

# **Certificate of Need Application**

## **The Relocation and Expansion of the Providence Sleep Disorders Center**


**Providence Alaska Medical Center  
Anchorage Alaska**

**May 2009**





## Section I. General Applicant Information

|  |  |  |
|--|--|--|
|   | <b>CERTIFICATE OF NEED APPLICATION</b><br><br><b>APPLICANT IDENTIFICATION AND CERTIFICATION OF ACCURACY</b>                          |  |
| <b>1. Applicant Identification</b>   |  |  |
| <b>Facility Name</b><br>Providence Alaska Medical Center   | <b>Medicaid Provider Number</b><br>HP11IP; HS11OP  |  |
| <b>Facility Address (Street/City/State/Zip Code)</b><br>3200 Providence Drive, Anchorage, AK 99508   | <b>Medicare Provider Number</b><br>020001  |  |
| <b>Name and mailing address of organization that operates the facility</b> (if different from above)<br>P.O. Box 196604, Anchorage, AK 99519-6604  |  |  |
| <b>Facility Administrator</b> (Name, title, mailing address, including City/State/Zip Code)<br>Bruce Lamoureux; CEO/Administrator,<br>Providence Alaska Medical Center<br>P.O. Box 196604, Anchorage, AK 99519-6604  | <b>Telephone</b> 907-261-3675<br><b>Facsimile</b> 907-261-3041<br><b>E-mail:</b><br>blamoure@provak.org                              |  |
| <b>Applicant</b> (Name, title, mailing address, including City/State/Zip Code)<br>Bruce Lamoureux; CEO/Administrator,<br>Providence Alaska Medical Center<br>P.O. Box 196604, Anchorage, AK 99519-6604   | <b>Telephone</b> 907-261-3675<br><b>Facsimile</b> 907-261-3041<br><b>E-mail:</b><br>blamoure@provak.org                              |  |
| <b>Principal Contact Person</b> (Name, title, physical address, mailing address, including City/State/Zip Code)<br>Lisa Wolf, Regulatory Analyst,<br>Providence Health System in Alaska<br>P.O. Box 196604, Anchorage, AK 99519-6604   | <b>Telephone</b> 907-261-3037<br><b>Mobile Phone</b> 907-227-8746<br><b>Facsimile</b> 907-261-2884<br><b>E-mail</b> lwolf@provak.org |  |
| <b>2. Ownership Information</b>  |  |  |
| <b>A. Type of Ownership</b> (check applicable category)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> For profit: individual<br/> <input type="checkbox"/> For profit: partnership<br/> <input type="checkbox"/> For profit: corporation         </div> <div> <input type="checkbox"/> Not for profit: government<br/> <input checked="" type="checkbox"/> Not for profit: corporation<br/> <input type="checkbox"/> Other (specify): _____         </div> </div> <b>B. List of all Owners</b> (Page 2 of application)<br><b>C. Accreditation Information</b> (Page 2 of application) |  |  |
| <b>3. Certification of Accuracy by Certifying Officer of the Organization</b>  |  |  |
| I hereby certify that the information contained in this application, including all documents that form any part of it, is true, to the best of my knowledge and belief. I agree to provide, within 60 days from receipt of a request from the department under 7 AAC 07.050(b), any additional information needed by the department to make a decision.  |  |  |
| <b>Name</b><br>Bruce Lamoureux   | <b>Title</b><br>Administrator,<br>Providence Alaska Medical Center   |  |
| <b>Signature</b>   | <b>Date</b>  |  |



**Part 2.B., 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 owners or partners.**

**(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.**

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

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**JAN SIX**

**PHSA Board Recorder**  
Providence Alaska Foundation  
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**For Part 2.C.**

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

**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.**

Providence Alaska Medical Center (PAMC) is accredited by the Joint Commission of Accreditation of Hospitals. PAMC was surveyed in July 2008 and received accreditation through October 2011. A copy of the recent survey accreditation from JCAHO is in the appendices.



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

**1) A brief description of each proposed service, including whether equipment will be purchased or replaced.**

This project is to relocate the Sleep Disorders Center and expand it by four testing beds. The Center will be relocated to a medical office building on the Providence Alaska Medical Center campus.

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

The proposed project is to lease 10,300 SF in a medical office building on the PAMC campus.

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

No additional patient beds or operating suites will be added. The beds referred to in this application are sleep testing beds.

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

The Sleep Disorders Center will be expanded by two testing beds from eight to 10 testing beds. An additional two testing beds will be shelled-in for future expansion.

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

The total cost of the project is \$3.6 million.

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

The project will be paid for through accumulated revenues.

**7) Completion date.**

The Sleep Disorders Center in its new location should be operational in May 2010.



### Section III. Description of Facilities and Services

**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                                     |                   |  |                         |
| 1-bed room/unit                                   | 144               | 0  | 144                     |
| 2-bed room/unit                                   | 16                | 0  | 16                      |
| Other (list): NICU                                | 38                | 0  | 38                      |
| ICU Beds  | 37                | 0  | 37                      |
| Obstetrics Beds                                   | 44                | 0  | 44                      |
| Pediatric Beds                                    | 32                | 0  | 32                      |
| Acute Rehab Beds                                  | 10                | 0  | 10                      |
| Ancillary Services (list)                         | 0                 | 0  | 0                       |
| <b>BEHAVIORAL HEALTH CARE</b>                     |                   |  |                         |
| In-patient Acute Psychiatric Beds                 | 27                | 0  | 27                      |
| RPTC Beds   | 0                 | 0  | 0                       |
| In-patient Substance Abuse Beds                   | 0                 | 0  | 0                       |
| <b>LONG-TERM CARE</b>                             |                   |  |                         |
| Acute Beds  | 0                 | 0  | 0                       |
| Nursing Beds                                      | 0                 | 0  | 0                       |
| <b>DIAGNOSTIC AND DIAGNOSTIC IMAGING SERVICES</b> |                   |  |                         |
| CT Scanner  | 2                 | 0  | 2                       |
| MRI   | 1                 | 0  | 1                       |
| PET or PET/CT                                     | 0                 | 0  | 0                       |
| Catherization Laboratory                          | 5                 | 0  | 5                       |
| <b>SURGICAL CARE</b>                              |                   |  |                         |
| Dedicated OP                                      | 0                 | 0  | 0                       |
| Dedicated IP                                      | 0                 | 0  | 0                       |
| Both IP & OP                                      | 15                | 0  | 15                      |
| Endoscopy   | 4                 | 0  | 4                       |
| Open-Heart Surgery                                | 1                 | 0  | 1                       |
| Organ Transplantation                             | 0                 | 0  | 0                       |
| Ambulatory Surgery                                | 0                 | 0  | 0                       |
| Other Services (list): Cysto Dedicated OR         | 1                 | 0  | 1                       |
| <b>THERAPEUTIC CARE</b>                           |                   |  |                         |
| Radiation Therapy                                 | 2                 | 0  | 2                       |
| Lithotripsy                                       | 0                 | 0  | 0                       |
| Renal Dialysis                                    | 6                 | 0  | 6                       |
| <b>Sleep Disorders Center testing beds</b>        | <b>8</b>          | <b>2</b>                                 | <b>10</b>               |
| <b>Total Capacity</b>                             | 326 licensed beds | 0  | 326 licensed beds       |



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

The Providence Sleep Disorders Center provides consultation and comprehensive testing services for various sleep disorders like insomnia, sleep apnea, snoring, narcolepsy and restless legs syndrome. A sleep study (polysomnogram) is a procedure to record a series of body functions that occur while you sleep. This recording is used to determine the presence and severity of any abnormal functions that may disrupt sleep and may pose a serious risk to one's general health. A set of electrodes is attached (glued or taped) to the scalp, face, chest, and legs along with several other small sensors, and two elastic belts. A record is made of brain waves, eye movements, breathing, snoring, heart rate, oxygen saturation, and any unusual leg movements made while asleep. The patient is monitored by closed circuit TV and recorded on videotape. Blood samples may be taken for testing CO<sub>2</sub> and oxygen levels.

The current Sleep Disorders Center has eight testing beds (six beds with two additional beds to be added in May 2009.) Testing is done six nights a week and during the day. The Center employs three technologists and one technician. The Medical Director is board certified in Sleep Disorders and the Center is accredited by the American Academy of Sleep Medicine. The Center has been at capacity for many years with a seven week waiting list and has lacked adjacent space in which to expand. In 2008, two additional beds were added at a different location on the PAMC campus with two more being added in May 2009.

A new medical office building is being built on the PAMC campus and the Sleep Center plans to lease 10,360 square feet in the lower level. This location will allow all the services to be together in one location, improving work efficiencies while allowing for four additional beds to be added as patient need demands.



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

| <b>Items to be Purchased</b>  |                              |                      |                          |
|-------------------------------|------------------------------|----------------------|--------------------------|
| <b>Description</b>            | <b>Quantity of New Items</b> | <b>Cost per Item</b> | <b>Extended Cost</b>     |
| Big Beds                      | 2                            | \$7,000              | \$14,000                 |
| Portable Suction Devices      | 2                            | \$500                | \$1,000                  |
| Lazy Boy chairs               | 1                            | \$1,500              | \$1,500                  |
| Exam tables                   | 1                            | \$2,000              | \$2,000                  |
| High chair                    | 1                            | \$250                | \$250                    |
| Diagnostic Sleep System       | 2                            | \$20,000             | \$40,000                 |
| Monitors standard 17"         | 1                            | \$300                | \$300                    |
| Camera, CCTV, Color           | 5                            | \$200                | \$1,000                  |
| Dispensers, Misc              | 25                           | \$213                | \$5,325                  |
| Televisions                   | 6                            | \$500                | \$3,000                  |
| Television/ Monitor Bracket   | 1                            | \$191                | \$191                    |
| DVD Players                   | 9                            | \$130                | \$1,170                  |
| Telephones                    | 15                           | \$150                | \$2,250                  |
| Side Chairs                   | 4                            | \$300                | \$1,200                  |
| Office Chairs                 | 4                            | \$900                | \$3,600                  |
| End Tidal C02                 | 2                            | \$5,000              | \$10,000                 |
| Refrigerator, Patient         | 9                            | \$250                | \$2,250                  |
| Refrigerator, staff full size | 1                            | \$2,000              | \$2,000                  |
| Armoires                      | 12                           | \$500                | \$6,000                  |
| Microwave                     | 1                            | \$250                | \$250                    |
| Transcutaneous C02            | 1                            | \$10,000             | \$10,000                 |
| Printer                       | 1                            | \$500                | \$500                    |
| <b>Total Cost</b>             |                              |                      | <b><u>\$ 107,786</u></b> |



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

| <b>Items to be Replaced</b>     |                                 |                      |                      |
|---------------------------------|---------------------------------|----------------------|----------------------|
| <b>Description</b>              | <b>Quantity for Replacement</b> | <b>Cost per Item</b> | <b>Extended Cost</b> |
| Ambulatory Sleep Study Recorder | 2                               | \$2,500              | \$5,000              |
| Bed pediatric crib              | 1                               | \$5,000              | \$5,000              |
| Lazy Boy chairs                 | 1                               | \$1,500              | \$1,500              |
| Monitors standard 17"           | 6                               | \$300                | \$1,800              |
| Dispensers, Misc                | 25                              | \$213                | \$5,325              |
| Televisions                     | 7                               | \$500                | \$3,500              |
| Television/ Monitor Bracket     | 1                               | \$191                | \$191                |
| DVD Players                     | 4                               | \$130                | \$520                |
| Telephones                      | 7                               | \$150                | \$1,050              |
| Side Chairs                     | 25                              | \$300                | \$7,500              |
| Office Chairs                   | 19                              | \$900                | \$17,100             |
| End Tidal CO2                   | 2                               | \$5,000              | \$10,000             |
| Equipment Dryer                 | 1                               | \$8,000              | \$8,000              |
| Refrigerator, Patient           | 3                               | \$250                | \$750                |
| Microwave                       | 1                               | \$250                | \$250                |
| <b>Total Cost</b>               |                                 |                      | <b><u>67,486</u></b> |

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

The Sleep Disorders Center will be leasing space in a new medical office building - Tower S at the Providence Health Park in Anchorage Alaska; all utilities will be new.

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

Tower S will be a moment framed structure with poured concrete floor system for each level with the lower level being slab on grade. Tower S has five floors and a mechanical penthouse on the roof level.

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

The current Sleep Center is 4,261 square feet and resides in Building D, 2<sup>nd</sup> floor of Providence Alaska Medical Center.

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

The total square footage for the proposed Sleep Disorders Center is 10, 360 square feet.

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

NA



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

Approximately 63% of the total floor area is for direct patient care.

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

Approximately 37% or 3,875 square feet of the floor layout is devoted to offices / waiting area.

**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.**

Over the last five years, PAMC has completed the following:

- Addition of a Medical Office Building (2004)
- Upgraded Pharmacy (2005)
- Replacement of Linear Accelerator (2005) and
- Addition of a Surgical Robot (2005)
- Replacement of Catheterization Lab (2005)
- Addition of a Medical Office Building (2005)
- Replacement of Catheterization Lab (2006)

Through the Certificate of Need process, PAMC has completed the following additional projects:

- Magnetic Resonance Imaging System (2004)
- Long Term Acute Care Hospital as a Joint Venture (2005)
- Expansion of the Post Anesthesia Care Unit (2006)
- Relocation and Expansion of the Cancer Center (2006)
- Expansion of the Cardiovascular Observation Unit (2007)
- Expansion and Relocation of Sports Medicine/Rehabilitation Therapy (2007)
- Expansion of the Neonatal Intensive Care Unit (2007)
- Addition of a Cardiac Catheterization Laboratory (2007)

Providence Health System in Alaska has a three year Strategic Plan that is updated each year.

The current plan acknowledges the population growth of Anchorage and Alaska, especially in the age cohorts of 45-64 and 65 plus. These populations are large users of health care services, including sleep disorder services. Many health care services will need to expand their capacity to continue to meet the demands of the growing and aging population.

In order to serve the growing population, efforts to recruit additional physicians to our state will continue to be a priority. Additional medical office space will be constructed to support these new physicians. Additional physicians and the associated increase in patient levels require additional space for both diagnostic services as well as inpatient beds.



## 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.**

#### **Providence Alaska Medical Center Strategic Plan**

As stated in the previous question, the relocated Sleep Disorders Center is part of the 2009-2012 Strategic Plan. This three-year plan is reviewed annually and updated as the health care environment changes. This plan is completed in coordination with our Long Range Financial Plan to assure that funding for projects will be available. The Sleep Disorders Center helps to support the growing population in need of sleep services.

#### **Alaska Certificate of Need Review Standards and Methodologies**

There are no State Review Standards or Methodologies for sleep centers.

### B. DEMONSTRATION OF NEED

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

This project is an expansion of an existing service.

#### National Trend in Sleep Disorders

A significant portion of the population is affected by sleep disorders and remains untreated. In the United States about 20% of the population is affected by sleep disorders and only about 23% of that group are diagnosed. That leaves 77% of the population or 46 million people affected but not diagnosed. The numbers of people undergoing sleep testing has been steadily rising as more people and more physicians learn about the affects that lack of sleep has on them and their conditions. As people learn about the symptoms and begin to recognize them in themselves or their patients, more are seeking testing.

A national healthcare forecasting company, Thomson Healthcare, and their forecasting tool, Market Planner Plus, predicts that sleep studies in Alaska will increase 60% from 2008 volumes by 2013. This is beyond population increases and is due to the increased utilization of sleep studies in the care of patients in general and those with specific diseases or risk factors such as multiple sclerosis, stroke and Lou Gehrig 's disease. Treating a patient's sleep apnea can lead to improved treatments and outcomes with their other medical conditions.



### Capacity of Current Sleep Disorder Testing Beds

Providence Alaska Medical Center has increased their volume 6% in 2008 with the addition of two beds in October 2008. Although capacity was increased, the Center still experiences a seven week waiting list.

Table A  
Providence Alaska Medical Center  
Sleep Volumes, 2006-2008

|                              | 2006 | 2007 | 2008 |
|------------------------------|------|------|------|
| Sleep Studies                | 2376 | 2348 | 2484 |
| Number of Sleep Testing Beds | 4    | 4    | 6    |

Note: 1) Two testing beds were added in October 2008;  
2) A seven week waiting list has continued for all three years.

Volumes at Alaska Regional Hospital have decreased from 735 studies in 2006 to 604 studies in 2008 with a decrease in inpatient sleep testing beds.

Table B  
Alaska Regional Hospital  
Sleep Volumes, 2006-2008

|                              | 2006 | 2007 | 2008 |
|------------------------------|------|------|------|
| Sleep Studies                | 735  | 765  | 604  |
| Number of Sleep Testing Beds | 6    | 6    | 4    |

Combined, the Sleep volume has remained flat from 3111 in 2006 to 3088 in 2008 and the number of beds has remained at 10. This does not include other sleep providers who are not subject to Certificate of Need regulation. In addition, Providence had a seven week waiting list for all three years.

Table C  
Providence Alaska Medical Center and Alaska Regional Hospital  
Combined Sleep Center Volumes, 2006-2008

|                        | 2006 | 2007 | 2008 |
|------------------------|------|------|------|
| Sleep Studies          | 3111 | 3113 | 3088 |
| Number of testing beds | 10   | 10   | 10   |

Note: PAMC has a seven week waiting list for studies for all three years.

### Increasing patient demand

The overall population of Alaska has been growing and will continue to grow with a 12% increase expected between 2008 and 2018. The senior population is dramatically increasing with a 77% increase expected between 2008 and 2018. The growth in demand for sleep services will follow the overall population as the Center treats patients from infancy to frail elderly. However, 37% of the patients are in the age cohort of 65+ and the demand for services from this population will almost double over the next ten years.



Table D  
Alaska Total Population and Senior Population  
Number of People, Percentage of Total, and Growth Rate, 2008 and 2018

|                 | Population |         | % of Total |      | Growth Rate |
|-----------------|------------|---------|------------|------|-------------|
|                 | 2008       | 2018    | 2008       | 2018 | 2008-2018   |
| Seniors 65 plus | 52,298     | 92,358  | 7.5%       | 12%  | 76.6%       |
| Total Alaska    | 693,018    | 776,488 | 100%       | 100% | 12.0%       |

**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.**

#### Demand for Service

The Providence Sleep Disorders Center has been at capacity for more than 10 years with a seven week waiting list. Other competitors have entered the Anchorage and Soldotna markets and Providence's volumes have not declined, nor has the waiting list.

The continued increase in population will also increase the demand for sleep studies. Sleep studies are done on all ages of the population from infancy to the frail elderly and a 12% increase in volume is expected due to population growth.

#### National Trend in Volumes

Volumes for sleep studies have increased nationwide as practitioners have become to understand the negative effects that lack of sleep has on their patients and their disease processes. A national healthcare forecasting company Thomson Healthcare and their forecasting tool, Market Planner Plus projects volumes based on population usage, new technology and trends for many health care programs. It's projection for Alaska for sleep studies shows a 60% increase over 2008 volumes with studies reaching 11,728 in 2013. Sleep Medicine is a growing field.

Some of the projected increase is based on the need for studies on people with specific diseases that are more at risk for sleep disorders. Research has found that people with neurological diseases such as multiple sclerosis, Lou Gehrig's disease, and stroke need to be tested to improve treatment outcomes. Many have neurological issues and have a type of sleep apnea causing them to quit breathing. Testing these patients early in their diagnosis can avoid undue risk.

Research has also identified certain patients are at risk for respiratory distress and should be tested before undergoing surgery. Research has shown that a simple screening survey can identify the high risk patients. These patients can then be tested for sleep disorders and care can be adjusted for their condition. Post-operative respiratory distress episodes can be lowered dramatically using this screening tool. This protocol will soon be adopted in many hospitals.

#### Meets a Higher Quality

Providence's Center is accredited with the American Academy of Sleep Medicine, and was the only sleep testing provider with accreditation until recently. The accreditation continues to attract patients and physician referrals for testing services due to the high quality guidelines and



protocols it requires. Providence also has seven physicians who are board certified in sleep medicine that practice within the Center part time, which facilitates its testing capabilities and attracts referrals. The Center employs a full time Medical Director who reads tests and oversees the operations. These factors make the Providence Sleep Disorders Center the preferred center in Anchorage with its high quality services.

**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.**

There are no regulatory deficiencies in the Sleep Disorders Center. The operational problems are work inefficiencies due to capacity issues and having the Center split into two locations. The proposed location allows the Center to be under one roof and have expansion capability.

**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.**

Sleep Disorder patients tend to be mostly from Anchorage (73%) or within the road system. They are more often white, male and over the age of 45. However, it should be noted that the Center is one of the only ones who treats children.

Table E  
Providence Alaska Medical Center  
Sleep Disorders Center  
Patient Origin, 2008

| Service Area            | Sleep Patients |
|-------------------------|----------------|
| Anchorage               | 73%            |
| Mat-Su Borough          | 7%             |
| Kenai Peninsula Borough | 5%             |
| Fairbanks Region        | 4%             |
| Other Alaska            | 8%             |
| Outside Alaska          | 3%             |
| Total                   | 100%           |



Table F  
 Providence Alaska Medical Center  
 Sleep Disorders Center  
 Race by Percentage, 2008

| Race                   | Sleep Patients |
|------------------------|----------------|
| Caucasian              | 77%            |
| Native                 | 12%            |
| Black                  | 5%             |
| Pacific/Asian Islander | 9%             |
| Hispanic               | 3%             |
| Unknown                | 2%             |
| Total                  | 100%           |

Table G  
 Providence Alaska Medical Center  
 Sleep Disorders Center  
 Gender by Percentage, 2008

| Gender | Sleep Patients |
|--------|----------------|
| Female | 42%            |
| Male   | 58%            |
| Total  | 100%           |

Table H  
 Providence Alaska Medical Center  
 Sleep Disorders Center  
 Age by Percentage, 2008

| Age   | Sleep Patients |
|-------|----------------|
| 0-14  | 33%            |
| 15-44 | 9%             |
| 45-64 | 22%            |
| 65+   | 37%            |
| Total | 100%           |

- 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 I  
 Providence Alaska Medical Center  
 Sleep Patients by Area of Residence  
 Compared to Population Distribution, 2008

| Area              | Sleep Patients | Population Distribution |
|-------------------|----------------|-------------------------|
| Anchorage         | 73%            | 40%                     |
| Mat-Su            | 7%             | 11%                     |
| Gulf Coast Region | 8%             | 12%                     |
| Interior Region   | 5%             | 15%                     |
| Northern Region   | 1%             | 4%                      |
| Southeast Region  | 1%             | 11%                     |
| Southwest Region  | 2%             | 6%                      |
|                   |                |                         |
| Total             | 100%           | 100%                    |



When comparing the patient utilization by area with the State's population distribution by area, there is higher utilization by patients who live in Anchorage or are on the road system – Anchorage, Mat-Su and the Gulf Coast region. Those that must fly into Anchorage have a lower utilization rate than the population distribution.

**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, in answer to question b. above, shows the patient utilization compared to the Alaska population distribution. There is higher use by those who live in Anchorage and those within a few hours drive of Anchorage. However, as sleep procedures are a tertiary service and only available in Soldotna and Anchorage. There is less use by residents who must fly in for the service. Like many tertiary services, a portion of the population seeks care in other states. There is no known database that tracks the number of sleep testing procedures done on Alaskans in other states.

**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.**

Sleep disorders occur throughout the population from infants to the elderly and are not categorized by a single disease category. Sleep disorders can further increase risk to patients who have an existing conditions such as heart disease, cancer, or dialysis. Testing is now advised for patients with neurological diseases to assess the prevalence of sleep apnea that is of neurological nature. Testing is also advised for patients with certain health factor before undergoing surgery to reduce the risk of respiratory distress while under or recovering from anesthesia. Patients who are obese also have a high risk for sleep apnea.

Sleep disorder centers are sometimes thought of as a tertiary service as the testing is not usually available except in larger cities and require a physician board certified in sleep medicine. The testing is usually done on an outpatient basis.

**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.**

Table J  
Providence Alaska Medical Center  
Sleep Volumes  
Projected 2009 – 2013

|                    | 2009 | 2010 | 2011 | 2012 | 2013 | % Increase<br>2009-2013 |
|--------------------|------|------|------|------|------|-------------------------|
| Sleep Studies      | 2496 | 3120 | 3120 | 3120 | 3120 | 25%                     |
| Sleep Testing Beds | 8    | 10   | 10   | 10   | 10   | 25%                     |



The proposed projection is the capacity that two new testing beds will provide to the existing capacity. The two beds allows 626 more studies per year at 100% capacity of testing 6 nights a week, 52 weeks per year.

- 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;**

At Providence, 2,484 studies were performed on 2,306 unduplicated patients. Approximately 73% of these patients were from the Anchorage area and 27% were from outside of Anchorage.

Table K  
Providence Alaska Medical Center  
Number of Sleep Patients  
Anchorage vs. Non-Anchorage; 2008

| Service Area  | Number of Patients | % of Total |
|---------------|--------------------|------------|
| Anchorage     | 1683               | 73%        |
| Non-Anchorage | 623                | 27%        |

- 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 patients that are on a waiting list will be expected to receive services earlier with the addition of more beds. It is hoped that the two additional beds added in 2010 will eliminate the wait and serve the growing needs.

- 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.**

Table L  
Providence Alaska Medical Center  
Sleep Volumes, 2004 – 2008

|                                 | 2006 | 2007 | 2008 | % Increase 2006-2008 |
|---------------------------------|------|------|------|----------------------|
| Sleep Testing Beds <sup>A</sup> | 4    | 4    | 4/6  | 0%                   |
| Sleep Studies <sup>B</sup>      | 2376 | 2348 | 2484 | 2%                   |

<sup>A</sup> Two beds were added at the end of Oct 2008.

<sup>B</sup> Center was at capacity with a seven week waiting list

Table M  
Providence Alaska Medical Center  
Sleep Volumes, Jan-March 2009

|                                 | 1st Quarter |
|---------------------------------|-------------|
| Sleep Testing Beds <sup>A</sup> | 6           |
| Sleep Studies <sup>B</sup>      | 618         |

<sup>A</sup> Two beds were added at the end of Oct 2008.

<sup>B</sup> Center was at capacity with a seven week waiting list



Table N  
Alaska Regional Hospital  
Sleep Volumes, 2004 – 2008

|                    | 2006 | 2007 | 2008 | % Increase 2006-2008 |
|--------------------|------|------|------|----------------------|
| Sleep Testing Beds | 6    | 6    | 4    | (33%)                |
| Sleep Studies      | 735  | 765  | 604  | (18%)                |

Table O  
Providence Alaska Medical Center and Alaska Regional Hospital  
Combined Sleep Volumes, 2004 – 2008

|                         | 2006 | 2007 | 2008 | % Increase 2006-2008 |
|-------------------------|------|------|------|----------------------|
| Sleep Testing Beds      | 10   | 10   | 10   | 0%                   |
| Sleep Studies           | 3111 | 3113 | 3088 | (0.7%)               |
| Testing nights per week | 6    | 6    | 6    | 0%                   |
| Capacity                | 100% | 100% | 99%  | 0%                   |

Note: Volumes of the other local providers are not available as they are not subject to certificate of need regulations.

**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.**

Table P  
Providence Alaska Medical Center  
Projected Sleep Volume, 2009-2013

|                                   | 2009 | 2010 | 2011 | 2012 | 2013 |
|-----------------------------------|------|------|------|------|------|
| Proposed Volume                   | 2496 | 3120 | 3120 | 3120 | 3120 |
| Number of Testing Beds            | 8    | 10   | 10   | 10   | 10   |
| Number of Testing Nights per Week | 6    | 6    | 6    | 6    | 6    |
| % Growth                          |      | 25%  | 0%   | 0%   | 0%   |

Volumes are based on the number of testing beds and the number of testing nights per week with one study per night. Year 2009 is based on 8 testing beds. Year 2010-2013 are based on 10 beds. Formula: (52 weeks x 6 nights/week=312 nights x 10 beds =3120 tests).

Although future volumes are based on 10 beds, there will be capacity to add two beds if patient demand dictates the need. The goal is to eliminate the waiting list or reduce it two weeks.

- 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 testing equipment will continue to be used. New equipment will be purchased for the two expansion testing beds. Equipment for the two shelled-in beds will be purchased when those testing beds come on line when patient volume demands.

- e. **If an increase in utilization is projected, list the factors that will affect the increase. Provide annual utilization projections for three years in the future for each specific service in the proposal. Include each of the following data when applicable:**

The factors affecting utilization include:

- Growing population increasing community need and demand;
- Aging population resulting in increased community need;
- Additional physician capacity creating higher demand;
- Increased understanding of the effects of sleep disorders on the well-being of the patient and increased risk that sleep disorders have on a patient's condition;
- Advised testing of patients with certain health factors pre-operatively to reduce risk of respiratory distress while under or following anesthesia;
- Advised testing of patients with neurological diseases;
- Increased access to services allows for more patients and reduces waiting lists.

Table Q  
Providence Alaska Medical Center  
Projected Sleep Volumes and Testing Bed Capacity, 2010 – 2012

|   | 2010 | 2011 | 2012 |
|---|------|------|------|
| Patients                                | 3120 | 3120 | 3120 |
| Number of testing beds                  | 10   | 10   | 10   |
| Capacity based on testing 6 nights/week | 100% | 100% | 100% |

These projections are conservative. If patient demand continues to create a waiting list, there is space within the Center for two additional beds to be brought on line to address the patient demand.

- 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 by this project.
- g. **Provide any other information that may be pertinent to establishing the need for this project.**  
NA
- h. **Attach letters of support from local and regional agencies, other health care facilities, individuals, governmental bodies, etc.**  
Letters of support will be sent directly to the CON Coordinator.



**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.**

Need Projections based on use rate

Need projections based on use rate were calculated using the Department of Labor Population estimates for 2008 and projections for 2013 and the actual sleep studies as reported by PAMC and Alaska Regional Hospital. A use rate of .004456 studies/population was calculated for 2008. That same use rate was used for 2013 along with the 2013 population projections to calculate the projected number of studies.

| <u>Year</u> | <u>Population</u> | <u>Studies</u>     | <u>Use Rate</u> |
|-------------|-------------------|--------------------|-----------------|
| 2008        | 693,018           | 3088               | .004456         |
| 2013        | 776,488           | <b><u>3460</u></b> | .004456         |

This calculation does not include the seven week wait list in 2008. Volumes should be adjusted to include the demand of the 252 studies waiting to be done (6 beds x 7 weeks x 6 nights/week). Adding these on to 2008 studies brings the projected 2013 volume to 3742 studies.

| <u>Year</u> | <u>Population</u> | <u>Studies &amp; Wait List</u> | <u>Use Rate</u> |
|-------------|-------------------|--------------------------------|-----------------|
| 2008        | 693,018           | 3340                           | .004820         |
| 2013        | 776,488           | <b><u>3742</u></b>             | .004820         |

Given the projected volume of 3,742 studies in 2013 and one bed can do 265 studies a year based on (1 bed x 6 nights/week x 52 weeks x 85% occupancy), this is a demand for 14 beds in 2013.

| <u>Year</u> | <u>Studies</u> | <u>Studies/Year Per Bed</u> | <u>Total Bed Need</u> |
|-------------|----------------|-----------------------------|-----------------------|
| 2008        | 3340           | 265                         | 12.6                  |
| 2013        | 3742           | 265                         | <b>14.1</b>           |

## **C. AVAILABILITY OF LESS COSTLY OR MORE EFFECTIVE ALTERNATIVES**

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

The current two locations of the Sleep Disorders Center is planned for the development of another program requiring the Center to relocate. Several locations were considered:

- A. Do nothing – This option was not chosen. Patients will continue to wait several weeks for a study, or travel outside for the service. The demand continues to grow and the



opportunity to be able to expand has now become available so other options were explored.

- B. Use space in an existing medical office building – Not enough space to house the entire Sleep Disorders Center was available in any one location. Campus vacancy is at only 4%. Other options were explored.
- C. Split the Center into two locations – The Center is currently split into two different buildings which has created many operational inefficiencies. The preference is to keep the Center all in one location for patient convenience and avoidance of redundancy in work processes. Other options for one location were explored.
- D. Lease space off campus - An off-campus location was identified. In order to maintain inpatient services, four existing beds on campus were planned to remain on campus. However, the cost structure of a two-site center was inefficient and would have caused the center to be operationally unsuccessful. Other options were explored.
- E. Lease space in a new medical office building on the PAMC campus – This option provides the opportunity to have all sleep services in one location and allows services to inpatients as well as outpatients. In addition it provides enough space to expand by two testing beds and then another two in the future.

**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.**

Not applicable

**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 three other sleep study providers in Anchorage. Only Alaska Regional Hospital is subject to Certificate of Need regulations. All appear to be operating at a high occupancy level although none reported a waiting list.



Table R  
Sleep Centers in Anchorage  
Accreditation, Numbers of Beds and Number of Testing Nights per Week, 2009

| Provider                         | Accreditation | Numbers of Beds | Testing Nights      |
|----------------------------------|---------------|-----------------|---------------------|
| Providence Alaska Medical Center | Accredited    | 6 beds          | 6 nights per week   |
| Alaska Sleep Center              | Accredited    | 4 beds          | 6 nights per week   |
| Sleep Clinics of America         | No            | 2 beds          | 6 nights per week   |
| Alaska Regional Hospital         | No            | 4 beds          | 5-6 nights per week |

Sleep patients must be referred to a sleep center via their physician. Individual physician preference will influence the selection in the sleep center. Often it is the physician's personal relationship with the sleep center's medical director that influences a choice in a center. It can also be determined by the patient's payer. Sometimes the patient has the choice in selecting the center.

Accreditation is a strong factor in selection as it takes a critical look at quality indicators from protocols, staffing, training, use of a sleep specialist, quality assurance plan, and compliance. Only Providence and the Alaska Sleep Center are accredited.

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

- a. **Complement existing service** – Expansion of two beds at PAMC will provide additional competition to the local providers. These beds will be accredited beds which will be an advantage over the non-accredited providers. However, the demand for beds is still greater than what this expansion can provide as noted in IV.B.6..

**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.**

There are no specific arrangements in place that affect the Providence Sleep Disorders Center.

## **E. FINANCIAL FEASIBILITY**

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



The addition of two beds to the Providence Sleep Disorders Center will provide additional capacity to serve patients needing sleep study services. This expansion will not increase charges to patients beyond normal inflation adjustments. Based on payer mix, 6% of the Sleep patients are paid for through Medicaid. .

**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.**

Providence Alaska Medical Center will finance the Sleep Disorders Center relocation and expansion with internal capital funds. No borrowing of funds will be required.

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

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

There is no anticipated increase on the pricing of services to our patients, community, or the state as a result of this project other than normal inflationary increases.

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

NA

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

This project will not have any negative impact on the overall financial condition of PAMC nor its ability to continue operations.

**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.**

Providence Alaska Medical Center maintains an open door philosophy consistent with the values of the Sisters of Providence and their mission to provide quality health care to all individuals regardless of their race, creed or ability to pay. Over the last three years, Providence has provided more than \$100 million in charity care a year. Projected budget for charity care is expected to increase over 30% over the next three years. See Table S below.

PAMC utilizes interpreters via a telephone service which is available 24 hours a day. The interpreter is connected via speaker phone so the patient, family and staff can hear.



**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.**

Table S  
Providence Alaska Medical Center  
Total Deductions from Revenue (in thousands)  
Actual 2004-2008, Projected 2009-2011

|           | Year | Charity Care | Contractual Allowances | Other     | Total Deductions from Revenue |
|-----------|------|--------------|------------------------|-----------|-------------------------------|
| Actual    | 2004 | \$23,214     | \$76,115               | \$242,612 | \$341,941                     |
|           | 2005 | \$27,874     | \$85,660               | \$264,292 | \$377,826                     |
|           | 2006 | \$26,776     | \$100,274              | \$305,584 | \$432,634                     |
|           | 2007 | \$31,200     | \$106,139              | \$356,180 | \$493,519                     |
|           | 2008 | \$47,125     | \$116,917              | \$397,835 | \$561,877                     |
| Projected |      |              |                        |           |                               |
|           | 2009 | na           | na                     | na        | \$604,601                     |
|           | 2010 | na           | na                     | na        | \$681,600                     |
|           | 2011 | na           | na                     | na        | \$767,565                     |

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

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

PAMC is located in Anchorage, Alaska's largest city with 42% of the State's population. Being in the center of Anchorage, Providence is easily within a half hour's drive for most residents and from the International Airport. PAMC is served by the city transit system. Providence provides care 24 hours a day/ seven days a week.

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

PAMC complies with the Rules and Regulations of the Federal Register Nondiscrimination on the basis of Disability by Public Accommodations and in Commercial Facilities; the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and Alaska State Department of Health and Social Services, which oversees hospital licensing.

**c. hours of operation; and**

Providence Alaska Medical Center provides care 24 hours a day/ seven days a week. The Sleep Disorders Center sees patients Monday-Friday, 9am- 5 pm. The testing beds are scheduled 6 nights a week, 7 pm – 7 am.

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

Providence Alaska Medical Center maintains an open door philosophy consistent with the values of the Sisters of Providence and their mission to provide quality health care to all individuals regardless of their race, creed or ability to pay.



## **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.**

PAMC is licensed as an acute care hospital with 326 beds by the State of Alaska. It is certified by Medicare and Medicaid. PAMC's Medicare ID number is 020001. PAMC's Medicaid ID numbers are HP11IP and HP11OP. A copy of license is in the Appendices.

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

The quality control program is outlined below:

- a. Equipment – All equipment meets quality and safety standards required of all manufacturers by the federal government. Preventative maintenance is performed on equipment and consists of a thorough inspection for any defects that may impact patient care or safety.
- b. Physicians – Physician's education, training and skills are evaluated through a credentialing process; 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.
- c. Clinical and Non-Clinical Personnel – All personnel must meet professionally accepted job requirements.
- d. Continuing Education – The hospital provides continuing education training and ensures that all personnel receive training provided by equipment vendors, professional societies and attend selected special educational meetings both in and out of state.
- e. The objectives of the Quality Improvement Program include:
  - 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.

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

Appropriate staffing for a sleep study is two patients per one technician. Studies need to be read by a physician who specializes in sleep studies.

### **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 majority of patients (90%) having sleep studies are outpatients.



**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 Providence Sleep Disorders Center recently replaced its sleep testing equipment and will install new equipment into the two additional beds being made available due to the expansion. When patient demand is great enough to warrant two more additional beds, new equipment will be purchased at that time.

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

The relocation of the Sleep Disorders Center will bring all services under one roof and improve operational efficiencies. Expansion of the Center is planned in twos as one technician can staff two testing beds at a time.

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

The Sleep Disorders Center reviews its budget, volumes, staffing, productivity, quality indicators monthly as well through an annual review process. Both the department manager and medical director are responsible for developing plans for corrective action when indicators are not met.

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

The Sleep Disorders Center is part of Providence Alaska Medical Center. The Director of the Sleep Disorders Center reports to the Neurosciences Service Line Director. The Neurosciences Service Line Director reports to the Administrator. PAMC organizational charts are located in the Appendices.

Lists of the Providence Health System Board of Directors and Officers and the Providence Alaska Region Board of Directors are located in Section I.

**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.**

Position descriptions included in the appendices are:

- Manager, Sleep Disorders Center
- Technologist, Sleep Disorders Center
- Medical Director, Sleep Disorders Center

The staffing ratio recommended by the American Academy of Sleep Medicine is followed by the Providence Sleep Disorders Center. The staffing ratio for the center is two patients to one staff.



**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.**

The sleep disorder testing beds are added two at a time. This is based on one technician being able to care for two patients at a time. Sleep testing equipment comes in multitudes of two as well. The size of a facility is dependent on the number of physicians available to read testing results.



## 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.*

### Review Standards

There are no sleep disorder center standards in Alaska.

### Methodology-

There is no methodology for the calculation of capacity or demand for sleep disorder center testing beds in Alaska.

### Methodology Proposed by Providence Alaska Medical Center

PAMC proposes to use a population based use rate to project use in future years. This uses the existing 2008 population and the number of studies in 2008 including the seven week wait list to calculate the 2008 use rate. The 2008 use rate is used for 2013 along with the 2013 projected population to calculate the number of projected studies for 2013. (This is a conservative projection as the technological trends for Sleep Studies suggest a 60% increase in volume over 2008 volumes. This has not been captured in using a 2008 use rate)

| <u>Year</u> | <u>Population</u> | <u>Studies</u> | <u>Use Rate</u> |
|-------------|-------------------|----------------|-----------------|
| 2008        | 693,018           | 3340           | .004820         |
| 2013        | 776,488           | <b>3742</b>    | .004820         |

Given the projected volume of 3,742 studies in 2013 and that one bed can do 265 studies a year based on (1 bed x 6 nights/week x 52 weeks x 85% occupancy), this is a demand for 14 beds in 2013.

| <u>Year</u> | <u>Studies</u> | <u>Studies/Year<br/>Per Bed</u> | <u>Total<br/>Bed Demand</u> |
|-------------|----------------|---------------------------------|-----------------------------|
| 2008        | 3340           | 265                             | 12.6                        |
| 2013        | 3742           | 265                             | <b>14.1</b>                 |

With a projected demand of 14.1 beds in 2013 and existing beds being at 10, there is need for four additional beds.



## Section VII. Construction Data

### A. Please check appropriate boxes:

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

### B. Project Development Schedule

#### Date

- |  |           |
|--|-----------|
| 1. Estimated completion of final drawings and specifications | 6/12/2009 |
| 2. Estimated construction begun by                           | 1/13/2010 |
| 3. Estimated construction complete by                        | 6/01/2010 |
| 4. Estimated opening of proposed services                    | 6/02/2010 |

### 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 legal description of the site is Providence Chester Creek Subdivision, Tract A. This is 3,086,693 Square Feet; 70.861 Acres. The address of the MOB is 3831 Piper St. The site is owned by Providence Alaska Medical Center.

#### 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.

See Attached Concept Plans 1-16-2009

#### 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).

The building is located within the Public Lands Institute (PLI) zoning district, which requires public approval for all new buildings. Providence Alaska Medical Center has already provided a master plan of the entire campus to the Municipality of Anchorage depicting the planned future development of the land, including the area for Tower S. The Municipality has agreed that based on this master plan, and future buildings that are in accordance with this plan will only need administrative approval. Tower S has already received administrative approval to be constructed.



Tower S will be Type 1A Construction for the Group B office occupancy, which will allow unlimited height and unlimited area. The building will be constructed with an automatic sprinkler system and standpipe, and will be tied into the fire alarm system of the entire campus. Also, Tower S is connected to the Hub building which has a trash collection room and a trash compactor for use by all occupants of the building.

**4. An architectural master plan including long-range concept and development of total facility.**

See Attached Concept Plans 1-16-2009

**5. Schematic floor plan drawings (or conceptual drawings) of proposed activity, including functional use of various rooms.**

See Attached Concept Plan

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

The new Sleep Center will move into a new building so disruption to existing services will not be an issue.



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PROVIDENCE ALASKA MEDICAL CENTER

**SLEEP CENTER**

PROVIDENCE HEALTH PARK (MOB III)  
SLEEP CENTER AND DIAGNOSTICS TENANT IMPROVEMENT  
ARCHITECTS ALASKA JOB # 08074.01  
PROVIDENCE HEALTH SYSTEM JOB # 2008-353.1

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CONCEPT ESTIMATING AND DESIGN REVIEW SET

ISSUE DATE: 02-27-2009

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ARCHITECTURE

**ARCHITECTS ALASKA**

900 West Fifth Ave, Suite 403, Anchorage, Alaska 99501

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ELECTRICAL ENGINEERING

**HAY, ZIETLOW & ASSOCIATES**

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STRUCTURAL ENGINEERING

**REID MIDDLETON, INC.**



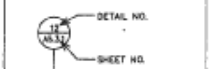
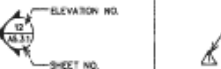


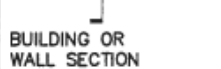

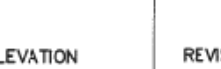
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DATE: 2/27/2009

[illegible]

| DRAWING CONVENTIONS  |  |   |   |  |
|--|--|---|---|--|
|  <p>GRID LINES</p>  |  <p>BUILDING OR WALL SECTION</p>      |  <p>PLAN DETAIL</p>    |  <p>ELEVATION</p>      |  <p>REVISION</p>  |
|  <p>DOOR NUMBER</p> |  <p>WORK, CONTROL, OR DATUM POINT</p> |  <p>ROOM INDICATOR</p> |  <p>PARTITION TYPE</p> | <p>NOTE:<br/>THESE SYMBOLS REFER TO THE ARCHITECTURAL SHEETS ONLY. SEE CIVIL, STRUCTURAL, MECHANICAL, ELECTRICAL AND FOUNDATION DRAWINGS FOR ALL SYMBOLS APPLICABLE TO THOSE SHEETS.</p> |

|        |   |  |
|--------|---|--|
| NO.    |  |   |
| NO.    | <p><b>ELEVATION</b></p>   | <p><b>REVISION</b></p>   |
| NAME   |  | <p>NOTE:<br/>THESE SYMBOLS REFER TO THE ARCHITECTURAL SHEETS ONLY. SEE CIVIL, STRUCTURAL, MECHANICAL, ELECTRICAL AND FOUNDATION DRAWINGS FOR ALL SYMBOLS APPLICABLE TO THOSE SHEETS.</p> |
| NUMBER | <p><b>PARTITION TYPE</b></p>  |  |

PROVIDENCE HEALTH SYSTEM PROJECT NUMBER: 2008-353.1 SERIAL NUMBER: 2008-353.0101

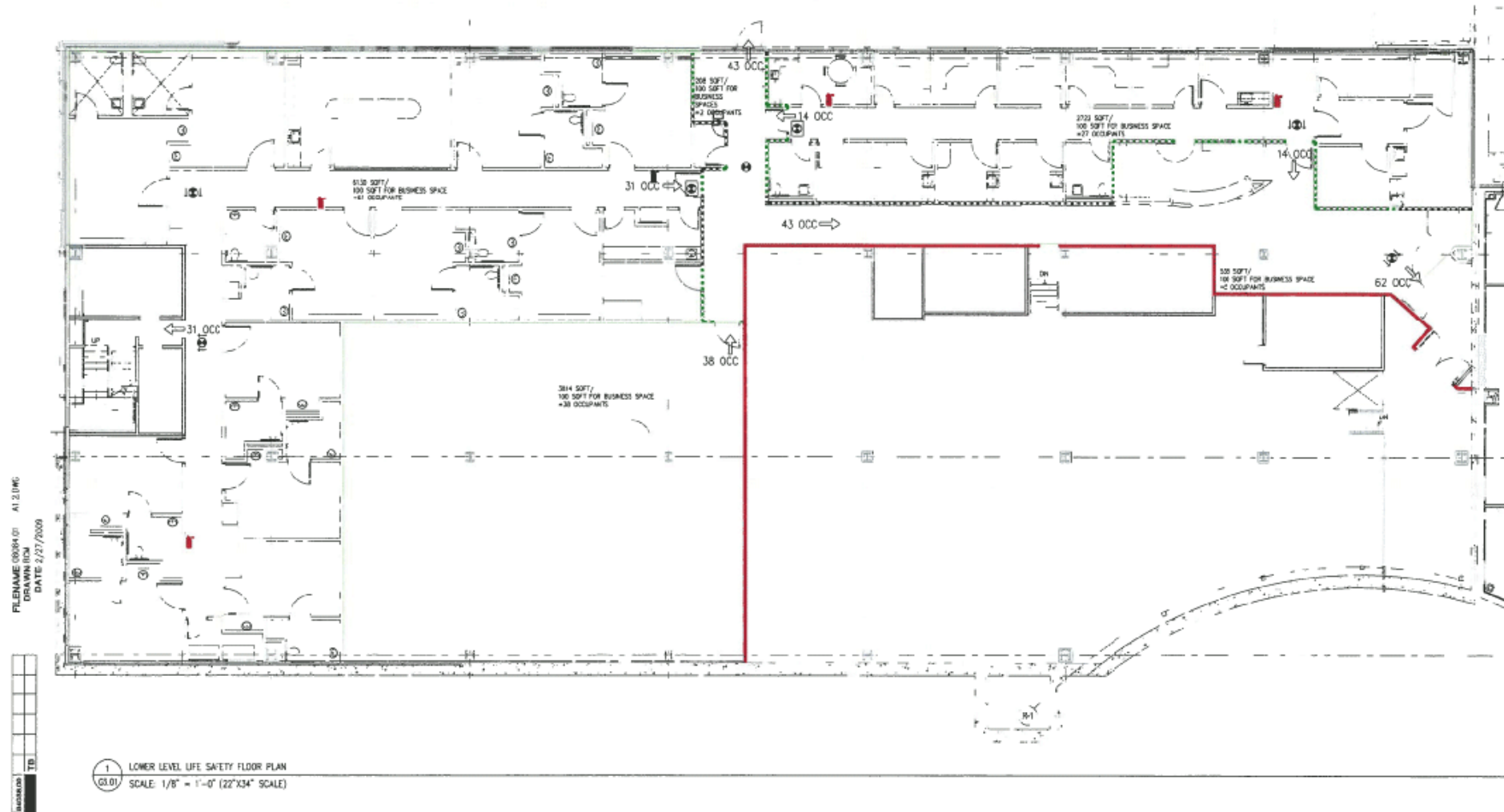


**LIFE SAFETY LEGEND**

|  |                        |  |                           |
|--|------------------------|--|---------------------------|
|  | CORRIDOR WALL          |  | CEILING MOUNTED EXIT SIGN |
|  | 2-HOUR FIRE/SMOKE WALL |  | WALL MOUNTED EXIT SIGN    |
|  | FIRE EXTINGUISHER      |  |                           |

**CODE INFO:**  
OCCUPIED FLOOR AREA IS NOTED ON DRAWING  
OUTPATIENT AREA: 100 GROSS  
REQUIRED EXIT WIDTH IS 14 INCHES  
TOTAL EXIT WIDTH IS 156 INCHES.

**NOTE:**  
CORRIDOR WALLS SHALL RESIST THE PASSAGE OF  
SMOKE PER CHAPTER 10 OF THE I.B.C.



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**PROVIDENCE HEALTH SYSTEM PROJECT NUMBER:** 090304-001  
**DATE:** 27 FEBRUARY 2009  
**REVISIONS:**

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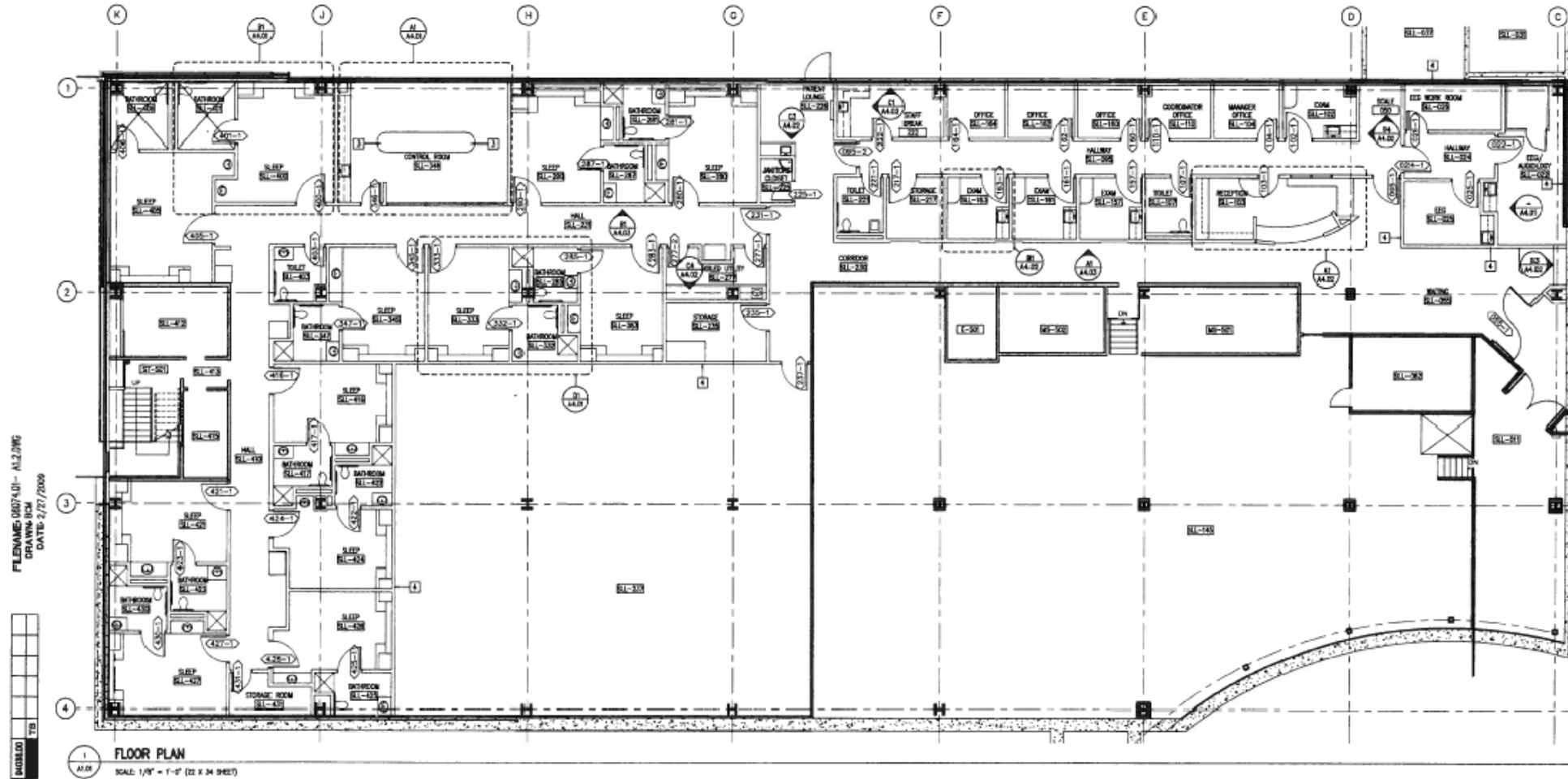
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LIFE SAFETY PLAN

**SHEET NUMBER:**  
G3.01



# FLOOR PLAN NOTES

- 1 RECESSED SLAB FOR SOUND BOOTH, COORDINATE W/ STRUCTURAL
- 2 RECESSED SLAB FOR SCALE, COORDINATE W/ STRUCTURAL
- 3 PROVIDE POWER AND DATA, COORDINATE W/ STRUCTURAL AND ELECTRICAL
- 4 COORDINATE RF SHIELDING W/ USER AND EQUIPMENT REQUIREMENTS



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Administrative & Change  
Development Director  
Director Profiles

**CREEKSIDE CAMPUS  
SLEEP CENTER AND DIAGNOSTICS  
PROVIDENCE ALASKA  
MEDICAL CENTER**

Date  
27 FEBRUARY 2009

Revisions  
No. Description Date

Sheet Contents  
FLOOR PLAN

Sheet Number  
**A1.01**

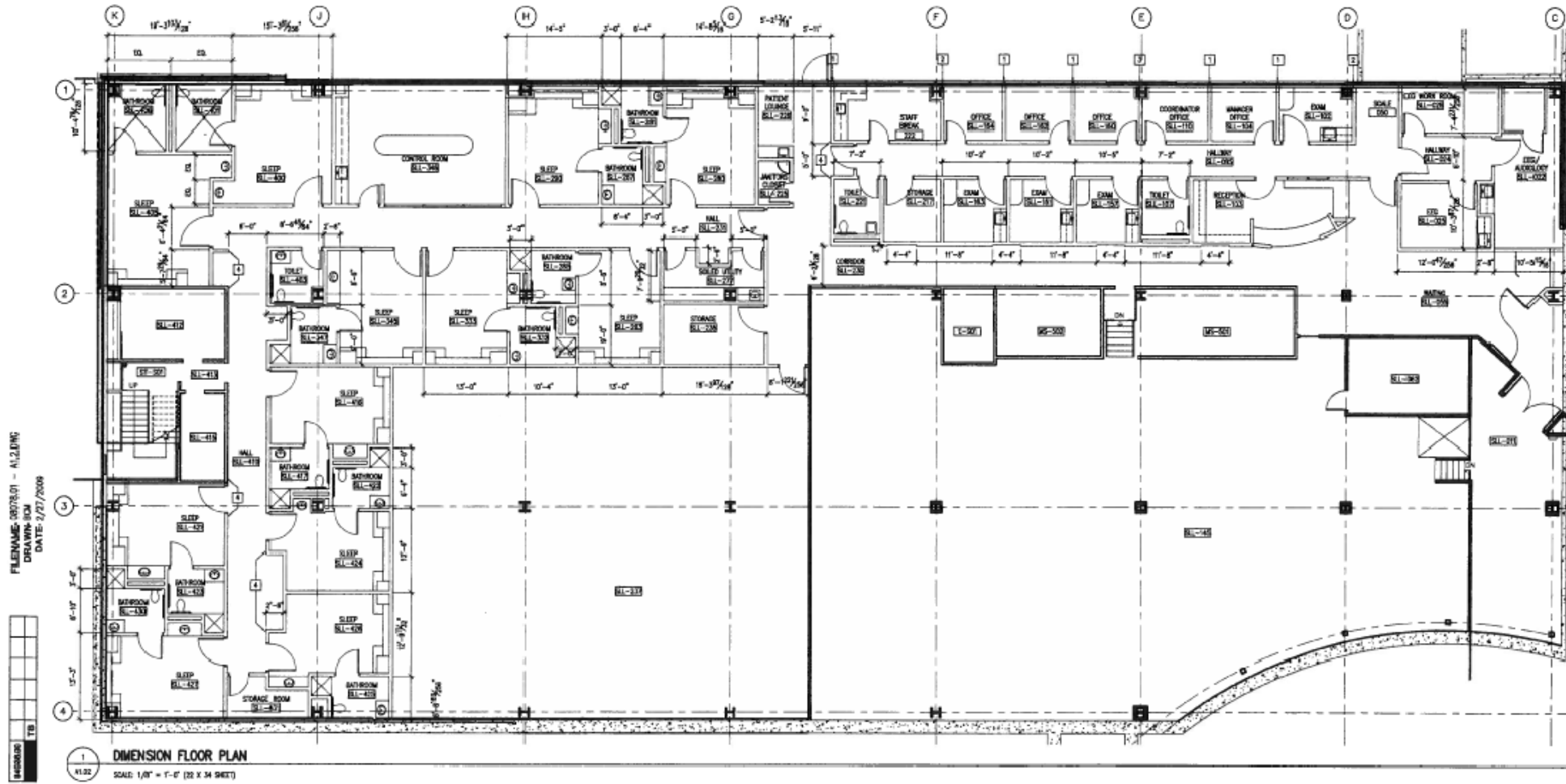


# FLOOR PLAN NOTES

- 1 CENTER WALL ON CENTER OF WALL
- 2 ALIGN FACE OF WALL W/ FACE OF COLUMN WRAP
- 3 CENTER WALL ON CENTER OF COLUMN
- 4 ALIGN FACE OF WALL W/ FACE WALL

# FLOOR PLAN LEGEND

# GENERAL NOTES



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Administrative in Charge

Department Director

Director Facilities

**CREEKSIDE CAMPUS  
SLEEP CENTER AND DIAGNOSTICS  
PROVIDENCE ALASKA  
MEDICAL CENTER**

Date  
27 FEBRUARY 2009

| Revisions | No. | Description | Date |
|-----------|-----|-------------|------|
|           |     |             |      |
|           |     |             |      |
|           |     |             |      |
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Sheet Contents

DIMENSION FLOOR PLAN

Sheet Number  
**A1.02**

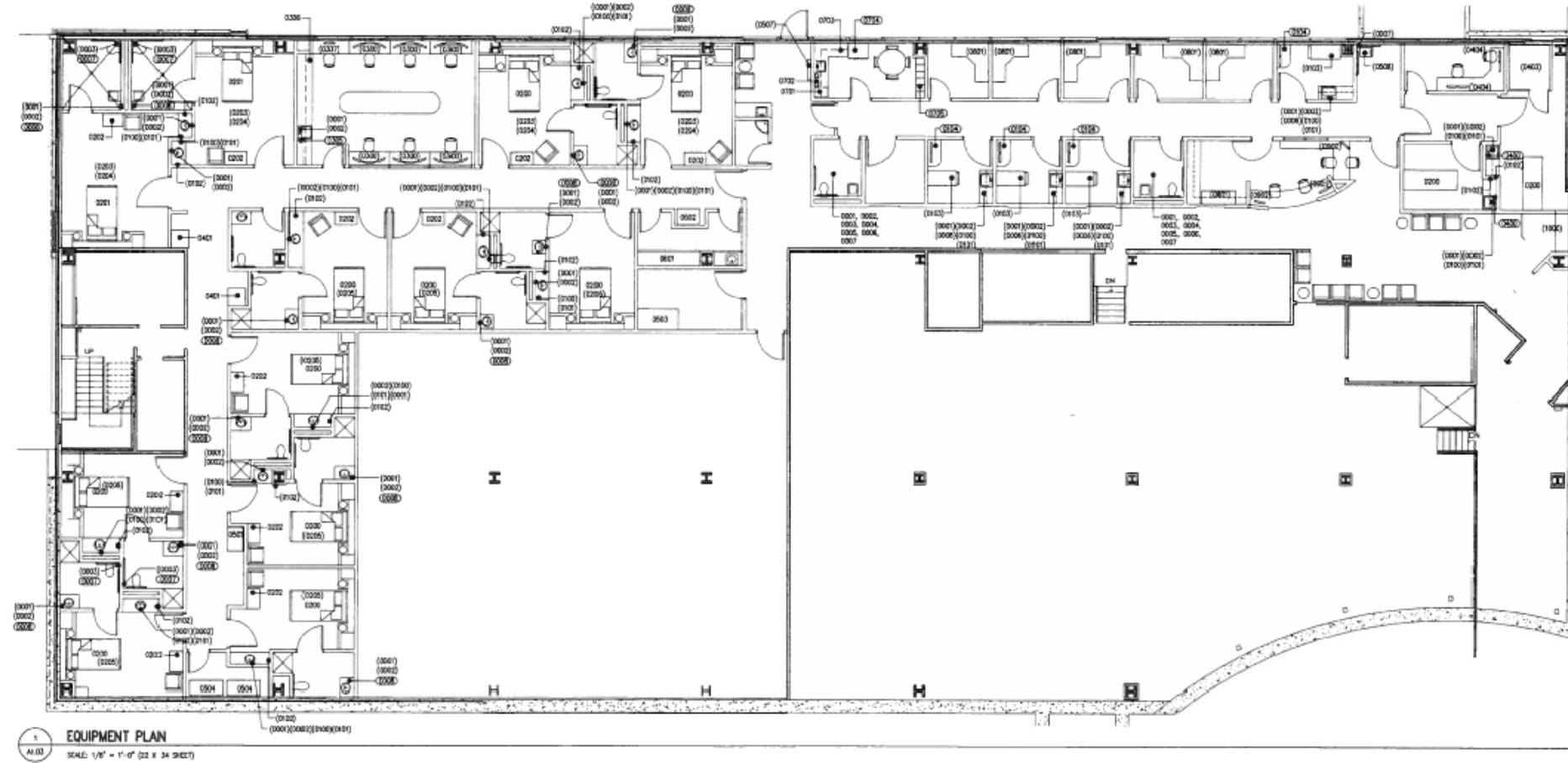
PROVIDENCE HEALTH SYSTEM PROJECT NUMBER: 2008-363.1 SERIAL NUMBER: 2008-363.1-A1.02



| EQUIPMENT SCHEDULE |                           |              |        |                                       |
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| ID#                | DESCRIPTION               | MANUFACTURER | MODEL# | NEW/EXISTING<br>FURNISHED BY<br>U/E/S |
| 0001               | SOAP DISPENSER            | -            | -      | N O C                                 |
| 0002               | PAPER TOWEL DISPENSER     | -            | -      | N O C                                 |
| 0003               | TOILET PAPER DISPENSER    | -            | -      | N O C                                 |
| 0004               | SANITARY NAPKIN DISPENSER | -            | -      | N O C                                 |
| 0005               | SANITARY NAPKIN DISPENSER | -            | -      | N O C                                 |
| 0006               | HAND SANITIZER DISPENSER  | -            | -      | N O C                                 |
| 0007               | SHAVE RAZOR               | -            | -      | N O C                                 |
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Administrator & Change

Department Director

Director Facilities

**CREEKSIDE CAMPUS  
SLEEP CENTER AND DIAGNOSTICS  
PROVIDENCE ALASKA  
MEDICAL CENTER**

Date: 27 FEBRUARY 2009

Revisions

| No. | Description | Date |
|-----|-------------|------|
|     |             |      |
|     |             |      |
|     |             |      |
|     |             |      |
|     |             |      |

Sheet Contents

EQUIPMENT PLAN











Sheet Number

**A1.03**

PROVIDENCE HEALTH SYSTEM PROJECT NUMBER: 2008-353.1 SERIAL NUMBER: 2008-353.1 -A1.01

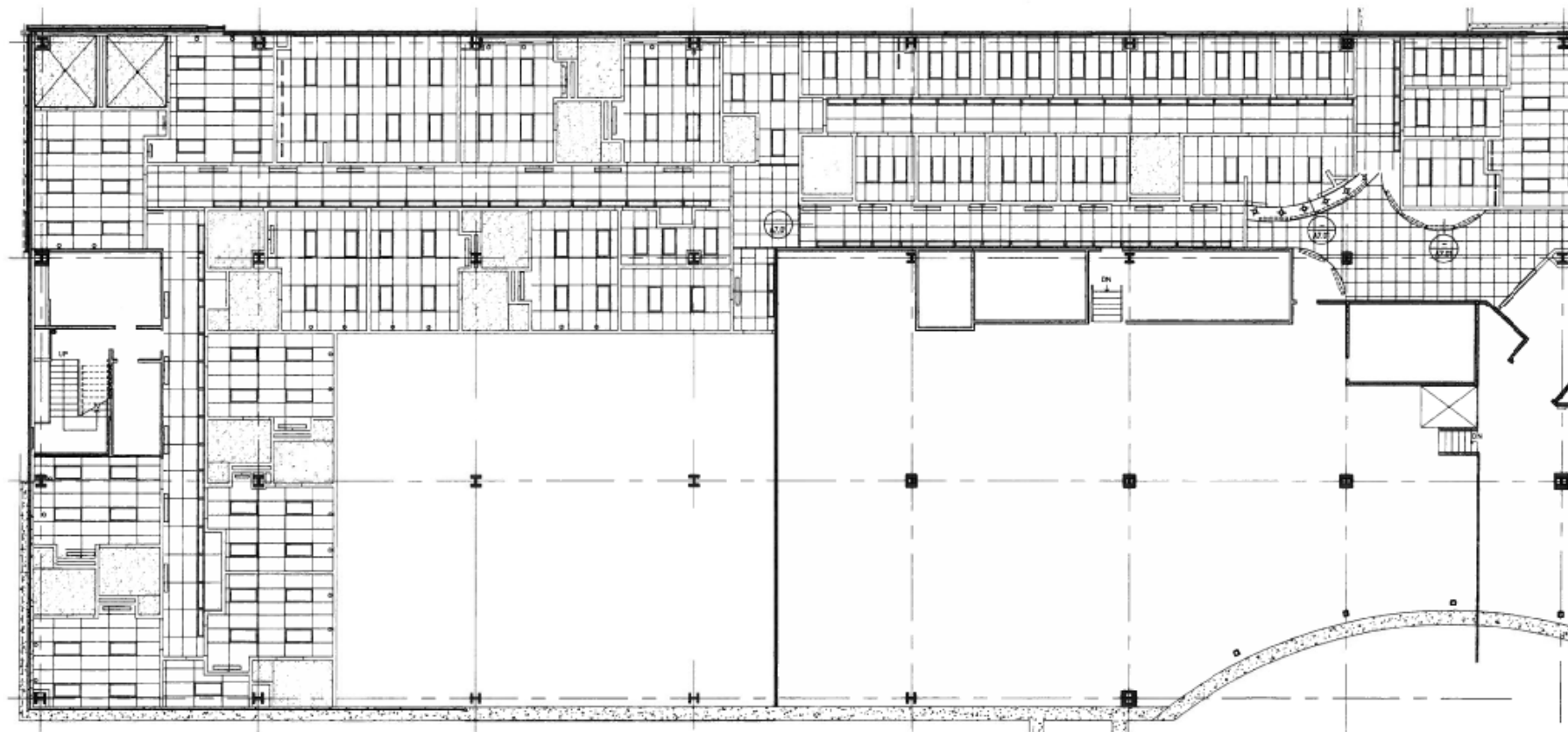


# REFLECTED CEILING PLAN LEGEND

-  2x4 ACOUSTICAL CEILING TILE WITH SUSPENSION SYSTEM
-  2x2 ACOUSTICAL CEILING TILE WITH SUSPENSION SYSTEM
-  GWB CEILING
-  1x4 CEILING MOUNTED FIXTURE
-  2x4 CEILING MOUNTED FIXTURE
-  COVE LIGHTING
-  WALL SCONCE
-  WALL MOUNTED INDIRECT FIXTURE
-  UNDER CABINET LIGHTING
-  RECESSED DOWNLIGHT

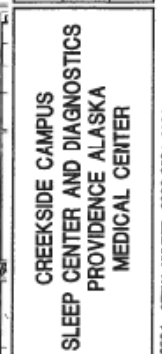
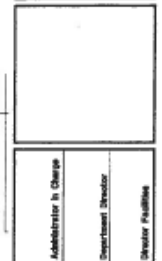
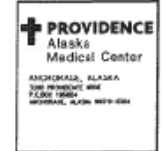
# GENERAL NOTES

1. -



**REFLECTED CEILING PLAN**  
SCALE: 1/8" = 1'-0" (22 X 34 SHEET)

FILENAME: 30074.01 - A1.04  
DRAWN BY: JTB  
DATE: 2/27/2009



Date  
27 FEBRUARY 2009

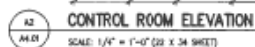
| No. | Description | Date |
|-----|-------------|------|
|     |             |      |
|     |             |      |
|     |             |      |

Sheet Contents  
REFLECTED CEILING PLAN

Sheet Number  
**A1.04**

PROVIDENCE HEALTH SYSTEM PROJECT NUMBER: 2008-365.1 SERIAL NUMBER: 2008-365.1-A1.04

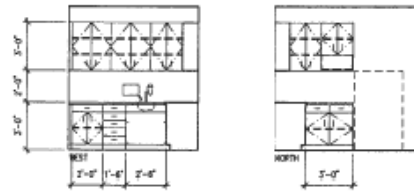


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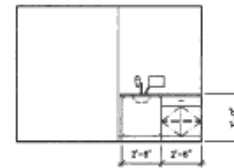
Sheet Number  
**A4.01**

|   |                                |
|---|--------------------------------|
| PROVIDENCE HEALTH SYSTEM PROJECT NUMBER: 2008-353.1 | SERIAL NUMBER: 2008-353.1-A.01 |
|---|--------------------------------|

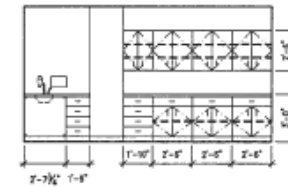





**BREAK ROOM**  
 SCALE: 1/4" = 1'-0" (22 & 34 SHEET)




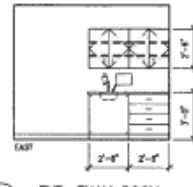

**PATIENT LOUNGE**  
 SCALE: 1/4" = 1'-0" (23 x 34 SHEET)



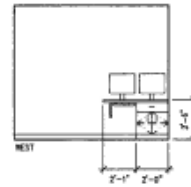

**SOILED UTILITY**  
 SCALE: 1/4" = 1'-0" (22 X 34 SHEET)




**EXAM ROOM**  
 SCALE: 1/4" = 1'-0" (32 X 34 SHEET)



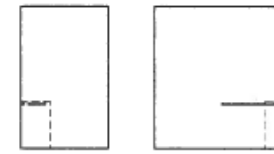

**TYP. EXAM ROOM**  
 SCALE: 1/4" = 1'-0" (22 x 34 SHEET)




83  
A4.02




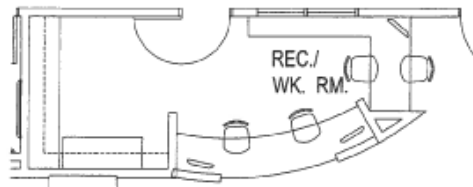
83  
A4.02



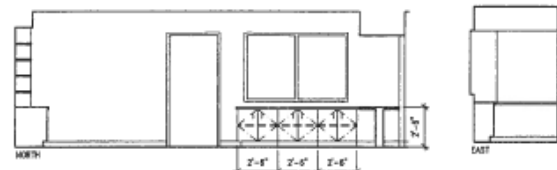

**SCALE**  
 SCALE: 1/4" = 1'-0" (22 X 34 SHEET)



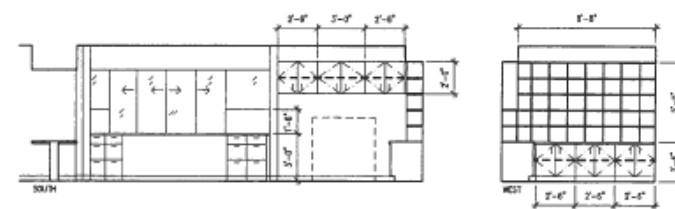

**EXAM ROOM**  
 SCALE: 1/4" = 1'-0" (32 X 34 SHEET)




RECEPTION & WORK ROOM ENLARGED PLAN



**RECEPTION DESK ELEVATION**  
SCALE: 1/4" = 1'-0" (22 X 34 SHEET)




**SCALE**  
 SCALE: 1/4" = 1'-0" (22 X 34 SHEET)







## Section VIIIB. Financial Data – Construction Only

### 1. Construction Method (Please check)

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

### 2. Construction Cost (New Activity)

(Omit cents)

- |   |                   |
|---|-------------------|
| a. Site acquisition (Section VIIIA.2.f)   | \$ N/A            |
| b. Estimated general construction**   | \$ 3,312,452      |
| c. Fixed equipment, not included in a**   | \$ Included in b. |
| d. Total construction costs (sum of items a, b, and c)**  | \$ 3,312,452      |
| e. Major movable equipment**  | \$ 175,272        |
| f. Other cost:**  |                   |
| (1) Administration expense  | \$ 40,000         |
| (2) Site survey, soils investigation, and materials testing   | \$ N/A            |
| (3) Architects and engineering fees   | \$ Included in b. |
| (4) Other consultation fees (preparation of application included)   | \$ 77,000         |
| (5) Legal fees  | \$ N/A            |
| (6) Land development and landscaping  | \$ N/A            |
| (7) Building permits and utility assessments (including water, sewer, electrical, phones, etc.)   | \$ Included in b. |
| (8) Additional inspection fees (clerk of the works)   | \$ N/A            |
| (9) Insurance (required during construction period)   | \$ Included in b. |
| g. Total project cost (sum of items d, e, f)  | \$3,604,524       |
| h. Amount to be financed  | \$ 0              |
| i. Difference between 2.g and 2.h (list, as Schedule 1, available resources to be used, e.g., available cash, investments, grants funds, community contributions, etc.) | \$3,604,524       |
| j. Anticipated long-term interest rate _____%   |                   |
| k. Anticipated interim (construction) interest rate _____%  |                   |
| l. Anticipated long-term interest amount  | \$0               |
| m. Anticipated interim interest amount  | \$0               |
| n. Total items g, l, and m  | \$3,604,524       |
| o. Estimated annual debt service requirement  | N/A               |
| p. Construction cost per sq. ft.  | \$319.73          |
| q. Construction cost per bed  | N/A               |
| r. Project cost per sq. ft.   | \$347.94          |
| s. Project cost per bed (if applicable)   | N/A               |

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

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



## **Section IX. Financial Data – All Proposed Activities**

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

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

### **A. Attach Schedule I - Facility Income Statement**

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

### **B. Attach Schedule II - Facility Balance Sheet**

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

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

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

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

### **D. Attach Schedule IV – Operating Budget**

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

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

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

### **F. Attach Schedule VI - Reimbursement Sources**

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

### **G. Attach Schedule VII – Depreciation Schedule**

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



**Schedule I****INCREMENTAL SLEEP CENTER PROJECTED INCOME STATEMENT**

| <b>GROSS PATIENT REVENUE:</b> | <b>FY 2011</b> | <b>FY 2012</b> | <b>FY 2013</b> | <b>FY 2014</b> | <b>FY 2015</b> |
|-------------------------------|----------------|----------------|----------------|----------------|----------------|
| INPATIENT                     | \$ 495         | \$ 535         | \$ 568         | \$ 602         | \$ 638         |
| OUTPATIENT                    | \$ 5,542       | \$ 6,005       | \$ 6,365       | \$ 6,747       | \$ 7,152       |
| LONG-TERM CARE                |                |                |                |                |                |
| SWING BEDS                    |                |                |                |                |                |
| OTHER                         |                |                |                |                |                |
| TOTAL PATIENT REVENUE         | \$ 6,036       | \$ 6,540       | \$ 6,933       | \$ 7,349       | \$ 7,789       |
| LESS DEDUCTIONS               | \$ 3,750       | \$ 4,163       | \$ 4,473       | \$ 4,803       | \$ 5,154       |
| CHARITY CARE                  |                |                |                |                |                |
| CONTRACTUAL ALLOWANCES        |                |                |                |                |                |
| BAD DEBT                      |                |                |                |                |                |
| TOTAL DEDUCTIONS              | \$ 3,750       | \$ 4,163       | \$ 4,473       | \$ 4,803       | \$ 5,154       |
| NET OPERATING REVENUES        | \$ 2,286       | \$ 2,377       | \$ 2,460       | \$ 2,546       | \$ 2,636       |
| ALL OTHER REVENUES            | \$ -           | \$ -           | \$ -           | \$ -           | \$ -           |
| EXPENSES:                     |                |                |                |                |                |
| SALARIES                      | \$ 504         | \$ 564         | \$ 586         | \$ 610         | \$ 634         |
| BENEFITS                      | \$ 151         | \$ 169         | \$ 176         | \$ 183         | \$ 190         |
| SUPPLIES                      | \$ 81          | \$ 84          | \$ 87          | \$ 89          | \$ 92          |
| UTILITIES                     |                |                |                |                |                |
| PURCHASED SERVICE             |                |                |                |                |                |
| PROFESSIONAL FEES             |                |                |                |                |                |
| LEASE                         |                |                |                |                |                |
| OTHER EXPENSES                | \$ 315         | \$ 302         | \$ 311         | \$ 320         | \$ 330         |
| DEPRECIATION                  | \$ 395         | \$ 398         | \$ 401         | \$ 404         | \$ 407         |
| INTEREST                      |                |                |                |                |                |
| TOTAL EXPENSES                | \$ 1,447       | \$ 1,516       | \$ 1,560       | \$ 1,606       | \$ 1,653       |
| NET INCOME                    | \$ 840         | \$ 861         | \$ 900         | \$ 940         | \$ 983         |

Note: This proforma is based on going from 4 beds in 2008 to 10 beds 2010. The equipment lists are based on adding 2 beds in 2010.



| <b>Schedule I</b>             |                |                |                |                |                |
|-------------------------------|----------------|----------------|----------------|----------------|----------------|
| <b>INCOME STATEMENTS PAMC</b> |                |                |                |                |                |
| <b>GROSS PATIENT REVENUE:</b> | <b>FY 2004</b> | <b>FY 2005</b> | <b>FY 2006</b> | <b>FY 2007</b> | <b>FY 2008</b> |
| INPATIENT                     | \$ 485,929     | \$ 540,260     | \$ 606,096     | \$ 684,827     | \$ 741,222     |
| OUTPATIENT                    | \$ 220,132     | \$ 231,949     | \$ 256,288     | \$ 293,642     | \$ 335,422     |
| LONG-TERM CARE                |                |                |                |                |                |
| SWING BEDS                    |                |                |                |                |                |
| OTHER                         | \$ 9,291       | \$ 9,806       | \$ 12,375      | \$ 14,857      | \$ 16,098      |
| TOTAL PATIENT REVENUE         | \$ 715,352     | \$ 782,015     | \$ 874,759     | \$ 993,326     | \$ 1,092,742   |
| LESS DEDUCTIONS               |                |                |                |                |                |
| CHARITY CARE                  | \$ 32,087      | \$ 36,507      | \$ 38,065      | \$ 46,118      | \$ 58,202      |
| CONTRACTUAL ALLOWANCES        | \$ 309,854     | \$ 341,319     | \$ 394,569     | \$ 447,401     | \$ 503,675     |
| BAD DEBT                      | \$ 43,712      | \$ 36,818      | \$ 30,628      | \$ 51,812      | \$ 42,180      |
| TOTAL DEDUCTIONS              | \$ 385,653     | \$ 414,644     | \$ 463,262     | \$ 545,331     | \$ 604,057     |
| NET OPERATING REVENUES        | \$ 329,699     | \$ 367,371     | \$ 411,497     | \$ 447,995     | \$ 488,685     |
| ALL OTHER REVENUES            | \$ 25,642      | \$ 18,668      | \$ 26,849      | \$ 17,609      | \$ 28,913      |
| EXPENSES:                     |                |                |                |                |                |
| SALARIES                      | \$ 130,264     | \$ 141,697     | \$ 156,677     | \$ 160,111     | \$ 166,624     |
| BENEFITS                      | \$ 34,763      | \$ 37,059      | \$ 40,743      | \$ 42,674      | \$ 48,122      |
| SUPPLIES                      | \$ 62,370      | \$ 70,941      | \$ 76,223      | \$ 79,350      | \$ 85,523      |
| PURCHASED SERVICE             | \$ 56,879      | \$ 63,349      | \$ 79,179      | \$ 82,796      | \$ 92,642      |
| PROFESSIONAL FEES             | \$ 11,161      | \$ 7,230       | \$ 7,092       | \$ 6,953       | \$ 7,186       |
| OTHER EXPENSES                | \$ 14,943      | \$ 18,689      | \$ 19,233      | \$ 19,509      | \$ 20,680      |
| DEPRECIATION                  | \$ 24,815      | \$ 24,216      | \$ 26,313      | \$ 30,508      | \$ 36,013      |
| INTEREST                      | \$ 668         | \$ 1,231       | \$ 2,654       | \$ 6,408       | \$ 8,010       |
| TOTAL EXPENSES                | \$ 335,863     | \$ 364,412     | \$ 408,114     | \$ 428,309     | \$ 464,800     |
| NET OPERATING INCOME          | \$ 19,478      | \$ 21,627      | \$ 30,232      | \$ 37,295      | \$ 52,798      |



**Schedule II. Facility Balance Sheet**

| <b>PAMC BALANCE SHEET</b>        | <b>FY 2004</b> | <b>FY 2005</b> | <b>FY 2006</b> | <b>FY 2007</b> | <b>FY 2008</b> |
|----------------------------------|----------------|----------------|----------------|----------------|----------------|
| <b>CURRENT ASSETS</b>            |                |                |                |                |                |
| CASH & EQUIVALENTS               | \$ 10,789      | \$ 12,376      | \$ 35,129      | \$ 32,668      | \$ 28,588      |
| ACCOUNTS RECEIVABLE              | \$ 65,287      | \$ 63,352      | \$ 76,551      | \$ 73,639      | \$ 84,642      |
| SUPPLIES INVENTORY               | \$ 10,292      | \$ 11,564      | \$ 13,269      | \$ 13,423      | \$ 12,897      |
| OTHER CURRENT ASSETS             | \$ 8,391       | \$ 16,263      | \$ 9,035       | \$ 25,735      | \$ 68,665      |
|                                  |                |                |                |                | \$             |
| TOTAL CURRENT ASSETS             | \$ 94,759      | \$ 103,555     | \$ 133,984     | \$ 145,465     | 152,622        |
| <b>PROPERTY AND EQUIPMENT</b>    |                |                |                |                |                |
| LAND                             | \$ 17,965      | \$ 32,901      | \$ 32,169      | \$ 30,710      | \$ 30,860      |
| BUILDING/FIXED EQUIP             | \$ 261,256     | \$ 273,292     | \$ 289,994     | \$ 297,783     | \$ 306,809     |
| MAJOR MOVABLE EQUIP              | \$ 204,357     | \$ 266,167     | \$ 367,274     | \$ 394,115     | \$ 382,491     |
| ACCUMULATED DEPRECIATION         | \$ 272,763     | \$ 301,448     | \$ 322,616     | \$ 348,385     | \$ 372,581     |
| NET PROPERTY AND EQUIPMENT       | \$ 210,815     | \$ 270,911     | \$ 366,821     | \$ 374,223     | \$ 347,579     |
| OTHER ASSETS                     | \$ 188,672     | \$ 226,190     | \$ 243,083     | \$ 246,047     | \$ 222,387     |
| TOTAL ASSETS                     | \$ 494,246     | \$ 600,656     | \$ 743,888     | \$ 765,735     | \$ 722,588     |
| <b>LIABILITIES/FUND BALANCE</b>  |                |                |                |                |                |
| <b>CURRENT LIABILITIES</b>       |                |                |                |                |                |
| ACCOUNTS PAYABLE                 | \$ 13,436      | \$ 27,833      | \$ 35,913      | \$ 27,480      | \$ 15,636      |
| ACCRUED EXPENSES                 | \$ 8,350       | \$ 11,404      | \$ 9,144       | \$ 17,747      | \$ 54,929      |
| ACCRUED COMPENSATION/OTHER       | \$ 16,782      | \$ 20,372      | \$ 21,917      | \$ 21,906      | \$ 22,207      |
| TOTAL CURRENT LIABILITIES        | \$ 38,568      | \$ 59,609      | \$ 66,974      | \$ 67,133      | \$ 92,771      |
| <b>LONG TERM LIABILITIES</b>     |                |                |                |                |                |
| LONG TERM DEBT                   | \$ 55,770      | \$ 113,517     | \$ 209,753     | \$ 197,896     | \$ 149,356     |
| OTHER                            | \$ 25,133      | \$ 40,430      | \$ 37,972      | \$ 15,875      | \$ 14,158      |
| TOTAL LONG TERM LIABILITIES      | \$ 80,903      | \$ 153,947     | \$ 247,725     | \$ 213,771     | \$ 163,514     |
| FUND BALANCE                     | \$ 374,775     | \$ 387,100     | \$ 429,189     | \$ 484,831     | \$ 466,303     |
| TOTAL LIABILITIES & FUND BALANCE | \$ 494,246     | \$ 600,656     | \$ 743,888     | \$ 765,735     | \$ 722,588     |



**Schedule II. Facility Balance Sheet**

| <b>PAMC BALANCE SHEET</b>        | <b>As of December 2008</b> |
|----------------------------------|----------------------------|
| CURRENT ASSETS                   |                            |
| CASH & EQUIVALENTS               | \$ 28,588                  |
| ACCOUNTS RECEIVABLE              | \$ 84,642                  |
| SUPPLIES INVENTORY               | \$ 12,897                  |
| OTHER CURRENT ASSETS             | \$ 68,665                  |
| TOTAL CURRENT ASSETS             | \$ 152,622                 |
| PROPERTY AND EQUIPMENT           |                            |
| LAND                             | \$ 30,860                  |
| BUILDING/FIXED EQUIP             | \$ 306,809                 |
| MAJOR MOVABLE EQUIP              | \$ 382,491                 |
| ACCUMULATED DEPRECIATION         | \$ 372,581                 |
| NET PROPERTY AND EQUIPMENT       | \$ 347,579                 |
| OTHER ASSETS                     | \$ 222,387                 |
| TOTAL ASSETS                     | \$ 722,588                 |
| LIABILITIES/FUND BALANCE         |                            |
| CURRENT LIABILITIES              |                            |
| ACCOUNTS PAYABLE                 | \$ 15,636                  |
| ACCRUED EXPENSES                 | \$ 54,929                  |
| ACCRUED COMPENSATION/OTHER       | \$ 22,207                  |
| TOTAL CURRENT LIABILITIES        | \$ 92,771                  |
| LONG TERM LIABILITIES            |                            |
| LONG TERM DEBT                   | \$ 149,356                 |
| OTHER                            | \$ 14,158                  |
| TOTAL LONG TERM LIABILITIES      | \$ 163,514                 |
| FUND BALANCE                     | \$ 466,303                 |
| TOTAL LIABILITIES & FUND BALANCE | \$ 722,588                 |



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

| <b>FY</b>   | <b>FY</b>   | <b>FY</b>   | <b>FY</b>   | <b>FY</b>   | <b>FY</b>   | <b>FY</b>   | <b>FY</b>   | <b>FY</b>   | <b>FY</b>   |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| <b>2001</b> | <b>2002</b> | <b>2003</b> | <b>2004</b> | <b>2005</b> | <b>2006</b> | <b>2007</b> | <b>2008</b> | <b>2009</b> | <b>2010</b> |

(Gross) REVENUES

EXPENSES

PATIENT DAYS

REVENUE PER PATIENT DAY

OPERATING &amp; CAPITAL BUDGET SUMMARY

GROSS REVENUES

DEDUCTIONS FROM REVENUE

NET REVENUE

DIRECT EXPENSE

INDIRECT EXPENSE

NET INCOME PROJECTED

RATE COMPUTATION

ANNUAL MEDICAID RATE

BASE YEAR COST

LESS ANCILLARY

PLUS ADMIN. OVERHEAD

COST BASIS FOR RATE

BASE YEAR PATIENT DAYS

COST PER PATIENT DAY

**Providence Alaska Medical Center is an  
acute care facility, not long term care.**



| Schedule IV. Operating Budget                         |         |         |         |         |         |
|---|---------|---------|---------|---------|---------|
| Provide Last Five Years Actual and                    |         |         |         |         |         |
| Projections for Three Years Beyond Project Completion |         |         |         |         |         |
| Description:  | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
| Number of Beds  |         |         |         |         |         |
| Days in a Year  |         |         |         |         |         |
| Available Bed Days                                    |         |         |         |         |         |
| Resident Bed Days                                     |         |         |         |         |         |
| Percent Growth  |         |         |         |         |         |
| Occupancy   |         |         |         |         |         |
| Average Length of Stay                                |         |         |         |         |         |
| Patient Bed Days                                      |         |         |         |         |         |
| Number of Residents                                   |         |         |         |         |         |
| Daily Room and Board                                  |         |         |         |         |         |
| Rate*   |         |         |         |         |         |
| Nursing Revenue                                       |         |         |         |         |         |
| Nursing Services                                      |         |         |         |         |         |
| Payer mix   |         |         |         |         |         |
| Medicaid  |         |         |         |         |         |
| Medicare  |         |         |         |         |         |
| Other   |         |         |         |         |         |
| Ancillary Revenue                                     |         |         |         |         |         |
| Total Revenue   |         |         |         |         |         |
| Rate Computation                                      |         |         |         |         |         |
| Annual Medicaid Rate                                  |         |         |         |         |         |
| Base Year Cost  |         |         |         |         |         |
| Less Ancillary  |         |         |         |         |         |
| Plus Admin Overhead                                   |         |         |         |         |         |
| Cost Basis for Rate                                   |         |         |         |         |         |
| Base Year Patient Days                                |         |         |         |         |         |
| Cost per Patient Day                                  |         |         |         |         |         |

**Providence Alaska Medical Center is  
Acute care facility, not long term care.**

Years 1 & 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 |                |         |          |          |         |
| Description:   | Existing Debt: | FY 2008 | FY 2009  | FY 2010  | FY 2011 |
| Previous   | principal      | \$9,005 | \$12,375 | \$11,171 | \$1,580 |
|  | interest       | \$2,814 | \$8,552  | \$7,815  | \$7,441 |
|  |                |         |          |          |         |
| New Debt   | principal      | 0       |          |          |         |
|  | interest       | 0       |          |          |         |

| Schedule V-B. New Project Debt Service Summary   |         |                                      |          |       |       |
|--|---------|--------------------------------------|----------|-------|-------|
| Attach a debt service cash flow schedule over the life of the debt for the new project |         |                                      |          |       |       |
| Break out principal, interest and Other  |         |                                      |          |       |       |
| year   | Item    | Principal                            | Interest | Other | Total |
| 2006   |         | \$ -                                 | \$ -     | \$ -  |       |
| 2007   | PAYMENT | No new debt issued for this project. |          |       |       |
| 2008   | PAYMENT |                                      |          |       |       |
| 2009   | PAYMENT |                                      |          |       |       |
| 2010   | PAYMENT |                                      |          |       |       |
| 2011   | PAYMENT |                                      |          |       |       |
| 2012   | PAYMENT |                                      |          |       |       |
| 2013   | PAYMENT |                                      |          |       |       |
| 2014   | PAYMENT |                                      |          |       |       |
| 2015   | PAYMENT |                                      |          |       |       |



**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             |                    | 17.28%                |            | 14.14%               |
| Medicare             |                    | 28.20%                |            | 18.93%               |
| Commercial           |                    | 40.85%                |            | 56.92%               |
| Self Pay             |                    | 7.60%                 |            | 7.80%                |
| Other Government     |                    | 6.07%                 |            | 4.48%                |
| Other                |                    |                       |            | -2.27%               |
| Total                |                    | 100.00%               |            | 100.00%              |

| Fiscal Year 2006     |                    |                       |            |                      |
|----------------------|--------------------|-----------------------|------------|----------------------|
| Reimbursement Source | Number of Patients | Gross Patient Charges | Deductions | Net Patient Revenues |
| Medicaid             |                    | 17.59%                |            | 13.95%               |
| Medicare             |                    | 28.03%                |            | 19.03%               |
| Commercial           |                    | 40.56%                |            | 57.12%               |
| Self Pay             |                    | 7.46%                 |            | 8.70%                |
| Other Government     |                    | 6.36%                 |            | 4.11%                |
| Other                |                    |                       |            | -2.91%               |
| Total                |                    | 100.00%               |            | 100.00%              |

| Fiscal Year 2007     |                    |                       |            |                      |
|----------------------|--------------------|-----------------------|------------|----------------------|
| Reimbursement Source | Number of Patients | Gross Patient Charges | Deductions | Net Patient Revenues |
| Medicaid             |                    | 17.41%                |            | 13.09%               |
| Medicare             |                    | 27.72%                |            | 18.50%               |
| Commercial           |                    | 39.89%                |            | 57.77%               |
| Self Pay             |                    | 8.48%                 |            | 10.60%               |
| Other Government     |                    | 6.50%                 |            | 4.40%                |
| Other                |                    |                       |            | -4.36%               |
| Total                |                    | 100.00%               |            | 100.00%              |



| Fiscal Year 2008     |                    |                       |            |                      |
|----------------------|--------------------|-----------------------|------------|----------------------|
| Reimbursement Source | Number of Patients | Gross Patient Charges | Deductions | Net Patient Revenues |
| Medicaid             |                    | 17.65%                |            | 13.87%               |
| Medicare             |                    | 27.42%                |            | 18.42%               |
| Commercial           |                    | 38.82%                |            | 57.29%               |
| Self Pay             |                    | 8.13%                 |            | 7.87%                |
| Other Government     |                    | 7.98%                 |            | 5.54%                |
| Other                |                    |                       |            | -2.99%               |
| Total                |                    | 100.00%               |            | 100.00%              |
| Fiscal Year 2009     |                    |                       |            |                      |
| Reimbursement Source | Number of Patients | Gross Patient Charges | Deductions | Net Patient Revenues |
| Medicaid             |                    | 17.65%                |            | 13.87%               |
| Medicare             |                    | 27.42%                |            | 18.42%               |
| Commercial           |                    | 38.82%                |            | 57.29%               |
| Self Pay             |                    | 8.13%                 |            | 7.87%                |
| Other Government     |                    | 7.98%                 |            | 5.54%                |
| Other                |                    |                       |            | -2.99%               |
| Total                |                    | 100.00%               |            | 100.00%              |
| Fiscal Year 2010     |                    |                       |            |                      |
| Reimbursement Source | Number of Patients | Gross Patient Charges | Deductions | Net Patient Revenues |
| Medicaid             |                    | 17.65%                |            | 13.87%               |
| Medicare             |                    | 27.42%                |            | 18.42%               |
| Commercial           |                    | 38.82%                |            | 57.29%               |
| Self Pay             |                    | 8.13%                 |            | 7.87%                |
| Other Government     |                    | 7.98%                 |            | 5.54%                |
| Other                |                    |                       |            | -2.99%               |
| Total                |                    | 100.00%               |            | 100.00%              |
| Fiscal Year 2011     |                    |                       |            |                      |
| Reimbursement Source | Number of Patients | Gross Patient Charges | Deductions | Net Patient Revenues |
| Medicaid             |                    | 17.65%                |            | 13.87%               |
| Medicare             |                    | 27.42%                |            | 18.42%               |
| Commercial           |                    | 38.82%                |            | 57.29%               |
| Self Pay             |                    | 8.13%                 |            | 7.87%                |
| Other Government     |                    | 7.98%                 |            | 5.54%                |
| Other                |                    |                       |            | -2.99%               |
| Total                |                    | 100.00%               |            | 100.00%              |



| Fiscal Year 2012     |                    |                       |            |                      |
|----------------------|--------------------|-----------------------|------------|----------------------|
| Reimbursement Source | Number of Patients | Gross Patient Charges | Deductions | Net Patient Revenues |
| Medicaid             |                    | 17.65%                |            | 13.87%               |
| Medicare             |                    | 27.42%                |            | 18.42%               |
| Commercial           |                    | 38.82%                |            | 57.29%               |
| Self Pay             |                    | 8.13%                 |            | 7.87%                |
| Other Government     |                    | 7.98%                 |            | 5.54%                |
| Other                |                    |                       |            | -2.99%               |
| Total                |                    | 100.00%               |            | 100.00%              |
| Fiscal Year 2013     |                    |                       |            |                      |
| Reimbursement Source | Number of Patients | Gross Patient Charges | Deductions | Net Patient Revenues |
| Medicaid             |                    | 17.65%                |            | 13.87%               |
| Medicare             |                    | 27.42%                |            | 18.42%               |
| Commercial           |                    | 38.82%                |            | 57.29%               |
| Self Pay             |                    | 8.13%                 |            | 7.87%                |
| Other Government     |                    | 7.98%                 |            | 5.54%                |
| Other                |                    |                       |            | -2.99%               |
| Total                |                    | 100.00%               |            | 100.00%              |
| Fiscal Year 2014     |                    |                       |            |                      |
| Reimbursement Source | Number of Patients | Gross Patient Charges | Deductions | Net Patient Revenues |
| Medicaid             |                    | 17.65%                |            | 13.87%               |
| Medicare             |                    | 27.42%                |            | 18.42%               |
| Commercial           |                    | 38.82%                |            | 57.29%               |
| Self Pay             |                    | 8.13%                 |            | 7.87%                |
| Other Government     |                    | 7.98%                 |            | 5.54%                |
| Other                |                    |                       |            | -2.99%               |
| Total                |                    | 100.00%               |            | 100.00%              |
| Fiscal Year 2015     |                    |                       |            |                      |
| Reimbursement Source | Number of Patients | Gross Patient Charges | Deductions | Net Patient Revenues |
| Medicaid             |                    | 17.65%                |            | 13.87%               |
| Medicare             |                    | 27.42%                |            | 18.42%               |
| Commercial           |                    | 38.82%                |            | 57.29%               |
| Self Pay             |                    | 8.13%                 |            | 7.87%                |
| Other Government     |                    | 7.98%                 |            | 5.54%                |
| Other                |                    |                       |            | -2.99%               |
| Total                |                    | 100.00%               |            | 100.00%              |

Due to the nature of charity and bad debts expense, this schedule is not projectable with certain accuracy. The expansion is relatively small & we don't predict the payor mix to change significantly.



## Schedule VII. Depreciation Schedule

| Description                     | Cost per Item | Qty | Value            | Useful Life (in Yrs) | Depreciation per year |
|---------------------------------|---------------|-----|------------------|----------------------|-----------------------|
| Transcutaneous C02              | \$10,000      | 1   | \$10,000         | 5                    | \$2,000               |
| Big Beds                        | \$7,000       | 2   | \$14,000         | 15                   | \$933                 |
| Ambulatory Sleep Study Recorder | \$2,500       | 2   | \$5,000          | 10                   | \$500                 |
| Bed pediatric crib              | \$5,000       | 1   | \$5,000          | 15                   | \$333                 |
| Diagnostic Sleep System         | \$20,000      | 2   | \$40,000         | 7                    | \$5,714               |
| End Tidal C02                   | \$5,000       | 4   | \$20,000         | 10                   | \$2,000               |
| Equipment Dryer                 | \$8,000       | 1   | \$8,000          | 10                   | \$800                 |
| <b>Total Depreciation</b>       |               |     | <u>\$102,000</u> |                      | <u>\$12,280</u>       |

Note: \$73,272 of Equipment in Section VIII B will be directly expensed, not capitalized.

Note 2: The proforma is based on going from 4 beds in 2008 to 10 beds 2010. The equipment lists are based on adding 2 beds in 2010.



## APPLICATION FEE – DETERMINATION AND CERTIFICATION OF AMOUNT

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

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

A. the amount listed on page 20 of this packet under Section VIIIA, Financial Data – Acquisitions, subsection (2), item “a” (total acquisition cost of land and buildings): \$ 0

**plus**

B. the amount listed on page 21 of this packet under Section VIIIB, Financial Data – Construction Only, item “g” (total project cost, which is the sum of items d, e, and f): \$ 3,604,524

Estimated Value of the Activity for (1)  
(sum of A & B above) \$ 3,604,524

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

Estimated Fair Market Value for (2): (lease x 1.03 x 40 yrs) \$ 24,021,609

Estimated Value for (1) from above: \$ 3,604,524

Total Estimated Value of the Activity  
(sum of (1) and (2)): \$ 27,626,133

---

Amount of Application Fee submitted with this application  
(see 7 AAC 07.079 to calculate amount due): 0.1% of Total Estimated Value \$ 27,625.83

### ***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: Providence Alaska Medical Center, 3200 Providence Dr., Anchorage, AK  
Name and Title of Person Determining Application Fee: Lisa Wolf, Regulatory Analyst

---

Signature of Certifying Officer of the Organization



## **Appendices**



STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Sarah Palin, Governor

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

## Providence Alaska Medical Center

To conduct and maintain a 326 Bed Acute Care Hospital including 27 Psychiatric Beds  
and 10 Rehabilitation Beds  
In the premises located at 3200 Providence Drive, Anchorage, Alaska

*This License* is effective July 1, 2008 through June 30, 2010, and is subject to the provisions of ALASKA STATUTES 47.32. This License shall not be assignable or transferable and shall be subject to revocation at any time by the Department of Health and Social Services for failure to comply with the laws of Alaska or rules and regulations as provided under the Alaska Administrative Code.

*In Witness Whereof* I have hereunto set my hand and seal of the Department of Health and Social Services this  
First day of July, 2008



By *Sarah Palin*  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

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



Providence Alaska Medical Center  
Anchorage, AK  
has been Accredited by



**The Joint Commission**

Which has surveyed this organization and found it to meet the requirements for the  
**Hospital Accreditation Program**

**July 19, 2008**

Accreditation is customarily valid for up to 39 months.

*David L. Nahawold*

David L. Nahawold, M.D.  
Chairman of the Board

10208  
Organization ID #

*Mark Chassin*

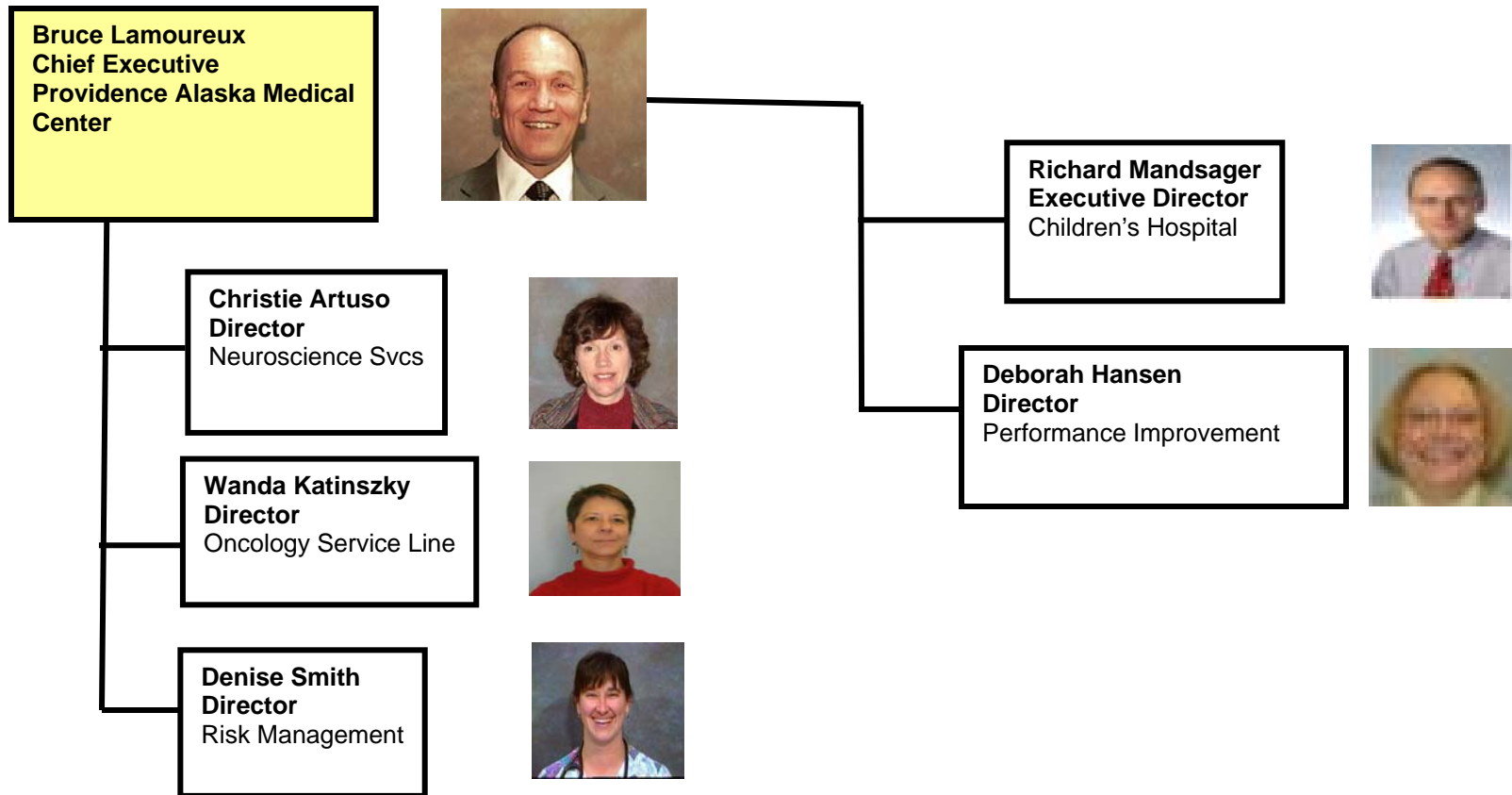
Mark Chassin, M.D.  
President

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





**Providence Health & Services Alaska** (Lamoureux Continued)





**CURRICULUM VITAE**  
**Robert Lada, M.D. D, ABSM**

**Updated August 3, 2008**

**Professional Address:** 3200 Providence Drive  
Anchorage, Alaska 99508  
(907) 261-3650  
(907) 261-4810 fax  
[robertlada@yahoo.com](mailto:robertlada@yahoo.com)

**Mailing Address:** PO BOX 110977  
Anchorage, Alaska 99511-0977

**Home Address:** 12001 Lilac Drive  
Anchorage, Alaska 99516

**Date of Birth:** 03-27-66

**Place of Birth:** Columbus, Ohio

**Licensure Number:** Ohio License 35-06-8556 exp. 07-01-2008

**Board Certifications:** American Board of Psychiatry & Neurology  
10-1-99 Certificate # 47461  
  
American Board of Sleep Medicine 3/23/05  
Certificate # 2905

**DEA #** #BL4617342

**Undergraduate Education:**

|   | <b>Year</b> | <b>Degree</b>   |
|---|-------------|---|
| Case Western Reserve University<br>10900 Euclid Avenue<br>Cleveland, Ohio 44106<br>216-368-5497 | 1984-1988   | Bachelor of Arts (Magna cum laude)<br>Undergraduate Scholar Program<br>Medical Illustration |

**Medical School:**

|   | <b>Year</b> | <b>Degree</b>  |
|---|-------------|----------------|
| Case Western Reserve University<br>10900 Euclid Avenue<br>Cleveland, Ohio 44106<br>216-368-5497 | 1988-1993   | Medical Doctor |



**Hospital Training:**

|   |           |  |
|---|-----------|--|
| University Hospitals of Cleveland<br>11100 Euclid Avenue<br>Cleveland, Ohio 44106<br>216-844-3887   | 1990-1991 | Medical Student Fellow Pathology                                   |
| Metro Health Medical Center<br>2500 Metro Health Drive<br>Cleveland, Ohio 44106<br>216-778-7800   | 1993-1994 | Internship, Internal Medicine<br>Program Director: Dr. Nathan Olds |
| University Hospitals of Cleveland<br>11100 Euclid Avenue<br>Cleveland, Ohio 44106<br>216-844-3887   | 1994-1997 | Resident in Neurology<br>Program Director: Dr. Dennis Landis       |
| Case Western Reserve University<br>10900 Euclid Avenue<br>Cleveland, Ohio 44106<br>216-368-5497   | 1995-1997 | Member<br>Department of Neurology<br>Division of Clinical Research |
| Cleveland Clinic Foundation<br>Department of Neurosurgery<br>Division of Neurointensive Care<br>9500 Euclid Avenue<br>Cleveland, Ohio 44195<br>216-444-1650 | 1997-1998 | Fellow, Neurointensive Care<br>Program Director: Dr. Jeffrey Frank |

**Work Experience:**

Neurosurgery & Neurology Associates, Inc. July 1998 – July 2008  
130 West Exchange Street  
Akron, Ohio 44302  
330-376-1902

Director Ohio Sleep Disorder Centers LLC 2005- July 2008  
Hudson Office  
1335 Corporate Drive  
Hudson, Ohio 44236

Director of Clinical Research  
Neurology and Neuroscience Associates 2005 to July 2008

Director of Cerebrovascular Medicine  
Summa Health System Jan 2002 to July 2008



Volunteer Open M clinic (Akron Free Clinic) 2007-to 2008

**Membership in Medical Societies:**

- American Academy of Neurology
- American Academy of Sleep Medicine
- Neurocritical Care Society
- Summit County Medical Society
- Member National Stroke Association
- Member American Heart Association
- Co-Director Operation Stroke Summit County American Stroke Association 2000-2006
- Board of Trustees American Heart Association 2000-2006

**Hospital Privileges:**

- Summa Health System, Akron, Ohio, 1998-2008
- Robinson Memorial Hospital, Ravenna, Ohio, 1998-2008
- Medina General Hospital, Medina, Ohio. 1998-2008
- Cuyahoga Falls General Medical Center, Cuyahoga Falls, Ohio, 1998-2008
- Akron General Medical Center, Akron, Ohio, 1998-2008
- Semper Care Hospital (Summa Health System) 1998-2008

**Awards and Honors:**

Irwin H. Lepow Medical Student Research Day Runner Up (March 1990)

Teaching Award 1998-1999 Summa Health System for Teacher of the Year

"Top Doctors List" in Neurology Northern Ohio Live Magazine April 2005

Stroke Champion American Heart Association 2006

**Research and Publication:**

Short-term research training grant 1989. Research with Dr. Robert Salata assessing the use of T-cell products in activating neutrophils against Entamoeba histolytica.

Lada, Malhoutra, Salata (1990). "Colony Stimulating Factor Activation of Human Neutrophil to Kill Virulent Entamoeba histolytica". Clinical Research 38(2): 481A (Presented at the Association of American Physicians, American Society for Clinical Investigation, and American Federation for Clinical Research National Meeting, Washington D.C. May 4-7 1990)



Research with George Perry, Ph.D. (March-June 1991). Investigating the presence of tau and ubiquitin in pretangle neurons of Alzheimer's disease.

Lada, Kaminsky, Ruff (1996) Ed. Charles J. Veatch: "Metastatic Spinal Cord Compression" in Neuro-Oncology Part II-Neurological Disorders in Systemic Cancer. Vinken P.J. and Bruyn, G.W. Handbook of Clinical Neurology

Principle Investigator for Bristol-Myers Squibb  
At Summa Health System (1999-2002) Potassium-Channel Opener Stroke Trials. (POST) Study  
BMS 204352

Investigator Summa Health System: Strategies to Educate and Prevent Strokes (Steps Program 1999)

Improved Outcome Associated With Specialized Stroke Units  
J. Weinhardt, K. Allen, R. Lada, S. Hazelett,  
2000 North American Stroke Meeting Toronto, Canada

Improved Outcomes Associated With Specialized Stroke Units  
Journal of Stroke & Cerebrovascular Disease 2000;9(4):205 (Abstract)

Subarachnoid hemorrhage: Effect of Published Guidelines on Compliance and Mortality  
John Duldner, Taylor Bear, Vince Metzger, Tim Korytko, Joe Suyama, Arthur Pancioli, Irene Katzan, Marc Mayberg, Warren Selman, Jose Suarez, **Robert Lada**, John Andrefsy and Alfred Rimm  
Acad Emerg Med 2002 Volume 9, Issue 5 414

Principle Investigator (Summa Health System 2003-2004) (ONO-2506): To study the neuroprotective effect of ONO-2506 in acute ischemic stroke. This is a randomized controlled double blind safety and efficacy study.

Principle Investigator 2004 to present: PROFESS- Prevention Regimen For Effectively avoiding Second Strokes: A double blind, active and placebo controlled study of Aggrenox vs. clopidogrel+ aspirin, with and without Micardis.

Principle Investigator 2004 to present: ACT-Act Combination Trial: A multi-center, randomized, blinded, parallel-group study of Avonex in combination with oral methotrexate, intravenous methylprednisolone, or both in subjects with relapsing-remitting multiple sclerosis who have breakthrough disease on Avonex monotherapy.

Principle Investigator 2006 to present: CRESCENDO/ Comprehensive Rimonabant Evaluation Study of Cardiovascular Endpoints and Outcomes. Randomized double blind, placebo controlled, two arm parallel group trial of Rimonabant 20mg for reducing the risk of major cardiovascular events in abdominally obese patients with clustering risk factors.



## **PROVIDENCE HEALTH SYSTEM IN ALASKA JOB DESCRIPTION**

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JOB CODE: 14010-198A  
JOB TITLE: **MEDICAL DIRECTOR**  
PROCESS LEVEL: 198-PROVIDENCE MEDICAL CENTER  
REPORTS TO:  
SUPERVISES: N/A  
DESCRIPTION STATUS:  
SUPERSEDES: old JC 501

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### **POSITION SUMMARY**

Responsible for the clinical integrity of the medical programs for a specific area of practice. This includes oversight of clinical assessment and treatment, application of clinical practice standards, adherence to guidelines, integration of Quality Management into the clinical review process and delivery of care, and acting as a knowledge-based resource to clinicians, supervisors and other related departments.

### **ESSENTIAL JOB FUNCTIONS:** **(Responsibilities, Accountabilities, and Competencies; May not include all duties of this job)**

#### **A. JOB DUTIES: (For performance review, assess competence for each essential function using “C” for competent and “NI” for needs improvement)**

1. Reviews clinical cases in conjunction with Case Managers and Supervisors to ensure that clinical and administrative standards are being met. This includes retrospective reviews, emergent or high-risk case reviews, focused care management reviews and audit reviews.
2. Participates in Quality Improvement meetings to develop improved processes, review audit results for improved clinical and organizational work flow, develop continuous mentoring and teaching modules to address clinical staff needs, monitor clinical benchmarks and formulated work plans addressing deficits or areas of improvement.
3. Provides medical consultation to staff for development of the plan of care for complex patient care needs. Provides administrative direction from a medical staff perspective related to services and care delivery. Provides consultation and leadership to physicians as needed for clinical management.



4. Participates in ongoing monitoring and evaluation of program effectiveness, including follow-up treatment and outcome review, incident monitoring, patient and family satisfaction with services, monitoring of key systems of performance required to support the program, and indicators of clinical quality related to the patient populations served.
5. Reviews and approves clinical policies, procedures, safety practices and emergency plans for the safe and effective delivery of patient care services provided. Assists in meeting medical practice related compliance with all local, State and Federal laws regarding licensure, certification of facility, and compliance with JCAHO patient care standards.
6. Maintains effective communication with the medical community. Consults and advises the staff concerning improved forms and methods of communication. Meets and talks with physicians concerning patient care services and the appropriate use of these services. Assures effective liaison with the medical community and other health care referral sources to facilitate referrals, continuity of care and transition of care.
7. Works in an advisory capacity in daily operations and strategic planning.
8. Participates in site reviews, teaching conferences and administrative meetings. Consults with legal and other departments as required regarding specific high visibility cases. Makes presentations to the professional community in order to enhance the visibility and image of the organization.
9. Provides professional medical services as necessary.
10. Implements care/services that recognize age/diversity specific needs/issues of customers served.
11. Performs other related duties as required.

**B. IDENTIFIED COMPETENCIES**

Completes initial and annual Competency Plan for assigned job and department.

**C. CORE VALUES**

Demonstrates personal and interpersonal qualities that support the Core Values of Providence Health System.

**D. ESSENTIAL JOB QUALIFICATIONS: (Any equivalent Combination of Knowledge, Skills, Abilities, Education, and Experience)**

1. **Education:** Board certified Medical Doctor with current unrestricted license. Added qualifications in area of specialty.



2. **Experience:** Minimum ten years of experience as a practicing medical clinician responsible for leadership in area of specialty. Past experience to include staff supervision, policy formulation and implementation, and coordination of training and inservice programs.
3. **Licensure/Certification:** State licensure as a physician.
4. **Other Qualifications:** Highly developed verbal and written communication skills, negotiation skills, and analytical/critical thinking skills required to interact and collaborate with health care professionals, patients, families, physicians and community groups. Team player with proven leadership qualities and ability to manage multiple projects and interaction with all levels within an organization. Knowledge of health care trends and research and quality improvement principles and techniques.
5. **Attendance:** Regular attendance is a requirement of this position.
6. **English Language:** Must be able to read, write, and speak English.

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This Job Description reflects Providence Health System in Alaska's best effort to describe the essential functions and qualifications of the job described. It is not an exhaustive statement of all the duties, responsibilities or qualifications of the job. This document is not intended to exclude an opportunity for modifications consistent with providing reasonable accommodation. This is not intended to be a contract. Your signature indicates you have read this Job Description and understand the essential functions and essential qualifications of the job.

---

Employee Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ SSN: \_\_\_\_\_



## Gerald A. Trodden

---

### Experience

November 1996 to present, Providence Alaska Medical Center, Sleep Disorders Center

#### Clinical Manager

- Worked directly and indirectly with referral physicians, sleep physicians and other sub-specialists (psychiatrists, pulmonologists etc.) to assist in all aspects of evaluation, diagnosis, treatment and follow-up of patients with sleep complaints.
- Increased patient volume by 300% during tenure as manager.
- Successfully helped lead the center through two accreditations with the American Academy of Sleep Medicine (AASM)
- Responsible for annual billed procedures of 3.5 million dollars.
- Responsible for hiring, firing, evaluating and training of respiratory therapists, neurodiagnostic technical, professional and clerical staffs.
- Responsible for budgeting salaries, purchasing and evaluation of capital equipment.

#### Sleep Technologist

- Interacted daily with patients and families in medical office setting regarding all sleep disorders, sleep health and treatment.
- Worked daily with physicians, patients, insurance companies and hospital organization to coordinate resources for medical treatment of sleep disorders and pulmonary disease.

1991-1996      Horizon Hospital System      Farrell, PA

#### Sleep Lab Coordinator, Director of Cardiopulmonary Care

- Worked with architects, designers and financial planners and administration in 150 bed acute care teaching hospital to open and operate regions first sleep center.
- Hired, and trained new sleep and cardiopulmonary staff.
- Lead cardiopulmonary department (Sleep, Respiratory Care, EKG, EEG and Pulmonary Function) through merger and expansion of services.
- Developed new services to hospital diagnostic and treatment facilities.
- Worked with Risk Management, architects, medical and support staffs to planned and moved sleep program from hospital campus to off campus location.

1985–1991      St. Francis Hospital      New Castle, PA

#### Director of Respiratory Care

- Supervised, hired and trained new respiratory therapists.
- Served on Critical Care and Quality Assurance Committees



|                           |   |
|---------------------------|---|
|                           | <ul style="list-style-type: none"> <li>Trained student nurses in pulmonary care and was smoking cessation teacher.</li> </ul>   |
|                           | <p>1981 – 1985    Youngstown Hospital Association    Youngstown, OH</p> <p>Shift Supervisor, Respiratory Care</p> <ul style="list-style-type: none"> <li>Was responsible for supervising, training and orienting staff to floor resp. therapy, and critical care areas in 3 hospital system. facilities.</li> <li>Worked with unionized workforce through multi level grievance processes.</li> </ul> <p>Staff Therapist, Critical Care Therapist, Respiratory Care Therapist</p> <ul style="list-style-type: none"> <li>Earned way in labor unit through RT levels of responsibility performing ventilator care, routine floor therapy.</li> <li>Was on transport team for Peds NICU and Peds Critical Care Unit.</li> </ul> |
|                           | <p>1976 – 1981    Shenango Valley Hospital    Farrell, Pa.</p> <p>Respiratory Therapy Technician</p> <ul style="list-style-type: none"> <li>Performed routine respiratory care in acute care setting of community hospital for adults and pediatric patients.</li> <li>Trained and performed full range of pulmonary function testing. Including Single breath diffusion, lung volumes and routine spirometry.</li> </ul>   |
| Education                 | <p>1982 and 1993                      Youngstown State University    Youngstown, OH</p> <ul style="list-style-type: none"> <li>BSAS in Allied Health. Major Health, Minor, Art (20<sup>th</sup> Century after WW II.)</li> <li>A.A.S. Respiratory Care Technology</li> </ul>  |
| Certifications            | <p>Registered Polysomnographic Technologist</p> <p>Registered Respiratory Therapist</p> <p>Registered Pulmonary Function Technologist</p> <p>Registered Emergency Medical Technician (not current)</p>  |
| Professional Associations | <p>Board of Directors, Alaska Society for Respiratory Care (1999 to 2006)</p> <p>American Association for Respiratory Care, member</p> <p>American Association of Sleep Technologists, member</p>   |
| Interests                 | <p>Cabin building, fishing, Iditarod trail communications volunteer (13 years), amateur radio (call sign KL1HD) and fitness. Married with two daughters.</p>  |



## **PROVIDENCE HEALTH SYSTEM IN ALASKA JOB DESCRIPTION**

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JOB CODE: 14255-198C  
JOB TITLE: CLINICAL MANAGER –SLEEP CTR  
PROCESS LEVEL: 198 – PROVIDENCE ALASKA MEDICAL CENTER  
REPORTS TO: DIRECTOR  
SUPERVISES: STAFF IN ASSIGNED AREA  
DESCRIPTION STATUS: NEW: 1/97 12/06  
SUPERSEDES:

---

### **POSITION SUMMARY**

Responsible for patient focused care management. Coordinates department team operations on a daily basis. Provides leadership in the planning, coordination, implementation, and evaluation of assigned area.

### **ESSENTIAL JOB FUNCTIONS:** **(Responsibilities, Accountabilities, and Competencies; May not include all duties of this job)**

#### **A. JOB DUTIES**

1. Assures that patient care is delivered in compliance in compliance to standards utilizing cost effective methods.
2. Assists in preparation of monthly budget and capital requirements for assigned area.
3. Develops, modifies, and implements patient care standards, policies, procedures, and protocols.
4. Assists in the development, implementation, and modification of programs and services needed to meet patient care and staff development needs.
5. Implement care/services that recognize age/diversity specific needs/issues of customers served.
6. Performs other related duties as required.



**B. IDENTIFIED COMPETENCIES**

Completes Competency Plan for assigned job and department. Must maintain current BLS or CPR certification.

**C. CORE VALUES**

Demonstrates personal and interpersonal qualities that support the Core Values of Providence Health System.

**ESSENTIAL JOB QUALIFICATIONS:**

**(Any equivalent Combination of Knowledge, Skills, Abilities, Education, and Experience)**

1. **Education:** Completion of a technical training program relevant to assigned field is required. Bachelor degree in technical area preferred.
2. **Experience:** Two years of recent clinical supervisory experience.
3. **Licensure/Certification:** Licensed in Alaska in area of expertise, if applicable. CPR/Basic Life Support must be current.
4. **Other Qualifications:** Regular attendance is a requirement of this position. Must be able to read, write and speak English.
5. **Attendance:** Regular attendance is a requirement of this position.
6. **English Language:** Must be able to read, write, and speak English.

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This Job Description reflects Providence Health System in Alaska's best effort to describe the essential functions and qualifications of the job described. It is not an exhaustive statement of all the duties, responsibilities or qualifications of the job. This document is not intended to exclude an opportunity for modifications consistent with providing reasonable accommodation. This is not intended to be a contract. Your signature indicates you have read this Job Description and understand the essential functions and essential qualifications of the job.

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Employee Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ SSN: \_\_\_\_\_



## **PROVIDENCE HEALTH SYSTEM IN ALASKA JOB DESCRIPTION**

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JOB CODE: 65000-198C  
JOB TITLE: NEURODIAGNOSTICS TECHNOLOGIST  
PROCESS LEVEL: 198 – PROVIDENCE MEDICAL CENTER  
REPORTS TO: CLINICAL SUPERVISOR  
SUPERVISES: N/A  
DESCRIPTION STATUS: NEW 10/96; REVISED 12/06  
SUPERSEDES: (OLD JC 395)

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### **POSITION SUMMARY**

Registered in at least one area of Neurodiagnostics (Polysomnography, Electroencephalography or Evoked Potentials) and can perform tests in one or more areas.

### **ESSENTIAL JOB FUNCTIONS:**

**(Responsibilities, Accountabilities, and Competencies; May not include all duties of this job)**

#### **A. JOB DUTIES**

1. TESTING: Sets up patient for EEG, PSG and/or EP testing. Produces artifact free records. Documents patient histories and medications.
2. EQUIPMENT: Calibrates, cleans, and troubleshoots equipment with safe operating techniques. Maintains inventory and/orders supplies.
3. EDUCATION: Educates other departments, patients, physicians, and employees about services provided. Participates in support group.
4. DOCUMENTATION AND REPORTS: Analyzes, distributes, and follows-up on patient data.
5. COMMUNICATION: Communicates with employees, physicians, patients, family members, and the public. Participates in team meetings.
6. TECHNICAL STANDARDS: Performs neurodiagnostic testing according to national standards and guidelines.



7. Implement care/services that recognize age/diversity specific needs/issues of customers served.
8. Performs other related duties as required.

**B. IDENTIFIED COMPETENCIES**

Completes Competency Plan for assigned job and department. Must maintain current BLS or CPR certification.

**C. CORE VALUES**

Demonstrates personal and interpersonal qualities that support the Core Values of Providence Health System.

**ESSENTIAL JOB QUALIFICATIONS:**

**(Any equivalent Combination of Knowledge, Skills, Abilities, Education, and Experience)**

1. **Education:** High school diploma or equivalent. Graduation from school accredited by the Committee on Allied Health Education and accreditation or on-the-job training and registry eligible for certification by Abret and/or Brpt.
2. **Experience:** One year on-the-job training as noted under education. Practicum completed in a two-year course accepted in lieu of experience.
3. **Licensure/Certification:** Registered as a PSG Technologist by BRPT, or EEG Technologist by ABRET, or EP Technologist by ABRET. CPR/Basic Life Support must be current.
4. **Other Qualifications:** Schedule varies according to department needs, may include weekends, holidays and on-call. Must be able to work with minimal supervision.
5. **Attendance:** Regular attendance is a requirement of this position.
6. **English Language:** Must be able to read, write, and speak English.

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# AASM STANDARDS

## “Technologist Staffing”

I

### CLINICAL PRACTICE REVIEW COMMITTEE AMERICAN ACADEMY OF SLEEP MEDICINE

#### Standard

Technologists staffing and support is sufficient to a) address the anticipated workload for patients being assessed by the laboratory and b) to assure the safety of all patients and staff within the physical confines of the laboratory.

#### Intent and Limitations

**Workload:** Workload for a particular technologist depends upon the complexity of patients being studied, the number of patients, anticipated or potential interventions (i.e. standard operating procedures), the type (s) of study(ies), the capabilities of the technologist and the availability of additional personnel.

All tasks and duties that the technologist performs or may be required to perform, even those not specifically related to the performance of overnight polysomnography within the facility, must be included in the assessment of the workload.

**Safety:** Safety is a separate but related issue and must be considered in the determination of workload.

There must be sufficient personnel to assure patient and technologist safety in the environment that the studies are being performed. It is important to recognize that the sleep evaluation is being performed in a medical facility. Should an emergency occur while the patient is in the facility, the staff must be able to respond promptly, appropriately and without significant compromise to other patients. This is particularly true when the patient(s) is (are) asleep and may be unaware of or unable to request help in the event of an emergency. Therefore, the safety standard for a sleep facility requires reasonable and nearly continuous monitoring of every patient's status while undergoing physiological recording in the facility. The level and continuity of monitoring that is required is dependent upon the severity of the patients being studied and the procedural requirements of the Laboratory/Center. Adequate and appropriate additional staff must be available in a timely manner (<30 minutes) to render urgent or emergent assistance. Personnel who are within the building and who may assist the technologist(s) are preferable to electronic messaging or call systems. In particular this standard requires that during the physiologic recording:

a) At least one technologist is observing the ongoing physiological status of each patient being recorded.

b) In an emergency, there is procedure for contacting additional or emergency staff, and

c) There is a mechanism for the additional or emergency staff to access the facility while the technologist(s) is (are) performing their duties, especially during an emergency.

Particular problems occur when a single technologist is alone in the sleep facility with the patient(s). In this situation the following additional conditions must be met a) Another individual must be on-call and available to assist the technologist within twenty (20) minutes, b) There must be a mechanism for requesting urgent or emergent help that may be readily activated without compromising either the patient or the technologist, and c) There must be a provision for providing a reasonable level of continual patient monitoring. The level and continuity of monitoring that is required is dependent upon the severity of the patients being studied and the procedural requirements of the Laboratory/Center.

This provision must also address the personal needs of the technologist(s), breaks, meals, patient care issues and other duties of the technologist.

**Technologist-to-Patient Ratios:** Under most circumstances, the recommended ratio of patients-to-technologist is two-to one. Procedures that involving intermittent monitoring of patients, either within the facility or from a distant location, shall contribute the equivalent of one-half patient to this ratio.

Patients who require greater interventions due to physical impairments, cognitive development, neuropsychological impairment or other disease processes may limit this ratio and must be taken into account prior to the study. In all circumstances, the laboratory must adhere to state and federal regulations pertaining to staffing that are pertinent to the facility.



April 15, 2009

Providence Health Systems

Re: Providence Southwest Campus Expansion Phase III – Tower S Sleep Center  
Certified Estimate for Certificate of Need for Sleep Center TI

Attention: Jon Johnson

Below is a Certified Estimate for the Certificate of Need (CON) for the Sleep Center Tenant Improvement located in the lower level of Tower S, based on the floor plan totaling 10,360 sf.

**PAMC Tower S Sleep Center – Estimate for CON**

**Total Sleep Center TI Cost Breakdown – Schedule of Values:**

| Scope of Work             | Amount     |
|---------------------------|------------|
| General Conditions        | \$ 304,556 |
| Architectural Design Fee  | \$ 100,000 |
| Blocking                  | \$ 39,087  |
| Thermal / Batt Insulation | \$ 159,920 |
| Hollow Metal              | \$ 35,304  |
| Wood Doors                | \$ 20,134  |
| Glass & Glazing           | \$ 78,604  |
| Ceramic Tile              | \$ 4,628   |
| Interior Stud Framing     | \$ 38,894  |
| Structural Stud Framing   | \$ 89,142  |
| Interior Sheetrock        | \$ 51,267  |
| Acoustic Ceilings         | \$ 134,560 |
| Resilient Tile/Carpet     | \$ 96,065  |
| Tape & Paint              | \$ 67,848  |
| Toilet Partition          | \$ 1,970   |
| Wall/Corner Guards        | \$ 8,556   |
| Signage                   | \$ 7,738   |
| Fire Extinguisher         | \$ 1,710   |
| Mail Boxes                | \$ 1,855   |



|                                  |              |
|----------------------------------|--------------|
| Other Specialty Items            | \$ 137,012   |
| Toilet Accessories               | \$ 19,848    |
| TV Brackets                      | \$ 3,765     |
| Kitchen Appliances               | \$ 2,396     |
| Lockers                          | \$ 3,495     |
| Casework                         | \$ 297,522   |
| Blinds                           | \$ 10,932    |
| Lead Lined Gyp. Board            | \$ 2,964     |
| Mechanical Design / Build        | \$ 872,859   |
| Electrical System Design / Build | \$ 506,638   |
| Med Gas Build out Needs          | \$ 213,183   |
|                                  |              |
| Total Design / Build Cost        | \$ 3,312,452 |

Sincerely,

*Nicole Mitchell*

Nicole Mitchell, P.E.  
Project Manager