demonstrates the ability to provide 3,000 CT scans per year by the end of the third operational year, dating from the initiation of the service.	Utilization is expected to surpass 3000 CT scans per year by the end of the third year after program implementation, which will begin in May 2011
2. An applicant who seeks to establish a new CT service in a rural area demonstrates the ability to provide a minimum of 1,000 CT scans per year by the end of the third year, dating from the initiation of the service.	Not applicable. This project seeks to establish a new MRI service in a community with a population greater than 10,000.
3. No new CT service will be approved at a location that is less than 30 minutes access time of an existing CT service performing fewer than 3,000 scans per year, or of a ON-approved, but not yet operational, CT service.	We request a of this standard, since it is inapplicable where contractual obligation prevent the physicians of one facility from accessing the equipment at another that may perhaps have excess capacity. ARH physicians are precluded by contract from applying for privileges at other area facilities, and can only see their patients at ARH facility, of which there are currently one.
4. An applicant who seeks to expand an existing CT service must demonstrate an average service volume of at least 4,000 CT scans annually for each existing CT scanner at the service site.	Not applicable. This project seeks to establish a new CT service.

**Section VII. Construction Data**

**A. Please check appropriate boxes:**

- 1. Construction type       New       Expansion       Renovation
- 2. Basement                 Full       Partial       None

**B. Project Development Schedule**

**Date**

- 1. Estimated completion of final drawings and specifications      May 20, 2010
- 2. Estimated construction begun by      Sept. 30, 2010
- 3. Estimated construction complete by      Mar. 30, 2010
- 4. Estimated opening of proposed services      Jun 01, 2011

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

- 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?  
The facility is owned by Health Care Property Investors, 3000 Meridian Boulevard, Franklin, TN and has served as Veterans Administration Clinical Facility for 25 years. The VACB is located on the same campus and has numerous advantages for ARH in implementing its long range strategy for serving the Anchorage community. ARH has secured a long term lease arrangement and has complete financial and organizational support for this expansion.
- 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.

Appendix F

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

There will be no interruptions due to the facility now serves no function for ARH.

**Section VIII.A. Financial Data - Acquisitions**

**1. Acquisition type:** (Please check applicable boxes)

X Lease     Rent     Donation     Purchase     Stock Transaction

<b>2. Cost data</b>	(Omit cents)
a. Total acquisition cost*	\$ 16,283,200
b. Amount to be financed	\$ 0
 c. Difference between items (a) and (b) (list available resources to be used, e.g. available cash, investments, grants, etc.)	 \$ 16,283,200
 d. Anticipated interest rate <u>0</u> %, term <u>  </u> years.	
e. Total anticipated interest amount	\$ 0
f. Total of (a) and (e)	\$ 0
g. Estimated annual debt service requirements	\$ 0

**3. Describe how you expect to finance the project.**

This project will be financed through a cash capital expenditure within the HCA Corporation.

**Note:** Acquisition costs must include (as appropriate):

- Total purchase price of land and improvements (if donated, the fair market value\*\*)
- "Goodwill" or "purchase of business" costs
- The net present value of the lease calculated on the total lease payments over the useful life of the asset as set out in the 2004 version of *Estimated Useful Lives of Depreciable Hospital Assets*, published by the American Hospital Association.
- Consultant or brokers fees paid by person acquiring the facility
- Other pre-development costs to date.

\*Site acquisition should be stated as "book" value, i.e. actual purchase price plus costs of development. If desired, the applicant may elect to state the acquisition as "fair market value" (in which case, give reason and basis).

\*\* 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.

**Section VIII.B. 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)	\$ 0
b. Estimated general construction**	\$ 7,200,000
c. Fixed equipment, not included in a**	\$ 4,283,200
d. Total construction costs (sum of items a, b, and c)**	\$ 11,483,200
e. Major movable equipment**	\$
f. Other cost:**	
(1) Administration expense	\$ 50,000
(2) Site survey, soils investigation, and materials testing	\$ 10,000
(3) Architects and engineering fees	\$ 50,000
(4) Other consultation fees (preparation of application included)	\$ 50,000
(5) Legal fees	\$ 50,000
(6) Land development and landscaping	\$ 25,000
(7) Building permits and utility assessments (including water, sewer, electrical, phones, etc.)	\$ 25,000
(8) Additional inspection fees (clerk of the works)	\$ 0
(9) Insurance (required during construction period)	\$ 10,000
g. Total project cost (sum of items d, e, f)	\$240,000
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.)	\$ 240,000
j. Anticipated long-term interest rate	0%
k. Anticipated interim (construction) interest rate	0%
l. Anticipated long-term interest amount	\$ 0
m. Anticipated interim interest amount	\$ 0
n. Total items g, l, and m	\$ 240,000
o. Estimated annual debt service requirement	\$ 0
p. Construction cost per sq. ft.	\$ 125
q. Construction cost per bed	\$ 76,190
r. Project cost per sq. ft.	\$ 266
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.

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## **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					
Provide Last Five Years Actual and Projections For Five Years Beyond Project Completion					
Gross Patient Revenue:	FY 05	FY 06	FY 07	FY 08	FY 09
Inpatient Routine	42,772,211	48,273,627	55,545,920	66,020,944	65,964,054
Inpatient Ancillary	164,578,693	179,376,644	199,214,804	259,095,094	273,246,899
Outpatient	123,774,493	127,686,864	135,115,674	164,658,898	181,669,738
Long-Term Care	0	0	0	0	0
Swing Beds	0	0	0	0	0
Other	0	0	0	0	0
<b>Total Patient Revenue</b>	<b>331,125,397</b>	<b>355,337,135</b>	<b>389,876,398</b>	<b>489,774,936</b>	<b>520,880,691</b>
<b>Less Deductions</b>					
Charity Care	4,822,612	2,938,989	4,061,705	5,441,511	4,876,378
Contractual Allowances	186,686,891	209,457,082	225,558,480	291,928,627	312,392,865
Bad Debts	12,785,464	11,213,046	13,071,626	20,864,898	14,700,641
<b>Total Deductions</b>	<b>204,294,967</b>	<b>223,609,117</b>	<b>242,691,811</b>	<b>318,235,036</b>	<b>331,969,884</b>
<b>Net Operating Revenues</b>	<b>126,830,430</b>	<b>131,728,018</b>	<b>147,184,587</b>	<b>171,539,900</b>	<b>188,910,807</b>
All Other Revenues	615,837	1,108,330	803,499	802,635	1,015,615
<b>EXPENSES:</b>					
Salaries	40,705,181	41,915,277	45,199,471	51,879,822	53,091,953
Benefits	9,582,471	10,483,928	10,028,636	11,332,561	12,401,589
Supplies	24,980,680	25,294,864	28,350,202	35,848,325	36,939,801
Utilities	1,404,095	1,370,886	1,507,439	1,677,582	1,948,002
Property Tax	971,304	964,795	932,500	1,055,185	975,919
Rent	621,380	596,628	623,428	548,251	465,255
Lease	842,522	682,091	407,585	422,808	444,364
Other Expenses	31,955,932	30,650,287	31,542,178	35,077,424	38,235,410
Depreciation	9,504,603	8,820,940	7,688,644	7,147,534	7,466,316
Interest	-5,214,400	-6,623,897	-11,094,803	-13,746,678	-16,981,203
<b>Total Expenses</b>	<b>115,353,768</b>	<b>114,155,799</b>	<b>115,185,280</b>	<b>131,242,814</b>	<b>134,987,406</b>
<b>Excess (Shortage) of Revenue</b>					
Over Expenditures	12,092,499	18,680,549	32,802,806	41,099,721	54,939,016
<b>Note: Use one copy of this form for the previous five years, another for the construction or development period, and five years after the project opens</b>					

**Schedule I. Facility Income Statement**

**Provide Last Five Years Actual and  
Projections For Five Years Beyond Project Completion**

<b>Gross Patient Revenue:</b>	<b>FY 10</b>	<b>FY 11</b>	<b>FY 12</b>	<b>FY 13</b>	<b>FY14</b>
Inpatient Routine	71,241,178	76,940,472	83,095,710	89,743,366	96,922,835
Inpatient Ancillary	295,106,650	318,715,182	344,212,396	371,749,387	401,489,338
Outpatient	196,203,317	211,899,582	228,851,548	247,159,671	266,932,444
Long-Term Care	0	0	0	0	0
Swing Beds	0	0	0	0	0
Other	0	0	0	0	0
<b>Total Patient Revenue</b>	<b>562,551,145</b>	<b>607,555,236</b>	<b>656,159,654</b>	<b>708,652,424</b>	<b>765,344,617</b>
<b>Less Deductions</b>					
Charity Care	5,266,488	5,687,807	6,142,831	6,634,257	7,164,997
Contractual Allowances	337,384,294	364,375,037	393,525,040	425,007,043	459,007,606
Bad Debts	15,876,692	17,146,827	18,518,573	20,000,058	21,600,062
<b>Total Deductions</b>	<b>358,527,474</b>	<b>387,209,671</b>	<b>418,186,444</b>	<b>451,641,358</b>	<b>487,772,665</b>
<b>Net Operating Revenues</b>	<b>204,023,671</b>	<b>220,345,565</b>	<b>237,973,210</b>	<b>257,011,066</b>	<b>277,571,952</b>
<b>All Other Revenues</b>	<b>938,717</b>	<b>1,013,814</b>	<b>1,094,919</b>	<b>1,182,512</b>	<b>1,277,113</b>
<b>EXPENSES:</b>					
Salaries	55,746,550	58,533,877	61,460,570	64,533,598	67,760,278
Benefits	13,641,747	15,005,921	16,506,513	18,157,164	19,972,880
Supplies	40,633,781	44,697,159	49,166,875	54,083,562	59,491,918
Utilities	2,142,802	2,357,082	2,592,790	2,852,069	3,137,275
Property Tax	1,081,619	1,000,215	958,500	945,500	930,250
Rent	502,475	1,481,945	1,518,993	1,556,967	1,595,891
Lease	479,913	518,306	559,770	604,551	652,915
Other Expenses	41,294,242	44,597,781	48,165,603	52,018,851	56,180,359
Depreciation	7,016,316	7,756,316	7,306,316	6,856,316	6,406,316
Interest	-18,339,699	-19,806,874	-21,391,423	-23,102,736	-24,950,954
<b>Total Expenses</b>	<b>144,199,746</b>	<b>148,385,412</b>	<b>166,844,507</b>	<b>178,505,842</b>	<b>191,177,128</b>
<b>Excess (Shortage) of Revenue</b>					
<b>Over Expenditures</b>	<b>62,762,642</b>	<b>72,973,967</b>	<b>72,223,622</b>	<b>79,687,736</b>	<b>87,671,937</b>

**Note: Use one copy of this form for the previous five years, another for the construction or development period, and five years after the project opens**

**Schedule II. Facility Balance Sheet**

**Provide Last Five Years Actual and  
Projections For Three Years Beyond Project Completion**

<b>CURRENT ASSETS</b>	<b>FY 05</b>	<b>FY 06</b>	<b>FY 07</b>	<b>FY 08</b>	<b>FY 09</b>
Cash & Cash Equivalent	(446,645)	921,978	466,485	433,235	448,850
Net Patient Accounts Receivable	24,888,199	1,607,750	(282,515)	524,253	1,021,842
Other Accounts Receivable	147,349	(938,804)	(159,090)	(249,377)	578,408
Inventories	5,588,700	6,992,029	6,879,592	7,634,473	8,822,959
Prepaid Expenses	4,505	144,167	185,073	287,606	179,249
Other					
<b>Total Current Assets</b>	<b>30,182,108</b>	<b>8,727,120</b>	<b>7,089,545</b>	<b>8,630,190</b>	<b>11,051,308</b>
<b>Property and Equipment</b>					
Land & Improvements	4,122,657	4,122,657	4,122,657	4,122,657	4,122,657
Building/Fixed Equipment	108,788,695	108,966,145	109,000,256	110,036,486	110,106,054
Major Movable Equipment	59,703,151	63,039,675	68,729,695	76,560,959	81,372,045
Accumulated Depreciation	(118,753,744)	(126,747,192)	(133,875,901)	(140,368,564)	(147,007,466)
Net Property & Equipment	53,860,759	49,381,285	47,976,707	50,351,538	48,593,290
Other Assets	221,149	221,149	221,149	221,149	221,149
<b>TOTAL ASSETS</b>	<b>84,264,016</b>	<b>58,329,554</b>	<b>55,287,401</b>	<b>59,202,877</b>	<b>59,865,747</b>
<b>LIABILITIES/FUND BALANCE</b>					
<b>Current Liabilities</b>					
Accounts Payable	4,929,364	6,157,184	5,178,560	7,370,409	6,901,507
Accrued Expenses	952,902	981,022	1,075,986	490,396	312,249
Accrued Compensation	2,220,662	4,087,970	4,454,197	5,551,375	4,145,879
Other Accruals					51,505
<b>Total Current Liabilities</b>	<b>8,102,928</b>	<b>11,226,176</b>	<b>10,708,743</b>	<b>13,412,180</b>	<b>11,411,140</b>
<b>Long Term Liabilities</b>					
Long Term Debt	(59,468,777)	(102,578,339)	(130,840,911)	(158,592,834)	(195,660,453)
Other	75,076	101,437	88,457	111,775	101,888
<b>Total Long Term Liabilities</b>	<b>(59,393,701)</b>	<b>(102,476,902)</b>	<b>(130,752,454)</b>	<b>158,481,059</b>	<b>(195,558,565)</b>
<b>Fund Balance</b>	<b>135,554,789</b>	<b>149,580,280</b>	<b>175,331,112</b>	<b>204,271,756</b>	<b>244,013,172</b>
<b>Total Liabilities &amp; Fund Balance</b>	<b>84,264,016</b>	<b>58,329,554</b>	<b>55,287,401</b>	<b>59,202,877</b>	<b>59,865,747</b>

**Note: Use one copy of this form for the previous five years, another for the construction or development period, and five years after the project opens**

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

**Provide Last Five Years Actual and  
Projections For Three Years Beyond Project Completion**

	FY 05	FY 06	FY 07	FY 08	FY 09
Revenues	127,446,267	132,836,348	147,988,086	172,342,535	189,926,422
Expenses	115,353,768	114,155,799	115,185,280	131,242,280	134,987,406
Patient Days	21,925	22,025	23,383	25,547	24,226
Revenue Per Patient Day	551.54	848.15	1,402.85	1,608.81	2,267.77
<b>Operating &amp; Capital Budget Summary:</b>					
Gross Revenues	331,741,234	356,445,465	390,679,897	490,577,571	521,896,306
Deductions from Revenue	204,294,967	223,609,117	242,691,811	318,235,036	331,969,884
Net Revenue	127,446,267	132,836,348	147,988,086	172,342,535	189,926,422
Direct Expense	90,619,209	91,684,786	97,594,095	114,475,066	118,691,861
Indirect Expense	24,734,559	22,471,013	17,591,185	16,767,748	16,295,545
Net Income Projected	12,092,499	18,680,549	32,802,806	41,099,721	54,939,016
<b>Rate Computation</b>					
Annual Medicaid Rate	2,303.76	2,555.02	2,395.90	2,729.62	2,813.94
Base Year Cost	7,763,084	9,548,119	7,917,755	8,691,168	8,626,984
Less Ancillary	-	4,851,962	3,900,997	4,230,927	3,961,488
Plus Admin. Overhead					
Cost Basis for Rate	7,763,084	4,696,157	4,016,758	4,460,241	4,665,496
Base Year Patient Days	3972	3737	3202	3486	3564
Cost per Patient Day					
<p><b>Years 1 and 2 are equivalent to State of Alaska swing-bed rate. Facility Medicaid Rate is figured from Year 3 onward.</b></p>					

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

**Provide Last Five Years Actual and  
Projections For Three Years Beyond Project Completion**

	FY 10	FY 11	FY12
Revenues	204,023,671	220,345,565	237,973,210
Expenses	144,199,746	148,385,412	166,844,507
Patient Days	24,952	25,700	26,471
Revenue Per Patient Day	2,397.56	2,800.01	2,687.04
<b>Operating &amp; Capital Budget Summary:</b>			
Gross Revenues	562,551,145	607,555,236	656,159,654
Deductions from Revenue	358,527,474	387,209,671	418,186,444
Net Revenue	204,023,671	220,345,565	237,973,210
Direct Expense	122,252,616	125,920,194	129,697,799
Indirect Expense			
Net Income Projected	62,762,642	72,973,967	72,223,622
<b>Rate Computation</b>			
Annual Medicaid Rate	2,996.27	2,909.00	2,824.28
Base Year Cost	10,073,234	10,073,234	10,073,234
Less Ancillary	5,118,804	5,118,804	5,118,804
Plus Admin. Overhead			
Cost Basis for Rate	4,954,430	4,954,430	4,954,430
Base Year Patient Days	3,362	3,463	3,567
Cost per Patient Day			

**Years 1 and 2 are equivalent to State of Alaska swing-bed rate.  
Facility Medicaid Rate is figured from Year 3 onward.**

**Schedule IV. Operating Budget**

**Provide Last Five Years Actual and  
Projections For Three Years Beyond Project Completion**

Description:	FY05	FY06	FY07	FY08	FY09
Number of Beds	250	250	250	250	250
Days in a year	365	365	365	366	365
Available bed days	91,250	91,250	91,250	91,250	91,250
Resident bed days	0	0	0	0	0
Percent growth					
Occupancy	26.4	31.60	32.85	53.69	50.28
Average length of stay	4.55	4.42	4.62	4.59	4.29
Patient Bed Days	21,925	22,025	23,383	25,547	24,226
Number of Residents	0	0	0	0	0
Daily Room and Board Rate*					
Nursing Revenue	42,772,211	48,273,627	55,545,920	66,020,944	65,964,054
Nursing Services					
Payer Mix:					
Medicaid	15.74	16.73	13.30	13.16	13.84
Medicare	35.03	37.80	38.32	35.20	35.07
Other	49.23	45.47	48.38	51.64	51.09
Ancillary Revenue	288,353,186	307,063,508	334,330,478	423,753,992	454,916,637
Total Revenue	331,125,397	355,337,135	389,876,398	489,774,936	520,880,691
Rate Computation					
Annual Medicaid Rate	2,249.49	2,555.02	2,395.90	2,729.62	2,813.94
Base Year Cost	7,763,084	9,548,119	7,917,755	8,691,168	9,485,780
Less Ancillary		4,851,962	3,900,997	4,230,927	4,820,284
Plus Admin. Overhead					
Cost Basis for Rate	7,763,084	4,696,157	4,016,758	4,460,241	4,665,496
Base Year Patient Days	3,972	3,737	3,202	3,486	3,264
Cost per Patient Day		2,555.02	2,395.90	2,729.62	2,813.94

Schedule IV. Operating Budget

Provide Last Five Years Actual and  
Projections For Three Years Beyond Project Completion

Description:	FY10	FY11	FY12
Number of Beds	250	250	250
Days in a year	365	365	366
Available bed days	91,250	91,250	91,250
Resident bed days	0	0	0
Percent growth	2%	3%	2%
Occupancy	52.0	52.0	52.0
Average length of stay	4.5	4.5	4.5
Patient Bed Days	24,385	24,385	24,385
Number of Residents	0	0	0
Daily Room and Board Rate*			
Nursing Revenue	67,942,975	69,981,264	72,080,702
Nursing Services			
Payer Mix:			
Medicaid	13.90	13.85	13.90
Medicare	35.15	35.15	35.15
Other	50.95	50.95	50.95
Ancillary Revenue	491,309,967	506,049,266	521,230,743
Total Revenue			
Rate Computation			
Annual Medicaid Rate	2,996.27	2,909.00	2,824.28
Base Year Cost	10,073,234	8,975,513	9,155,023
Less Ancillary	5,118,804	5,181,804	4,235,111
Plus Admin. Overhead			
Cost Basis for Rate	4,954,430	4,949,624	5,098,112
Base Year Patient Days	3,362	3,463	3,567
Cost per Patient Day			

**Years 1 and 2 are equivalent to State of Alaska swing-bed rate.  
Facility Medicaid Rate is figured from Year 3 onward.**

Schedule V-A. Debt Service Summary

Provide Current Debt Data and Projections For the Next Three Years					
Existing Debt:	FY	FY	FY	FY	FY
(Identify)	No Debt Incurred	Project Funded from Cash Expenditures			
Principal					
Interest					
(Identify)					
Principal					
Interest					
(Identify)					
Principal					
Interest					
(Identify)					
Principal					
Interest					
(Identify)					
Principal					
Interest					
(Identify)					
Principal					
Interest					
(Identify)					
Principal					
Interest					
<b>Total Existing Debt</b>					
Principal					
Interest					
<b>Estimated Debt – New Project</b>					
Principal					
Interest					



### Schedule VI. Reimbursement Sources

Show reimbursement sources for the previous five years and projections for three years after the new project opens.

Fiscal Year 2005				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	561	38,532,110	23,611,943	14,920,167
Medicare	865	59,515,084	39,151,641	20,363,443
Private Insurance	2,472	169,880,031	114,816,325	55,063,706
Self Pay	341	23,410,184	2,109,624	21,300,560
Charity	25	1,695,123	1,521,685	173,438
Other	554	38,092,865	10,298,285	27,794,580
<b>Total</b>	<b>4,818</b>	<b>331,125,397</b>	<b>191,509,503</b>	<b>139,615,894</b>

Fiscal Year 2006				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	552	39,369,093	25,664,373	13,704,720
Medicare	895	63,803,109	40,404,337	23,398,772
Private Insurance	2,635	187,784,443	131,159,003	56,625,440
Self Pay	305	21,747,109	2,025,250	19,721,859
Charity	26	1,891,680	1,760,607	131,073
Other	571	40,741,701	11,382,500	29,359,201
<b>Total</b>	<b>4,984</b>	<b>355,337,135</b>	<b>212,396,070</b>	<b>142,941,065</b>

Fiscal Year 2007				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	537	41,715,514	26,554,066	15,161,448
Medicare	902	69,974,555	43,269,760	26,704,795
Private Insurance	2,616	202,984,232	141,207,951	61,776,281
Self Pay	342	26,555,156	2,414,818	24,140,338
Charity	52	4,025,840	3,643,109	382,731
Other	575	44,621,102	12,530,481	32,090,621
<b>Total</b>	<b>5,024</b>	<b>389,876,399</b>	<b>229,620,185</b>	<b>160,256,214</b>

<b>Fiscal Year 2008</b>				
<b>Reimbursement Source</b>	<b>Number of Patients</b>	<b>Gross Patient Charges</b>	<b>Deductions</b>	<b>Net Patient Revenues</b>
Medicaid	574	50,518,860	31,087,268	19,431,592
Medicare	1,037	90,606,445	60,044,435	30,562,010
Private Insurance	2,923	257,238,873	185,082,705	72,156,168
Self Pay	443	38,980,263	3,690,290	35,289,973
Charity	37	3,275,023	3,094,689	180,334
Other	550	49,155,472	14,370,752	34,784,720
<b>Total</b>	<b>5,564</b>	<b>489,774,936</b>	<b>297,370,139</b>	<b>192,404,797</b>

<b>Fiscal Year 2009</b>				
<b>Reimbursement Source</b>	<b>Number of Patients</b>	<b>Gross Patient Charges</b>	<b>Deductions</b>	<b>Net Patient Revenues</b>
Medicaid	577	53,285,907	33,505,398	19,780,509
Medicare	1,029	94,856,357	64,232,308	30,624,049
Private Insurance	2,933	268,593,009	195,909,322	72,683,687
Self Pay	503	46,341,702	4,482,921	41,858,781
Charity	34	3,272,461	2,849,088	423,373
Other	576	54,531,257	16,290,206	38,241,051
<b>Total</b>	<b>5,651</b>	<b>520,880,691</b>	<b>317,269,243</b>	<b>203,611,450</b>

### **Projected Reimbursement Schedule**

<b>Fiscal Year 2010</b>				
<b>Reimbursement Source</b>	<b>Number of Patients</b>	<b>Gross Patient Charges</b>	<b>Deductions</b>	<b>Net Patient Revenues</b>
Medicaid	670	56,332,890	35,489,721	20,843,169
Medicare	1,196	110,449,404	75,105,595	35,343,809
Private Insurance	3,410	314,910,090	229,884,366	85,025,724
Self Pay	585	54,024,165	5,402,417	48,311,681
Charity	39	3,601,611	3,133,402	468,209
Other	670	61,873,830	18,562,149	43,311,681
<b>Total</b>	<b>6,510</b>	<b>601,191,990</b>	<b>367,577,648</b>	<b>233,614,342</b>

<b>Fiscal Year 2011</b>				
<b>Reimbursement Source</b>	<b>Number of Patients</b>	<b>Gross Patient Charges</b>	<b>Deductions</b>	<b>Net Patient Revenues</b>
Medicaid	802	77,026,486	48,526,686	28,499,800
Medicare	1,432	137,533,576	93,522,832	44,010,744
Private Insurance	4,083	392,143,569	286,264,805	105,878,764
Self Pay	688	66,077,584	6,607,758	59,469,826
Charity	47	4,514,021	3,927,198	586,823
Other	802	77,026,486	23,107,946	53,918,540
<b>Total</b>	<b>7,854</b>	<b>725,309,046</b>	<b>461,957,226</b>	<b>292,364,496</b>

<b>Fiscal Year 2012</b>				
<b>Reimbursement Source</b>	<b>Number of Patients</b>	<b>Gross Patient Charges</b>	<b>Deductions</b>	<b>Net Patient Revenues</b>
Medicaid	847	84,477,239	53,220,661	31,256,578
Medicare	1,512	150,802,344	102,545,594	48,256,750
Private Insurance	4,311	429,966,207	318,875,331	116,090,876
Self Pay	726	72,409,062	7,240,906	65,168,156
Charity	50	4,986,850	4,338,560	648,291
Other	846	84,377,502	25,313,251	59,064,251
<b>Total</b>	<b>8,292</b>	<b>765,757,908</b>	<b>506,534,302</b>	<b>320,484,902</b>

<b>Fiscal Year 2013</b>				
<b>Reimbursement Source</b>	<b>Number of Patients</b>	<b>Gross Patient Charges</b>	<b>Deductions</b>	<b>Net Patient Revenues</b>
Medicaid	894	96,297,210	60,667,242	35,629,968
Medicare	1,596	171,913,140	116,900,935	55,012,205
Private Insurance	4,552	490,318,680	357,932,636	132,386,044
Self Pay	767	82,617,405	8,261,741	74,355,665
Charity	53	5,708,895	4,966,739	742,156
Other	893	96,189,495	28,856,849	67,332,647
<b>Total</b>	<b>8,755</b>	<b>808,515,495</b>	<b>577,586,142</b>	<b>365,458,683</b>

Fiscal Year 2014				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	942	109,585,686	69,038,982	40,546,704
Medicare	1680	195,439,440	132,898,819	62,540,621
Private Insurance	4793	557,584,069	407,036,370	150,547,699
Self Pay	808	93,997,064	9,399,706	84,597,358
Charity	56	6,514,648	5,667,744	846,904
Other	940	109,353,020	32,805,906	76,547,114
Total	9219	851,365,431	656,847,528	415,626,399

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
Fixed Equipment-Major		20	
Building Improvements	7,200,000	20	360,000
Movable Medical Equipment-10 year	1,582,460	10	158,246
Movable Medical Equipment-7 year	2,525,000	7	360,714
Movable Medical Equipment-( $<$ \$10,000-Hospital Purchases)	175,830	7	25,118
Hospital Furnishings -10 year		7	
Hospital Furnishings -7 year		7	
Furniture and Office Equip. - ( $<$ \$10,000-Hospital Purchases)		7	
Hospital Furnishings -4 year		4	
Movable Medical Equipment-4 year		4	
Fixed Equipment-Minor		4	

## FAIR MARKET VALUE – HOW TO CALCULATE

Fair market value is the price that the property would sell for on the open market. It is the price that would be agreed on between a willing buyer and a willing seller, with neither being required to act, and both having reasonable knowledge of the relevant facts.

To determine the fair market value of equipment, using the formula below, first determine the number of years of estimated useful life of the equipment, as described in the AHA publication *Estimated Useful Lives of Depreciable Hospital Assets* to achieve an annual depreciation amount. Include your calculations as part of this section of your application.

<b>Determining Fair Market Value of Equipment</b>		
1	Purchase price of equipment (round to nearest dollar)	\$4,283,200
2	AHA estimated useful life of equipment (in years)	5
3	Annual Depreciation Expense (ADE) [Divide #1 by #2]	\$856,640
4	Multiply ADE by age of equipment (new = 0)	\$0
5	Fair Market Value (Subtract #4 from #1)	\$4,283,200

The fair market value of land or buildings is the value contained in a current appraisal of the land or building from a licensed real estate appraiser who has no financial or other interest in the transaction. Attach the appraisal as an appendix to the application.

**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 VIIB, Financial Data – Construction Only, item “g” (total project cost, which is the sum of items d, e, and f): \$11,483,200

Estimated Value of the Activity for (1)  
(sum of A & B above) \$11,483,200

(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): \$4,800,000

Estimated Value for (1) from above: \$11,483,200

Total Estimated Value of the Activity  
(sum of (1) and (2): \$16,283,200

---

Amount of Application Fee submitted with this application  
(see 7 AAC 07.079 to calculate amount due): \$ 16,283

**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:  
Facility Name and Address:  
Name and Title of Person Determining Application Fee:

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Signature of Certifying Officer of the Organization

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**Appendix A - Joint Commission Accreditation**



July 12, 2007

Edward H. Lamb, FACHE  
President/Chief Executive Officer  
Alaska Regional Hospital  
2801 DeBarr Road  
Anchorage, AK 99508

Joint Commission ID #: 10207  
Accreditation Activity: Evidence of Standards  
Compliance  
Accreditation Activity Completed: 7/12/2007

Dear Mr. Lamb:

The Joint Commission would like to thank your organization for participating in the Joint Commission's accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Hospitals.

This accreditation cycle is effective beginning May 25, 2007. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit [Quality Check®](#) on the Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that the Joint Commission will keep the report confidential, except as required by law. To ensure that the Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Linda S. Murphy-Knoll  
Interim Executive Vice President  
Division of Accreditation and Certification Operations

---

**Appendix B - Letters of Support for Project**



William H. Hogan, Ph.D.  
Office of the Commissioner  
350 Main Street, Room 404  
PO Box 110601  
Juneau, Alaska 99811-0601  
March 22, 2010

Dear Mr. Commissioner Hogan,

I write to show my strong support for the expansion of the outpatient services certificate of need submitted by Alaska Regional Hospital. By relocating and designing an efficient, high quality and compassionate outpatient services facility, an outpatient surgery and imaging facility, these services will meet the needs of the Anchorage community and the larger expanse of the State of Alaska. I want my patients to have the best healthcare delivery system that serves them and Alaska Regional Hospital is dedicating its resources best for this project. We physicians are bound by a social contract to act in the best interests of individual patients and society in the delivery of medical knowledge and expertise for healing people. To be assured that we are always delivering the most effective and appropriate care to our patients, we need a healthcare partner like Alaska Regional Hospital to always strive at creating the right environment that works best for the patient population in its needs. This is why I urge you to advance this important initiative as a key component of the hospital's strategy designed to ensure the delivery of health care for all Alaskans.

Respectfully yours,



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Juneau, Alaska 99811-0601  
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Respectfully yours,

*P. Walden*



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March 22, 2010

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Respectfully yours,

*S. Bogjaulensky MD*

S. BOGJAULENSKY

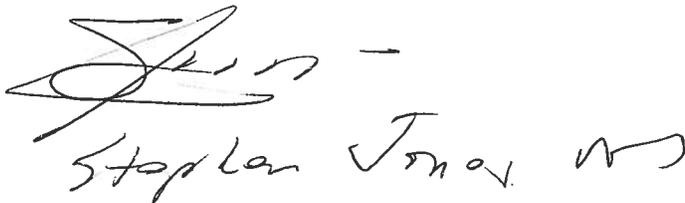


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Respectfully yours,



Stephen Jones

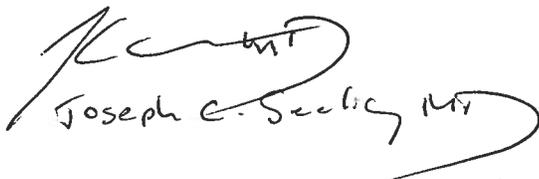


William H. Hogan, Ph.D.  
Office of the Commissioner  
350 Main Street, Room 404  
PO Box 110601  
Juneau, Alaska 99811-0601  
March 22, 2010

Dear Mr. Commissioner Hogan,

I write to show my strong support for the expansion of the outpatient services certificate of need submitted by Alaska Regional Hospital. By relocating and designing an efficient, high quality and compassionate outpatient services facility, an outpatient surgery and imaging facility, these services will meet the needs of the Anchorage community and the larger expanse of the State of Alaska. I want my patients to have the best healthcare delivery system that serves them and Alaska Regional Hospital is dedicating its resources best for this project. We physicians are bound by a social contract to act in the best interests of individual patients and society in the delivery of medical knowledge and expertise for healing people. To be assured that we are always delivering the most effective and appropriate care to our patients, we need a healthcare partner like Alaska Regional Hospital to always strive at creating the right environment that works best for the patient population in its needs. This is why I urge you to advance this important initiative as a key component of the hospital's strategy designed to ensure the delivery of health care for all Alaskans.

Respectfully yours,



Joseph E. Seeborg, MD

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**Appendix C - Non-Discrimination Policy**

# HCA

<b>DEPARTMENT:</b> Human Resources	<b>POLICY DESCRIPTION:</b> Equal Employment Opportunity
<b>PAGE:</b> 1 of 2	<b>REPLACES POLICY DATED:</b> 4/1/98
<b>EFFECTIVE DATE:</b> November 1, 2009	<b>REFERENCE NUMBER:</b> HR.OP.014 (formerly HR.201)
<b>APPROVED BY:</b> Ethics and Compliance Policy Committee	

**SCOPE:** All Company-affiliated subsidiaries including, but not limited to hospitals, ambulatory surgery centers, outpatient imaging centers, physician practices, All About Staffing, Corporate Departments, Groups, and Divisions (collectively, "Affiliated Employers" and individually, "Affiliated Employer").

**PURPOSE:** To ensure that all employees and customers are treated in accordance with the mission and values of the organization and to ensure compliance with federal, state and local regulations and statutes.

**POLICY:** Equal employment opportunities are provided to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, genetic information or status as a Vietnam-era or special disabled veteran in accordance with applicable federal laws. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, transfer, leaves of absence, compensation, and training.

Genetic information includes information about an individual's genetic tests, genetic tests of a family member, and family medical history. Genetic information does not include information about the sex or age of an individual or the individual's family members, or information that an individual currently has a disease or disorder. Genetic information also does not include tests for alcohol or drug use.

This policy expressly prohibits any form of unlawful employee harassment based on race, color, religion, sex, national origin, age, disability, sexual orientation, genetic information, status as a Vietnam-era or special disabled veteran, or status in any group protected by state or local law. Improper interference with the ability of employees to perform their expected job duties is not tolerated.

With respect to sexual harassment, the following is prohibited:

1. Unwelcome sexual advances, requests for sexual favors, and all other verbal or physical conduct of a sexual or otherwise offensive nature, especially where:
  - Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
  - Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
  - Such conduct has the purpose or effect of creating an intimidating, hostile, or offensive working environment.

9/2009

# HCA

<b>DEPARTMENT:</b> Human Resources	<b>POLICY DESCRIPTION:</b> Equal Employment Opportunity
<b>PAGE:</b> 2 of 2	<b>REPLACES POLICY DATED:</b> 4/1/98
<b>EFFECTIVE DATE:</b> November 1, 2009	<b>REFERENCE NUMBER:</b> HR.OP.014 (formerly HR.201)
<b>APPROVED BY:</b> Ethics and Compliance Policy Committee	

2. Behaviors that engender a hostile or offensive work environment will not be tolerated. These behaviors may include but are not limited to offensive comments, jokes, innuendoes, and other sexually-oriented statements, printed material, material distributed through electronic media, or items posted on walls or bulletin boards.

The interpretation of this or any Human Resource policy rests with the Human Resource Department which reserves the right to modify, change or discontinue the policy at any time.

**PROCEDURE:**

Each member of management is responsible for creating an atmosphere free of discrimination and harassment, sexual or otherwise. Further, employees are responsible for respecting the rights of their coworkers.

If employees experience any job-related harassment based on sex, race, national origin, disability, sexual orientation, genetic information, status as a Vietnam-era or special disabled veteran, or status in any group protected by state or local law, or believe that they have been treated in an unlawful, discriminatory manner, they should promptly report the incident to their supervisor, who will investigate the matter and take appropriate action, including reporting it to the Human Resources Department. If employees believe it would be inappropriate to discuss the matter with their supervisor, they may bypass their supervisor and report it directly to the Employee Relations Department, which will undertake an investigation or they may call the Ethics Line at 1-800-455-1996. The complaint will be kept confidential to the maximum extent possible.

If it is determined that an employee is guilty of job-related harassment of another individual, appropriate disciplinary action will be taken against the offending employee, up to and including termination of employment. Any form of retaliation against any employee for filing a bona fide complaint under this policy or for assisting in a complaint investigation is prohibited.

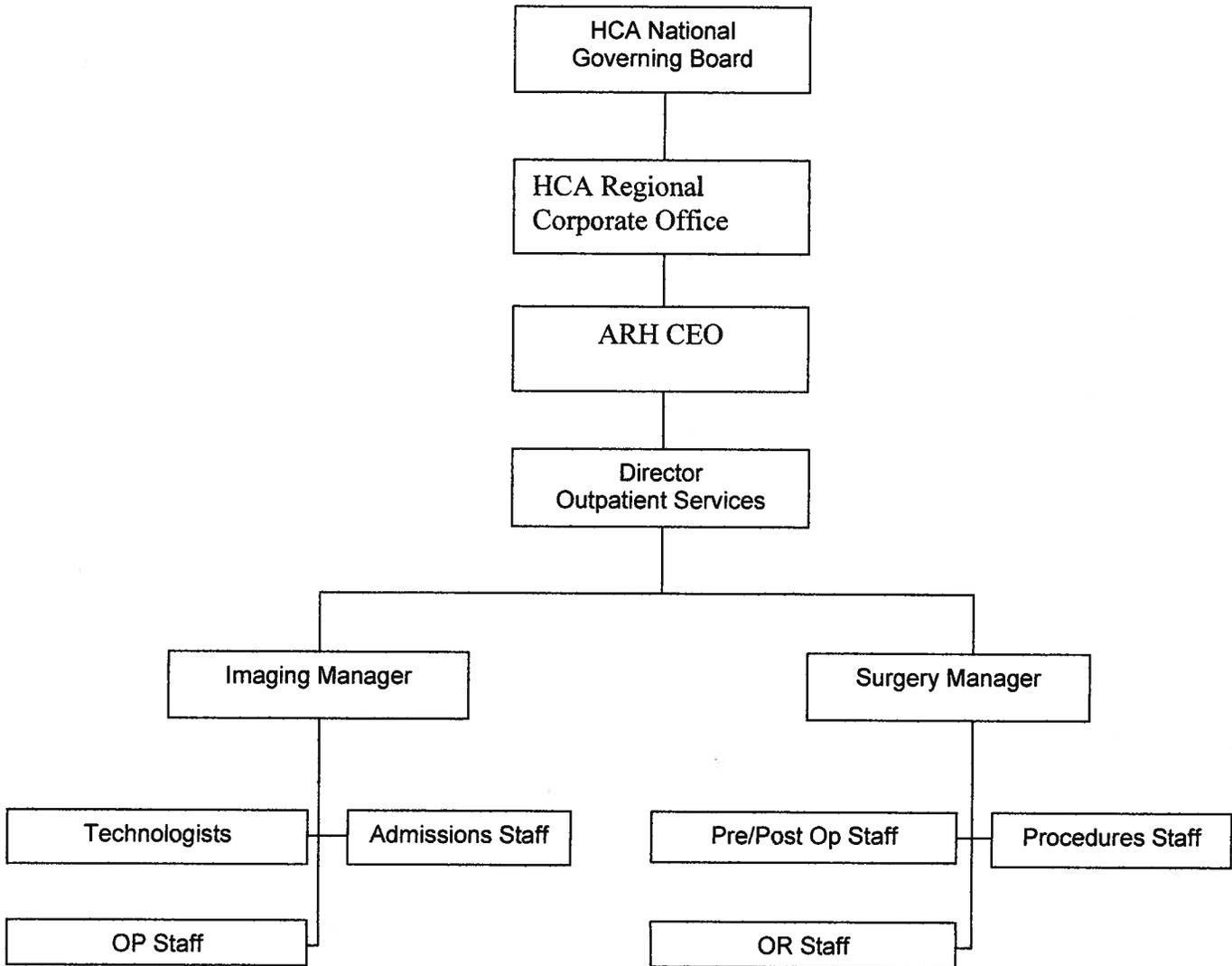
**REFERENCES:**

1. Title VII of the Civil Rights Act of 1964, as amended
2. Americans with Disabilities Act of 1992
3. Rehabilitation Act of 1973
4. Equal Pay Act
5. Age Discrimination in Employment Act
6. Genetic Information Nondiscrimination Act of 2008 (GINA)

9/2009

9/2009

## Appendix D - ARH Outpatient Services Organizational Chart



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**Appendix E - Outpatient Services Job Description**



**EMPLOYEE NAME:** \_\_\_\_\_

**I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL**

DEPARTMENT	___ 90 EVALUATION ___ ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Radiology	Date of Hire: _____ Review Date: _____	Supervisor Radiology	Director Imaging Services

**POSITION SUMMARY:**

Manages and coordinates all daily operations including patient exams, personnel schedules, and physician services within the Radiology department. Provides technical leadership within the department and therefore requires extensive Radiology knowledge and skills. Responsible for managing staff, resources and departmental goals and objectives. Able to independently direct work flow, facilitate employee, patient or physician complaints / concerns and uses sound professional judgment to recommend action related to such matters. Actively participates with interviewing and hiring and is responsible for training and evaluating employees of the Radiology department. Responsible for keeping up with current technological advancements in order to recommend and /or implement new protocols. Rotates shifts and takes call as needed. All assigned duties by the Assistant Director or Director of Diagnostic Imaging. Maintains a positive attitude and does not criticize or complain about other employees or departments in the presence of patients, visitors, Physicians or coworkers.

**LICENSE REQUIRED:** None

CURRENT? Y N

**CERTIFICATIONS:** ARRT (R) and BLS required

CURRENT? Y N

**EMPLOYEE HEALTH:** CURRENT:

PPD

Immunizations

Fit Test

<b>POPULATION(S) SERVED:</b>	
<p><b>Radiology: Population Served</b> Core competencies will be assessed primarily on the following patient population(s) served for radiologic exams: Skeletal and all body systems including but not limited to: pulmonary, cardiac/cardiovascular, GI, GU/GYN, oncology, etc.</p>	<input checked="" type="checkbox"/> All Populations <input type="checkbox"/> Patient with Communication Needs <input type="checkbox"/> Patient at the End of Life <input type="checkbox"/> Patient in Isolation <input type="checkbox"/> Precautions <input type="checkbox"/> Patient in Custody
<b>AGE OF PATIENTS SERVED:</b>	
<p><b>Skills:</b> Radiological imaging positions/ techniques appropriate to ages Performs pregnancy assessment in females of child bearing age Assesses age specific radiation safety issues: gonadal shielding Appropriately interprets patient data regarding injury/illness related to x-ray to be performed Team Training Medical/healthcare error reporting Patient Identification</p>	<input checked="" type="checkbox"/> Infant (Newborn -1 year) <input checked="" type="checkbox"/> Child/Pediatric (1-12 years) <input checked="" type="checkbox"/> Adolescence (13-18 yrs) <input checked="" type="checkbox"/> Adult (19-65 yrs) <input checked="" type="checkbox"/> Geriatric (66 + yrs)

Fall prevention measures during radiology procedures CDC Hand Hygiene Guidelines Verbal orders read back & verified Medication Safety for Radiology Look-alike, sound alike medications High Risk Meds: Ionic injections Labeling meds/solutions on & off sterile field Medication reconciliation Radiation safety measures Universal Protocol procedure for correct patient/procedure/site	
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### POSITION (MINIMUM) REQUIREMENT CHECKLIST

**EDUCATION:**

- Less than high school
- High school or GED
- Vocational/Technical
- 2 year/Associate Degree
- 4 year/Bachelor Degree
- Post Graduate Degree
- Knowledge of State of Alaska law, Federal/CMS regulations and Joint Commission standards
- Knowledge of specialty equipment and tools:

**EXPERIENCE:**

- Three years prior Radiology experience in a hospital environment required
- Prefer prior supervisory experience

**SKILLS:**

- Organizational
- Verbal/Follow verbal instructions
- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- Grammar/Spelling
- Read/Comprehend/Follow written instructions
- Transcription
- Computer
- Department Specific:
- Management/Planning Skills
- Minimum score of 80 on Nursing medication test

**Manage stress appropriately:**

- Make decisions under pressure
- Handle multiple priorities
- Work alone
- Work in areas that are confined and/or crowded

- Attention to detail

**HAZARDS:**

- Exposure to toxic/caustic/chemicals/detergents
- Exposure to extreme conditions, hot/cold
- Exposure to dust/fumes/gases
- Exposure to moving mechanical parts
- Exposure to potential electrical shock
- Exposure to x-ray/electromagnetic energy
- Exposure to high pitched noises
- Exposure to communicable diseases
- Exposure to blood and/or body fluids
- Exposure to excessive sunlight, or work outdoors
- Unprotected heights
- CRT (computer) monitor
- Operating heavy equipment
- Other:

**PHYSICAL REQUIREMENTS:**

(See following definitions)

- Sedentary work
- Light work
- Medium work
- Heavy work
- Very heavy work

*The minimum requirements of this position require the individual to:*

- Stand for 4 hours per day
- Sit for 2 hours per day
- Walk for 2 hours per day
- Perform repetitive tasks/motions
- Distinguish colors
- Hear alarms/telephone/tape recorder/normal speaking voice
- Have good manual dexterity
- Have good eye-hand-foot coordination
- Have clarity of vision
- Have good writing ability

- Be able to lift, push, pull 50 pounds

**DEFINITIONS:**

*SEDENTARY WORK:* Prolonged periods of sitting and exert up to 10 lbs. force occasionally.

*LIGHT WORK:* Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.

*MEDIUM WORK:* Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.

*HEAVY WORK:* Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently, and/or 20 lbs. constantly.

*VERY HEAVY WORK:* Exert over 100 lbs. force occasionally, and/or over 50 lbs. frequently, and/or over 20 lbs. constantly.

**LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED:**

- Mask
- Gloves
- Goggles
- Gown
- Face Shield
- Lead Shields

**OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:**

- Routine exposure
- Occasional exposure
- No exposure

**OCCUPATIONAL EXPOSURE TO TB:**

- Routine exposure
- Potential exposure
- No exposure

**COMPRESSED GAS USAGE:**

- Yes
- No



EMPLOYEE NAME: \_\_\_\_\_

I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL

DEPARTMENT	90 EVALUATION ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Radiology	Date of Hire: _____ Review Date: _____	Supervisor Radiology Secretary	Director Imaging Services

**POSITION SUMMARY:** Scheduling Supervisor manages and coordinates all patient appointments. Provides timely, courteous and professional service to patients and customers of both the Diagnostic Imaging department and the department of Surgical Services. Provides scheduling leadership within the department and therefore requires extensive Medi-tech knowledge and excellent customer service skills. Responsible for managing staff, resources and departmental goals and objectives. Able to independently direct work flow, facilitate employee, patient or physician complaints / concerns and uses sound professional judgment to recommend action related to such matters. Actively participates with interviewing and hiring and is responsible for training and evaluating employees of the scheduling department. Responsible for keeping up with current technological advancements in order to recommend and /or implement new protocols. Rotates shifts and takes call as needed. All assigned duties by the Assistant Director or Director of Diagnostic Imaging. Maintains a positive attitude and does not criticize or complain about other employees or departments in the presence of patients, visitors, Physicians or coworkers.

**LICENSE REQUIRED:** None

CURRENT? Y N

**CERTIFICATIONS:** None

CURRENT? Y N

**EMPLOYEE HEALTH:** CURRENT:

PPD

Immunizations

Fit Test

### POSITION (MINIMUM) REQUIREMENT CHECKLIST

#### EDUCATION:

- Less than high school
- High school or GED
- Vocational/Technical
- 2 year/Associate Degree
- 4 year/Bachelor Degree
- Post Graduate Degree
- Knowledge of Joint Commission standards
- Knowledge of specialty equipment and tools:

#### EXPERIENCE:

- Requires 3 years prior medical experience.

#### SKILLS:

- Organizational
- Verbal/Follow verbal instructions
- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- Grammar/Spelling
- Read/Comprehend/Follow written instructions
- Transcription
- Computer
- Department Specific:
- Management/Planning Skills

- Minimum score of 80 on Nursing medication test

#### Manage stress appropriately:

- Make decisions under pressure
- Handle multiple priorities
- Work alone
- Work in areas that are confined and/or crowded
- Attention to detail

**HAZARDS:**

- Exposure to toxic/caustic/chemicals/detergents
- Exposure to extreme conditions, hot/cold
- Exposure to dust/fumes/gases
- Exposure to moving mechanical parts
- Exposure to potential electrical shock
- Exposure to x-ray/electromagnetic energy
- Exposure to high pitched noises
- Exposure to communicable diseases
- Exposure to blood and/or body fluids
- Exposure to excessive sunlight, or work outdoors
- Unprotected heights
- CRT (computer) monitor
- Operating heavy equipment
- Other:

**PHYSICAL REQUIREMENTS:**

(See following definitions)

- Sedentary work
- Light work
- Medium work
- Heavy work
- Very heavy work

*The minimum requirements of this position require the individual to:*

- Stand for 4 hours per day
- Sit for 2 hours per day
- Walk for 2 hours per day
- Perform repetitive tasks/motions
- Distinguish colors
- Hear alarms/telephone/tape recorder/normal speaking voice
- Have good manual dexterity
- Have good eye-hand-foot coordination
- Have clarity of vision
- Have good writing ability
- Be able to lift, push, pull 50 pounds

**DEFINITIONS:**

*SEDENTARY WORK:* Prolonged periods of sitting and exert up to 10 lbs. force occasionally.

*LIGHT WORK:* Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.

*MEDIUM WORK:* Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.

*HEAVY WORK:* Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently, and/or 20 lbs. constantly.

*VERY HEAVY WORK:* Exert over 100 lbs. force occasionally, and/or over 50 lbs. frequently, and/or over 20 lbs. constantly.

**LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED:**

- Mask
- Gloves
- Goggles
- Gown
- Face Shield
- Lead Shields

**OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:**

- Routine exposure
- Occasional exposure
- No exposure

**OCCUPATIONAL EXPOSURE TO TB:**

- Routine exposure
- Potential exposure
- No exposure

**COMPRESSED GAS USAGE:**

- Yes
- No



EMPLOYEE NAME: \_\_\_\_\_

I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL**

DEPARTMENT	90 EVALUATION ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Radiology	Date of Hire: _____ Review Date: _____	Radiology Records Librarian	Assistant Director Imaging Services

**POSITION SUMMARY:** To provide timely, courteous and professional service to patients and customers of the Diagnostic Imaging department. To ensure the accurate maintenance of all patient records within the department. To promote and exhibit a positive attitude and representation of the department and hospital. All assigned duties by the Radiology Supervisor, Assistant Director or Director of Diagnostic Imaging. Maintains a positive attitude and does not criticize or complain about other employees or departments in the presence of patients, visitors, Physicians or coworkers.

LICENSE REQUIRED: None

CURRENT? Y N

CERTIFICATIONS: None

CURRENT? Y N

EMPLOYEE HEALTH: CURRENT:

PPD

Immunizations

Fit Test

**POSITION (MINIMUM) REQUIREMENT CHECKLIST**

**EDUCATION:**

- Less than high school
- High school or GED
- Vocational/Technical
- 2 year/Associate Degree
- 4 year/Bachelor Degree
- Post Graduate Degree
- Knowledge of Joint Commission standards
- Knowledge of specialty equipment and tools:

**EXPERIENCE:**

- No experience required.

**SKILLS:**

- Organizational
- Verbal/Follow verbal instructions

- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- Grammar/Spelling
- Read/Comprehend/Follow written instructions
- Transcription
- Computer
- Department Specific:
- Management/Planning Skills
- Minimum score of 80 on Nursing medication test

**Manage stress appropriately:**

- Make decisions under pressure
- Handle multiple priorities
- Work alone
- Work in areas that are confined and/or crowded

- Attention to detail

**HAZARDS:**

- Exposure to toxic/caustic/chemicals/detergents
- Exposure to extreme conditions, hot/cold
- Exposure to dust/fumes/gases
- Exposure to moving mechanical parts
- Exposure to potential electrical shock
- Exposure to x-ray/electromagnetic energy
- Exposure to high pitched noises
- Exposure to communicable diseases
- Exposure to blood and/or body fluids
- Exposure to excessive sunlight, or work outdoors
- Unprotected heights
- CRT (computer) monitor
- Operating heavy equipment

Other:

**PHYSICAL REQUIREMENTS:**

(See following definitions)

- Sedentary work
- Light work
- Medium work
- Heavy work
- Very heavy work

*The minimum requirements of this position require the individual to:*

- Stand for 4 hours per day
- Sit for 2 hours per day
- Walk for 2 hours per day
- Perform repetitive tasks/motions
- Distinguish colors
- Hear alarms/telephone/tape recorder/normal speaking voice
- Have good manual dexterity
- Have good eye-hand-foot coordination
- Have clarity of vision
- Have good writing ability
- Be able to lift, push, pull 50 pounds

**DEFINITIONS:**

**SEDMNTARY WORK:** Prolonged periods of sitting and exert up to 10 lbs. force occasionally.

**LIGHT WORK:** Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.

**MEDIUM WORK:** Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.

**HEAVY WORK:** Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently, and/or 20 lbs. constantly.

**VERY HEAVY WORK:** Exert over 100 lbs. force occasionally, and/or over 50 lbs. frequently, and/or over 20 lbs. constantly.

**LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED:**

- Mask
- Gloves
- Goggles
- Gown
- Face Shield
- Lead Shields

- Routine exposure
- Occasional exposure
- No exposure

**OCCUPATIONAL EXPOSURE TO TB:**

- Routine exposure
- Potential exposure
- No exposure

**COMPRESSED GAS USAGE:**

- Yes
- No

**OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:**



EMPLOYEE NAME: \_\_\_\_\_

I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL

DEPARTMENT	90 EVALUATION ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Radiology	Date of Hire: _____ Review Date: _____	Receptionist/ Scheduler	Director Imaging Services

**POSITION SUMMARY:** To provide timely, courteous and professional service to patients and customers of both the Diagnostic Imaging department and the department of Surgical Services. Responsibilities include accurately determining what appointments are needed and assuring that they are booked correctly. Obtains and maintains complete written orders prior to a patients arrival and assures that all patients are treated within a timely manner. To promote and exhibit a positive attitude and representation of the departments and hospital. All assigned duties by the Radiology Supervisor, Assistant Director or Director of Diagnostic Imaging. Maintains a positive attitude and does not criticize or complain about other employees or departments in the presence of patients, visitors, Physicians or coworkers.

**LICENSE REQUIRED:** None

CURRENT? Y N

**CERTIFICATIONS:** None

CURRENT? Y N

**EMPLOYEE HEALTH:** CURRENT:

PPD

Immunizations

Fit Test

### POSITION (MINIMUM) REQUIREMENT CHECKLIST

**EDUCATION:**

- Less than high school
- High school or GED
- Vocational/Technical
- 2 year/Associate Degree
- 4 year/Bachelor Degree
- Post Graduate Degree
- Knowledge of Joint Commission standards
- Knowledge of specialty equipment and tools:
- Other:

**EXPERIENCE:**

- Prefer prior customer service experience.

**SKILLS:**

- Organizational
- Verbal/Follow verbal instructions
- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- Grammar/Spelling
- Read/Comprehend/Follow written instructions
- Transcription
- Computer
- Department Specific:
- Management/Planning Skills
- Minimum score of 80 on Nursing medication test

**Manage stress appropriately:**

- Make decisions under pressure
- Handle multiple priorities
- Work alone
- Work in areas that are confined and/or crowded
- Attention to detail

**HAZARDS:**

- Exposure to toxic/caustic/chemicals/detergents
- Exposure to extreme conditions, hot/cold
- Exposure to dust/fumes/gases
- Exposure to moving mechanical parts
- Exposure to potential electrical shock
- Exposure to x-ray/electromagnetic energy

- Exposure to high pitched noises
- Exposure to communicable diseases
- Exposure to blood and/or body fluids
- Exposure to excessive sunlight, or work outdoors
- Unprotected heights
- CRT (computer) monitor
- Operating heavy equipment
- Other:

**LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED:**

- Mask
- Gloves
- Goggles
- Gown
- Face Shield
- Lead Shields

**PHYSICAL REQUIREMENTS:**

(See following definitions)

- Sedentary work
- Light work
- Medium work
- Heavy work
- Very heavy work

*The minimum requirements of this position require the individual to:*

- Stand for 4 hours per day
- Sit for 2 hours per day
- Walk for 2 hours per day
- Perform repetitive tasks/motions
- Distinguish colors
- Hear alarms/telephone/tape recorder/normal speaking voice
- Have good manual dexterity
- Have good eye-hand-foot coordination
- Have clarity of vision
- Have good writing ability
- Be able to lift, push, pull 50 pounds

**OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:**

- Routine exposure
- Occasional exposure
- No exposure

**OCCUPATIONAL EXPOSURE TO TB:**

- Routine exposure
- Potential exposure
- No exposure

**COMPRESSED GAS USAGE:**

- Yes
- No

**DEFINITIONS:**

**SEDENTARY WORK:** Prolonged periods of sitting and exert up to 10 lbs. force occasionally.

**LIGHT WORK:** Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.

**MEDIUM WORK:** Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.

**HEAVY WORK:** Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently, and/or 20 lbs. constantly.

**VERY HEAVY WORK:** Exert over 100 lbs. force occasionally, and/or over 50 lbs. frequently, and/or over 20 lbs. constantly.



EMPLOYEE NAME: \_\_\_\_\_

I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL**

DEPARTMENT	___ 90 EVALUATION ___ ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Radiology	Date of Hire: _____ Review Date: _____	Radiology Aide	Assistant Director Imaging Services

**POSITION SUMMARY:** To provide timely, courteous and professional service to patients and customers of the Diagnostic Imaging department. To ensure the accurate maintenance of all patient records within the department. To promote and exhibit a positive attitude and representation of the department and hospital. All assigned duties by the Radiology Supervisor, Assistant Director or Director of Diagnostic Imaging. Maintains a positive attitude and does not criticize or complain about other employees or departments in the presence of patients, visitors, Physicians or coworkers.

LICENSE REQUIRED: None

CURRENT? Y N

CERTIFICATIONS: None

CURRENT? Y N

EMPLOYEE HEALTH: CURRENT:

PPD

Immunizations

Fit Test

**POSITION (MINIMUM) REQUIREMENT CHECKLIST**

**EDUCATION:**

- Less than high school
- High school or GED
- Vocational/Technical
- 2 year/Associate Degree
- 4 year/Bachelor Degree
- Post Graduate Degree
- Knowledge of Joint Commission standards
- Knowledge of specialty equipment and tools:
- Other:

- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- Grammar/Spelling
- Read/Comprehend/Follow written instructions
- Transcription
- Computer
- Department Specific:
- Management/Planning Skills
- Minimum score of 80 on Nursing medication test

**HAZARDS:**

- Exposure to toxic/caustic/chemicals/detergents
- Exposure to extreme conditions, hot/cold
- Exposure to dust/fumes/gases
- Exposure to moving mechanical parts
- Exposure to potential electrical shock
- Exposure to x-ray/electromagnetic energy
- Exposure to high pitched noises
- Exposure to communicable diseases
- Exposure to blood and/or body fluids
- Exposure to excessive sunlight, or work outdoors
- Unprotected heights
- CRT (computer) monitor
- Operating heavy equipment
- Other:

**EXPERIENCE:**

- No experience required.

**Manage stress appropriately:**

- Make decisions under pressure
- Handle multiple priorities
- Work alone
- Work in areas that are confined and/or crowded
- Attention to detail

**SKILLS:**

- Organizational
- Verbal/Follow verbal instructions

**PHYSICAL REQUIREMENTS:**

(See following definitions)

- Sedentary work
- Light work
- Medium work
- Heavy work
- Very heavy work

*The minimum requirements of this position require the individual to:*

- Stand for 4 hours per day
- Sit for 2 hours per day
- Walk for 2 hours per day
- Perform repetitive tasks/motions
- Distinguish colors
- Hear alarms/telephone/tape recorder/normal speaking voice
- Have good manual dexterity
- Have good eye-hand-foot coordination
- Have clarity of vision
- Have good writing ability
- Be able to lift, push, pull 50 pounds

**DEFINITIONS:**

**SEDENTARY WORK:** Prolonged periods of sitting and exert up to 10 lbs. force occasionally.

**LIGHT WORK:** Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.

**MEDIUM WORK:** Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.

**HEAVY WORK:** Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently, and/or 20 lbs. constantly.

**VERY HEAVY WORK:** Exert over 100 lbs. force occasionally, and/or over 50 lbs. frequently, and/or over 20 lbs. constantly.

**LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED:**

- Mask
- Gloves
- Goggles
- Gown
- Face Shield
- Lead Shields

**OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:**

- Routine exposure
- Occasional exposure
- No exposure

**OCCUPATIONAL EXPOSURE TO TB:**

- Routine exposure
- Potential exposure
- No exposure

**COMPRESSED GAS USAGE:**

- Yes
- No



**EMPLOYEE NAME:** \_\_\_\_\_

**I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL**

DEPARTMENT	____ 90 EVALUATION ____ ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Radiology	Date of Hire: _____ Review Date: _____	Assistant Director Imaging Services	Director Imaging Services

**POSITION SUMMARY:**

Provides assistance to the Director of Diagnostic Imaging with the overall supervision and administration of the diagnostic imaging departments which include radiology, CT, Nuclear Medicine, MRI, Ultrasound and all ancillary personnel. Activates/authorizes equipment repairs and controls overall work progress within those areas of designated responsibility. Recognizes the purpose of employment is to prioritize the patient as number one, and to put forth the utmost quality and service as a representative of administration and as of the technologists. Assists in the maintaining of the PACS system and the training of new personnel. Provides necessary support with QA/QC within the department. Attend training classes as needed.

**LICENSE REQUIRED:** None

CURRENT? Y N

**CERTIFICATIONS:** ARRT( R) and BLS required

CURRENT? Y N

**EMPLOYEE HEALTH:** CURRENT:

PPD

Immunizations

Fit Test

<b>POPULATION(S) SERVED:</b>	
<b>Radiology: Population Served</b> Core competencies will be assessed primarily on the following patient population(s) served for radiologic exams: Skeletal and all body systems including but not limited to: pulmonary, cardiac/cardiovascular, GI, GU/GYN, oncology, etc.	<input checked="" type="checkbox"/> All Populations <input type="checkbox"/> Patient with Communication Needs <input type="checkbox"/> Patient at the End of Life <input type="checkbox"/> Patient in Isolation <input type="checkbox"/> Precautions <input type="checkbox"/> Patient in Custody
<b>AGE OF PATIENTS SERVED:</b>	
<b>Skills:</b> Radiological imaging positions/ techniques appropriate to ages Performs pregnancy assessment in females of child bearing age Assesses age specific radiation safety issues: gonadal shielding Appropriately interprets patient data regarding injury/illness related to x-ray to be performed Team Training Medical/healthcare error reporting Patient Identification Fall prevention measures during radiology procedures CDC Hand Hygiene Guidelines	<input checked="" type="checkbox"/> Infant (Newborn -1 year) <input checked="" type="checkbox"/> Child/Pediatric (1-12 years) <input checked="" type="checkbox"/> Adolescence (13-18 yrs) <input checked="" type="checkbox"/> Adult (19-65 yrs) <input checked="" type="checkbox"/> Geriatric (66 + yrs)

Verbal orders read back & verified Medication Safety for Radiology Look-alike, sound alike medications High Risk Meds: Ionic injections Labeling meds/solutions on & off sterile field Medication reconciliation Radiation safety measures Universal Protocol procedure for correct patient/procedure/site	
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## POSITION (MINIMUM) REQUIREMENT CHECKLIST

### EDUCATION:

- Less than high school
- High school or GED
- Vocational/Technical
- 2 year/Associate Degree
- 4 year/Bachelor Degree
- Post Graduate Degree
- Knowledge of State of Alaska law, Federal/CMS regulations, NRC, MQSA and Joint Commission standards
- Knowledge of specialty equipment and tools:

### EXPERIENCE:

- Other: 5 years Imaging experience in a hospital environment required.

### SKILLS:

- Organizational
- Verbal/Follow verbal instructions
- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- Grammar/Spelling
- Read/Comprehend/Follow written instructions
- Transcription
- Computer
- Department Specific:
- Management/Planning Skills
- Minimum score of 80 on Nursing medication test

### Manage stress appropriately:

- Make decisions under pressure
- Handle multiple priorities
- Work alone
- Work in areas that are confined and/or crowded
- Attention to detail

### HAZARDS:

- Exposure to toxic/caustic/chemicals/detergents
- Exposure to extreme conditions, hot/cold
- Exposure to dust/fumes/gases
- Exposure to moving mechanical parts
- Exposure to potential electrical shock
- Exposure to x-ray/electromagnetic energy
- Exposure to high pitched noises
- Exposure to communicable diseases
- Exposure to blood and/or body fluids
- Exposure to excessive sunlight, or work outdoors
- Unprotected heights
- CRT (computer) monitor
- Operating heavy equipment
- Other:

### PHYSICAL REQUIREMENTS:

(See following definitions)

- Sedentary work
- Light work
- Medium work
- Heavy work
- Very heavy work

*The minimum requirements of this position require the individual to:*

- Stand for 4 hours per day
- Sit for 2 hours per day
- Walk for 2 hours per day
- Perform repetitive tasks/motions
- Distinguish colors
- Hear alarms/telephone/tape recorder/normal speaking voice
- Have good manual dexterity
- Have good eye-hand-foot coordination
- Have clarity of vision
- Have good writing ability
- Be able to lift, push, pull 50 pounds

### DEFINITIONS:

**SEDDENTARY WORK:** Prolonged periods of sitting and exert up to 10 lbs. force occasionally.

**LIGHT WORK:** Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.

**MEDIUM WORK:** Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.

**HEAVY WORK:** Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently, and/or 20 lbs. constantly.

**VERY HEAVY WORK:** Exert over 100 lbs. force occasionally, and/or over 50 lbs. frequently, and/or over 20 lbs. constantly.

### LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED:

- Mask
- Gloves
- Goggles
- Gown
- Face Shield
- Lead Shields

### OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:

- Routine exposure
- Occasional exposure
- No exposure

### OCCUPATIONAL EXPOSURE TO TB:

- Routine exposure
- Potential exposure
- No exposure

### COMPRESSED GAS USAGE:

- Yes
- No



EMPLOYEE NAME: \_\_\_\_\_

I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL**

DEPARTMENT	___ 90 EVALUATION ___ ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Radiology	Date of Hire: _____ Review Date: _____	ARRT Technologist	Assistant Director Imaging Services

**POSITION SUMMARY:**

Performs diagnostic radiography procedures at a technical level that does not require direct supervision on neonate, infant, pediatric, adolescent, adult and geriatric patients. Performs exams as requested by ordering physicians and under the guidelines set by the standards of the Diagnostic Imaging Department. Rotates shifts and takes call as needed. All assigned duties by the Radiology Supervisor, Assistant Director or Director of Diagnostic Imaging. Maintains a positive attitude and does not criticize or complain about other employees or departments in the presence of patients, visitors, Physicians or coworkers.

**LICENSE REQUIRED:** None

CURRENT? Y N

**CERTIFICATIONS:** ARRT ( R) or eligible (Must obtain ARRT within one year of hire); BLS required

CURRENT? Y N

**EMPLOYEE HEALTH:** CURRENT:

PPD

Immunizations

Fit Test

<b>POPULATION(S) SERVED:</b>	
<b>Radiology: Population Served</b> Core competencies will be assessed primarily on the following patient population(s) served for radiologic exams: Skeletal and all body systems including but not limited to: pulmonary, cardiac/cardiovascular, GI, GU/GYN, oncology, etc.	<input checked="" type="checkbox"/> All Populations <input type="checkbox"/> Patient with Communication Needs <input type="checkbox"/> Patient at the End of Life <input type="checkbox"/> Patient in Isolation <input type="checkbox"/> Precautions <input type="checkbox"/> Patient in Custody
<b>AGE OF PATIENTS SERVED:</b>	
<b>Skills:</b> Radiological imaging positions/ techniques appropriate to ages Performs pregnancy assessment in females of child bearing age Assesses age specific radiation safety issues: gonadal shielding Appropriately interprets patient data regarding injury/illness related to x-ray to be performed Team Training Medical/healthcare error reporting Patient Identification Fall prevention measures during radiology procedures CDC Hand Hygiene Guidelines Verbal orders read back & verified	<input checked="" type="checkbox"/> Infant (Newborn -1 year) <input checked="" type="checkbox"/> Child/Pediatric (1-12 years) <input checked="" type="checkbox"/> Adolescence (13-18 yrs) <input checked="" type="checkbox"/> Adult (19-65 yrs) <input checked="" type="checkbox"/> Geriatric (66 + yrs)

Medication Safety for Radiology Look-alike, sound alike medications High Risk Meds: Ionic injections Labeling meds/solutions on & off sterile field Medication reconciliation Radiation safety measures Universal Protocol procedure for correct patient/procedure/site	
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## POSITION (MINIMUM) REQUIREMENT CHECKLIST

### EDUCATION:

- Less than high school
- High school or GED
- Vocational/Technical
- 2 year/Associate Degree
- 4 year/Bachelor Degree
- Post Graduate Degree
- Knowledge of State of Alaska law, Federal/CMS regulations and Joint Commission standards
- Knowledge of specialty equipment and tools:
- Other:

### EXPERIENCE:

- No experience required

### SKILLS:

- Organizational
- Verbal/Follow verbal instructions
- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- Grammar/Spelling
- Read/Comprehend/Follow written instructions
- Transcription
- Computer
- Department Specific:
- Management/Planning Skills
- Minimum score of 80 on Nursing medication test

### Manage stress appropriately:

- Make decisions under pressure
- Handle multiple priorities
- Work alone
- Work in areas that are confined and/or crowded
- Attention to detail

### HAZARDS:

- Exposure to toxic/caustic/chemicals/detergents
- Exposure to extreme conditions, hot/cold
- Exposure to dust/fumes/gases
- Exposure to moving mechanical parts
- Exposure to potential electrical shock
- Exposure to x-ray/electromagnetic energy
- Exposure to high pitched noises
- Exposure to communicable diseases
- Exposure to blood and/or body fluids
- Exposure to excessive sunlight, or work outdoors
- Unprotected heights
- CRT (computer) monitor
- Operating heavy equipment
- Other:

### PHYSICAL REQUIREMENTS:

(See following definitions)

- Sedentary work
- Light work
- Medium work
- Heavy work
- Very heavy work

*The minimum requirements of this position require the individual to:*

- Stand for 4 hours per day
- Sit for 2 hours per day
- Walk for 2 hours per day
- Perform repetitive tasks/motions
- Distinguish colors
- Hear alarms/telephone/tape recorder/normal speaking voice
- Have good manual dexterity
- Have good eye-hand-foot coordination
- Have clarity of vision
- Have good writing ability
- Be able to lift, push, pull 50 pounds

### DEFINITIONS:

**SEDENTARY WORK:** Prolonged periods of sitting and exert up to 10 lbs. force occasionally.

**LIGHT WORK:** Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.

**MEDIUM WORK:** Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.

**HEAVY WORK:** Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently, and/or 20 lbs. constantly.

**VERY HEAVY WORK:** Exert over 100 lbs. force occasionally, and/or over 50 lbs. frequently, and/or over 20 lbs. constantly.

### LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED:

- Mask
- Gloves
- Goggles
- Gown
- Face Shield
- Lead Shields

### OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:

- Routine exposure
- Occasional exposure
- No exposure

### OCCUPATIONAL EXPOSURE TO TB:

- Routine exposure
- Potential exposure
- No exposure

### COMPRESSED GAS USAGE:

- Yes
- No



**EMPLOYEE NAME:** \_\_\_\_\_

**I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL**

<b>DEPARTMENT</b>	<b>___ 90 EVALUATION ___ ANNUAL EVALUATION</b>	<b>POSITION TITLE</b>	<b>SUPERVISOR TITLE</b>
<b>Operating Room</b>	<b>Date of Hire: _____ Review Date: _____</b>	<b>Supv Nursing</b>	<b>Director Perioperative Service</b>

**POSITION SUMMARY:**

The OR Nursing Supervisor manages and coordinates the intra-operative clinical and other OR activities in order to provide quality patient care. Uses the Ethics Committee to address ethical issues in patient care.

The OR Nursing Supervisor is a registered professional nurse who is responsible for the supervision and administration of the OR Board on days, evenings, nights, and weekends, working in cooperation with the Nursing Management Staff.

- Demonstrates an awareness of hospital and departmental practices that reflect JCAHO and Quality Improvement standards and performs all work at a level to meet these standards.
- Responsible for assessing on a daily basis the overall qualities of intra-operative nursing care being provided including appropriate written documentation of all activities.
- Supervises intra-operative patient care and assigns intra-operative nursing care functions based upon the nursing process and in compliance with the hospital and Nursing Department Standards of Practice and Standards of Care.
- Responsible to see that patient care services are provided for patients from newborn to geriatric with appropriately trained staff and manages all resources including the services of the anesthesia providers, physician private scrub, ANP, PAs, outside vendors and product representatives, visitors and observers.
- Responsible for staffing the operating rooms, taking into account staffing guidelines, skill mix, and patient acuity.
- Additional responsibilities include participation in performance evaluations of personnel, motivating, teaching and assisting nurses and staff members in providing intra-operative nursing care.
- Actively assists the Nursing Directors in daily planning related to problem solving, departmental improvements and budgeting.
- Supervises the obtaining of needed supplies and equipment from departments that are closed.

**LICENSE REQUIRED: Registered Nurse – State of Alaska**

**CURRENT? Y N**

**CERTIFICATIONS: BLS Required, ACLS Required**

**CURRENT? Y N**

**EMPLOYEE HEALTH: CURRENT:**

**PPD**

**Immunizations**

**Fit Test**

<b>POPULATION(S) SERVED:</b>	
<b>Surgery/PACU: Population Served</b> Core competencies will be assessed primarily on the following patient population(s) served: Pre and intraoperative interventions, including but not limited to: Cardiovascular, orthopedic neuro, thoracic, GI, GU, GYN, ,	<input checked="" type="checkbox"/> All Populations <input checked="" type="checkbox"/> Patient with Communication Needs <input checked="" type="checkbox"/> Patient at the End of Life

skeletal/ muscular conditions and diseases, etc.	<input checked="" type="checkbox"/> Patient in Isolation <input checked="" type="checkbox"/> Precautions <input checked="" type="checkbox"/> Patient in Custody
<b>AGE OF PATIENTS SERVED:</b>	
Performs age specific assessments for pre-op, intraop,. Assesses age specific safety issues and implements appropriate safety devices pre-op, intra-op. Interprets patient data pre-op, intra-op.	<input checked="" type="checkbox"/> Infant (Newborn -1 year) <input checked="" type="checkbox"/> Child/Pediatric (1-12 years) <input checked="" type="checkbox"/> Adolescence (13-18 yrs) <input checked="" type="checkbox"/> Adult (19-65 yrs) <input checked="" type="checkbox"/> Geriatric (66 + yrs)

### POSITION (MINIMUM) REQUIREMENT CHECKLIST

#### EDUCATION:

- Less than high school
- High school or GED
- Vocational/Technical
- Min req: graduate of Accredited 2 year/Associate Degree Program-RN
- 4 year/Bachelor Degree
- Post Graduate Degree
- Knowledge of State of Alaska law, Nurse Practice Act, Federal/CMS regulations and Joint Commission standards
- Knowledge of specialty equipment and tools: See Education / Competency Grid
- Other: Current BLS, ACLS

#### EXPERIENCE:

- Min 3 years experience in an intra-operative setting.
- Current Alaska RN license

#### SKILLS:

- Organizational
- Verbal/Follow verbal instructions
- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- CRITICAL THINKING SKILLS
- Grammar/Spelling
- Read/Comprehend/Follow written instructions
- Transcription
- Computer
- Department Specific:

- Management/Planning Skills
- Minimum score of 80 on Nursing medication test

#### Manage stress appropriately:

- Make decisions under pressure
- Handle multiple priorities
- Work alone
- Work in areas that are confined and/or crowded
- Attention to detail

#### HAZARDS:

- Exposure to toxic/caustic/chemicals/detergents
- Exposure to extreme conditions, hot/cold
- Exposure to dust/fumes/gases
- Exposure to moving mechanical parts
- Exposure to potential electrical shock
- Exposure to x-ray/electromagnetic energy
- Exposure to high pitched noises
- Exposure to communicable diseases
- Exposure to blood and/or body fluids
- Exposure to excessive sunlight, or work outdoors
- Unprotected heights
- CRT (computer) monitor
- Operating heavy equipment
- Other: See Education / Competency Grid

#### PHYSICAL REQUIREMENTS:

(See following definitions)

- Sedentary work
- Light work
- Medium work
- Heavy work

- Very heavy work

*The minimum requirements of this position require the individual to:*

- Stand for 4 hours per day
- Sit for 2 hours per day
- Walk for 2 hours per day
- Perform repetitive tasks/motions
- Distinguish colors
- Hear alarms/telephone/tape recorder/normal speaking voice
- Have good manual dexterity
- Have good eye-hand-foot coordination
- Have clarity of vision
- Have good writing ability
- Be able to lift, push, pull 50 pounds

#### DEFINITIONS:

**SEDENTARY WORK:** Prolonged periods of sitting and exert up to 10 lbs. force occasionally.

**LIGHT WORK:** Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.

**MEDIUM WORK:** Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.

**HEAVY WORK:** Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently, and/or 20 lbs. constantly.

**VERY HEAVY WORK:** Exert over 100 lbs. force occasionally, and/or over 50 lbs. frequently, and/or over 20 lbs. constantly.

**LIST PERSONAL PROTECTIVE  
EQUIPMENT REQUIRED:**

- Mask
- Gloves
- Goggles
- Gown

**OCCUPATIONAL EXPOSURE TO  
BLOODBORNE PATHOGENS:**

- Routine exposure
- Occasional exposure
- No exposure

**OCCUPATIONAL EXPOSURE  
TO TB:**

- Routine exposure
- Potential exposure
- No exposure

**COMPRESSED GAS USAGE:**

- Yes
- No



EMPLOYEE NAME: \_\_\_\_\_

I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL**

DEPARTMENT	90 EVALUATION ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Operating Room	Date of Hire: _____ Review Date: _____	Director, Perioperative Services	Chief Nursing Officer

**POSITION SUMMARY:** Under the direction of the Chief Nursing Officer, Perioperative Service Line Director will be responsible for the management of all assigned departments. This position will also oversee and develop various specialty programs. Responsible for employee, patient and physician satisfaction as well as regulatory compliance and corporate standards.

**LICENSE REQUIRED:** Registered Nurse – State of Alaska

CURRENT? Y N

**CERTIFICATIONS:** BLS Required;

CURRENT? Y N

**EMPLOYEE HEALTH:** CURRENT:

PPD

Immunizations

Fit Test

POPULATION(S) SERVED:	
Core competencies will be assessed primarily on the following patient population(s) served: Acute perioperative care of diseases and conditions including but not limited to: CVA/TIA, bariatric, cardiovascular, pulmonary, neuro, GI, GU, GYN, skeletal/muscular, renal, orthopedic conditions and diseases including, but not limited to: AMI, CAD, PVD, COPD, CHF, shock, renal failure, metabolic disorders, etc.	<input checked="" type="checkbox"/> All Populations <input type="checkbox"/> Patient with Communication Needs <input type="checkbox"/> Patient at the End of Life <input type="checkbox"/> Patient in Isolation <input type="checkbox"/> Precautions <input type="checkbox"/> Patient in Custody
AGE OF PATIENTS SERVED:	
<b>Skills: Nursing: Service Line Director</b>  ! Assesses age specific safety issues ! Team Training/Interdisciplinary Care Planning ! Medical/healthcare error reporting ! Patient Identification ! Dangerous Abbreviations ! Fall prevention measures ! CDC Hand Hygiene Guidelines	<input type="checkbox"/> <input checked="" type="checkbox"/> Infant (Newborn -1 year) <input type="checkbox"/> <input checked="" type="checkbox"/> Child/Pediatric (1-12 years) <input checked="" type="checkbox"/> Adolescence (13-18 yrs) <input checked="" type="checkbox"/> Adult (19-65 yrs) <input checked="" type="checkbox"/> Geriatric (66 + yrs)

<ul style="list-style-type: none"> <li>! Verbal orders &amp; critical test results, read back and verified</li> <li>! Medication Safety</li> <li>! Look-alike, sound alike medications</li> <li>! High Risk Meds: Paralytics, narcotics, hemodynamic drips</li> <li>! Moderate and deep sedation</li> <li>! Labeling meds/solutions on &amp; off sterile field</li> <li>! Medication reconciliation</li> <li>! Restraint use</li> <li>! Suicide risk factors and policy</li> <li>! Universal Protocol procedure for correct patient/procedure/site</li> </ul>	
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## POSITION (MINIMUM) REQUIREMENT CHECKLIST

### EDUCATION:

- Less than high school
- High school or GED
- Vocational/Technical
- 2 year/Associate Degree
- 4 year/Bachelor Degree Preferred
- Post Graduate Degree
- Knowledge of State of Alaska law, Nurse Practice Act, Federal/CMS regulations and Joint Commission standards
- Knowledge of specialty equipment and tools:
- Other:

### EXPERIENCE:

- Two years experience in intra-operative care preferred.
- Previous management experience preferred.
- 
- 
- 

### SKILLS:

- Organizational
- Verbal/Follow verbal instructions
- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- Grammar/Spelling
- Read/Comprehend/Follow written instructions
- Transcription of orders
- Computer

- Department Specific:
- Management/Planning Skills
- Minimum score of 80 on Nursing medication test

### Manage stress appropriately:

- Make decisions under pressure
- Handle multiple priorities
- Work alone
- Work in areas that are confined and/or crowded
- Attention to detail

### HAZARDS:

- Exposure to toxic/caustic/chemicals/detergents
- Exposure to extreme conditions, hot/cold
- Exposure to dust/fumes/gases
- Exposure to moving mechanical parts
- Exposure to potential electrical shock
- Exposure to x-ray/electromagnetic energy
- Exposure to high pitched noises
- Exposure to communicable diseases
- Exposure to blood and/or body fluids
- Exposure to excessive sunlight, or work outdoors
- Unprotected heights
- CRT (computer) monitor
- Operating heavy equipment
- Other:

### PHYSICAL REQUIREMENTS:

(See following definitions)

- Sedentary work
- Light work
- Medium work

- Heavy work
- Very heavy work

*The minimum requirements of this position require the individual to:*

- Stand for 4 hours per day
  - Sit for 2 hours per day
  - Walk for 2 hours per day
  - Perform repetitive tasks/motions
  - Distinguish colors
  - Hear alarms/telephone/tape recorder/normal speaking voice
  - Have good manual dexterity
  - Have good eye-hand-foot coordination
  - Have clarity of vision
  - Have good writing ability
- Be able to lift, push, pull 50 pounds

### DEFINITIONS:

**SEDENTARY WORK:** Prolonged periods of sitting and exert up to 10 lbs. force occasionally.

**LIGHT WORK:** Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.

**MEDIUM WORK:** Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.

**HEAVY WORK:** Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently, and/or 20 lbs. constantly.

**VERY HEAVY WORK:** Exert over 100 lbs. force occasionally, and/or over 50 lbs. frequently, and/or over 20 lbs. constantly.

### LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED:

- Mask
- Gloves

Title: Director of Perioperative Services

Page 3 of 8

- Goggles
- Gown

**OCCUPATIONAL EXPOSURE TO  
BLOODBORNE PATHOGENS:**

- Routine exposure
- Occasional exposure
- No exposure

**OCCUPATIONAL EXPOSURE  
TO TB:**

- Routine exposure
- Potential exposure
- No exposure

**COMPRESSED GAS USAGE:**

- Yes
- No



EMPLOYEE NAME: \_\_\_\_\_

I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL**

DEPARTMENT	___ 90 EVALUATION ___ ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Operating Room	Date of Hire: _____ Review Date: _____	RN Clinical Resource	Supv Nursing

**POSITION SUMMARY:**

The RN Clinical Resource renders individualized comprehensive intra-operative nursing care to meet the patient's physical, psychological, spiritual, social, cultural and educational needs from newborn to elderly.  
 The RN Clinical Resource provides the best possible preventative and supportive intra-operative nursing care to each patient based upon the nursing process and in accordance with hospital policy and procedure.  
 The RN Clinical Resource will function as a circulating nurse primarily and as a scrub nurse as necessary.  
 The RN Clinical Resource also assists the OR Supervisor in providing clinical and charge support that reflect JCAHO and Hospital PI standards. Implements and assesses the daily function of nursing care and services provided in the unit on all shifts.  
 The RN Clinical Resource is supportive and knowledgeable regarding the established standards of care and practice, policies and procedure of the nursing services at Alaska Regional Hospital.  
 The RN Clinical Resource Accountable for maintaining and improving own nursing knowledge and skills (competence).  
 Supports hospital's mission and vision statements and goals.

**LICENSE REQUIRED: Registered Nurse – State of Alaska** CURRENT? Y N

**CERTIFICATIONS: BLS Required, ACLS Required** CURRENT? Y N

**EMPLOYEE HEALTH: CURRENT:** PPD Immunizations Fit Test

POPULATION(S) SERVED:	
<b>Surgery/PACU: Population Served</b> Core competencies will be assessed primarily on the following patient population(s) served: Pre and intraoperative interventions, including but not limited to: Cardiovascular, orthopedic neuro, thoracic, GI, GU, GYN, , skeletal/ muscular conditions and diseases, etc.	<input checked="" type="checkbox"/> All Populations <input checked="" type="checkbox"/> Patient with Communication Needs <input checked="" type="checkbox"/> Patient at the End of Life <input checked="" type="checkbox"/> Patient in Isolation <input checked="" type="checkbox"/> Precautions <input checked="" type="checkbox"/> Patient in Custody
AGE OF PATIENTS SERVED:	
Performs age specific assessments for pre-op, intraop, Assesses age specific safety issues and implements appropriate safety devices pre-op, intra-op. Interprets patient data pre-op, intra-op.	<input checked="" type="checkbox"/> Infant (Newborn -1 year) <input checked="" type="checkbox"/> Child/Pediatric (1-12 years) <input checked="" type="checkbox"/> Adolescence (13-18 yrs) <input checked="" type="checkbox"/> Adult (19-65 yrs) <input checked="" type="checkbox"/> Geriatric (66 + yrs)

## POSITION (MINIMUM) REQUIREMENT CHECKLIST

### EDUCATION:

- Less than high school
- High school or GED
- Vocational/Technical
- Min req: graduate of Accredited 2 year/Associate Degree Program-RN
- 4 year/Bachelor Degree
- Post Graduate Degree
- Knowledge of State of Alaska law, Nurse Practice Act, Federal/CMS regulations and Joint Commission standards
- Knowledge of specialty equipment and tools: See Education / Competency Grid
  
- Other: Current BLS, ACLS
- Other: CNOR-Recommended

### EXPERIENCE:

- Min 3 years experience in an intra-operative setting.
- Current Alaska RN license

### SKILLS:

- Organizational
- Verbal/Follow verbal instructions
- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- CRITICAL THINKING SKILLS
- Grammar/Spelling
- Read/Comprehend/Follow written instructions
- Transcription
- Computer
- Department Specific:
- Management/Planning Skills
- Minimum score of 80 on Nursing medication test

### Manage stress appropriately:

- Make decisions under pressure
- Handle multiple priorities
- Work alone
- Work in areas that are confined and/or crowded
- Attention to detail

### HAZARDS:

- Exposure to toxic/caustic/chemicals/detergents
- Exposure to extreme conditions, hot/cold
- Exposure to dust/fumes/gases
- Exposure to moving mechanical parts
- Exposure to potential electrical shock
- Exposure to x-ray/electromagnetic energy
- Exposure to high pitched noises
- Exposure to communicable diseases
- Exposure to blood and/or body fluids
- Exposure to excessive sunlight, or work outdoors
- Unprotected heights
- CRT (computer) monitor
- Operating heavy equipment
- Other: See Education / Competency Grid

### PHYSICAL REQUIREMENTS:

(See following definitions)

- Sedentary work
- Light work
- Medium work
- Heavy work
- Very heavy work

*The minimum requirements of this position require the individual to:*

- Stand for 4 hours per day
- Sit for 2 hours per day
- Walk for 2 hours per day
- Perform repetitive tasks/motions
- Distinguish colors
- Hear alarms/telephone/tape recorder/normal speaking voice
- Have good manual dexterity
- Have good eye-hand-foot coordination
- Have clarity of vision
- Have good writing ability
- Be able to lift, push, pull 50 pounds

### DEFINITIONS:

**SEDENTARY WORK:** Prolonged periods of sitting and exert up to 10 lbs. force occasionally.

**LIGHT WORK:** Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.

**MEDIUM WORK:** Exert up to 50 lbs.

force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.  
**HEAVY WORK:** Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently, and/or 20 lbs. constantly.  
**VERY HEAVY WORK:** Exert over 100 lbs. force occasionally, and/or over 50 lbs. frequently, and/or over 20 lbs. constantly.

### LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED:

- Mask
- Gloves
- Goggles
- Gown

### OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:

- Routine exposure
- Occasional exposure
- No exposure

### OCCUPATIONAL EXPOSURE TO TB:

- Routine exposure
- Potential exposure
- No exposure

### COMPRESSED GAS USAGE:

- Yes
- No



**EMPLOYEE NAME:** \_\_\_\_\_

**I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL**

DEPARTMENT	___ 90 EVALUATION ___ ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Operating Room	Date of Hire: _____ Review Date: _____	RN	Dir Perioperative Service

**POSITION SUMMARY:**

- The Operating Room Staff Registered Nurse (RN) renders individualized comprehensive intra-operative nursing care to meet the patient's physical, psychological, spiritual, social, cultural and educational needs from newborn to elderly.
- The Operating Room Staff Registered Nurse (RN) provides the best possible preventative and supportive intra-operative nursing care to each patient based upon the nursing process and in accordance with hospital policy and procedure.
- The Operating Room Staff Registered Nurse (RN) will function as a circulating nurse primarily and as a scrub nurse as necessary

**LICENSE REQUIRED: Registered Nurse – State of Alaska**

CURRENT? Y N

**CERTIFICATIONS: BLS Required , ACLS Required**

CURRENT? Y N

**EMPLOYEE HEALTH: CURRENT:**

PPD

Immunizations

Fit Test

<b>POPULATION(S) SERVED:</b>	
<b>Surgery/PACU: Population Served</b> Core competencies will be assessed primarily on the following patient population(s) served: Pre and intraoperative interventions, including but not limited to: Cardiovascular, orthopedic neuro, thoracic, GI, GU, GYN, , skeletal/ muscular conditions and diseases, etc.	<input checked="" type="checkbox"/> All Populations <input checked="" type="checkbox"/> Patient with Communication Needs <input checked="" type="checkbox"/> Patient at the End of Life <input checked="" type="checkbox"/> Patient in Isolation <input checked="" type="checkbox"/> Precautions <input checked="" type="checkbox"/> Patient in Custody
<b>AGE OF PATIENTS SERVED:</b>	
Performs age specific assessments for pre-op, intraop, Assesses age specific safety issues and implements appropriate safety devices pre-op, intra-op. Interprets patient data pre-op, intra-op.	<input checked="" type="checkbox"/> Infant (Newborn -1 year) <input checked="" type="checkbox"/> Child/Pediatric (1-12 years) <input checked="" type="checkbox"/> Adolescence (13-18 yrs) <input checked="" type="checkbox"/> Adult (19-65 yrs) <input checked="" type="checkbox"/> Geriatric (66 + yrs)

## POSITION (MINIMUM) REQUIREMENT CHECKLIST

### EDUCATION:

- Less than high school
- High school or GED
- Vocational/Technical
- Min req: graduate of Accredited 2 year/Associate Degree Program-RN
- 4 year/Bachelor Degree
- Post Graduate Degree
- Knowledge of State of Alaska law, Nurse Practice Act, Federal/CMS regulations and Joint Commission standards
- Knowledge of specialty equipment and tools: See Education / Competency Grid
  
- Other: Current BLS, ACLS
- Other: CNOR-Recommended

### EXPERIENCE:

- Min 1 years experience in an intra-operative setting preferred
- Current Alaska RN license

### SKILLS:

- Organizational
- Verbal/Follow verbal instructions
- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- CRITICAL THINKING SKILLS
- Grammar/Spelling
- Read/Comprehend/Follow written instructions
- Transcription
- Computer
- Department Specific:
- Management/Planning Skills
- Minimum score of 80 on Nursing medication test

### Manage stress appropriately:

- Make decisions under pressure
- Handle multiple priorities
- Work alone
- Work in areas that are confined and/or crowded
- Attention to detail

### HAZARDS:

- Exposure to toxic/caustic/chemicals/detergents

- Exposure to extreme conditions, hot/cold
- Exposure to dust/fumes/gases
- Exposure to moving mechanical parts
- Exposure to potential electrical shock
- Exposure to x-ray/electromagnetic energy
- Exposure to high pitched noises
- Exposure to communicable diseases
- Exposure to blood and/or body fluids
- Exposure to excessive sunlight, or work outdoors
- Unprotected heights
- CRT (computer) monitor
- Operating heavy equipment
- Other: See Education / Competency Grid

### PHYSICAL REQUIREMENTS:

(See following definitions)

- Sedentary work
- Light work
- Medium work
- Heavy work
- Very heavy work

*The minimum requirements of this position require the individual to:*

- Stand for 4 hours per day
- Sit for 2 hours per day
- Walk for 2 hours per day
- Perform repetitive tasks/motions
- Distinguish colors
- Hear alarms/telephone/tape recorder/normal speaking voice
- Have good manual dexterity
- Have good eye-hand-foot coordination
- Have clarity of vision
- Have good writing ability
- Be able to lift, push, pull 50 pounds

### DEFINITIONS:

**SEDENTARY WORK:** Prolonged periods of sitting and exert up to 10 lbs. force occasionally.

**LIGHT WORK:** Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.

**MEDIUM WORK:** Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.

**HEAVY WORK:** Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently, and/or 20 lbs. constantly.

**VERY HEAVY WORK:** Exert over 100 lbs. force occasionally, and/or over 50 lbs. frequently, and/or over 20 lbs. constantly.

### LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED:

- Mask
- Gloves
- Goggles
- Gown

### OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:

- Routine exposure
- Occasional exposure
- No exposure

### OCCUPATIONAL EXPOSURE TO TB:

- Routine exposure
- Potential exposure
- No exposure

### COMPRESSED GAS USAGE:

- Yes
- No



**EMPLOYEE NAME:** \_\_\_\_\_

**I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL**

DEPARTMENT	___ 90 EVALUATION ___ ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Operating Room	Date of Hire: _____ Review Date: _____	PCA	Dir Perioperative Services

**POSITION SUMMARY:** Under the direction of the Supervisor OR ,

- The OR PCA is responsible for assisting with, the ordering and receiving of supplies, equipment, storage,
- The OR PCA is responsible for use of information systems related to inventory management, maintenance of supplies: out-dates, rotating stock and supply management within the surgical services departments.
- The OR PCA is responsible for assisting in maintenance of a safe, clean and age appropriate environment under the direction and supervision of the intra-operative RN.
- The OR PCA is responsible for assisting in providing care to meet the patient/family physical, psychological, spiritual, social, cultural and educational needs with the supervision of the intra-operative RN.
- The OR PCA is responsible for performing, as directed, those tasks, which will assist the intra-operative RN in providing intra-operative patient care based upon the Department's standard of practice and standard of care

**LICENSE REQUIRED: None** CURRENT? Y N

**CERTIFICATIONS: None** CURRENT? Y N

**EMPLOYEE HEALTH: CURRENT:** PPD Immunizations Fit Test

<b>POPULATION(S) SERVED:</b>	
<b>Surgery: Population Served</b> Core Competencies will be reviewed as performed in the inter-operative environment	<input checked="" type="checkbox"/> All Populations <input type="checkbox"/> Patient with Communication Needs <input type="checkbox"/> Patient at the End of Life <input type="checkbox"/> Patient in Isolation <input type="checkbox"/> Precautions <input type="checkbox"/> Patient in Custody
<b>AGE OF PATIENTS SERVED:</b>	
<b>Skills:</b> Performs age specific safety measures as directed by the inter-operative RN	<input checked="" type="checkbox"/> Infant (Newborn -1 year) <input checked="" type="checkbox"/> Child/Pediatric (1-12 years) <input checked="" type="checkbox"/> Adolescence (13-18 yrs) <input checked="" type="checkbox"/> Adult (19-65 yrs) <input checked="" type="checkbox"/> Geriatric (66 + yrs)

## POSITION (MINIMUM) REQUIREMENT CHECKLIST

### EDUCATION:

- Less than high school
- High school or GED
- Vocational/Technical
- 4 year/Bachelor Degree
- Post Graduate Degree
- Knowledge of Federal/CMS regulations and Joint Commission standards
- Knowledge of specialty equipment and tools: See Education / Competency Grid
- Other:

### EXPERIENCE:

- entry level will train on the job
- 
- 

### SKILLS:

- Organizational
- Verbal/Follow verbal instructions
- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- Grammar/Spelling
- Read/Comprehend/Follow written instructions
- Transcription
  - Computer
  - Department Specific:
    - Time Management/Planning Skills / Critical thinking skills

### Manage stress appropriately:

- Make decisions under pressure
- Handle multiple priorities
- Work alone
- Work in areas that are confined and/or crowded
- Attention to detail

### HAZARDS:

- Exposure to toxic/caustic/chemicals/detergents-limited
- Exposure to extreme conditions, hot/cold
- Exposure to dust/fumes/gases
- Exposure to moving mechanical parts

- Exposure to potential electrical shock
- Exposure to x-ray/electromagnetic energy
- Exposure to high pitched noises
- Exposure to communicable diseases
- Exposure to blood and/or body fluids-limited
- Exposure to excessive sunlight, or work outdoors
- Unprotected heights
- CRT (computer) monitor
- Operating heavy equipment
- Other: See Education / Competency Grid

### PHYSICAL REQUIREMENTS:

(See following definitions)

- Sedentary work
- Light work
- Medium work
- Heavy work
- Very heavy work

*The minimum requirements of this position require the individual to:*

- Stand for 4 hours per day
- Sit for 1 hours per day
- Walk for 3 hours per day
- Perform repetitive tasks/motions
- Distinguish colors
- Hear alarms/telephone/tape recorder/normal speaking voice
- Have good manual dexterity
- Have good eye-hand-foot coordination
- Have clarity of vision
- Have good writing ability
- Be able to lift, push, pull 50 pounds

### DEFINITIONS:

**SEDENTARY WORK:** Prolonged periods of sitting and exert up to 10 lbs. force occasionally.

**LIGHT WORK:** Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.

**MEDIUM WORK:** Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.

**HEAVY WORK:** Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently, and/or 20 lbs. constantly.

**VERY HEAVY WORK:** Exert over 100 lbs. force occasionally, and/or over 50 lbs. frequently, and/or over 20 lbs. constantly.

### LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED WHEN IN AN AREA THAT THESE ITEMS ARE NEEDED:

- Mask
- Gloves
- Goggles
- Gown

### OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:

- Routine exposure
- Occasional exposure
- No exposure

### OCCUPATIONAL EXPOSURE TO TB:

- Routine exposure
- Potential exposure
- No exposure

### COMPRESSED GAS USAGE:

- Yes
- No



**EMPLOYEE NAME/SIGNATURE:** \_\_\_\_\_

**I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL**

DEPARTMENT	___ 90 EVALUATION ___ ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Operating Room	Date of Hire: _____ Review Date: _____	OR Materials Tech	Supervisor OR Materials

**POSITION SUMMARY:** Under the direction of the Supervisor OR Materials, the OR Materials Tech is responsible for assisting with, the ordering and receiving of (stock / non-stock / consignment/ convenience) supplies, equipment, storage, use of information systems related to inventory management, maintenance of supplies: out-dates, rotating stock, re-calls and supply management within the surgical services departments.

**LICENSE REQUIRED:** None

CURRENT? Y N

**CERTIFICATIONS:** None

CURRENT? Y N

**EMPLOYEE HEALTH:** CURRENT:

PPD

Immunizations

Fit Test

**POSITION (MINIMUM) REQUIREMENT CHECKLIST**

**EDUCATION:**

- Less than high school
- High school or GED
- Vocational/Technical
- 2 year/Associate Degree
- 4 year/Bachelor Degree
- Post Graduate Degree
- Knowledge of, Federal/CMS regulations and Joint Commission standards
- Knowledge of specialty equipment and tools: See Education / Competency Grid
- Other: National Certification recommended

**EXPERIENCE:**

- Min 1 year current in the intra-operative environment or related technical background

**SKILLS:**

- Organizational
- Verbal/Follow verbal instructions
- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- Grammar/Spelling
- Read/Comprehend/Follow written instructions
- Critical Thinking Skills
- Transcription
- Computer
- Department Specific:
- Management/Planning Skills

**Manage stress appropriately:**

- Make decisions under pressure
- Handle multiple priorities
- Work alone
- Work in areas that are confined and/or crowded
- Attention to detail

**HAZARDS:**

- Exposure to toxic/caustic/chemicals/detergents
- Exposure to extreme conditions, hot/cold
- Exposure to dust/fumes/gases
- Exposure to moving mechanical parts
- Exposure to potential electrical shock
- Exposure to x-ray/electromagnetic energy

- Exposure to high pitched noises
- Exposure to communicable diseases
- Exposure to blood and/or body fluids
- Exposure to excessive sunlight, or work outdoors
- Unprotected heights
- CRT (computer) monitor
- Operating heavy equipment
- Other: See Education Competency Grid

**PHYSICAL REQUIREMENTS:**

(See following definitions)

- Sedentary work
- Light work
- Medium work
- Heavy work
- Very heavy work

*The minimum requirements of this position require the individual to:*

- Stand for 2 hours per day
- Sit for 4 hours per day
- Walk for 2 hours per day
- Perform repetitive tasks/motions
- Distinguish colors
- Hear alarms/telephone/tape recorder/normal speaking voice
- Have good manual dexterity
- Have good eye-hand-foot coordination
- Have clarity of vision
- Have good writing ability
- Be able to lift, push, pull 50 pounds

**DEFINITIONS:**

**SEDENTARY WORK:** Prolonged periods of sitting and exert up to 10 lbs. force occasionally.

**LIGHT WORK:** Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.

**MEDIUM WORK:** Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.

**HEAVY WORK:** Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently, and/or 20 lbs. constantly.

**VERY HEAVY WORK:** Exert over 100 lbs. force occasionally, and/or over 50 lbs. frequently, and/or over 20 lbs. constantly.

**OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:**

- Routine exposure
- Occasional exposure
- Potential exposure
- No exposure

**OCCUPATIONAL EXPOSURE TO TB:**

- Routine exposure
- Potential exposure
- No exposure

**COMPRESSED GAS USAGE:**

- Yes
- No

**LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED if in areas where they are needed:**

- Mask
- Gloves
- Goggles
- Gown



**EMPLOYEE NAME/SIGNATURE:** \_\_\_\_\_

**I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL

DEPARTMENT	90 EVALUATION ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Operating Room	Date of Hire: _____ Review Date: _____	OR Materials Tech II	OR Materials Supervisor

**POSITION SUMMARY:** Under the direction of the Supervisor OR Materials, the OR Materials Tech II is responsible for assisting with, inventory control functions, and the ordering and receiving of (stock / non-stock / consignment/ convenience) supplies, equipment, storage, cost control, use of information systems related to inventory management and updates, maintenance of supplies: out-dates, rotating stock, re-calls and supply management within the surgical services departments.

**LICENSE REQUIRED:** None

CURRENT? Y N

**CERTIFICATIONS:** None

CURRENT? Y N

**EMPLOYEE HEALTH:** CURRENT:

PPD

Immunizations

Fit Test

### POSITION (MINIMUM) REQUIREMENT CHECKLIST

**EDUCATION:**

- Less than high school
- High school or GED
- Vocational/Technical
- 2 year/Associate Degree
- 4 year/Bachelor Degree
- Post Graduate Degree
- Knowledge of, Federal/CMS regulations and Joint Commission standards
- Knowledge of specialty equipment and tools: See Education / Competency Grid

Other:

**EXPERIENCE:**

- Min 2 years current OR Tech or similar related background

**SKILLS:**

- Organizational
- Verbal/Follow verbal instructions
- Interpersonal
- Customer Relations
- MathematicaAnalytical/ Grammar/Spelling
- Read/Comprehend/Follow written instructions
- Critical Thinking Skills
- Transcription
- Computer
- Department Specific:
- Management/Planning Skills

**Manage stress appropriately:**

- Make decisions under pressure
- Handle multiple priorities
- Work alone

- Work in areas that are confined and/or crowded
- Attention to detail

**HAZARDS:**

- Exposure to toxic/caustic/chemicals/detergents
- Exposure to extreme conditions, hot/cold
- Exposure to dust/fumes/gases
- Exposure to moving mechanical parts
- Exposure to potential electrical shock
- Exposure to x-ray/electromagnetic energy
- Exposure to high pitched noises
- Exposure to communicable diseases
- Exposure to blood and/or body fluids
- Exposure to excessive sunlight, or work

outdoors

- Unprotected heights
- CRT (computer) monitor
- Operating heavy equipment
- Other: See Education Competency Grid

**OCCUPATIONAL EXPOSURE TO TB:**

- Routine exposure
- Potential exposure
- No exposure

**PHYSICAL REQUIREMENTS:**

(See following definitions)

- Sedentary work
- Light work
- Medium work
- Heavy work
- Very heavy work

**COMPRESSED GAS USAGE:**

- Yes
- No

*The minimum requirements of this position require the individual to:*

- Stand for 2 hours per day
- Sit for 4 hours per day
- Walk for 2 hours per day
- Perform repetitive tasks/motions
- Distinguish colors
- Hear alarms/telephone/tape recorder/normal speaking voice
- Have good manual dexterity
- Have good eye-hand-foot coordination
- Have clarity of vision
- Have good writing ability
- Be able to lift, push, pull 100 pounds

**DEFINITIONS:**

**SEDENTARY WORK:** Prolonged periods of sitting and exert up to 10 lbs. force occasionally.

**LIGHT WORK:** Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.

**MEDIUM WORK:** Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.

**HEAVY WORK:** Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently, and/or 20 lbs. constantly.

**VERY HEAVY WORK:** Exert over 100 lbs. force occasionally, and/or over 50 lbs. frequently, and/or over 20 lbs. constantly.

**LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED if in areas where they are needed:**

- Mask
- Gloves
- Goggles
- Gown

**OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:**

- Routine exposure
- Occasional exposure
- Potential exposure



**EMPLOYEE NAME:** \_\_\_\_\_

**I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL**

DEPARTMENT	___ 90 EVALUATION ___ ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Operating Room	Date of Hire: _____ Review Date: _____	OR ANALYST BILLER- ABTRACTOR	Dir Perioperative Service

**POSITION SUMMARY:** -The OR Analyst Biller Abstractor position provides support to members of the Perioperative department. The OR Analyst Biller Abstractor performs clerical and interpersonal functions in compliance with hospital and departmental policies and procedures. And other support functions to the discretion of the OR Supervisor and or the Director of Perioperative Services.

- **Supports** the mission, vision statement, and goals of Alaska Regional Hospital. Supportive and knowledgeable regarding the policies and procedures of surgical services at Alaska Regional Hospital.
- **Responsible** for understanding and applying the complexities of the costing, charging, PAS and billing processes in relationship to the patient account for services rendered, equipment and supplies.
- **Ensures** accurate and timely review, verifying, billing and abstraction of Perioperative Services medical records. All records are to be completed in accordance with third party regulatory agents, Federal and State regulations and Alaska Regional Hospital policies and procedures.
- **Consistently demonstrates** strong critical thinking skills in the face of change, intervention, and crisis.
- **Collaborates** with other health care team member to render individualized comprehensive intra-operative nursing care meeting the patient's physical, psychological, spiritual, social, cultural and educational needs throughout the life span.
- **Participates actively** with clinical and supervisory support that reflects JCAHO and Hospital Performance Improvement Standards

**LICENSE REQUIRED: Registered Nurse – State of Alaska**

CURRENT? Y N

**CERTIFICATIONS:**

CURRENT? Y N

**EMPLOYEE HEALTH: CURRENT:**

PPD

Immunizations

Fit Test

<b>POPULATION(S) SERVED:</b>	
<p><b>Surgery/PACU: Population Served</b> Core competencies will be assessed primarily on the following patient population(s) served: Pre and intraoperative interventions, including but not limited to: Cardiovascular, orthopedic neuro, thoracic, GI, GU, GYN, , skeletal/ muscular conditions and diseases, etc.</p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> All Populations</li> <li><input checked="" type="checkbox"/> Patient with Communication Needs</li> <li><input checked="" type="checkbox"/> Patient at the End of Life</li> <li><input checked="" type="checkbox"/> Patient in Isolation</li> <li><input checked="" type="checkbox"/> Precautions</li> <li><input checked="" type="checkbox"/> Patient in Custody</li> </ul>

AGE OF PATIENTS SERVED:	
Performs age specific assessments for pre-op, intraop, Assesses age specific safety issues and implements appropriate safety devices pre-op, intra-op. Interprets patient data pre-op, intra-op.	<input checked="" type="checkbox"/> Infant (Newborn -1 year) <input checked="" type="checkbox"/> Child/Pediatric (1-12 years) <input checked="" type="checkbox"/> Adolescence (13-18 yrs) <input checked="" type="checkbox"/> Adult (19-65 yrs) <input checked="" type="checkbox"/> Geriatric (66 + yrs)

### POSITION (MINIMUM) REQUIREMENT CHECKLIST

**EDUCATION:**

- Less than high school
- High school or GED
- Vocational/Technical
- Min req: graduate of Accredited 2 year/Associate Degree Program-RN
- 4 year/Bachelor Degree
- Post Graduate Degree
- Knowledge of State of Alaska law, Nurse Practice Act, Federal/CMS regulations and Joint Commission standards
- Knowledge of specialty equipment and tools: See Education / Competency Grid
- Other: MS Office Suite recommended, OR Clinical Analyst Training recommended

**EXPERIENCE:**

- Min 1 years experience in a perioperative setting like the OR.

**SKILLS:**

- Organizational
- Verbal/Follow verbal instructions
- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- Grammar/Spelling
- Read/Comprehend/Follow written instructions
- Transcription
- Computer
- Department Specific: Microsoft Office recommended, HCA Clinical Analyst training Recommended.
- Management/Planning Skills

**Manage stress appropriately:**

- Make decisions under pressure
- Handle multiple priorities
- Work alone

- Work in areas that are confined and/or crowded
- Attention to detail

**HAZARDS:**

- Exposure to toxic/caustic/chemicals/detergents
- Exposure to extreme conditions, hot/cold
- Exposure to dust/fumes/gases
- Exposure to moving mechanical parts
- Exposure to potential electrical shock
- Exposure to x-ray/electromagnetic energy
- Exposure to high pitched noises
- Exposure to communicable diseases
- Exposure to blood and/or body fluids
- Exposure to excessive sunlight, or work outdoors
- Unprotected heights
- CRT (computer) monitor
- Operating heavy equipment
- Other: See Education / Competency Grid

**PHYSICAL REQUIREMENTS:**

(See following definitions)

- Sedentary work
- Light work
- Medium work
- Heavy work
- Very heavy work

*The minimum requirements of this position require the individual to:*

- Stand for 4 hours per day
- Sit for 4 hours per day
- Walk for 2 hours per day
- Perform repetitive tasks/motions
- Distinguish colors
- Hear alarms/telephone/tape recorder normal speaking voice
- Have good manual dexterity
- Have good eye-hand-foot coord

- Have clarity of vision
- Have good writing ability
- Be able to lift, push, and pull 50 pounds

**DEFINITIONS:**

**SEDENTARY WORK:** Prolonged periods of sitting and exert up to 10 lbs. force occasionally.

**LIGHT WORK:** Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.

**MEDIUM WORK:** Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.

**HEAVY WORK:** Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently, and/or 20 lbs. constantly.

**VERY HEAVY WORK:** Exert over 100 lbs. force occasionally, and/or over 50 lbs. frequently, and/or over 20 lbs. constantly.

**LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED WHEN IN AN AREA THAT THESE ITEMS ARE NEEDED:**

- Mask
- Gloves
- Goggles
- Gown

**OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:**

- Routine exposure
- Occasional exposure
- No exposure

**OCCUPATIONAL EXPOSURE TO TB:**

- Routine exposure
- Potential exposure
- No exposure

**COMPRESSED GAS USAGE:**

- Yes
- No



**EMPLOYEE NAME:** \_\_\_\_\_

**I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL**

<b>DEPARTMENT</b>	<b>___ 90 EVALUATION ___ ANNUAL EVALUATION</b>	<b>POSITION TITLE</b>	<b>SUPERVISOR TITLE</b>
<b>704 PACU</b>	<b>Date of Hire: _____ Review Date: _____</b>	<b>MANAGER-PACU, ENDO, PRE-OP AND PAT</b>	<b>OR DIRECTOR</b>

**POSITION SUMMARY:**

The Pre-op , Endo, PACU manager manages and coordinates the peri-operative clinical and other pre-op, pacu activities in order to provide quality patient care. Uses the Ethics Committee to address ethical issues in patient care.

The Pre-op , Endo, PACU manager is a registered professional nurse who is responsible for the supervision and administration of the pre-op and post op patient flow on days, evenings, nights, and weekends, working in cooperation with the Nursing Management Staff.

- Demonstrates an awareness of hospital and departmental practices that reflect JCAHO and Quality Improvement standards and performs all work at a level to meet these standards.
- Responsible for assessing on a daily basis the overall qualities of pre and post-operative nursing care being provided including appropriate written documentation of all activities.
- Manages -pre and post operative patient care and assigns peri-operative nursing care functions based upon the nursing process and in compliance with the hospital and Nursing Department Standards of Practice and Standards of Care.
- Responsible to see that patient care services are provided for patients from newborn to geriatric with appropriately trained staff and manages all resources including the services of the anesthesia providers, physician private scrub, ANP, PAs, outside vendors and product representatives, visitors and observers.
- Responsible for staffing the Pre-op, PACU, and Endo areas and, taking into account staffing guidelines, skill mix, and patient acuity.
- Additional responsibilities include participation in performance evaluations of personnel, motivating, teaching and assisting nurses and staff members in providing intra-operative nursing care.
- Actively assists the Nursing Directors in daily planning related to problem solving, departmental improvements and budgeting.
- Supervises the obtaining of needed supplies and equipment from departments that are closed.

**LICENSE REQUIRED: Registered Nurse – State of Alaska**

CURRENT? Y N

**CERTIFICATIONS: BLS, Required; ACLS ,PALS Required**

CURRENT? Y N

**EMPLOYEE HEALTH: CURRENT:**

PPD

Immunizations

Fit Test

<b>POPULATION(S) SERVED:</b>	
<b>PACU, Endo, Pre Op, PAT: Population Served</b>	

Core competencies will be assessed primarily on the following patient population(s) served: Pre and Post Operative interventions, including but not limited to: Cardiovascular, neuro, thoracic, GI, GU, GYN, orthopedic, skeletal/ muscular conditions and diseases, etc.	<input checked="" type="checkbox"/> All Populations <input checked="" type="checkbox"/> Patient with Communication Needs <input checked="" type="checkbox"/> Patient at the End of Life <input checked="" type="checkbox"/> Patient in Isolation <input checked="" type="checkbox"/> Precautions <input checked="" type="checkbox"/> Patient in Custody
<b>AGE OF PATIENTS SERVED:</b>	
<b>Skills: Nursing: RN -</b> ! Performs age specific assessments for pre-op, intra-op, and post-op procedures ! Assesses age specific safety issues and implements appropriate safety devices pre-op, intra-op, and post-op procedures ! Interprets patient data pre-op, intra-op, and post-op procedures.	<input checked="" type="checkbox"/> Infant (Newborn -1 year) <input checked="" type="checkbox"/> Child/Pediatric (1-12 years) <input checked="" type="checkbox"/> Adolescence (13-18 yrs) <input checked="" type="checkbox"/> Adult (19-65 yrs) <input checked="" type="checkbox"/> Geriatric (66 + yrs)

### POSITION (MINIMUM) REQUIREMENT CHECKLIST

**EDUCATION:**

- Less than high school
- High school or GED
- Vocational/Technical
- X Min req: graduate of Accredited 2 year/Associate Degree Program-RN
  - 4 year/Bachelor Degree
  - Post Graduate Degree
- x Knowledge of State of Alaska law, Nurse Practice Act, Federal/CMS regulations and Joint Commission standards
- x Knowledge of specialty equipment and tools: See Education / Competency Grid
- x Other: Current BLS, ACLS, PALS
- X Other: ASPAN-Recommended

**EXPERIENCE:**

- X Min 3 years experience in an perioperative setting like, endo, pacu, pre-op
- X Current Alaska RN license
- 
- 
- 

**SKILLS:**

- X Organizational
- X Verbal/Follow verbal instructions
- X Interpersonal
- X Customer Relations
- X Mathematical
- X Analytical
- X CRITICAL THINKING SKILLS

- X Grammar/Spelling
- X Read/Comprehend/Follow written instructions
  - Transcription
  - X Computer
  - X Department Specific:
  - X Management/Planning Skills
  - X Minimum score of 80 on Nursing medication test

**Manage stress appropriately:**

- X Make decisions under pressure
- X Handle multiple priorities
- X Work alone
- X Work in areas that are confined and/or crowded
- X Attention to detail

**HAZARDS:**

- X Exposure to toxic/caustic/chemicals/detergents
- Exposure to extreme conditions, hot/cold
- X Exposure to dust/fumes/gases
- X Exposure to moving mechanical parts
- X Exposure to potential electrical shock
- X Exposure to x-ray/electromagnetic energy
- X Exposure to high pitched noises
- X Exposure to communicable diseases
- X Exposure to blood and/or body fluids
- Exposure to excessive sunlight, or work outdoors
- Unprotected heights
- X CRT (computer) monitor
- X Operating heavy equipment
- X Other: See Education / Competency Grid

**PHYSICAL REQUIREMENTS:**

(See following definitions)

- Sedentary work
- Light work
- Medium work
- X Heavy work
- Very heavy work

*The minimum requirements of this position require the individual to:*

- X Stand for 4 hours per day
- X Sit for 2 hours per day
- X Walk for 2 hours per day
- X Perform repetitive tasks/motions
- X Distinguish colors
- X Hear alarms/telephone/tape recorder/normal speaking voice
- X Have good manual dexterity
- X Have good eye-hand-foot coordination
- X Have clarity of vision
- X Have good writing ability
- X Be able to lift, push, pull 50 pounds

**DEFINITIONS:**

**SEDENTARY WORK:** Prolonged periods of sitting and exert up to 10 lbs. force occasionally.  
**LIGHT WORK:** Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.  
**MEDIUM WORK:** Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.  
**HEAVY WORK:** Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently,

and/or 20 lbs. constantly.

*VERY HEAVY WORK:* Exert over 100 lbs.  
force occasionally, and/or over 50 lbs.  
frequently, and/or over 20 lbs. constantly.

**LIST PERSONAL PROTECTIVE  
EQUIPMENT REQUIRED:**

1. Mask
2. Gloves
3. Goggles
4. Gown

**OCCUPATIONAL EXPOSURE TO  
BLOODBORNE PATHOGENS:**

- Routine exposure  
 Occasional exposure  
 No exposure

**OCCUPATIONAL EXPOSURE  
TO TB:**

- Routine exposure  
 Potential exposure  
 No exposure

**COMPRESSED GAS USAGE:**

- Yes  
 No



**EMPLOYEE NAME:** \_\_\_\_\_

**I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL**

DEPARTMENT	90 EVALUATION ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Operating Room	Date of Hire: _____ Review Date: _____	OR Tech	Supv Nursing

**POSITION SUMMARY:** -The Operating Room Staff OR-Tech renders individualized patient care, using basic intra-operative surgical technology including but not limited to: computers, electricity, physics, robotics, surgical technique and a wide variety of surgical instrumentation to meet the patient's intra-operative needs from newborn to elderly.  
-The Operating Room Staff OR-Tech renders individualized patient care, using basic intra-operative surgical technology in accordance with hospital policy and procedure

**LICENSE REQUIRED:** None

CURRENT? Y N

**CERTIFICATIONS:** BLS Required

CURRENT? Y N

**EMPLOYEE HEALTH:** CURRENT:

PPD

Immunizations

Fit Test

<b>POPULATION(S) SERVED:</b>	
<p><b>Surgery: Population Served</b> Core competencies will be assessed primarily on the following patient population(s) served: Pre and intraoperative interventions, including but not limited to: vascular, neuro, thoracic, GI, GU, GYN, orthopedic, skeletal/muscular conditions and diseases, etc.</p>	<input checked="" type="checkbox"/> All Populations <input checked="" type="checkbox"/> Patient with Communication Needs <input checked="" type="checkbox"/> Patient at the End of Life <input checked="" type="checkbox"/> Patient in Isolation <input checked="" type="checkbox"/> Precautions <input checked="" type="checkbox"/> Patient in Custody
<b>AGE OF PATIENTS SERVED:</b>	
<p><b>Skills:</b> Performs age specific safety measures and selects and implements appropriate safety devices intra-op.</p>	<input checked="" type="checkbox"/> Infant (Newborn -1 year) <input checked="" type="checkbox"/> Child/Pediatric (1-12 years) <input checked="" type="checkbox"/> Adolescence (13-18 yrs) <input checked="" type="checkbox"/> Adult (19-65 yrs) <input checked="" type="checkbox"/> Geriatric (66 + yrs)

## POSITION (MINIMUM) REQUIREMENT CHECKLIST

### EDUCATION:

- Less than high school
- High school or GED
- Vocational/Technical
- 4 year/Bachelor Degree
- Post Graduate Degree
- Knowledge of Federal/CMS regulations and Joint Commission standards
- Knowledge of specialty equipment and tools: See Education / Competency Grid
- Other:

### EXPERIENCE:

- 1 year current in an intra-operative setting as OR Scrub Tech

### SKILLS:

- Organizational
- Verbal/Follow verbal instructions
- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- Grammar/Spelling
- Read/Comprehend/Follow written instructions
- Transcription
- Computer
- Department Specific:
- Time Management/Planning Skills / Critical thinking skills

### Manage stress appropriately:

- Make decisions under pressure
- Handle multiple priorities
- Work alone
- Work in areas that are confined and/or crowded
- Attention to detail

### HAZARDS:

- Exposure to toxic/caustic/chemicals/detergents-limited
- Exposure to extreme conditions, Hot/cold
- Exposure to dust/fumes/gases
- Exposure to moving mechanical parts
- Exposure to potential electrical shock
- Exposure to x-ray/electromagnetic energy

- Exposure to high pitched noises
- Exposure to communicable diseases
- Exposure to blood and/or body fluids-limited
- Exposure to excessive sunlight, or work outdoors
- Unprotected heights
- CRT (computer) monitor
- Operating heavy equipment
- Other: See Education / Comp Grid

### PHYSICAL REQUIREMENTS:

(See following definitions)

- Sedentary work
- Light work
- Medium work
- Heavy work
- Very heavy work

*The minimum requirements of this position require the individual to:*

- Stand for 6 hours per day
- Sit for 4 hours per day
- Walk for 2 hours per day
- Perform repetitive tasks/motions
- Distinguish colors
- Hear alarms/telephone/tape recorder/normal speaking voice
- Have good manual dexterity
- Have good eye-hand-foot coordination
- Have clarity of vision
- Have good writing ability
- Be able to lift, push, pull 50 pounds

### LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED WHEN IN AN AREA THAT THESE ITEMS ARE NEEDED:

- Mask
- Gloves
- Goggles
- Gown

### OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:

- Routine exposure
- Occasional exposure
- No exposure

### OCCUPATIONAL EXPOSURE TO TB:

- Routine exposure
- Potential exposure
- No exposure

### COMPRESSED GAS USAGE:

- Yes
- No

### DEFINITIONS:

**SEDENTARY WORK:** Prolonged periods of sitting and exert up to 10 lbs. force occasionally.

**LIGHT WORK:** Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.

**MEDIUM WORK:** Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.

**HEAVY WORK:** Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently, and/or 20 lbs. constantly.

**VERY HEAVY WORK:** Exert over 100 lbs. force occasionally, and/or over 50 lbs. frequently, and/or over 20 lbs. constantly.



EMPLOYEE NAME: \_\_\_\_\_

I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL**

DEPARTMENT	___ 90 EVALUATION ___ ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Operating Room	Date of Hire: _____ Review Date: _____	CVOR Clinical Supervisor	Director Perioperative Service

**POSITION SUMMARY:**

The OR Nursing Supervisor manages and coordinates the intra-operative clinical and other OR activities in order to provide quality patient care. Uses the Ethics Committee to address ethical issues in patient care.

- The OR Nursing Supervisor-Open Hearts is a registered professional nurse who is responsible for the supervision and administration of the OR-Open Heart Service Line on days, evenings, nights, and weekends, working in cooperation with the Perioperative Management Staff and at the direction of the Director of Perioperative Services.
- Demonstrates an awareness of hospital and departmental practices that reflect JCAHO and Quality Improvement standards and performs all work at a level to meet these standards.
- Responsible for assessing on a daily basis the overall qualities of open heart intra-operative nursing care being provided including appropriate written documentation of all activities.
- Supervises open heart intra-operative patient care and assigns intra-operative nursing care functions based upon the nursing process and in compliance with the hospital and Nursing Department Standards of Practice and Standards of Care.
- Responsible to see that open heart patient care services are provided for patients from newborn to geriatric with appropriately trained staff and manages all resources including the services of the heart service line anesthesia providers, physician private scrub, ANP, PAs, outside vendors and product representatives, visitors and observers.
- Responsible for staffing the open heart operating rooms, taking into account staffing guidelines, skill mix, and patient acuity.
- Additional responsibilities include participation in performance evaluations of personnel, motivating, teaching and assisting nurses and staff members in providing intra-operative open heart nursing care.
- Actively assists the Director of Perioperative Services in daily planning related to problem solving, departmental improvements and budgeting.
- Supervises the obtaining of needed open heart supplies and equipment from departments that are closed.

**LICENSE REQUIRED: Registered Nurse – State of Alaska**

CURRENT? Y N

**CERTIFICATIONS: BLS Required, ACLS Required**

CURRENT? Y N

**EMPLOYEE HEALTH: CURRENT:**

PPD

Immunizations

Fit Test

<b>POPULATION(S) SERVED:</b>	
<p><b>Surgery/PACU: Population Served</b> Core competencies will be assessed primarily on the following patient population(s) served: Pre and intraoperative interventions, including but not limited to: Cardiovascular, orthopedic neuro, thoracic, GI, GU, GYN, , skeletal/ muscular conditions and diseases, etc.</p>	<input checked="" type="checkbox"/> All Populations <input checked="" type="checkbox"/> Patient with Communication Needs <input checked="" type="checkbox"/> Patient at the End of Life <input checked="" type="checkbox"/> Patient in Isolation <input checked="" type="checkbox"/> Precautions <input checked="" type="checkbox"/> Patient in Custody

AGE OF PATIENTS SERVED:	
Performs age specific assessments for pre-op, intraop., Assesses age specific safety issues and implements appropriate safety devices pre-op, intra-op. Interprets patient data pre-op, intra-op.	<input checked="" type="checkbox"/> Infant (Newborn -1 year) <input checked="" type="checkbox"/> Child/Pediatric (1-12 years) <input checked="" type="checkbox"/> Adolescence (13-18 yrs) <input checked="" type="checkbox"/> Adult (19-65 yrs) <input checked="" type="checkbox"/> Geriatric (66 + yrs)

### POSITION (MINIMUM) REQUIREMENT CHECKLIST

#### EDUCATION:

- Less than high school
- High school or GED
- Vocational/Technical
- Min req: graduate of Accredited 2 year/Associate Degree Program-RN
- 4 year/Bachelor Degree
- Post Graduate Degree
- Knowledge of State of Alaska law, Nurse Practice Act, Federal/CMS regulations and Joint Commission standards
- Knowledge of specialty equipment and tools: See Education / Competency Grid
- Other: Current BLS, ACLS

#### EXPERIENCE:

- Min 3 years experience in an intra-operative setting.
- Current Alaska RN license

#### SKILLS:

- Organizational
- Verbal/Follow verbal instructions
- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- CRITICAL THINKING SKILLS
- Grammar/Spelling
- Read/Comprehend/Follow written instructions
- Transcription
- Computer
- Department Specific:
- Management/Planning Skills
- Minimum score of 80 on Nursing medication test

#### Manage stress appropriately:

- Make decisions under pressure
- Handle multiple priorities

- Work alone
- Work in areas that are confined and/or crowded
- Attention to detail

#### HAZARDS:

- Exposure to toxic/caustic/chemicals/detergents
- Exposure to extreme conditions, hot/cold
- Exposure to dust/fumes/gases
- Exposure to moving mechanical parts
- Exposure to potential electrical shock
- Exposure to x-ray/electromagnetic energy
- Exposure to high pitched noises
- Exposure to communicable diseases
- Exposure to blood and/or body fluids
- Exposure to excessive sunlight, or work outdoors
- Unprotected heights
- CRT (computer) monitor
- Operating heavy equipment
- Other: See Education / Competency Grid

#### PHYSICAL REQUIREMENTS:

(See following definitions)

- Sedentary work
- Light work
- Medium work
- Heavy work
- Very heavy work

*The minimum requirements of this position require the individual to:*

- Stand for 4 hours per day
- Sit for 2 hours per day
- Walk for 2 hours per day
- Perform repetitive tasks/motions
- Distinguish colors
- Hear alarms/telephone/tape recorder/normal speaking voice
- Have good manual dexterity
- Have good eye-hand-foot coordination
- Have clarity of vision

- Have good writing ability
- Be able to lift, push, pull 50 pounds

#### DEFINITIONS:

**SEDENTARY WORK:** Prolonged periods of sitting and exert up to 10 lbs. force occasionally.

**LIGHT WORK:** Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.

**MEDIUM WORK:** Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.

**HEAVY WORK:** Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently, and/or 20 lbs. constantly.

**VERY HEAVY WORK:** Exert over 100 lbs. force occasionally, and/or over 50 lbs. frequently, and/or over 20 lbs. constantly.

#### LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED:

- Mask
- Gloves
- Goggles
- Gown

#### OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:

- Routine exposure
- Occasional exposure
- No exposure

#### OCCUPATIONAL EXPOSURE TO TB:

- Routine exposure
- Potential exposure
- No exposure

#### COMPRESSED GAS USAGE:

- Yes
- No



**EMPLOYEE NAME/SIGNATURE:** \_\_\_\_\_

**I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL**

<b>DEPARTMENT</b>	<b>___ 90 EVALUATION ___ ANNUAL EVALUATION</b>	<b>POSITION TITLE</b>	<b>SUPERVISOR TITLE</b>
<b>Operating Room</b>	<b>Date of Hire: _____ Review Date: _____</b>	<b>Supv OR Materials</b>	<b>Dir Perioperative Service</b>

**POSITION SUMMARY:** Under the direction of the Director of Perioperative Services, the Supervisor OR Materials is responsible for supervising OR-materials staff , making staff assignments and assisting in preparing evaluations, inventory control functions, and the ordering and receiving of (stock / non-stock / consignment/ convenience) supplies, equipment, storage, cost control, use of information systems related to inventory management and updates, maintenance of supplies: out-dates, rotating stock, re-calls and supply management within the surgical services departments.

**LICENSE REQUIRED:** None

CURRENT? Y N

**CERTIFICATIONS:** None

CURRENT? Y N

**EMPLOYEE HEALTH:** CURRENT:

PPD

Immunizations

Fit Test

**POSITION (MINIMUM) REQUIREMENT CHECKLIST**

**EDUCATION:**

- Less than high school
- High school or GED
- Vocational/Technical
- 2 year/Associate Degree
- 4 year/Bachelor Degree
- Post Graduate Degree
- Knowledge of, Federal/CMS regulations and Joint Commission standards
- Knowledge of specialty equipment and tools: See Education / Competency Grid
- Other: National Certification recommended

**EXPERIENCE:**

- Min 2 years current OR Tech or OR RN

**SKILLS:**

- Organizational
- Verbal/Follow verbal instructions
- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- Grammar/Spelling
- Read/Comprehend/Follow written instructions
- Critical Thinking Skills
- Transcription
- Computer
- Department Specific:
- Management/Planning Skills

**Manage stress appropriately:**

- Make decisions under pressure
- Handle multiple priorities
- Work alone
- Work in areas that are confined and/or crowded
- Attention to detail

**HAZARDS:**

- Exposure to toxic/caustic/chemicals/detergents
- Exposure to extreme conditions, hot/cold
- Exposure to dust/fumes/gases
- Exposure to moving mechanical parts
- Exposure to potential electrical shock
- Exposure to x-ray/electromagnetic energy
- Exposure to high pitched noises

- Exposure to communicable diseases
- Exposure to blood and/or body fluids
- Exposure to excessive sunlight, or work outdoors
- Unprotected heights
- CRT (computer) monitor
- Operating heavy equipment
- Other: See Education Competency Grid

**PHYSICAL REQUIREMENTS:**

(See following definitions)

- Sedentary work
- Light work
- Medium work
- Heavy work
- Very heavy work

*The minimum requirements of this position require the individual to:*

- Stand for 2 hours per day
- Sit for 4 hours per day
- Walk for 2 hours per day
- Perform repetitive tasks/motions
- Distinguish colors
- Hear alarms/telephone/tape recorder/normal speaking voice
- Have good manual dexterity
- Have good eye-hand-foot coordination
- Have clarity of vision
- Have good writing ability
- Be able to lift, push, pull 100 pounds

**DEFINITIONS:**

**SEDENTARY WORK:** Prolonged periods of sitting and exert up to 10 lbs. force occasionally.

**LIGHT WORK:** Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.

**MEDIUM WORK:** Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.

**HEAVY WORK:** Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently, and/or 20 lbs. constantly.

**VERY HEAVY WORK:** Exert over 100 lbs. force occasionally, and/or over 50 lbs. frequently, and/or over 20 lbs. constantly.

**OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:**

- Routine exposure
- Occasional exposure
- Potential exposure
- No exposure

**OCCUPATIONAL EXPOSURE TO TB:**

- Routine exposure
- Potential exposure
- No exposure

**COMPRESSED GAS USAGE:**

- Yes
- No

**LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED if in areas where they are needed:**

- Mask
- Gloves
- Goggles
- Gown



**EMPLOYEE NAME:** \_\_\_\_\_

**I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL**

DEPARTMENT	___ 90 EVALUATION ___ ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Operating Room	Date of Hire: _____ Review Date: _____	ADMIN ASSIST	Dir Perioperative Service

**POSITION SUMMARY:** -The Operating Room Administrative Assistant to the Perioperative Nursing Director position provides support to members of the Perioperative department ( OR ) in the completion of managerial duties. The Assistant provides secretarial support at the OR desk and OR Board as well as in the completion of formal reports, correspondence, statistical reports and other support functions to the discretion of the OR Supervisor and or the Director of Perioperative Services.

- **Supports** the mission, vision statement, and goals of Alaska Regional Hospital. Supportive and knowledgeable regarding the policies and procedures of nursing services at Alaska Regional Hospital.
- **Consistently demonstrates** leadership in the clinical environment, demonstrating strong critical thinking skills in the face of change, intervention, and crisis.
- **Collaborates** with other health care team member to render individualized comprehensive intra-operative nursing care meeting the patient's physical, psychological, spiritual, social, cultural and educational needs throughout the life span.
- **Participates actively** with clinical and supervisory support that reflects JCAHO and Hospital Performance Improvement Standards

**LICENSE REQUIRED:** None

CURRENT? Y N

**CERTIFICATIONS:** BLS, Recommended

CURRENT? Y N

**EMPLOYEE HEALTH:** CURRENT:

PPD

Immunizations

Fit Test

<b>POPULATION(S) SERVED:</b>	
<b>Surgery: Population Served</b> Core competencies will be assessed primarily on the following patient population(s) served: Pre and intraoperative interventions, including but not limited to: vascular, neuro, thoracic, GI, GU, GYN, orthopedic, skeletal/muscular conditions and diseases, etc.	<input checked="" type="checkbox"/> All Populations <input checked="" type="checkbox"/> Patient with Communication Needs <input checked="" type="checkbox"/> Patient at the End of Life <input checked="" type="checkbox"/> Patient in Isolation <input checked="" type="checkbox"/> Precautions <input checked="" type="checkbox"/> Patient in Custody
<b>AGE OF PATIENTS SERVED:</b>	

## POSITION (MINIMUM) REQUIREMENT CHECKLIST

### EDUCATION:

- Less than high school
- High school or GED
- Vocational/Technical
- 4 year/Bachelor Degree
- Post Graduate Degree
- Knowledge of Federal/CMS regulations and Joint Commission standards
- Knowledge of specialty equipment and tools: See Education / Competency Grid
- Other:

### EXPERIENCE:

- Prefer at least 1 year experience in a related healthcare setting.

### SKILLS:

- Organizational
- Verbal/Follow verbal instructions
- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- Grammar/Spelling
- Read/Comprehend/Follow written instructions
- Transcription
- Computer
- Department Specific: Microsoft Office recommended, strong keyboard skills, min 45 wpm typing.
- Time Management/Planning Skills / Critical thinking skills

- Exposure to x-ray/electromagnetic energy
- Exposure to high pitched noises
- Exposure to communicable diseases
- Exposure to blood and/or body fluids-limited
- Exposure to excessive sunlight, or work outdoors
- Unprotected heights
- CRT (computer) monitor
- Operating heavy equipment
- Other: See Education / Competency Grid

### PHYSICAL REQUIREMENTS:

(See following definitions)

- Sedentary work
- Light work
- Medium work
- Heavy work
- Very heavy work

*The minimum requirements of this position require the individual to:*

- Stand for 2 hours per day
- Sit for 4 hours per day
- Walk for 2 hours per day
- Perform repetitive tasks/motions
- Distinguish colors
- Hear alarms/telephone/tape recorder/normal speaking voice
- Have good manual dexterity
- Have good eye-hand-foot coordination
- Have clarity of vision
- Have good writing ability
- Be able to lift, push, pull 50 pounds

and/or 20 lbs. constantly.  
**VERY HEAVY WORK:** Exert over 100 lbs. force occasionally, and/or over 50 lbs. frequently, and/or over 20 lbs. constantly.

### LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED WHEN IN AN AREA THAT THESE ITEMS ARE NEEDED:

- Mask
- Gloves
- Goggles
- Gown

### OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:

- Routine exposure
- Occasional exposure
- No exposure

### OCCUPATIONAL EXPOSURE TO TB:

- Routine exposure
- Potential exposure
- No exposure

### COMPRESSED GAS USAGE:

- Yes
- No

### Manage stress appropriately:

- Make decisions under pressure
- Handle multiple priorities
- Work alone
- Work in areas that are confined and/or crowded
- Attention to detail

### HAZARDS:

- Exposure to toxic/caustic/chemicals/detergents-limited
- Exposure to extreme conditions, hot/cold
- Exposure to dust/fumes/gases
- Exposure to moving mechanical parts
- Exposure to potential electrical shock

### DEFINITIONS:

**SEDENTARY WORK:** Prolonged periods of sitting and exert up to 10 lbs. force occasionally.

**LIGHT WORK:** Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.

**MEDIUM WORK:** Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.

**HEAVY WORK:** Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently,



EMPLOYEE NAME: \_\_\_\_\_

I have reviewed these job requirements and verify that I am able to perform the minimum requirements and essential functions of this position.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**POSITION DESCRIPTION/CORE COMPETENCIES/PERFORMANCE APPRAISAL**

DEPARTMENT	___ 90 EVALUATION ___ ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Operating Room	Date of Hire: _____ Review Date: _____	Communication Spec	Supv Nursing

**POSITION SUMMARY:** -The OR Communications Specialist / Scheduler position provides support to members of the Perioperative department. The communications specialist performs clerical and interpersonal functions in compliance with hospital and departmental policies and procedures. And other support functions to the discretion of the OR Supervisor and or the Director of Perioperative Services.

- **Supports** the mission, vision statement, and goals of Alaska Regional Hospital. Supportive and knowledgeable regarding the policies and procedures of surgical services at Alaska Regional Hospital.
- **Consistently demonstrates** strong critical thinking skills in the face of change, intervention, and crisis.
- **Collaborates** with other health care team member to render individualized comprehensive intra-operative nursing care meeting the patient's physical, psychological, spiritual, social, cultural and educational needs throughout the life span.
- **Participates actively** with clinical and supervisory support that reflects JCAHO and Hospital Performance Improvement Standards

**LICENSE REQUIRED:** None

CURRENT? Y N

**CERTIFICATIONS:** BLS recommended

CURRENT? Y N

**EMPLOYEE HEALTH:** CURRENT:

PPD

Immunizations

Fit Test

<b>POPULATION(S) SERVED:</b>	
<p><b>Surgery: Population Served</b> Core competencies will be assessed primarily on the following patient population(s) served: Pre and intraoperative interventions, including but not limited to: vascular, neuro, thoracic, GI, GU, GYN, orthopedic, skeletal/muscular conditions and diseases, etc.</p>	<input checked="" type="checkbox"/> All Populations <input checked="" type="checkbox"/> Patient with Communication Needs <input checked="" type="checkbox"/> Patient at the End of Life <input checked="" type="checkbox"/> Patient in Isolation <input checked="" type="checkbox"/> Precautions <input checked="" type="checkbox"/> Patient in Custody
<b>AGE OF PATIENTS SERVED:</b>	
<p><b>Skills:</b> Demonstrates communication skills appropriate to ages</p>	<input checked="" type="checkbox"/> Infant (Newborn -1 year) <input checked="" type="checkbox"/> Child/Pediatric (1-12 years) <input checked="" type="checkbox"/> Adolescence (13-18 yrs) <input checked="" type="checkbox"/> Adult (19-65 yrs) <input checked="" type="checkbox"/> Geriatric (66 + yrs)

## POSITION (MINIMUM) REQUIREMENT CHECKLIST

### EDUCATION:

- Less than high school
- High school or GED
- Vocational/Technical
- 4 year/Bachelor Degree
- Post Graduate Degree
- Knowledge of Federal/CMS regulations and Joint Commission standards
- Knowledge of specialty equipment and tools: See Education / Competency Grid
- Other

### EXPERIENCE:

- Prefer at least 1 year experience in a related healthcare setting.

### SKILLS:

- Organizational
- Verbal/Follow verbal instructions
- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- Grammar/Spelling
- Read/Comprehend/Follow written instructions
- Transcription
- Computer
- Department Specific: Microsoft Office recommended, strong keyboard skills, min 45 wpm typing.
- Time Management/Planning Skills / Critical thinking skills

### Manage stress appropriately:

- Make decisions under pressure
- Handle multiple priorities
- Work alone
- Work in areas that are confined and/or crowded
- Attention to detail

### HAZARDS:

- Exposure to toxic/caustic/chemicals/detergents-limited
- Exposure to extreme conditions, hot/cold
- Exposure to dust/fumes/gases
- Exposure to moving mechanical parts
- Exposure to potential electrical shock

- Exposure to x-ray/electromagnetic energy
- Exposure to high pitched noises
- Exposure to communicable diseases
- Exposure to blood and/or body fluids-limited
- Exposure to excessive sunlight, or work outdoors
- Unprotected heights
- CRT (computer) monitor
- Operating heavy equipment
- Other: See Education / Competency Grid

### PHYSICAL REQUIREMENTS:

(See following definitions)

- Sedentary work
- Light work
- Medium work
- Heavy work
- Very heavy work

*The minimum requirements of this position require the individual to:*

- Stand for 2 hours per day
- Sit for 4 hours per day
- Walk for 2 hours per day
- Perform repetitive tasks/motions
- Distinguish colors
- Hear alarms/telephone/tape recorder/normal speaking voice
- Have good manual dexterity
- Have good eye-hand-foot coordination
- Have clarity of vision
- Have good writing ability
- Be able to lift, push, pull 20 pounds

### DEFINITIONS:

**SEDENTARY WORK:** Prolonged periods of sitting and exert up to 10 lbs. force occasionally.

**LIGHT WORK:** Exert up to 20 lbs. force occasionally, and/or up to 10 lbs. frequently.

**MEDIUM WORK:** Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.

**HEAVY WORK:** Exert up to 100 lbs. force occasionally, and/or 50 lbs. frequently, and/or 20 lbs. constantly.

**VERY HEAVY WORK:** Exert over 100 lbs. force occasionally, and/or over 50 lbs. frequently, and/or over 20 lbs. constantly.

### LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED WHEN IN AN AREA THAT THESE ITEMS ARE NEEDED:

- Mask
- Gloves
- Goggles
- Gown

### OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:

- Routine exposure
- Occasional exposure
- No exposure

### OCCUPATIONAL EXPOSURE TO TB:

- Routine exposure
- Potential exposure
- No exposure

### COMPRESSED GAS USAGE:

- Yes
- No

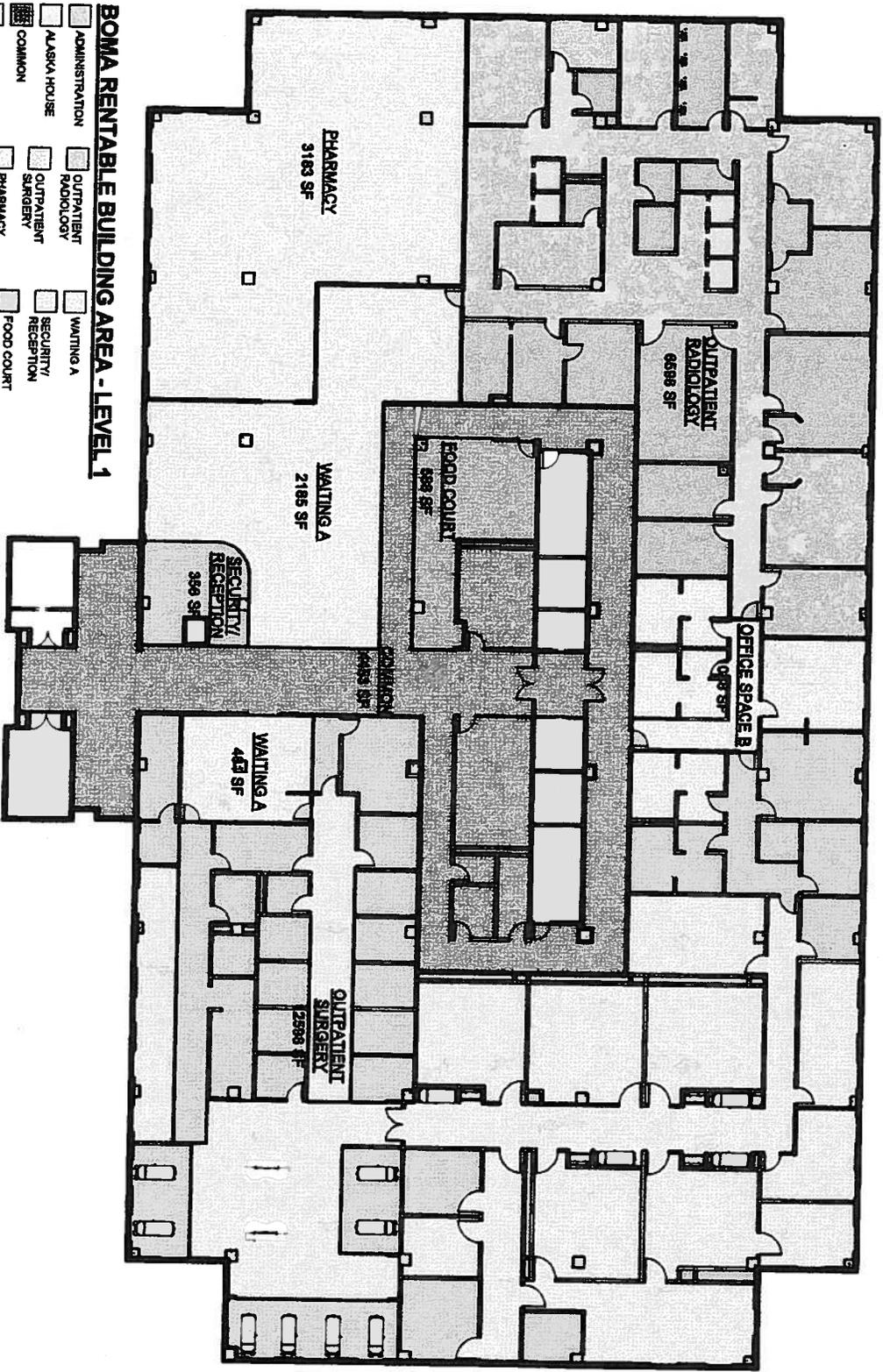
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**Appendix F - Project Floor Schematic**

**BOMA RENTABLE BUILDING AREA - LEVEL 1**

- ADMINISTRATION
- ALASKA HOUSE
- COMMON
- OFFICE SPACE B
- OFFICE SPACE D
- OUTPATIENT RADIOLOGY
- OUTPATIENT SURGERY
- PHARMACY
- TENANT

- WAITING A
- SECURITY/RECEPTION
- FOOD COURT



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**Appendix G - Alaska Certificate of Need Review Standards and Methodologies: General  
Surgery Services Steps 1-3**



Step 1

GSUR - General Surgery Use Rate per 1000 persons

C=PXGSUR

	ARH	PROV	ASC	ASI	AKWomen	AK Endosc	Geneva Wo	AK Spine C	AK Native	TOTAL
2000	0.0286	0.0441	0.0142	0.0000	0.0029	0.0086	0.0050	0.0000	0.0249	0.1283
2001	0.0363	0.0455	0.0134	0.0000	0.0053	0.0111	0.0052	0.0012	0.0273	0.1454
2002	0.0276	0.0476	0.0150	0.0000	0.0048	0.0112	0.0062	0.0091	0.0294	0.1509
2003	0.0252	0.0481	0.0166	0.0000	0.0041	0.0098	0.0062	0.0103	0.0308	0.1512
2004	0.0248	0.0491	0.0186	0.0042	0.0035	0.0096	0.0061	0.0067	0.0328	0.1553
2005	0.0265	0.0453	0.0195	0.0086	0.0033	0.0104	0.0051	0.0039	0.0326	0.1554
2006	0.0239	0.0454	0.0207	0.0085	0.0030	0.0096	0.0062	0.0034	0.0326	0.1533
2007	0.0261	0.0455	0.0197	0.0081	0.0028	0.0092	0.0064	0.0040	0.0336	0.1555
2008	0.0275	0.0441	0.0212	0.0095	0.0023	0.0093	0.0068	0.0042	0.0336	0.1585
2009	0.0262	0.0441	0.0217	0.0092	0.0034	0.0113	0.0071	0.0050	0.0337	0.1617
2010	0.0267	0.0443	0.0222	0.0093	0.0034	0.0095	0.0071	0.0050	0.0337	0.1612
2011	0.0271	0.0445	0.0226	0.0093	0.0034	0.0095	0.0071	0.0051	0.0337	0.1623
2012	0.0276	0.0447	0.0230	0.0094	0.0034	0.0095	0.0071	0.0051	0.0338	0.1637
2013	0.0281	0.0450	0.0234	0.0095	0.0034	0.0095	0.0071	0.0051	0.0338	0.1650
2014	0.0286	0.0452	0.0238	0.0096	0.0034	0.0096	0.0071	0.0051	0.0339	0.1663
2015	0.0291	0.0453	0.0242	0.0097	0.0034	0.0096	0.0069	0.0050	0.0339	0.1670

Step 2

GORR - General Operating Rooms Required  
GORR=C/TU

	ARH	PROV	ASC	ASI	AKWomen	AK Endosc	Geneva Wo	AK Spine C	AK Native	TOTAL
2000	8	13		3	0	1	2	0	7	36
2001	11	13		3	0	1	2	0	8	41
2002	8	14		3	0	1	2	2	9	42
2003	7	14		4	0	1	2	2	9	42
2004	7	15		4	1	1	2	2	10	44
2005	8	14		4	2	1	2	1	10	45
2006	7	14		5	2	1	2	1	10	44
2007	8	14		5	2	1	2	1	11	45
2008	9	14		5	2	1	2	1	11	47
2009	8	14		5	2	1	3	1	11	48
2010	9	14		5	2	1	2	1	11	48
2011	9	15		6	2	1	2	1	11	49
2012	9	15		6	2	1	2	1	11	50
2013	9	15		6	2	1	2	1	11	50
2014	10	15		6	2	1	2	1	11	51
2015	10	15		6	2	1	2	1	11	52

Step 3

Unmet Need

Need - Existing Rooms

	ARH	PROV	ASC	ASI	AKWomen	AK Endosc	Geneva Wo	AK Spine C	AK Native	TOTAL
2000	0	-1	-3	0	-1	0	0	0	2	-3
2001	1	-1	-3	0	-1	0	0	-3	2	-4
2002	-2	-3	-3	0	-1	0	0	-1	3	-6
2003	-3	-3	-2	0	-1	0	0	-1	1	-8
2004	-3	-2	-2	-3	-1	0	0	-1	2	-10
2005	-2	-3	-2	-2	-1	0	0	-2	2	-9
2006	-3	-3	-1	-2	-1	0	0	-2	2	-10
2007	-2	-3	-1	-2	-1	0	0	-2	3	-9
2008	-1	-3	-2	-2	-1	0	0	-2	3	-8
2009	-2	-3	-2	-2	-1	1	1	-2	3	-7
2010	-1	-3	-2	-2	-1	0	0	-2	3	-7
2011	-5	-2	-1	-2	-1	0	0	-2	3	-10
2012	-5	-6	-1	-2	-1	0	0	-2	3	-13
2013	-5	-6	-1	-2	-1	0	0	-2	3	-13
2014	-4	-6	-1	-2	-1	0	0	-2	3	-12
2015	-4	-6	-1	-2	-1	0	0	-2	3	-11

**P - Population**

	Anchorage 3 Yr. Avg	
<b>2000</b>	260,283	<b>262,283</b>
<b>2001</b>	263,746	262,015
<b>2002</b>	267,834	<b>263,954</b>
<b>2003</b>	271,175	267,585
<b>2004</b>	274,317	<b>271,109</b>
<b>2005</b>	276,164	273,885
<b>2006</b>	282,813	<b>277,765</b>
<b>2007</b>	285,358	281,445
<b>2008</b>	287,708	<b>285,293</b>
<b>2009</b>	290,588	287,885
<b>2010</b>	293,323	<b>290,540</b>
<b>2011</b>	295,670	293,194
<b>2012</b>	298,019	<b>295,671</b>
<b>2013</b>	300,370	298,020
<b>2014</b>	302,720	<b>300,370</b>
<b>2015</b>	306,902	303,331

**TU - Target Use Rate**

<b>IP/OP</b>	900
<b>OP</b>	1,200

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**Appendix H - Case Mix Index (CMI) Medicare**

Provider ID	Final Rule	Cases	Total Case Mix	CMI	Transfer Adjusted Cases	Transfer Adjusted Case Mix	Transfer Adjusted CMI
020001	Providence of AK - Anchorage	4305	7474.3492	1.736201905	4284.045411	7437.007473	1.735977741
020006	Mat-Su Regional Med CTR	1050	1291.8148	1.23029981	1042.690986	1276.724478	1.224451438
020008	Bartlett	485	583.3443	1.202771753	483.7547661	581.6220692	1.202307677
020012	Fairbanks Memorial Hospital	1206	1647.6361	1.366199088	1199.721187	1628.736114	1.357595525
020014	South Peninsula Hospital	219	231.6914	1.057951598	218.8552211	231.5816431	1.058149958
020017	Alaska Regional Hospital	1410	2850.6357	2.021727447	1400.756866	2829.401982	2.019909415
020018	Yukon	271	247.6721	0.913919188	270.6772405	247.4671154	0.914251656
020024	Central Peninsula	694	765.4013	1.102883718	686.1578679	753.6274453	1.098329525
020026	AK Native	1308	2061.6906	1.576216055	1306.447293	2059.453317	1.576376887
020027	Mt Edgecumbe	328	299.7429	0.913850305	328	299.7429	0.913850305
020028	St Elias Specialty	4	5.1895	1.297375	4	5.1895	1.297375

2010 Final Rule	Provider ID	Cases	Total Case Mix	CMI	Transfer Adjusted Cases	Transfer Adjusted Case Mix	Transfer Adjusted CMI
020001	Providence of AK - Anchorage	4293	7823.4685	1.822377941	4269.868528	7754.19272	1.816026107
020006	Mat-Su Regional Med CTR	1328	1760.4965	1.325675075	1319.886177	1746.446767	1.32317983
020008	Bartlett	527	650.8328	1.23497685	523.8979539	646.8281682	1.234645341
020012	Fairbanks Memorial Hospital	1163	1679.2886	1.443928289	1156.697051	1668.32422	1.442317346
020014	South Peninsula Hospital	1454	3175.8778	2.184235076	1444.98805	3156.842969	2.184684481
020018	Yukon	235	216.3281	0.920545106	233.9822434	215.1075222	0.919332677
020024	Central Peninsula	759	853.8506	1.124967852	754.1264229	845.5726853	1.121261183
020026	AK Native	1264	2019.3419	1.597580617	1262.294113	2016.106307	1.597176352
020027	Mt Edgecumbe	295	295.2234	1.000757288	295	295.2234	1.000757288
020028	St Elias Specialty	8	12.1265	1.5158125	7.767033048	11.72370014	1.509418084

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**Appendix I - ARH/Providence Hospital IP Surgery Time Comparison to National Average.**

National Hospital Inpatient Surgery Average - 130 minutes

ARH	ARH	Minutes	Avg M/Cas	Rms Need
2005	2,526	398,449	158	4
2006	2,450	412,730	168	4
2007	2,586	399,846	155	4
2008	3,085	489,345	159	5
2009	3,214	509,314	158	5
2010	3,342	531,378	159	6
2011	3,482	553,696	159	6
2012	3,598	572,082	159	6
2013	3,726	592,434	159	6
2014	4,100	651,922	159	7
2015	4,232	672,958	159	7

OP Case Load	ARH	Minutes	Rms Need
2005	4,739	398,225	84
2006	4,185	422,391	101
2007	4,766	436,704	92
2008	4,753	434,736	91
2009	4,318	441,902	102
2010	4,404	444,804	101
2011	4,490	454,322	101
2012	4,576	462,176	101
2013	4,662	466,200	100
2014	4,748	490,511	103
2015	4,834	470,052	97

Prov	Prov	Minutes	Avg M/Cas	Rms Need
2000	4,482	535,395	119	6
2001	4,831	587,828	122	6
2002	5,124	622,738	122	7
2003	5,127	624,686	122	7
2004	5,055	630,234	124	7
2005	4,910	603,930	123	6
2006	5,320	649,040	122	7
2007	5,354	653,188	122	7
2008	5,479	668,438	122	7
2009	5,464	666,608	122	7
2010			#DIV/0!	

OP Case Load	Prov	Minutes	Rms Need
2000	7,092	504,832	71
2001	7,099	512,966	72
2002	7,452	538,819	72
2003	7,750	536,753	69
2004	8,235	551,508	67
2005	7,509	527,131	70
2006	7,295	510,650	70
2007	7,465	522,550	70
2008	7,105	497,350	70
2009	7,243	507,010	70
2010			#DIV/0!