



# ALASKA REGIONAL

## H O S P I T A L

HOSPITAL SATELLITE EMERGENCY DEPARTMENT (HSED)  
CERTIFICATE OF NEED APPLICATION

MAY 8, 2023

## TABLE OF CONTENTS

	<b>Page No.</b>
<b>Section I</b> (Applicant Identification and Certification).	2
<b>Section II</b> (Summary Project Description).	4
<b>Section III</b> (Description of Facilities and Capacity Indicators).	5
<b>Section IV</b> (Narrative Review Questions).	9
<b>Section V</b> (Consideration of Quality, Effectiveness, Efficiency, and Benefits of the Applicant’s Services).	25
<b>Section VI</b> (Narrative Description of How Project Meets Applicable Review Standards).	31
<b>Section VII</b> (Construction Data).	36
<b>Section VIII(A)</b> (Financial Data – Acquisitions).	38
<b>Section VIII(B)</b> (Financial Data – Construction Only).	39
<b>Section IX</b> (Financial Data – All Proposed Activities).	40
<b>Application Fee</b> (Determination and Certification of Amount).	56

## APPENDICES

<b>Appendix #1</b> (Board of Trustees)	57
<b>Appendix #2</b> (Joint Commission Accreditation).	61
<b>Appendix #3</b> (Equipment List).	65
<b>Appendix #4</b> (International Building Code – Chapter 16).	74
<b>Appendix #5</b> (Admission and Nondiscrimination Policies).	76
<b>Appendix #6</b> (Key Job Descriptions).	89
<b>Appendix #7</b> (Major Hospital Positions).	109
<b>Appendix #8</b> (Organizational Chart).	128
<b>Appendix #9</b> (Site Plan).	130
<b>Appendix #10</b> (Zoning Letter).	132
<b>Appendix #11</b> (Letters of Support).	135
<b>Appendix #12</b> (Anchorage Area Hospital Designation Chart – AFD).	139
<b>Appendix #13</b> (Architectural and Structural Design Plan).	141
<b>Appendix #14</b> (Land Appraisal).	147



CERTIFICATE OF NEED APPLICATION

APPLICANT IDENTIFICATION AND CERTIFICATION OF ACCURACY

<b>1. Applicant Identification</b>	
<b>Facility Name</b> Alaska Regional Hospital	<b>Medicaid Provider Number</b> HS20IP, HS20OP
<b>Facility Address (Street/City/State/Zip Code)</b> 2801 DeBarr Road, Anchorage, AK 99508	<b>Medicare Provider Number</b> 02-0017
<b>Name and mailing address of organization that operates the facility (if different from above)</b> Same as above	
<b>Facility Administrator (Name, title, mailing address, including City/State/Zip Code)</b> Jennifer Opsut, CEO Alaska Regional Hospital 2801 Debarr Road, Anchorage, AK 99508	<b>Telephone:</b> (907) 264-1775 <b>Facsimile:</b> 264-1143 <b>E-mail:</b> Jennifer.Opsut@hcahealthcare.com
<b>Applicant (Name, title, mailing address, including City/State/Zip Code)</b> Jennifer Opsut, CEO Alaska Regional Hospital 2801 Debarr Road, Anchorage, AK 99508	<b>Telephone:</b> (907) 264-1775 <b>Facsimile:</b> 264-1143 <b>E-mail:</b> Jennifer.Opsut@hcahealthcare.com
<b>Principal Contact Person (Name, title, physical address, mailing address, including City/State/Zip Code)</b> Jennifer Opsut, CEO Alaska Regional Hospital 2801 Debarr Road, Anchorage, AK 99508	<b>Telephone:</b> (907) 264-1775 <b>Mobile Phone:</b> <b>Facsimile:</b> 264-1143 <b>E-mail:</b> Jennifer.Opsut@hcahealthcare.com
<b>2. Ownership Information</b>	
<b>A. Type of Ownership (check applicable category)</b> <input type="checkbox"/> For profit: individual <input type="checkbox"/> Not for profit: government <input type="checkbox"/> For profit: partnership <input type="checkbox"/> Not for profit: corporation <input checked="" type="checkbox"/> For profit: corporation <input type="checkbox"/> Other (specify): _____	
<b>B. List of all Owners (Page 2 of application)</b>	
<b>C. Accreditation Information (Page 2 of application)</b>	
<b>3. Agreement to participate in the Uniform Statewide Reporting System</b>	
I hereby agree to participate in the uniform statewide reporting system required under AS 18.07.101 when requested to do so under 7 AAC 07.105(c).	
<b>4. 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> Jennifer Opsut	<b>Title</b> CEO
<b>Signature</b> Jennifer Opsut	<b>Date</b> 5/5/2023

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

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

Not applicable.

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

Alaska Regional Hospital (“Alaska Regional”) is owned by Galen Hospital Alaska, Inc. (“GHA”), which is an indirect subsidiary of HCA Healthcare, Inc. (“HCA”). GHA has appointed a local Board of Trustees as the governing body to provide oversight of Alaska Regional’s quality and medical staff. Lists of the officers and directors of GHA and of Alaska Regional’s Board of Trustees are included in Appendix #1.

Alaska Regional’s officers are:

<b>Name</b>	<b>Title</b>	<b>Address</b>
Jennifer Opsut	Chief Executive Officer	2801 Debarr Road Anchorage, AK 99508
Rob Stantus	Chief Operating Officer	2801 Debarr Road Anchorage, AK 99508
Ashlyn Hall	Chief Nursing Officer	2801 Debarr Road Anchorage, AK 99508
Jeff Chilson	Chief Financial Officer	2801 Debarr Road Anchorage, AK 99508
Tim Ballard	Chief Medical Officer	2801 Debarr Road Anchorage, AK 99508

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

Not applicable.

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

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

X Yes    No

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

Alaska Regional is accredited by The Joint Commission. Alaska Regional received its current accreditation in July 2022. A copy of the accreditation letter is included in Appendix #2.

## Section II. Summary Project Description

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

- (1) A brief description of each proposed service, including whether equipment will be purchased or replaced and a list of that equipment.
- (2) The number of square feet of construction/renovation.
- (3) The number and type of beds/surgery suites/specialty rooms.
- (4) Services to be expanded, added, replaced, or reduced.
- (5) The total cost of the project.
- (6) How the project will be financed.
- (7) Estimated completion date.

Alaska Regional proposes to expand its existing emergency department capacity by constructing a new Hospital-Satellite Emergency Department (“HSED”) in South Anchorage. As a satellite facility, the proposed HSED will be an extension of Alaska Regional and will offer hospital-level care for the conditions most commonly seen in emergency departments, including broken bones, chest pain, symptoms of stroke, gastrointestinal issues, head trauma, concussions, and psychiatric emergencies.

Currently, the Municipality of Anchorage has a dangerous shortage of Emergency Department (“ED”) capacity. This shortage has caused significant strain on ED staff, has increased patient wait times, and has forced Alaska Regional’s physicians and providers to see patients in alternative spaces such as hallways and ambulance bays. In some cases, this has led to patients leaving before receiving care. From the patient perspective, these problems are compounded by the fact that Anchorage’s existing ED capacity (excluding JBER) is concentrated within a single, 2-mile radius – increasing the amount of time patients and ambulances must spend in traffic during emergencies.

Despite the strain on resources and staff, Alaska Regional has vigilantly faced the challenges associated with overcapacity for nearly two years. In fact, Alaska Regional’s main-campus ED has frequently remained open while other EDs are in “recovery” mode (*i.e.*, closed to new admissions).

In 2022, Alaska Regional had the highest ED volume in its history, ***averaging more than 2,400 patients per bed.*** As of March 2, 2023, Alaska Regional has already seen over 6,667 patients. Assuming this trend continues, the hospital will see 39,785 ED patients this year – or more than 2,486 patients per bed. Clearly, more capacity is needed.

Alaska Regional’s proposed HSED will add much-needed capacity to Anchorage’s overtaxed EDs in a manner that promotes maintenance of a stable, efficient, and sustainable emergency medical system. Specifically, the HSED will add twelve (12) new ED beds, open to the public 24-hours a day, 7 days a week. Just as critically, it will do so in a part of Anchorage that currently lacks *any* existing ED facilities. Once completed, Alaska Regional’s HSED will be the closest ED to Kincaid Park, the Ted Stevens International Airport, Girdwood, and all residents in South Anchorage.

In terms of services, the HSED will have the following equipment onsite: a GE Definium Tempo Plus diagnostic X-ray machine; a GE Logiq S8 ultrasound; a GE MACVU 360 EKG machine; 5 GE B450 patient monitors; a Panda infant warmer; Zoll Defibrillators; and a GE Revolution Maxima 64 slice CT scanner. The HSED will also be equipped with Tele-Stroke capabilities connected to Alaska Regional, the State of Alaska’s only accredited Comprehensive Stroke Center. The HSED will have the diagnostic equipment, infrastructure, staffing and other resources to properly assess and care for ED patient visits. It will be capable of receiving ambulance traffic and providing pediatric, OB/GYN, isolation, bariatric, secure holding, and trauma care.

As an institution, Alaska Regional has served Anchorage and its residents for more than 60 years. In 1994, it joined with HCA, giving Alaskans access to the advanced medical resources of one of the nation’s largest healthcare providers. Unlike many independently owned “free-standing emergency departments,” Alaska Regional’s HSED will be operated as a provider-based department under the license of Alaska Regional. It will operate, with the same policies, procedures, oversight, and governance as Alaska Regional’s main hospital ED. The HSED will be connected to Alaska Regional by a “virtual hallway,” and any transports between the two facilities will be at no-cost to patients.

As planned, the new facility will be 10,860 sq. ft., all of which will be new construction. The total capital expenditure for the HSED will be \$17,621,000 and will be funded from existing HCA reserves. If approved, the estimated completion date will be Winter 2024.

### Section III. Description of Facilities and Capacity Indicators

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

Type of Service	Current Capacity	Added, Expanded, or Replacement Capacity	TOTAL PROPOSED CAPACITY
<b>DIAGNOSTIC AND DIAGNOSTIC IMAGING SERVICES</b>			
CT Scanner	0	1	1
Diagnostic X-ray	0	1	1
Ultra Sound	0	1	1
Cardiac Monitoring	0	5	5
Portable X-Ray	0	1	1
Portable C-Arm X-ray	0	1	1
<b>THERAPEUTIC CARE</b>			
Radiation Therapy			
Lithotripsy			
Renal Dialysis			
Other (List)	0	12	12
Emergency Treatment Rooms			
<b>Total Capacity</b>	<b>0</b>	<b>12</b>	<b>12</b>

**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.**

Alaska Regional’s proposed HSED will include twelve (12) treatment rooms, and have the following equipment onsite: a GE Definium Tempo Plus diagnostic X-ray machine; a GE Logiq S8 ultrasound; a GE MACVU 360 EKG machine; 5 GE B450 patient monitors; a Panda infant warmer; Zoll Defibrillators; and a GE Revolution Maxima 64 slice CT scanner. The HSED will also be equipped with Tele-Stroke capabilities connected to Alaska Regional, the State of Alaska’s only accredited Comprehensive Stroke Center.

The medical care, lab and radiology services will be provided by Alaska Regional Hospital staff.

The proposed HSED will:

- Be staffed by qualified emergency physicians;
- Have adequate physician and nursing emergency personnel trained to the same standards and that meet the same qualifications as the staff working on the Alaska Regional campus;
- Have a qualified radiology staff member to perform diagnostic x-rays and CT exams; and
- Adhere to Alaska Regional’s existing EMTLA standards and Medical Screening Exam (MSE) requirements.

Further, the South Anchorage HSED’s integration with Alaska Regional’s main campus will increase the efficiency at which these services are offered, including allowing Alaska Regional to have full access to patient records, provide immediate specialty physician consults (including allowing consulting physicians to see the lab results, radiology, cardiac monitoring, etc.) in the same manner as if the patients were located at the main Alaska Regional ED. When necessary, patients can be transferred to the main campus without interruption to their care and without the administrative burdens (including additional transportation invoicing) commonly associated with patient transfers.

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

Individual items of equipment which ARH intends to purchase for the HSED are listed in Appendix #3, including a statement of each item’s make and model. As appropriate, ARH reserves the right to substitute individual pieces of equipment with equivalent models if doing so would not impair or otherwise limit the number or type of services offered.

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

Not applicable; no equipment will be replaced or retired as a result of this project.

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

Not applicable; no utilities will be upgraded or replaced because the HSED will be entirely new construction.

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

The HSED will be a single-story, 10,860 square ft. building.<sup>1</sup> Structural framing will be steel. The flooring system will be concrete reinforced by steel, placed upon a subgrade of gravel and large aggregate, with a moisture/cold weather barrier.

Finishes will be appropriate for a healthcare institution to withstand the stresses of cleaning and sanitization. While providing durability, the finishes will also be of a neutral color palette with calming and natural colors. The building will also be equipped with a full fire sprinkler system<sup>2</sup> and will have emergency power.

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

Not applicable.

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

The South Anchorage HSED will be 10,860 square feet.

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

The HSED will include 12 treatment rooms with an average of 133 sq. ft. for each treatment room and 291 sq. ft. for the CT scanning room.

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

Approximately 40% of the total floor area will be used for direct patient care. The remaining square footage is support space, common areas, circulation and infrastructure.

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<sup>1</sup> For reference, Alaska Regional's site plan for the HSED is attached to this application in Appendix #8. For other aspects of the design (including the structural framing, floor system, and floorplan), Alaska Regional intends to follow HCA's existing design for a twelve-bed ED, which it has previously built and operated in other locations. Architectural drawings showing the details of this design are included within Appendix #13. Once the present CON is approved, stamped drawings for the South Anchorage HSED will be prepared and made available.

<sup>2</sup> See Appendix #13.



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

Additional volumes will be related to diagnostics, including laboratory, general radiology, ultrasound and 64 slice CT Scanning. Please refer to Section IV.B for detail on the volumes projected for the HSED. The HSED will also have the ability to hold patients in observation status until decisions can be made regarding the appropriate course of action (*e.g.*, treatment, transfer to another facility).

**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.**

Alaska Regional is committed to continuing to provide exceptional care to Anchorage residents for decades to come. This commitment is reflected in recent investments at the main hospital campus over the past five years, including:

- Nursing unit renovations
- Operating Room (“OR”) remodel
- Pharmacy remodel
- Purchase of a replacement MRI unit and suite upgrade
- Purchase of a replacement Cardiac ECHO ultrasound
- Purchase of a replacement Cath Lab to upgrade to a biplane Cath lab for neurological patients
- Purchase of 53 new patient care beds
- Purchase of 24 new preoperative and ED stretchers
- New garbage autoclave
- New roof on the main building and North Tower
- Cafeteria Remodel

Alaska Regional also recognizes the need to address current (and projected) ED capacity shortages, and to recruit and retain high-quality ED physicians and staff that are willing to make Anchorage their long-term home as well. The proposed South Anchorage HSED aligns with these long-term goals by adding ED capacity that will be better integrated with our community, and which will decompress the overcrowded main campus ED.

Construction of the HSED in South Anchorage will further complement Alaska Regional’s long-term plans by allowing it to focus on the other capital projects it has planned at the main campus in the next five years, including:

- Cath Lab renovation and recovery space renovation
- Replacement Fluoroscopy Suite
- Replacement nuclear medicine camera
- Further OR remodels
- New conference space

## Section IV. Narrative Review Questions

### A. RELATIONSHIP TO APPLICABLE PLANS AND NATIONAL TRENDS

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

The Municipality of Anchorage is facing a critical shortage of ED beds. Between its three primary hospitals, Anchorage currently has 84 ED beds, only 66 of which are open to the general public (the 18 beds at ANMC serve a narrower patient population).

During 2019, 2021, and 2022, ED visits in Anchorage averaged 147,463 per year. Under Alaska's CON methodology, which sets a standard of 1,500 patient visits per ED bed, this means that Anchorage would need at least 101 ED beds to meet *current* demand – **17 more beds than Anchorage currently has.**

This problem is likely to become worse as Anchorage's population continues to age. Data from the State of Alaska shows that people 55 years of age and older (which are more frequently in need of emergency care) currently comprise 25% of Anchorage's population, compared to just 19% in 2010. In line with this trend, between 2010 and 2020, Alaska Regional's existing hospital emergency department saw steady growth until the pandemic, which caused a temporary drop in emergency visit volumes. Since 2020, however, volumes have recovered and now *exceed* pre-pandemic levels.

### 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 proposal would address the critical shortage of ED beds in Anchorage by expanding Alaska Regional's current ED capacity at a satellite facility in South Anchorage.

In line with the larger community shortage, Alaska Regional's ED is severely over-capacity due to high demand levels. As shown in Table 1 below, Alaska Regional's ED, with 16 patient rooms, has operated above capacity every year for the last 6 years:

**Alaska Regional Hospital  
Total Emergency Rooms Visits by Year 2017 to 2022**

<b>Alaska Regional Hospital Total ED Visits<sup>3</sup></b>			
Year	Total Visits	Number of rooms needed at 1,500 visits per room	Number of patients <i>currently seen in each room</i> per year
2017	31,031	20.7	1,939
2018	29,917	19.9	1,870
2019	31,963	21.3	1,998
2020	26,689	17.8	1,668
2021	29,855	19.9	1,866
<b>2022</b>	<b>38,876</b>	<b>25.9</b>	<b>2,430</b>

In 2022, Alaska Regional received its highest-ever number of ED visits – providing services to 38,876 patients, despite having only 16 ED beds. This equates to Alaska Regional needing nearly 26 ED beds (10 more than it has) to accommodate present demand. As of March 2, 2023, Alaska Regional is on track to see even more patients; averaging 109 patients per day (or 39,785 patients per year, annualized). Assuming this trend continues for 2023, Alaska Regional needs 12 additional ED patient rooms to meet the standard of 1,500 visits per ED room.

The proposed South Anchorage HSED addresses at least four significant problems:

First, it will address the critical shortage of ED beds in Anchorage, and specifically the shortage of beds at Alaska Regional’s main campus ED, by adding twelve (12) new ED beds. Overcrowding is a serious and urgent issue. Studies of overcrowded EDs show that overcrowding consistently and predictably increases the cost of patient care, increases the length of patient stays, and results in worse patient health outcomes.<sup>4</sup>

Second, it will address the acute overcrowding caused by hospital EDs going into “recovery” mode (*i.e.*, closing to new patients). Currently, Alaska Regional often bears the brunt of other ED closures. As one of only two EDs open to the general public, Alaska Regional must accept and be ready to receive diverted patient traffic from limited-access hospitals like ANMC and JBER, but cannot divert *its* patients to those hospitals in times of high demand. The proposed HSED will be open to the public 24-hours a day, 7-days a week, 365 days a year, and will provide an additional destination for ambulance traffic and residents regardless of their demographics or ability to pay.

<sup>3</sup> State of Alaska Reported Data.

<sup>4</sup> See e.g., Sun, B. *et al.* (2013). Effect of emergency department crowding on outcomes of admitted patients. *Annals of emergency medicine*, 61(6), 605–611.e6. (<https://pubmed.ncbi.nlm.nih.gov/23218508/>) (“Excess outcomes attributable to periods of high ED crowding included 300 inpatient deaths (95% CI 200 to 500 inpatient deaths), 6,200 hospital days (95% CI 2,800 to 8,900 hospital days), and \$17 million (95% CI \$11 to \$23 million) in costs.”)

Third, it will help to address the total lack of ED facilities outside of the “U-Med” district. This is a significant, unaddressed problem. Imagine, for instance, if all of Anchorage’s fire stations were built in a single neighborhood, in one corner of the city. Such would be illogical. It similarly makes little sense to limit Anchorage’s EDs to a single neighborhood, especially when Alaska Regional is prepared to expand its ED into South Anchorage.

Fourth, it will help address the problem of unnecessary ED utilization. In addition to the overcrowding problems cited above, overcrowding also results in less time for one-on-one patient counseling and education – which can be invaluable for diverting future, unnecessary ED visits. By adding much needed ED capacity, the HSED can help to address this issue. Moreover, by being closer to (and better integrated with) the population it serves, Alaska Regional’s HSED will be able to better educate patients about non-emergency options close to them.

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

This project addresses a community wide shortage of ED beds in Anchorage, and a shortage of beds in parts of Anchorage outside the U-Med district. Currently 100% of the ED beds in Anchorage are located within the same 2-mile radius. The proposed South Anchorage HSED site will provide expanded access to an area of town that is more than 7 miles from the nearest Emergency Department.

This project will also help to satisfy the projected increase in demand for ED services in Anchorage, caused by an aging population.

Alaska Regional’s HSED follows a proven model of standalone emergency departments, which affiliates of HCA have constructed and operated with tremendous success in other parts of the country. Further, by virtue of its integration with Alaska Regional’s main campus (including operating with the same guidelines and standards, and having access to the same resources and consults as the main campus ED) the proposed HSED will be able to offer an even *greater* level of care than many independently-run “free-standing emergency departments” elsewhere in the country.

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

Not applicable.

**4. Identify the target population to be served by this project. The “target population” is the population that is or may reasonably be expected to be served by a specific service at a particular site. Explain whether this is a local program, or a program that serves a population outside of the proposed service area. Use the most recent Alaska Department of**

**Labor and Workforce Development statistics for population data and projections. Explain and document any variances from those projections. The population may be defined in one or more ways:**

**a. Document the service area by means of a patient origin analysis.**

The HSED would primarily serve the 5 zip codes surround the HSED site. Those zip codes include: 99502, 99518, 99515, 99507, 99516. The HSED would also be ideally situated close to those commuting to and from the greater Anchorage area, as well as those coming to and from Kincaid Park, the Ted Stevens International Airport, Girdwood, and South Anchorage.

Additionally, Alaska Regional publicly advertises its current ED wait times and intends to do so at both its main campus ED and the HSED. Thus, when wait times are higher at Alaska Regional's main campus ED, we expect patients from zip codes outside of these 5 zip codes that are walk-ins (*i.e.*, not being brought via ambulance) will also use the proposed HSED. The HSED will be available to receive EMS transports as well.

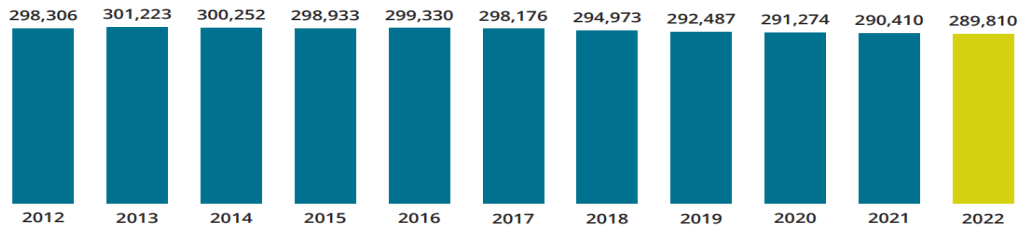
**b. Justify the customary geographical area served by the facility using trade and travel pattern information. Indicate the number and location of individuals using services who live out of the primary service area.**

In 2021, Anchorage's existing emergency departments saw an approximate annual visit volume of 113,897. There were 27,752 unique ED visits that originated from the 5 zip codes surrounding the HSED site. We estimate that these zip codes would be the primary geographical area served by the facility. However, as mentioned above, based upon ED wait times at Alaska Regional, we anticipate walk-in ED patients from other zip codes to use the proposed HSED.

We anticipate additional patients from outside the primary service areas would use the HSED, including patients from Girdwood (from which there were 253 visits to Anchorage's existing EDs per year between 2017 and 2021). We further anticipate a limited number of outside patients resulting from the HSED being the nearest ED to Kincaid Park, the Ted Stevens International Airport, Girdwood, and all residents in South Anchorage.

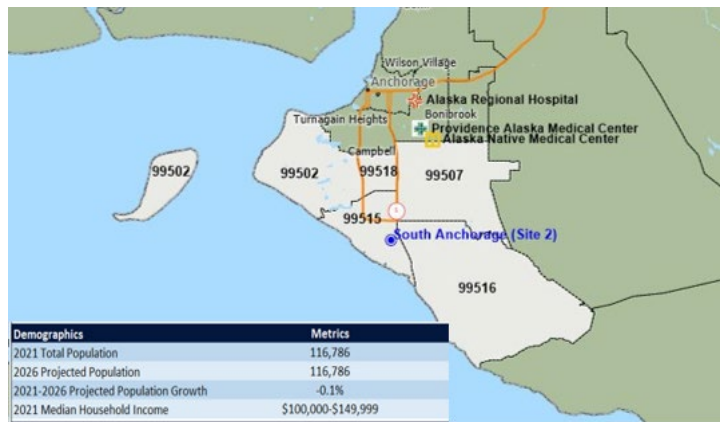
**c. Use Alaska Department of Labor and Workforce Development information, including current census data on cities, municipalities, census areas, or census sub-areas, to describe trends, age/sex breakdowns, and other characteristics pertinent to the determination of need.**

**Table 2**  
Anchorage Population  
2012 to 2022



Source: Alaska Department of Labor and Workforce Development.

There are 116,786 residents that live within the 5 zip codes surrounding the new ED site.



**Anchorage, Municipality**

Age	April 1, 2010			July 1, 2019		
	Total	Male	Female	Total	Male	Female
Total	291,826	148,209	143,617	291,845	146,799	145,046
0-4	21,961	11,349	10,612	19,663	10,035	9,628
5-9	20,618	10,542	10,076	20,014	10,245	9,769
10-14	20,443	10,407	10,036	20,090	10,463	9,627
15-19	21,187	10,990	10,197	18,489	9,512	8,977
20-24	24,379	13,059	11,320	20,693	10,941	9,752
25-29	24,820	12,820	12,000	23,983	12,351	11,632
30-34	20,620	10,458	10,162	24,189	12,150	12,039
35-39	19,569	9,843	9,726	21,875	10,928	10,947
40-44	19,493	9,892	9,601	17,464	8,743	8,721
45-49	22,394	11,157	11,237	17,139	8,464	8,675
50-54	22,175	11,084	11,091	17,163	8,505	8,658
55-59	19,088	9,755	9,333	19,290	9,657	9,633
60-64	13,940	7,186	6,754	17,631	8,618	9,013
65-69	8,347	4,169	4,178	13,609	6,806	6,803
70-74	4,962	2,328	2,634	9,098	4,445	4,653
75-79	3,482	1,533	1,949	5,358	2,484	2,874
80-84	2,386	978	1,408	3,279	1,419	1,860
85-89	1,342	470	872	1,743	704	1,039
90+	620	189	431	1,075	329	746
16+	224,591	113,742	110,849	228,217	114,144	114,073
18+	216,040	109,334	106,706	220,866	110,343	110,523
65+	21,139	9,667	11,472	34,162	16,187	17,975
Median	33.0	32.4	33.7	34.8	34.1	35.5

The population in the municipality of Anchorage is projected to grow modestly in the coming years. However, despite limited population growth, the demand for emergency services is projected to continue growing, largely due to Anchorage’s aging population.<sup>5</sup>

**d. The population to be served can be defined according to the unique needs of patients requiring specialized or tertiary care (e.g., heart, cancer, kidney, alcoholism, etc.) or the needs of under-served groups.**

The HSED will serve all patient populations and will have access to all the specialty services that are available on the main hospital campus. The top conditions seen in Alaska Regional’s existing ED include chest pain, strokes, gastrointestinal issues, orthopedic injuries, traumatic injuries, psychiatric and general medical issues. Patients will be seen and cared for at the HSED regardless of their ability to pay.

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

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

In 2021, according to the Alaska State ED Market Share data, there were 27,752 unique emergency room visits to existing facilities from individuals residing in the 5 zip codes (99502, 99518, 99515, 99507 and 99516) adjoining the HSED site. It is expected that patients residing in these five zip codes will use the HSED upon completion.

**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.**

It is reasonable to assume that with the modest projected population growth, an aging population, and increased tourism, Anchorage will continue to see additional ED visits across all emergency rooms in the municipality. Given the fact that EDs in Anchorage are already significantly over

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<sup>5</sup> Although ARH is aware of no state-level data showing this directly, the increased incidence of ED visits among older populations is well-studied. *See e.g., Ashman et al. (2020) Emergency Department Visits Among Adults Aged 60 and Over: United States, 2014–2017. NCHS Data Brief No. 367. (<https://www.cdc.gov/nchs/data/databriefs/db367-h.pdf>) (finding “[t]he ED visit rate increased with age.”); see also Ukkonen M., et al. (2019). Emergency department visits in older patients: a population-based survey. BMC emergency medicine, 19(1), 20. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6391758/>) (“In this study we report a high incidence of ED visits in older patients . . . Based on our findings we assume[] that the number of ED visits in our study population will more than double in the next 20 years.”)*

capacity and present data justifies the additional 12-bed HSED in South Anchorage, the additional factors of modest population growth, an aging population and increased tourism further demonstrate the urgent need for additional ED rooms.

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

Anchorage’s hospital ED volume over the past five years is as follows:

**Table 3<sup>6</sup>**

<b>Anchorage ED volume across hospitals</b>						
	2017	2018	2019	2020	2021	2022
ARH	35,799	34,201	36,250	29,033	32,799	38,876
Prov	67,550	65,703	67,222	50,390	53,628	58,024
ANMC	58,143	59,264	60,544	42,150	45,479	49,550

As reflected in Table 3 above, during 2019, 2021, and 2022, ED visits in Anchorage averaged 147,463 per year. Under Alaska’s CON methodology, which sets a standard of 1,500 patient visits per ED bed, this means that Anchorage would need at least 101 ED beds to meet *current* demand – **17 more beds than Anchorage currently has.**

Data for 2023 ED visits are not yet available for Providence or ANMC. However, visits at Alaska Regional are at their highest ever. From January 1, 2023 to March 2, 2023, Alaska Regional received 6,667 visits – putting it on track for a new record of approximately 39,785 patients per year, assuming volume does not further increase in coming months.

Additionally, Alaska Regional has received an increasing number of patient transports from Anchorage’s emergency services. This is due, in large part, to Alaska Regional’s efforts to limit the amount of time our emergency room is closed to ambulance traffic. More specifically, Alaska Regional experienced a 18% growth in ambulance traffic between 2021 and 2022, which has continued in 2023. The following graph and table show Alaska Regional’s increasing share of transports from Anchorage Fire Department during 2022, and in the first two months of 2023:

<sup>6</sup> Data sourced from Alaska ED Database (4Q2022). Health Facilities Data Reporting Program (HFDR), Alaska Division of Public Health.



## Alaska Regional Hospital Patient Transports from AFD

2022						2023					
Transports	Hospitals				Grand Total	Transports	Hospitals				Grand Total
Months	ANMC	ARH	JBER	PROV		Months	ANMC	ARH	JBER	PROV	
Jan	390	548	37	1037	1st Q	Jan	457	628	10	824	1st Q
Feb	399	445	45	824		Feb	246	662	21	779	
Mar	370	440	21	805		Mar	386	652	27	812	
Apr	329	542	21	811	2nd Q	Apr					2nd Q
May	429	484	21	731		May					
Jun	410	515	17	706		Jun					
Jul	465	485	20	718	3rd Q	Jul					3rd Q
Aug	473	544	23	710		Aug					
Sep	515	437	28	771		Sep					
Oct	534	439	23	735	4th Q	Oct					4th Q
Nov	476	582	42	832		Nov					
Dec	542	441	25	950		Dec					
<b>Total</b>	<b>5332</b>	<b>5902</b>	<b>323</b>	<b>9630</b>	<b>21187</b>	<b>Total</b>	<b>1089</b>	<b>1942</b>	<b>58</b>	<b>2415</b>	<b>5504</b>

**2022 TRANSPORT DESTINATION**

Hospital	Percentage
ANMC	25%
ARH	28%
JBER	2%
PROV	45%

**2023 TRANSPORT DESTINATION**

Hospital	Percentage
ANMC	20%
ARH	35%
JBER	1%
PROV	44%

Given the magnitude of the city-wide shortage of ED beds, Alaska Regional anticipates full utilization of the proposed HSED’s 12 beds within the first 2-3 years of operation (see Table 4 below). Alaska Regional also anticipates the HSED will help to alleviate its increasing share of ambulance traffic, by receiving patient transports that originate in the primary zip codes served by the HSED.

**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.**

All new equipment will be purchased for the proposed HSED.

**e. If an increase in utilization is projected, list the factors that will affect the increase. Provide annual utilization projections for three to five years in the future, as applicable, for each specific service in the proposal (in general, equipment projections are for three years,**

and new beds and facility construction are for five years). Include each of the following data when applicable:

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

There is no increase in utilization, because this will be a new facility. However, we do anticipate a shift in current emergency room visits from Alaska Regional’s existing hospital ED to the HSED site.

**Table 4**

<b>Alaska Regional HSED Annual Utilization Projections</b>					
	2025	2026	2027	2028	2029
Number of Treatment Rooms / Beds	12	12	12	12	12
Number of ED Visits	14,661	15,432	16,245	17,100	18,000
Number of Laboratory Tests	9,969	10,494	11,047	11,628	12,240
Number of X-Rays	5,131	5,401	5,686	5,985	6,300
Number of CT Scans	1,906	2,006	2,112	2,223	2,340
Average Discharge/Length of Stay	120 min	120 min	120 min	120 min	120 min

**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 as a result of this project.

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

As described in Section VI of this application, the Department calculates the number of needed emergency department treatment rooms (“EDTR”) in a community by dividing the annual number of projected ED visits five years from completion by the per-room standard of 1,500. (This calculation is represented by the formula “EDTR = C5/1500”).

The Department’s methodology for projecting future ED visits (represented in the formula as C5) is generally sound – it involves looking at a community’s ED utilization *rate* over the past three years, then multiplying that rate by the projected population five years from completion (with an additional step if the project is going to serve less than 100% of the community).

In this instance, however, the formula (as written) significantly underestimates likely ED usage in future years because it reflects an artificially suppressed utilization rate caused by the COVID-19 pandemic. In line with national trends, Anchorage saw a temporary double-digit decline in ED utilization in 2020 and 2021, compared to previous years. However, utilization has now recovered and exceeds pre-COVID-19 utilization.

Therefore, in determining the number of future emergency beds needed in Anchorage for purposes of this application, Alaska Regional suggests the Department *expand* the formula to include utilization from the four or five most recent years (or conversely, excludes years 2020 and 2021), recognizing that the utilization rate in 2018 and 2019 are more reflective of future utilization than the rate in 2020 and 2021. Including these prior years of 2018 and 2019 and/or excluding years 2020 and 2021, reveals the urgency of Anchorage’s ED shortage and better brings the result of the formula in-line with the reality of Anchorage’s severely over-crowded EDs.

Nevertheless, regardless of how the Department accounts for the artificially suppressed ED visit numbers of 2020 and 2021, one thing is clear: Anchorage desperately needs more ED beds.

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

*See* letters attached in Appendix #11.

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

The Municipality of Anchorage is facing a critical shortage of ED beds. Between its three primary hospitals, Anchorage currently has 84 ED beds, 66 of which are open to the general public (the 18 beds at ANMC serve a narrower patient population).

During 2019, 2021, and 2022, ED visits in Anchorage have averaged 147,463 per year. Under Alaska’s CON methodology, which sets a standard of 1,500 patient visits per ED bed, **Anchorage needs at least 101 ED beds** to meet current demand.

The situation at Alaska Regional is arguably more dire, in part because of Alaska Regional’s efforts to keep its hospital ED open to the public while other Anchorage EDs are in “recovery” mode (*i.e.*, closed). In 2022, Alaska Regional had the highest ED volume in its history, **averaging more than 2,400 patients per bed** (38,876 patients in total). As of March 2, 2023, Alaska Regional’s hospital ED has already seen over 6,667 patients, putting it on pace for a new record of 39,785 ED patients this year (more than 2,486 patients per bed).

Accordingly, the HSED’s proposed addition of 12 beds is within the number of additional ED beds currently needed in Anchorage.

### **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.**

With the exception of 2020 and 2021 (due to COVID-19), Alaska Regional’s demand for emergency services over the past several years has significantly exceeded the threshold of 1,500 visits per room per year. This has stretched staffing resources and at times, required patients to be cared for on hallway stretchers and the ambulance bay in order to provide prompt care and screening exams.

This increased demand has made it clear that the alternative of doing nothing is simply not feasible in the long-term. If nothing is done, Alaska Regional expects to continue operating at current levels, which exceed 2,400 patient visits per room. At this rate, there is concern of staff burnout, staff shortages, and significant patient wait times that could impact patient care and outcomes.

It should be noted that in 2020, Alaska Regional considered an expansion of its main campus ED as a possible solution for the shortage of ED beds. Alaska Regional undertook a study to determine the feasibility of such expansion, which would seek to add more ED beds within the existing hospital space (the “Proposed Expansion”). However, the study found that only four additional ED beds could be added, at a cost between \$10.8M and \$17.5M. Additionally, during construction, the expansion would cause significant disruption of Alaska Regional ED operations (*e.g.*, increased patient wait times, patient congestion, delay in care, staff frustration, etc.).

Given that the Proposed Expansion would not solve the problem (*i.e.*, providing only four additional ED beds when 12 are needed), as well as the exorbitant cost and potential negative impact on ED operations, Alaska Regional concluded that the Proposed Expansion was not feasible.

However, thereafter, in 2021 and 2022, as ED patient visits returned to and exceeded pre-pandemic levels, Alaska Regional contemplated other solutions, ultimately determining that the proposal

outlined herein (*i.e.*, HSED with 12 additional ED beds) would be the best solution. In contrast to the Proposed Expansion, the proposed HSED is more cost-effective, will not disrupt existing ED operations, and will provide the desperately needed 12 additional ED beds. Such benefits are in addition to others outlined herein (*e.g.*, providing ED services outside of the U-Med district, situated close to those commuting to and from the greater Anchorage area, as well as those coming to and from Kincaid Park, the Ted Stevens International Airport, Girdwood, and South Anchorage).

Given the above, Alaska Regional does not believe that an expansion of its existing ED is a feasible or prudent alternative. Alaska Regional believes that the HSED proposed herein is the best solution for solving the current crisis of ED volume in the Anchorage area.

**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 no other EDs, either free-standing or hospital-based, within 7 miles of the proposed HSED site. Anchorage is currently served by three ED facilities (Alaska Regional, ANMC, and Providence), which together have 84 ED beds.

Existing need exceeds Anchorage's current ED capacity by approximately 18 ED beds, using a standard of 1,500 visits per bed and utilization data from the four most recent years.

The target population from the 5 zip codes adjoining the HSED site (99502, 99518, 99515, 99507 and 99516) currently utilizes Anchorage's existing ED facilities, which suffer from overcrowding and which are located outside the target zip codes.

**2. Describe the probable effect on other community resources, including any anticipated impact on existing facilities offering the same/similar services or alternatives locally or statewide if applicable. Describe how each proposed new or expanded service will: (a) complement existing services; (b) provide an alternative or unique service; (c) provide a service for a specific target population; and (d) will provide needed competition.**

This project will complement existing services by alleviating overcrowding at Anchorage's existing ED facilities. This will allow those facilities to operate more efficiently, reduce staff

burnout, reduce patient wait times, and improve patient outcomes. The proposed HSED will also allow significantly closer access to emergency care for individuals coming from Kincaid Park, the Ted Stevens International Airport, Girdwood, and South Anchorage, and will be located along the Old Seward Highway which has an average daily traffic count of approximately 13,000 vehicles and is serviced by Anchorage's People Mover public transportation system.

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

The HSED will be operated as a provider-based department under the license of Alaska Regional, and will operate with the same policies, procedures, oversight and governance as Alaska Regional's main hospital ED. Additionally, providers at the proposed HSED will have the same access to resources and real-time specialty consults, as that of the main campus. The HSED will be operated 24 hours per day, 7 days per week, and will be staffed by experienced Board-Certified emergency physicians, as well as experienced nurses and staff. Alaska Regional has already begun coordination efforts with the Alaska Office of Emergency Medical Services ("EMS") related to the proposed HSED and will continue to do so as it refines and implements the project.

## **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.**

Alaska Regional has operated a stable and solvent ED in Anchorage for more than 60 years. Its publicly-traded national parent, HCA, is likewise in a strong financial position and will not need to utilize any form of debt-financing to construct the HSED. Across the country, affiliates of HCA have successfully opened and operated more than 128 off-campus, provider-based emergency departments to date.

In this case, the proposed HSED would benefit from Alaska Regional and HCA's financial stability and is anticipated to be financially viable on its own, in large part due to the significant unmet need for emergency care in Anchorage.

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

The total capital expenditure for the HSED will be funded from existing HCA reserves, which are presently available for this purpose.

**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;**

At a national level, research has shown that hospital overcrowding increases patient costs and worsens patient outcomes.<sup>7</sup> To the extent that the HSED will reduce overcrowding in Anchorage EDs, it will likely have a modest effect on reducing patients' overall cost of care. The HSED may further limit the cost of emergency services by reducing the amount of time ambulances spend transporting patients to the ED by establishing a closer site to Kincaid Park, the Ted Stevens International Airport, Girdwood, and all residents in South Anchorage.

This project is not anticipated to change the costs of emergency care in Anchorage on a per service basis. The HSED will supplement existing ED capacity by expanding the number of beds available in the community. It is anticipated that it will increase patient and staff satisfaction, improve ED throughput and result in better patient outcomes due to improved access and more efficient care. Notably, if a patient at the proposed HSED subsequently needs to be admitted as an in-patient to Alaska Regional, there will be no additional transportation cost. Rather, the hospital – not the patient – will be billed for any transportation costs incurred.

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

Not applicable.

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

We believe that the HSED will be financially feasible both in the immediate and long-term. First, the project is being funded with HCA reserves. Because there will be no borrowing to fund this project, the operation costs will be lower (*i.e.*, no loans to repay, no interest accruing, etc.). Additionally, affiliates of HCA have successfully opened and operated 128 similar facilities in other states and have demonstrated an ability to manage a sustainable ED at Alaska Regional in Anchorage. Alaska Regional will follow the same proven approach in managing the South Anchorage HSED.

**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.**

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<sup>7</sup> See *e.g.*, Sun, B. *et al.* (2013) (cited in footnote 5, *supra*).

Alaska Regional has always been committed to providing services based on clinical need. The HSED will be operated under the license, certifications, policies and procedures of Alaska Regional. Services are provided to all patients regardless of income, race, creed, gender, national origin or disability. Included in Appendix #5 are copies of Alaska Regional’s admission policies reinforcing this commitment.

The HSED will offer the same level of interpretation services for patients as the main-campus ED, with 24/7 interpretation available in more than 200 different languages. Additionally, the HSED will be located along the Old Seward Highway and will be readily accessible by Anchorage’s People Mover public transportation system, thereby improving ED access for residents that rely on public transit. This will also mean quicker access to OB/GYN care for tens of thousands of women, and closer access to care for many disabled residents who live south of the U-Med district.

Finally, as Alaska Regional does currently, the proposed HSED will comply with the rules and regulations of the Federal Register Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities, and the Joint Commission and Alaska Department of Health, which oversees hospital licensing. The building will comply with standards set forth in the Americans with Disabilities Act (ADA).

**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.**

The table below demonstrates the amount of charity care the hospital has provided over the last 5 years.

**Table 5**  
Alaska Regional Hospital  
Charity Care, Revenue Deductions and Contractual Allowances, 2017-2021

Year	Charity Care	Revenue Deductions	Contractual Allowances
2017	\$ 1,224,594	\$ 765,228,974	\$ 751,134,371
2018	\$ 11,166,927	\$ 875,545,077	\$ 846,918,903
2019	\$ 16,191,631	\$ 1,092,905,229	\$ 1,074,410,984
2020	\$ 14,552,807	\$ 1,150,905,464	\$ 1,139,663,079
2021	\$ 14,734,539	\$ 1,385,215,550	\$ 1,361,772,242



**Table 6**  
 Alaska Regional Hospital  
 Charity Care, Revenue Deductions and Contractual Allowances, 2022-2026

Year	Charity Care	Revenue Deductions	Contractual Allowances
2022	\$ 27,865,067	\$ 1,541,784,262	\$ 1,499,552,676
2023	\$ 28,611,450	\$ 1,692,826,138	\$ 1,649,379,410
2024	\$ 35,076,533	\$ 1,851,539,161	\$ 1,800,270,149
2025	\$ 39,807,613	\$ 2,164,927,585	\$ 2,106,737,485
2026	\$ 45,234,795	\$ 2,462,972,707	\$ 2,396,840,254

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

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

The location selected for the HSED is located at 11841 Old Seward Highway. The Old Seward Highway has an average daily traffic count of approximately 13,000 vehicles and is serviced by Anchorage’s People Mover public transportation system. The HSED would be close to a high concentration of businesses and suburban residential housing. When completed, the HSED will be the closest emergency room to Kincaid Park, the Ted Stevens International Airport, Girdwood, and all residents in South Anchorage. The new site is more than 7 miles south (approximately 15 minutes) from Providence, the next closest Emergency Department.

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

The proposed HSED (like Alaska Regional currently) will comply with the rules and regulations of the Federal Register Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities, and the Joint Commission and Alaska Department of Health, which oversees hospital licensing. The building will comply with standards set forth in the Americans with Disabilities Act (ADA).

**c. Hours of operation; and**

The facility would be open 24 hours a day, 7 days per week.

**d. The institution’s policies for nondiscrimination in patient services.**

Alaska Regional’s nondiscrimination policies, which will be applicable to the HSED, are included in Appendix #5.

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

Please discuss the following in narrative form:

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

Alaska Regional opened in 1963 and has been serving the Anchorage community for more than 60 years. Alaska Regional is licensed as an acute care hospital by the State of Alaska, fully certified by the Centers for Medicare and Medicaid Services and accredited by The Joint Commission. Our Joint Commission Certification is valid until July 15<sup>th</sup>, 2025.

Alaska Regional's Medicare Provider number is 02-0017 and its Medicaid provider numbers are HS20IP and HS20OP. The HSED will be operated as part of Alaska Regional. Please see attached documents in Appendix #2.

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

As a department of Alaska Regional, the proposed HSED will adhere to all the same policies, procedures, standards and performance standards, and will operate under the same management.

Patient safety, quality, and performance improvement are top priorities at Alaska Regional. Alaska Regional is committed to providing services meeting or exceeding the needs and expectations of our customers (*i.e.*, patients, families, physicians, coworkers, outside representatives and visitors). Alaska Regional's primary objective is to provide care to improve and enhance the patient's health status and comfort.

The medical providers at the HSED will be members of Alaska Regional's Medical Staff, going through the same rigorous credentialing and re-credentialing process as providers located at the main campus, and subject to ongoing evaluation of their clinical skills and professionalism (*e.g.*, review of outcomes, adverse event and complication rates, investigation of sentinel events, inquiry into patient and staff complaints, etc.). All members of the hospital's medical staff, including ones at the HSED, must comply with the hospital's medical staff bylaws, all relevant hospital policies and expectations, being subject to discipline for any failure to do so.

The hospital also has rigorous quality monitoring and ongoing performance improvement measures, including reviews of all patient, staff and physician complaints, and patient, employee and physician satisfaction results. This process includes established criteria, monitoring, identifying problems, assessing and evaluation, recommending improvement/corrective action, and monitoring to ensure compliance therewith. Written plans define the manner in which personnel and medical staff members will accomplish quality improvement functions. Performance improvement involves root cause analysis of all sentinel (or potential sentinel)

events as well as medication errors and adverse drug events. The program operates in full compliance with Joint Commission requirements and is regularly evaluated.

Additionally, external benchmarking systems such as the National Quality Healthcare Initiatives are employed at Alaska Regional, as are internal benchmarking systems which compare data trends within Alaska Regional Hospital to those of other hospitals within our system. As an indirect subsidiary of HCA, Alaska Regional has access to vast data banks as well as large volumes of best practice/evidence-based practice information. Alaska Regional's quality control program encompasses equipment, personnel and quality assurance and is summarized further below.

### **Equipment:**

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

### **Personnel:**

*Physicians:* Physicians' education, training and skills are evaluated through a credentialing process, and only qualified physicians are recommended for privileges. Members of the medical staff, through training and continuing education, stay current with new developments in their respective specialties.

*Clinical and Non-Clinical Personnel:* All personnel must meet professionally accepted job requirements and are evaluated based on job-specific duties. For example, *see* job-specific requirements identified in Appendix #6.

*Continuing Education:* All personnel will receive continuing education and training provided by equipment vendors and professional societies and will attend selected special educational meetings both in and out of state.

### **Quality Assurance:**

Objectives of the Hospital Performance Improvement Plan include the following:

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

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

The proposed HSED will have staffing consistent with our current ED staffing practice at Alaska Regional, which includes a 4:1 patient to nurse ratio. Staffing will be adjusted to fit volume

demands, and personnel will be cross trained to increase efficacy and staff availability during surges, which may temporarily impact the staffing ratio. Appendix #6 contains key job descriptions, core competencies and performance appraisal metrics for each of the main ED positions.

**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.**

ED patient volumes have continued to rise across the Municipality of Anchorage over the past several years. This ED volume increase has occurred, despite Anchorage seeing a proliferation of urgent care sites. These alternative care sites often have limited hours and have limitation on the types of patients they can serve. The new HSED will add capacity to an ED system that is currently stressed with department overcrowding, excessive waiting time and patients leaving the ED before seeing a physician.

Additionally, in contrast to urgent care facilities, because the proposed HSED will be an extension of Alaska Regional, patients will be properly evaluated by Board Certified Emergency Medicine physicians, obtaining accurate diagnosis and determinations about whether the patient needs inpatient care, or can be properly discharged from the ED following treatment. This is contrary to the practices of urgent care facilities, that generally refuse to even evaluate patients with symptoms that could implicate the need for emergency medicine, and instead, immediately refer such patients to hospital EDs.

**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 HSED will have the following equipment onsite: a GE Definium Tempo Plus diagnostic X-ray machine; a GE Logiq S8 ultrasound; a GE MACVU 360 EKG machine; 5 GE B450 patient monitors; a Panda infant warmer; Zoll Defibrillators; and a GE Revolution Maxima 64 slice CT scanner. The HSED will also be equipped with Tele-Stroke capabilities connected to Alaska Regional, the State of Alaska's only accredited Comprehensive Stroke Center.

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

The design of the proposed HSED is meant to promote the efficient used of staff and resources. Our goal, like with our main ED campus, is to have an efficient workflow for staff that promotes productivity and supports the delivery of high quality of care to our patients.

The HSED design, including the floorplan and the specific layout of the reception area, patient rooms, the lab and radiology, was carefully developed by HCA, and has been successfully used to-date for 123 similar facilities across the U.S. To maximize efficiencies for the HSED's intended uses, the design, floorplan and layout was created by reputable, national professionals specializing in healthcare facility design. This includes third-party, healthcare-focused architects, spatial planners and interior designers that worked with HCA's experienced internal teams to create the

final design. The floorplan and room layouts create maximum efficiency for the provision of patient care, and ensure easy accessibility between patient rooms and radiology, CT and lab resources.

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

Evaluation of the care and services provided at the proposed HSED, and performance improvement, will be conducted in the same manner as all other departments of Alaska Regional. Managed by the Hospital's Performance Improvement and Patient Safety/Quality Department, Alaska Regional has a robust, written Performance Improvement Plan ("Plan") that complies with the requirements of Joint Commission, and which integrates Emergency Department services. The Plan is reviewed on an ongoing, scheduled basis to properly address performance improvement priorities and updates occur to reflect any changes in strategic priorities. Based upon this Plan, the Hospital implements evidence-based, process improvement techniques to improve its quality and patient safety performance. It then carefully measures and monitors these techniques to determine their effectiveness.

The parts of the same hospital system, Alaska Regional will have a single ED director for both the HSED and main campus ED. As an extension of the existing ED, Alaska Regional's ED Director will monitor the proposed HSED's performance in achieving the quality and safety goals included in the Plan, and will report results to the Performance Improvement and Patient Safety Committees on an ongoing basis. The ED Director will also review the budget, volume, staffing, and productivity and quality indicators for the ED (of which the HSED will be a part) on a monthly and annual basis. The ED Manager and ED Medical Director are jointly 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.**

Again, the proposed HSED will be part of Alaska Regional Hospital, functioning as part of the Hospital's ED Department. The organizational chart for the Alaska Regional is attached in Appendix #7.

The major hospital positions are as shown below, and Appendix #7 contains key job descriptions, core competencies and performance appraisal metrics for each of the below hospital positions. Notably, Alaska Regional's CEO is a female, as well as its CNO. The backgrounds of Alaska Regional's corporate officers are described below:

<b>Name</b>	<b>Position</b>	<b>Background</b>	<b>Position Requirements</b>
Jennifer Opsut	Chief Executive Officer	Business Analytics and practice Management, Former Chief Operating Officer, AEDC Board Member, Anchorage Chamber, RVSA.	See Appendix #7
Rob Stantus	Chief Operating Officer	Operations, Transport, Emergency and Transport Nursing.	See Appendix #7
Ashlyn Hall	Chief Nursing Officer	US Army and Emergency Nursing, UAA.	See Appendix #7
Jeff Chilson	Chief Financial Officer	Finance, Chief Financial, Officer, Tanaina Board Member.	See Appendix #7
Tim Ballard	Chief Medical Officer	US Air Force Family Practice Physician, VA Health System.	See Appendix #7

Alaska Regional’s Board of Trustees is listed in Appendix #1. Alaska Regional is proud to have a Board of Trustees that is diverse, including in gender, race, backgrounds and perspectives. The Board includes members from a range of professional, economic, and ethnic backgrounds, with five of the Board’s eleven seats held by women. An overview of each of the Board member’s personal and professional backgrounds is as shown below:

<b>Alaska Regional Board of Trustees</b>		
<b>Last</b>	<b>First</b>	<b>Professional Background</b>
Balash	Joe	SVP of External Affairs at Santos ltd.
DeMers	Mary	Private Practice Physician
Grunwaldt	Peter	Owner Alaska Premier Tours
Kiessling	Bruce	Physician, Primary Care Associates
Kuhn	Shannon	Epidemiologist CDC
Leary	Linda	Owner of Fishewear
Marroquin	Lupe	Retired, Former State of Alaska Employee
Opsut	Jennifer	CEO Alaska Regional
Patin	Steve	SVP of Human Resources First National Bank
Prasad	Madhu	Surgeon at Far North Surgery
Ross	Clare	Municipality of Anchorage Legislative Liaison
Sims	John	President ENSTAR Gas
Wanamaker	John	President at McKinley Management LLC

**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.**

The HSED will be an extension of the main campus ED of Alaska Regional. The major ED positions are shown in Appendix #6. Those positions include ED Director, ED Manager, ED RNs, ED Techs, CT Techs ARRT Techs, Unit Secretary, and Patient Registrar. Appendix #6 also contains key job descriptions, core competencies and performance appraisal metrics for each of these positions, which will be the same whether such employee is working at the main Hospital campus ED or the HSED. The core competencies and requirements for each ED position shown in Appendix #6 were developed to comport with requirements of Alaska law.

The proposed HSED will have staffing consistent with our current ED staffing practice at Alaska Regional, which includes a 4:1 patient to nurse ratio. Staffing will be adjusted to fit volume demands and personnel will be cross trained to increase efficacy and staff availability.

**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.**

As discussed above in Section IVA-B, in 2022, Alaska Regional's ED provided services to 38,876 patients, despite having only 16 ED beds. This equates to Alaska Regional needing nearly 10 more beds to accommodate the demand. Further, as of March 2, 2023, Alaska Regional is on track to see 39,785 patients in 2023, justifying the need for 12 additional ED beds.

Thus, the size of the proposed 12-bed HSED will perfectly meet the present ED demands, ensuring optimum use and efficiency. The specific design proposed here was selected based on HCA's proven design, size, and construction standards for similar facilities across the country.

## 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.*

### 1. The applicant demonstrates that the project promotes, or otherwise helps ensure, the maintenance of a stable and efficient emergency medical system.

As previously articulated, we believe the proposed South Anchorage HSED addresses at least four significant problems currently facing EMS in Anchorage:

First, the HSED will address the critical shortage of ED beds in Anchorage, and specifically the shortage of beds at Alaska Regional's main campus ED. At present, the overcrowding at Alaska Regional is leading to staff burnout, increased patient wait times and patient care having to be provided in the ED's fast track area, hallways and, at times, the ambulance bay. Overcrowding is a serious and urgent issue. Studies of overcrowded EDs show that overcrowding consistently and predictably increases the cost of patient care, increases the length of patient stays, and results in worse patient health outcomes.<sup>8</sup>

Second, the HSED will address the acute overcrowding caused by hospital EDs going into "recovery" mode (*i.e.*, closing to new patients). Currently, Alaska Regional often bears the brunt of other ED closures. As one of only two EDs open to the general public, Alaska Regional must accept and be ready to receive diverted patient traffic from limited-access hospitals like ANMC and JBER, but cannot divert *its* patients to those hospitals in times of high demand. The proposed HSED will be open to the public 24-hours a day, 7-days a week, 365 days a year, and will provide an additional destination for ambulance traffic and residents regardless of their demographics or ability to pay.

Third, the HSED will help to address the total lack of ED facilities outside of the "U-Med" district. This is a significant, unaddressed problem. The new HSED will allow for closer ED access for EMS units stationed on the south side of Anchorage, providing emergency, cardiac and stroke care closer to where residents of Anchorage live, work, and play.

The HSED's location will also make it the closest emergency room to Kincaid Park, the Ted Stevens International Airport, Girdwood, and all residents in South Anchorage. Moreover, HSED will be located along the Old Seward Highway, which is serviced by Anchorage's People Mover public transportation system and would be more accessible to residents that utilize public transportation.

Fourth, we believe the HSED will help address the problem of unnecessary ED utilization. In addition to the overcrowding problems cited above, overcrowding also results in less time for one-on-one patient counseling and education – which can be invaluable for diverting future,

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<sup>8</sup> See *e.g.*, Sun, B. *et al.* (2013) (cited in footnote 5, *supra*).



unnecessary ED visits. By adding much needed ED capacity, the HSED can help to address this issue. Moreover, by being closer to (and better integrated with) the population it serves, Alaska Regional's HSED will be able to better educate patients about non-emergency options close to them.

Additionally, we feel it is important to relay that Alaska Regional is an active and critical piece in the local EMS system. Per the Anchorage Fire Department, Alaska Regional received 28% of all ambulance traffic that originated in the Municipality of Anchorage during 2022. Alaska Regional actively participates in the Mayor's Advisory Board (MAB) meetings which helps provide medical care guidance for and destination decision for Anchorage Fire Department. Alaska Regional will also ensure that the HSED is incorporated into the Anchorage Fire Department's Hospital Specialty Designation Chart (*see* Appendix #12), which will allow the HSED to receive EMS patient transports in a manner that improves system-wide efficiency and limits secondary transports of patients after admission.

**2. For the addition or expansion of general emergency services, a proposal will not be approved unless each emergency department treatment room will provide a minimum of 1,500 visits annually. The total number of emergency department treatment rooms (excluding, specialized rooms such as cast/x-ray rooms, observation rooms, secure rooms and space for visiting physician clinics) approved will not exceed one room per 1,500 visits annually, based on utilization projections in the fifth year of operation. The department may permit additional space if the applicant documents use patterns, and submits data and analysis that show seasonal high peak use rates warranting additional treatment rooms.**

As discussed above, over the past five years (from 2018-2022), ED visits in Anchorage have averaged 149,539 per year. Under Alaska's CON methodology, which sets a standard of 1,500 patient visits per ED bed, this means that Anchorage would need at least 102 ED beds to meet current demand – **18 more beds than it currently has.**

Additionally, under Alaska's CON methodology, which sets a standard of 1,500 patient visits per ED bed, based on the volume of patients seen at Alaska Regional's ED in 2022 and projected to be seen in 2023 (38,876 and 39,785, respectively), **Alaska Regional alone needs 12 additional ED beds to meet its own demands.**

Once the HSED is open, we expect to see walk-in ED patients that originate/reside in the surrounding zip codes of the HSED (i.e., 99502, 99518, 99515, 99507, 99516) begin using the HSED in South Anchorage.

Given the above, the 12 additional ED beds (from the present 16 located at the Hospital's main campus) is fully justified under Alaska's CON methodology. Additionally, with moderate population growth, an aging population, and increased tourism, we expect the demand for ED services to continue to grow.

The following table (Table 7) shows the number of ED beds needed for Alaska Regional alone, at the 1,500 per patient methodology, historically, and into 2030.

**Table 7**  
 Alaska Regional Hospital  
 Total Emergency Room Visits by Year 2017-2030 (projected)

Year	Visits	Number of rooms needed at 1,500 visits / room	Patients seen per room, using current capacity of 16 rooms
2017	35,799	24	2,237
2018	34,201	23	2,138
2019	36,250	24	2,266
2020	29,033	19	1,815
2021	32,799	22	2,050
2022	38,876	26	2,430
2023	39,785	27	2,487
2024	40,183	27	2,511
2025	40,585	27	2,537
2026	40,991	27	2,562
2027	41,400	28	2,588
2028	41,814	28	2,613
2029	42,233	28	2,640
2030	42,655	28	2,666

\*Projecting 1% Growth Annually.

**3. For the addition or expansion of fast-track services within a facility, a proposal will not be approved unless the applicant demonstrates that:**

- a. the fast-track space will have at least one physician, advanced nurse practitioner, or physicians' assistant assigned full-time to the service; and**
- b. a minimum of two fast track rooms are needed, each anticipated to accommodate at least 1,500 visits per room per year by the fifth year of operation; and**
- c. remaining general emergency service rooms will continue to handle a minimum of 1500 visits annually.**

No dedicated fast track area is proposed for this project.

**4. For a proposal for additional space in the hospital emergency department, the applicant must perform a size-by-functional-need survey and analysis for additional space that demonstrates efficient use of the space.**

No additional space is being added to the main campus.

*Review Methodology*

The department will use the following formula to determine the need for emergency department treatment room services:

$$EDTR = C5/1500$$

$$C5 = P5 \times SAS \times UR$$

EDTR = emergency department treatment rooms needed

C5 = caseload (emergency department visits) projected for the fifth year after project completion

UR = current utilization rate (average number of emergency department visits per year for the last three years, divided by population), to be determined on a service area basis

P5 = projected population for the fifth year after project completion

SAS (service area share) = the proposed service area’s current share of the population to be served, as of the most recent geographic population estimates. If there is public information about service area population changes expected over the planning horizon, such as a military base closing, or a major economic project such as a new mine, the service area share estimate may be modified with an explanation to reflect the expected change.

For reference, the current number of ER/ED beds available in Anchorage is shown below:

Table 8

Current Anchorage ER Beds	
ARH	16
Prov	50
ANMC	18
<b>Total</b>	<b>84</b>

The additional ED bed capacity needed in Anchorage is calculated per the Department’s formula in Table 9 below. Note that Table 9 includes two separate calculations – the first using a utilization rate based on the three-year average from 2020, 2021, and 2022; the second using a utilization rate based on the average of 2019, 2021, 2022.

Each calculation reflects a significant unmet need for ED beds. The second calculation – which substitutes 2019 for 2020 in the 3-year utilization rate, and which **shows a community-wide shortage of 17 beds** – better reflects the likely ED utilization rate in coming years, given the steep and anomalous decline of ED utilization during the COVID-19 pandemic.

In fact, even this number may still understate near-term future needs, as ED utilization remained suppressed in 2021 and has continued to recover through the current year. For example, as shown below, if Anchorage’s ED utilization recovers to 2019 levels (the last year pre-COVID), **the shortage increases to 27 beds.**

Table 9

ARH / Prov / ANMC						
				UR Rate	C5	Needed Beds
2018	159,150	Annual ED visits in Anchorage		0.5395409	160,513	107
	294,973	2021 population	P5 ->	297500		
				UR Rate	C5	
2019	164,016	Annual ED visits in Anchorage		0.5607634	166,827	111
	292,487	2021 population	P5 ->	297,500		
				UR Rate	C5	
2020	121,573	Annual ED visits in Anchorage		0.4173836	124,172	83
	291,274	2021 population	P5 ->	297,500		
				UR Rate	C5	
2021	131,924	Annual ED visits in Anchorage		0.4542681	135,145	90
	290,410	2021 population	P5 ->	297,500		
				UR Rate	C5	
2022	146,450	Annual ED visits in Anchorage		0.504287	150,025	100
	290,410	2021 population	P5 ->	297,500		
				UR Rate	C5	
3 Year Avg 2020,2021,2022				UR Rate	C5	
3 year avg	133,316	Annual ED visits in Anchorage		0.4575614	136,125	91
	291,361	population	P5 ->	297,500		
				UR Rate	C5	
3 year avg 2019, 2021, 2022				UR Rate	C5	
3 year avg	147,463	Annual ED visits in Anchorage		0.5090261	151,435	101
	289,697	2021 population	P5 ->	297,500		
*Excluding COVID year in 2020						

SAS = 100% (assumes the HSED will be open to 100% of the population of the Municipality, just as Alaska Regional's main ED).

## Section VII. Construction Data

### A. Please check appropriate boxes:

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

### B. Project Development Schedule

#### Date

- |  |   |            |
|--|---|------------|
| 1. Estimated completion of final drawings and specifications | - | 06/01/2023 |
| 2. Estimated construction begun by                           | - | 09/01/2023 |
| 3. Estimated construction complete by                        | - | 09/01/2024 |
| 4. Estimated opening of proposed services                    | - | 10/01/2024 |

### C. Facility site data:

#### 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?

Alaska Regional has signed a purchase contract to acquire the land (Anchorage Parcel ID #016-191-09-000). The legal description of the property is: Township 12 North, Range 3 West, Section 20, S2 N2 SW4 NW4 SW 4, Parcel 20, and it contains a total of approximately 1,150 square feet. The street address is 11841 Old Seward Highway.

#### 2. Diagrammatic plan showing:

- Dimensions and location of structures, easements, rights-of-way, and encroachments;
- Location of all utility services available to the site; and
- Location of service roads, parking facilities, and walkways within site boundaries.

See Site Plan at Appendix #9.

#### 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).

See Appendix #10.

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

The HSED will be a freestanding structure. The site plan, which shows how the HSED will be developed and located on the property, is attached as Appendix #9. Architectural drawings reflecting details of the planned structure are attached as Appendix #13.<sup>9</sup>

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<sup>9</sup> Note: The drawings in Appendix #13 are taken from a previously constructed, 12-room ED that is currently owned and operated by HCA. The design for that structure is identical to the planned

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

See Appendix #13.

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

The HSED construction site is at a separate location from the main hospital campus of Alaska Regional. There will be no impact to Alaska Regional's services during construction of the HSED.

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design for the HSED in South Anchorage. Upon approval of this application, stamped drawings for the South Anchorage HSED will be prepared and made available.

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

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

Lease     Rent     Donation     Purchase     Stock Transaction

**2. Cost data** (Omit cents)

a. Total acquisition cost*	\$ 1,450,000
b. Amount to be financed	N/A
c. Difference between items (a) and (b) (list available resources to be used, e.g. available cash, investments, grants, etc.)	\$ 1,450,000
d. Anticipated interest rate	N/A
e. Total anticipated interest amount	N/A
f. Total of (a) and (e)	\$ 1,450,000
g. Estimated annual debt service requirements	N/A

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

Existing cash reserves from HCA will be used to fund the project.

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

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

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

## Section VIII(B). Financial Data – Construction Only

### 1. Construction Method (Please check)

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

### 2. Construction Cost (New Activity) (Omit cents)

a. Site acquisition (Section VIII.A.2.f)	\$	1,450,000
b. Estimated general construction**	\$	10,244,000
c. Fixed equipment, not included in a**	\$	2,132,000
d. Total construction costs (sum of items a, b, and c)**	\$	13,826,000
e. Major movable equipment**	\$	2,855,000
f. Other cost:**		
(1) Administration expense	\$	200,000
(2) Site survey, soils investigation, and materials testing	\$	40,000
(3) Architects and engineering fees	\$	400,000
(4) Other consultation fees (preparation of application included)	\$	50,000
(5) Legal fees	\$	50,000
(6) Land development and landscaping		Included in Construction
(7) Building permits and utility assessments (including water, sewer, electrical, phones, etc.)	\$	150,000
(8) Additional inspection fees (clerk of the works)	\$	20,000
(9) Insurance (required during construction period)	\$	30,000
g. Total project cost (sum of items d, e, f)	\$	17,621,000
h. Amount to be financed	\$	-
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.)	\$	17,621,000
j. Anticipated long-term interest rate		N/A
k. Anticipated interim (construction) interest rate		N/A
l. Anticipated long-term interest amount	\$	-
m. Anticipated interim interest amount		N/A
n. Total items g, l, and m	\$	17,621,000
o. Estimated annual debt service requirement		N/A
p. Construction cost per sq. ft.	\$	943
q. Construction cost per bed	\$	931,273
r. Project cost per sq. ft.	\$	1,623
s. Project cost per bed (if applicable)	\$	1,601,909

\*\*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 VIII B, Item 2e). Also, on a separate page, include a list of all equipment to be purchased through this project and the costs.

Schedule I. Alaska Regional Facility Income Statement 2017-2022

Schedule I. Facility Income Statement						
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion						
Gross Patient Revenue:	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Inpatient Routine	148,426,210	165,671,379	204,777,608	221,191,095	265,101,678	304,232,478
Inpatient Ancillary	547,188,786	619,375,298	778,409,036	810,167,062	911,595,477	979,552,847
Outpatient	324,711,537	350,714,800	418,831,620	443,333,258	572,330,010	672,016,132
<b>Total Patient Revenue</b>	<b>1,020,326,533</b>	<b>1,135,761,477</b>	<b>1,402,018,264</b>	<b>1,474,691,415</b>	<b>1,749,027,165</b>	<b>1,955,801,457</b>
Charity Care	1,224,594	11,166,927	16,191,631	14,552,807	14,734,539	22,095,463
Contractual Allowances	751,134,371	846,918,903	1,074,410,984	1,139,663,079	1,361,722,242	1,563,955,534
Bad Debts	12,870,009	17,459,247	2,302,614	(3,310,422)	8,758,769	14,529,951
<b>Total Deductions</b>	<b>765,228,974</b>	<b>875,545,077</b>	<b>1,092,905,229</b>	<b>1,150,905,464</b>	<b>1,385,215,550</b>	<b>1,600,580,948</b>
<b>Net Operating Revenues</b>	<b>255,097,559</b>	<b>260,216,400</b>	<b>309,113,035</b>	<b>323,785,951</b>	<b>363,811,615</b>	<b>355,220,509</b>
All Other Revenues	789,455	530,506	551,592	536,313	465,813	716,441
<b>EXPENSES:</b>						
Salaries	75,586,036	77,915,446	89,283,361	84,102,446	87,886,775	95,699,955
Benefits	14,914,833	16,009,748	15,345,491	15,513,365	18,256,068	19,734,266
Supplies	45,228,579	46,955,866	52,397,180	51,515,672	58,589,015	54,656,040
Utilities	3,269,056	3,133,737	2,957,377	2,906,085	2,713,854	2,410,407
Property Tax	1,878,318	2,292,084	2,017,767	2,104,487	2,189,474	2,277,946
Rent	2,367,129	1,973,657	824,983	2,523,085	2,582,747	1,914,927
Other Expenses	35,539,517	36,338,886	42,063,983	42,121,037	41,441,474	51,827,412
Depreciation	13,960,297	12,910,907	13,090,199	11,078,729	10,798,196	10,723,731
Interest	5,607,439	507,034	(4,258,974)	(11,011,034)	(12,270,830)	(28,262,021)
<b>Total Expenses</b>	<b>198,351,204</b>	<b>198,037,365</b>	<b>213,721,367</b>	<b>200,853,872</b>	<b>212,186,773</b>	<b>210,982,663</b>
<b>Excess (Shortage) of Revenue</b>	<b>57,535,810</b>	<b>62,709,541</b>	<b>95,943,260</b>	<b>123,468,392</b>	<b>152,090,655</b>	<b>144,954,287</b>
Over Expenditures						
<b>Note: Use one copy of this form for the previous five years, another for the construction or development period, and five years after the project opens</b>						

## Schedule I. Alaska Regional Facility Income Statement 2023-2028

Schedule I. Facility Income Statement						
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion						
Gross Patient Revenue:	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
Inpatient Routine	314,219,886	351,869,589	394,628,075	443,237,952	498,548,159	561,573,661
Inpatient Ancillary	1,017,824,834	1,099,250,821	1,234,227,968	1,387,829,574	1,562,771,769	1,762,303,862
Outpatient	715,131,032	772,341,515	866,981,836	975,159,383	1,098,994,133	1,240,945,664
<b>Total Patient Revenue</b>	<b>2,047,175,752</b>	<b>2,223,461,925</b>	<b>2,495,837,879</b>	<b>2,806,226,909</b>	<b>3,160,314,062</b>	<b>3,564,823,187</b>
<b>Less Deductions</b>						
Charity Care	28,611,450	35,077,429	34,879,924	39,216,519	44,163,640	49,815,231
Contractual Allowances	1,649,379,410	1,800,320,893	2,030,848,891	2,293,344,885	2,593,911,738	2,938,558,155
Bad Debts	5,314,673	5,801,041	6,543,854	7,393,869	8,367,615	9,484,680
<b>Total Deductions</b>	<b>1,683,305,533</b>	<b>1,841,199,363</b>	<b>2,072,272,669</b>	<b>2,339,955,273</b>	<b>2,646,442,993</b>	<b>2,997,858,066</b>
<b>Net Operating Revenues</b>	<b>363,870,219</b>	<b>382,262,562</b>	<b>423,565,210</b>	<b>466,271,636</b>	<b>513,871,069</b>	<b>566,965,120</b>
All Other Revenues	671,448	671,515	671,582	671,649	671,717	671,784
<b>EXPENSES:</b>						
Salaries	96,943,015	105,835,131	117,044,813	128,639,804	141,551,997	155,944,382
Benefits	21,136,611	23,187,027	25,647,814	28,193,993	31,029,875	34,189,343
Supplies	53,419,940	58,002,164	64,200,664	70,612,874	77,753,106	85,711,518
Utilities	2,446,464	2,569,897	2,847,082	3,133,688	3,453,132	3,809,450
Property Tax	2,256,609	2,370,463	2,626,138	2,890,502	3,185,155	3,513,822
Rent	1,701,550	1,787,399	1,980,185	2,179,524	2,401,702	2,649,526
Lease						
Other Expenses	47,318,779	51,194,178	56,665,414	62,326,866	68,631,447	75,659,249
Depreciation	10,791,669	11,578,037	12,369,388	13,165,751	13,967,160	14,773,646
Interest	(36,504,312)	(45,874,500)	(50,822,457)	(55,938,583)	(61,640,879)	(68,001,415)
<b>Total Expenses</b>	<b>199,510,325</b>	<b>210,649,797</b>	<b>232,559,041</b>	<b>255,204,419</b>	<b>280,332,695</b>	<b>308,249,521</b>
<b>Excess (Shortage) of Revenue</b>	<b>165,031,342</b>	<b>172,284,280</b>	<b>191,677,751</b>	<b>211,738,866</b>	<b>234,210,090</b>	<b>259,387,383</b>
Over Expenditures						
<p><b>Note: Use one copy of this form for the previous five years, another for the construction or development period, and five years after the project opens</b></p>						

Schedule II. Alaska Regional Balance Sheet 2017-2022

Schedule II. Facility Balance Sheet						
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion						
CURRENT ASSETS	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Cash & Cash Equivalent	62,690	30,828	158,150	1,760	2,333	4,619
Net Patient Accounts Receivable	(3,467,021)	2,949,566	4,967,120	(1,954,239)	1,889,691	(4,704,798)
Other Accounts Receivable	3,358	8,350	499	28,533	7,490	498,905
Inventories	18,895,164	17,930,529	19,324,678	19,742,361	19,209,864	18,899,081
Prepaid Expenses	696,941	619,560	1,120,356	690,675	1,816,909	997,494
<b>Total Current Assets</b>	<b>16,191,132</b>	<b>21,538,833</b>	<b>25,570,803</b>	<b>18,509,090</b>	<b>22,926,287</b>	<b>15,695,301</b>
Property and Equipment						
Land & Improvements	4,122,657	4,122,657	4,122,657	4,122,657	4,122,657	4,122,657
Building/Fixed Equipment	128,268,427	128,507,618	129,183,897	133,021,901	130,452,656	131,908,068
Major Movable Equipment	147,890,505	151,158,331	151,499,647	152,887,231	159,978,226	171,620,367
Accumulated Depreciation	(190,580,707)	(201,586,634)	(201,778,443)	(209,362,656)	(219,116,635)	(225,486,561)
Net Property & Equipment	89,700,882	82,201,972	83,027,758	80,669,133	75,436,904	82,164,531
Other Assets	221,149	221,149	1,475,106	1,239,670	1,071,872	1,099,499
<b>TOTAL ASSETS</b>	<b>106,113,163</b>	<b>103,961,954</b>	<b>110,073,667</b>	<b>100,417,893</b>	<b>99,435,063</b>	<b>98,959,331</b>
LIABILITIES/FUND BALANCE						
Current Liabilities						
Accounts Payable	6,263,818	10,494,207	9,421,795	13,998,607	13,241,913	12,315,284
Accrued Expenses	921,882	2,235,904	2,258,646	2,297,715	2,118,160	2,334,169
Accrued Compensation	5,948,524	6,850,658	8,478,873	6,590,248	6,645,596	6,260,872
Other Accruals	1,026,757	1,083,321	1,536,001	1,767,777	1,255,695	701,650
Total Current Liabilities	14,160,981	20,664,090	21,695,315	24,654,347	23,261,364	21,611,975
Long Term Liabilities						
Long Term Debt	(230,719,979)	(282,097,573)	(361,111,917)	(479,240,067)	(603,108,381)	(711,061,341)
Other	228,556	138,079	2,925,617	701,673	1,430,077	726,814
Total Long Term Liabilities	(230,491,423)	(281,959,494)	(358,186,300)	(478,538,394)	(601,678,304)	(710,334,527)
Fund Balance	322,443,605	365,257,358	446,564,652	554,301,940	677,852,003	787,681,883
Total Liabilities & Fund Balance	106,113,163	103,961,954	110,073,667	100,417,893	99,435,063	98,959,331
<b>Note: Use one copy of this form for the previous five years, another for the construction or development period, and five years after the project opens</b>						

**Schedule II. Alaska Regional Balance Sheet 2023-2028**

Schedule II. Facility Balance Sheet						
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion						
CURRENT ASSETS	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
Cash & Cash Equivalent	4,619	4,619	4,619	4,619	4,619	4,619
Net Patient Accounts Receivable	(4,704,798)	(4,704,798)	(2,657,798)	(2,439,798)	(2,201,798)	(1,939,798)
Other Accounts Receivable	498,905	498,905	498,905	498,905	498,905	498,905
Total Current Assets	15,695,301	15,695,301	17,979,301	18,222,301	18,487,301	18,777,301
Property and Equipment						
Land & Improvements	4,122,657	5,572,657	5,572,657	5,572,657	5,572,657	5,572,657
Building Fixed Equipment	131,908,068	160,513,068	177,039,068	192,847,068	207,938,068	212,335,068
Major Movable Equipment	171,620,367	176,607,367	176,166,367	175,725,367	175,285,367	174,844,367
Accumulated Depreciation	(225,486,561)	(226,204,561)	(226,922,561)	(227,640,561)	(228,358,561)	(229,076,561)
Net Property & Equipment	82,164,531	116,488,531	131,855,531	146,504,531	160,437,531	163,675,531
Other Assets	1,099,499	1,099,499	1,099,499	1,099,499	1,099,499	1,099,499
TOTAL ASSETS	98,959,331	133,283,331	150,934,331	165,826,331	180,024,331	183,552,331
LIABILITIES/FUND BALANCE						
Current Liabilities						
Accounts Payable	12,315,284	12,315,284	12,512,284	12,532,284	12,555,284	12,579,284
Accrued Expenses	2,334,169	2,334,169	2,334,169	2,334,169	2,334,169	2,334,169
Accrued Compensation	6,260,872	6,260,872	6,260,872	6,260,872	6,260,872	6,260,872
Other Accruals	701,650	701,650	1,430,650	1,507,650	1,592,650	1,685,650
Total Current Liabilities	21,611,975	21,611,975	22,537,975	22,634,975	22,742,975	22,859,975
Long Term Liabilities						
Long Term Debt	(682,114,223)	(664,717,797)	(683,140,892)	(709,546,033)	(744,038,648)	(797,694,559)
Other	726,814	726,814	943,814	1,427,814	1,663,814	1,749,814
Total Long Term Liabilities	(681,387,409)	(663,990,983)	(682,197,078)	(708,118,219)	(742,374,834)	(795,944,745)
Fund Balance	758,734,765	775,662,339	810,593,434	851,309,575	899,656,190	956,637,101
Total Liabilities & Fund Balance	98,959,331	133,283,331	150,934,331	165,826,331	180,024,331	183,552,331
<b>Note: Use one copy of this form for the previous five years, another for the construction or development period, and five years after the project opens</b>						

Schedule III. Alaska Regional Average Cost Per Day and Revenue Amounts 2017-2022

Schedule III. Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue Amounts						
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion						
	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Net ED Revenues	20,528,864	22,879,069	26,967,235	26,416,562	31,323,043	39,039,954
ED Expenses	6,518,166	6,646,452	8,006,800	8,478,241	9,247,478	11,814,095
ED Visits	36,369	34,782	36,974	29,511	33,547	39,320
ED Revenue Per visit	564	658	729	895	934	993
Operating & Capital Budget Summary:						
Gross Revenues	0	0	0	0	0	0
Deductions from Revenue	0	0	0	0	0	0
Net Revenue	0	0	0	0	0	0
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						
<p><b>Years 1 and 2 are equivalent to State of Alaska swing-bed rate.</b></p> <p><b>Facility Medicaid Rate is figured from Year 3 onward.</b></p>						

Schedule III. Alaska Regional Average Cost Per Day and Revenue Amounts  
2023-2028

Schedule III. Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue Amounts						
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion						
	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
Net ED Revenues	40,835,792	62,322,792	85,549,792	110,633,792	137,725,792	166,986,792
Expenses	11,932,236	24,537,236	38,030,236	52,466,236	67,916,236	84,456,236
ED Visits	39,320	40,106	43,661	45,433	47,245	49,100
ED Revenue Per visit	1,039	1,554	1,959	2,435	2,915	3,401
Operating & Capital Budget Summary:						
Gross Revenues	0	130,182,000	148,991,000	170,316,000	194,664,000	222,445,000
Deductions from Revenue	0	108,695,000	125,764,000	145,232,000	167,572,000	193,184,000
Net Revenue	-	21,487,000	23,227,000	25,084,000	27,092,000	29,261,000
Direct Expense		6,872,000	7,310,000	7,772,000	8,267,000	8,799,000
Indirect Expense		5,733,000	6,183,000	6,664,000	7,183,000	7,741,000
Net Income Projected		8,882,000	9,734,000	10,648,000	11,642,000	12,721,000
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						
<p><b>Years 1 and 2 are equivalent to State of Alaska swing-bed rate.</b></p> <p><b>Facility Medicaid Rate is figured from Year 3 onward.</b></p>						

Schedule IV. Alaska Regional Operating Budget 2017-2022

Schedule IV. Operating Budget						
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion						
Description:	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Number of Beds	16	16	16	16	16	16
Days in a year	365	365	365	365	365	365
ED Expansion visit threshold	24000	24000	24000	24000	24000	24000
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	42.5%	42.6%	42.7%	42.0%	43%	43%
Medicare	19.1%	19.1%	19.1%	19.1%	20%	20%
Other	38.4%	38.3%	38.2%	38.9%	37%	37%
Ancillary Revenue						
ED Net Revenue	20,528,864	22,879,069	26,967,235	26,416,562	31,323,043	39,039,954
Rate Computation						
Annual Medicaid Rate	3,686.15	3,774.61	3,890.10	3,793.10	3,902.54	4,014.01
Base Year Cost						
Less Ancillary						
Plus Admin. Overhead						
Cost Basis for Rate						
Base Year Patient Days						
Cost per Patient Day						

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



Schedule IV. Alaska Regional Operating Budget 2023-2028

Schedule IV. Operating Budget						
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion						
Description:	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
Number of Beds	16	16	28	28	28	28
Days in a year	365	365	365	365	365	365
ED Expansion visit threshold	24000	24000	42000	42000	42000	42000
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	41.9%	33.0%	33.0%	33.0%	33.0%	33.0%
Medicare	21.4%	41.2%	41.2%	41.2%	41.2%	41.2%
Other	36.6%	25.7%	25.7%	25.7%	25.7%	25.7%
Ancillary HSED Revenue			21,487,000	23,227,000	25,084,000	27,092,000
Net ED Revenue	40,835,792	62,322,792	85,549,792	110,633,792	137,725,792	166,986,792
Rate Computation						
Annual Medicaid Rate	4,140.56	4,258.83	4,380.48	4,505.60	4,634.29	4,766.66
Base Year Cost						
Less Ancillary						
Plus Admin. Overhead						
Cost Basis for Rate						
Base Year Patient Days						
Cost per Patient Day						

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

### Schedule V. Alaska Regional Debt Service

Alaska Regional will not be financing this project with debt. The project will be financed from existing corporate cash reserves.

### Schedule VI. Reimbursement Sources

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

Fiscal Year 2017				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	2,421	249,874,025	206,534,458	43,339,567
Medicare	3,124	368,968,720	311,015,290	58,318,889
Private Insurance	2,767	253,068,330	122,244,222	130,824,108
Self Pay	513	26,771,183	25,573,748	1,475,036
Charity	9	1,123,255	1,224,594	(890,716)
Other	936	120,521,020	86,184,170	34,388,908
<b>Total</b>	<b>9,770</b>	<b>1,020,326,533</b>	<b>752,776,482</b>	<b>268,385,085</b>

Fiscal Year 2018				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	2,333	240,676,220	198,840,612	41,835,608
Medicare	3,315	438,370,692	376,891,155	61,474,636
Private Insurance	2,638	272,375,449	140,243,460	132,131,989
Self Pay	337	35,131,157	22,391,553	13,000,941
Charity	52	6,258,852	11,166,927	(5,199,874)
Other	1,013	142,949,107	108,840,153	34,401,884
<b>Total</b>	<b>9,687</b>	<b>1,135,761,477</b>	<b>858,373,866</b>	<b>277,963,681</b>

Fiscal Year 2019				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	2,684	318,593,816	265,990,442	52,603,374
Medicare	3,868	550,018,182	479,475,979	71,111,206
Private Insurance	2,941	328,288,510	169,718,437	158,570,073
Self Pay	510	27,891,545	34,928,183	(6,302,516)
Charity	58	9,145,854	16,191,631	(5,670,471)
Other	1,142	168,080,357	125,478,249	43,213,410
Total	11,203	1,402,018,264	1,091,782,921	312,595,953

Fiscal Year 2020				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	2,561	323,820,868	275,788,089	48,032,779
Medicare	3,525	587,442,501	512,314,521	74,653,513
Private Insurance	2,743	357,085,215	184,166,865	172,918,350
Self Pay	(2,114)	15,352,919	30,799,719	(13,731,509)
Charity	46	6,520,813	14,552,807	(6,256,281)
Other	1,145	184,469,099	136,526,490	48,349,682
Total	7,906	1,474,691,415	1,154,148,491	320,408,136

Fiscal Year 2021				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	2,897	393,571,989	337,998,603	55,573,386
Medicare	3,999	681,514,175	603,943,067	77,339,801
Private Insurance	2,659	391,518,777	207,166,397	184,352,380
Self Pay	329	24,833,967	25,277,996	(489,772)
Charity	51	7,822,961	14,734,539	(6,732,537)
Other	1,248	249,765,296	187,333,447	62,660,426
Total	11,183	1,749,027,165	1,376,454,049	372,567,656

Fiscal Year 2022				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	2,991	459,926,018	402,175,532	57,750,486
Medicare	4,353	808,462,027	720,819,101	87,642,926
Private Insurance	2,603	395,935,075	214,755,242	181,179,833
Self Pay	367	44,099,299	36,070,871	8,028,428
Charity	60	10,665,551	22,095,463	(11,429,912)
Other	1,230	236,713,487	189,988,300	46,725,187
Total	11,603	1,955,801,457	1,585,904,509	369,896,948

Fiscal Year 2023				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	3,026	487,653,438	424,342,060	63,311,378
Medicare	4,403	849,928,060	774,285,901	75,642,159
Private Insurance	2,644	407,598,276	218,956,407	188,641,869
Self Pay	297	43,281,699	38,494,752	4,786,947
Charity	93	17,648,989	28,611,450	(10,962,461)
Other	1,263	241,065,290	193,300,290	47,765,000
Total	11,726	2,047,175,752	1,677,990,860	369,184,892

Fiscal Year 2024				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	3,030	529,646,197	465,615,367	64,030,830
Medicare	4,410	923,116,971	849,596,229	73,520,742
Private Insurance	2,648	442,697,334	240,253,035	202,444,299
Self Pay	298	47,008,768	42,238,915	4,769,853
Charity	93	19,168,777	31,394,321	(12,225,544)
Other	1,265	261,823,878	212,101,495	49,722,382
Total	11,744	2,223,461,925	1,841,199,363	382,262,562

Fiscal Year 2025				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	3,061	594,688,277	541,167,962	53,520,315
Medicare	4,454	1,036,478,398	987,455,081	49,023,317
Private Insurance	2,674	497,061,843	279,237,445	217,824,398
Self Pay	301	52,781,580	49,092,768	3,688,812
Charity	94	21,522,758	36,488,488	(14,965,730)
Other	1,278	293,976,605	246,517,925	47,458,680
Total	11,862	2,496,509,461	2,139,959,669	356,549,792

Fiscal Year 2026				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	3,091	668,625,413	612,049,304	56,576,109
Medicare	4,498	1,165,342,958	1,116,790,419	48,552,539
Private Insurance	2,701	558,861,159	315,811,533	243,049,626
Self Pay	304	59,343,873	49,092,768	3,821,010
Charity	95	24,198,666	41,267,693	(17,069,028)
Other	1,291	330,526,490	278,806,461	51,720,029
Total	11,981	2,806,898,558	2,420,248,273	386,650,285

Fiscal Year 2027				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	3,122	752,971,786	693,292,467	59,679,319
Medicare	4,543	1,312,349,713	1,265,032,701	47,317,012
Private Insurance	2,728	629,360,890	357,732,221	271,628,669
Self Pay	307	66,830,039	62,892,944	3,937,094
Charity	96	27,251,301	46,745,549	(19,494,248)
Other	1,304	372,222,049	315,815,111	56,406,938
Total	12,100	3,160,985,778	2,741,510,993	419,474,785

Fiscal Year 2028				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	3,153	849,329,071	786,534,448	62,794,624
Medicare	4,589	1,480,290,210	1,435,168,914	45,121,295
Private Insurance	2,755	709,899,774	405,844,183	304,055,591
Self Pay	310	75,382,233	71,351,514	4,030,719
Charity	97	30,738,632	53,032,431	(22,293,799)
Other	1,317	419,855,051	358,289,576	61,565,474
Total	12,221	3,565,494,970	3,110,221,066	455,273,904

<b>Schedule VII. Depreciation Schedule</b>			
Use Straight-Line Method			
Provide a Separate Schedule for any pieces of major movable equipment			
Equipment Name	Cost	Years	Depreciation Per Year
CT REVOLUTION MAXIMA 32 CHANNEL, 64 SLICE (FSER)	\$ 387,772	7	\$ 55,396
X-RAY, RAD. DEFINIUM TEMPO PLUS - 65KW GEN STANDARD RAD ROOM W/FLASHPAD	\$ 137,461	7	\$ 19,637
PORTABLE X-RAY - AMX NAVIGATE	\$ 121,135	7	\$ 17,305
MONITORING - 1 FIXED, 4 PORTABLE, & CENTRAL	\$ 101,000	7	\$ 14,429
ULTRASOUND, LOGIQ S8	\$ 60,884	10	\$ 6,088
MINI C-ARM - OEC ELITE MINIVIEW OP SYSTEM	\$ 55,000	4	\$ 13,750
INJECTOR, CT. - MEDRAD STELLANT FLEX	\$ 47,000	7	\$ 6,714
GLIDESCOPE W/ ADULT & PEDS ACCESSORIES	\$ 18,000	4	\$ 4,500
SLIT LAMP, HAAG-STREIT BM900	\$ 17,529	10	\$ 1,753
PANDA IRES INFANT WARMER w/ RESUSCITATION	\$ 14,836	10	\$ 1,484
EKG MACHINE, MAC VU360	\$ 13,000	7	\$ 1,857
DISINFECTOR, PROBE - TROPHON2	\$ 9,750	10	\$ 975
PATIENT LIFT 1000 LB CAPACITY, WITH SCALE	\$ 9,047	10	\$ 905
STRETCHER- TRAUMA	\$ 8,827	10	\$ 883
BLANKETROL III -HYPER HYPOTHERMIA SYS 233-115V* GET QUOTE	\$ 8,500	10	\$ 850
RAPID INFUSOR HI200	\$ 8,300	10	\$ 830
MICROSCOPE - REQUIRES QUOTE BY FACILITY	\$ 7,427	7	\$ 1,061
REFRIGERATOR, DOUBLE DOOR LAB - 44.9 CU FT	\$ 6,166	10	\$ 617
VENTILATOR, TRANSPORT - PARAPAC PLUS*	\$ 5,886	10	\$ 589
TONOMETER, REICHERT TONO-PEN XL	\$ 5,276	10	\$ 528
WARMING CABINET DUAL COMPARTMENT 3 SHELVES GLASS DOORS 24"D	\$ 5,190	10	\$ 519
FLUID WARMER, COUNTER TOP - ENTHERMICS EC250L	\$ 4,707	10	\$ 471
CENTRIFUGE, HETTICH EBA-280S	\$ 4,701	7	\$ 672
REFRIGERATOR, PHARMACY- 1DR 19.7 CU.FT.* RIGHT HINGE	\$ 4,578	10	\$ 458
CAST SAW & VACUUM SYSTEM MODEL CC7	\$ 3,996	10	\$ 400
CENTRIFUGE, HETTICH EBA-280 W/ URINALYSIS PKG.	\$ 3,877	7	\$ 554
REFRIGERATOR, UNDERCOUNTER PERFORMANCE PLUS*	\$ 3,574	10	\$ 357
REFRIGERATOR, BLOOD BANK PERFORMANCE PLUS*	\$ 3,190	10	\$ 319

*ICEMAKER, COUNTERTOP, 12LBS; IF FOR COUNTERTOP MUST ORDER LEG KIT #100409;	\$ 2,962	10	\$ 296
SCALE, PEDIATRIC - SCALE-TRONIX 4802D W/STD CRADLE. KG ONLY	\$ 2,860	10	\$ 286
FREEZER, UNDERCOUNTER 4.5 CU FT PERFORMANCE PLUS	\$ 2,717	10	\$ 272
CENTRIFUGE, DASH 6	\$ 2,400	7	\$ 343
REFRIGERATOR, UNDERCOUNTER MEDS, 5.5 CU.FT., SOLID DOOR*	\$ 2,079	10	\$ 208
REFRIGERATOR, SIDE-BY-SIDE - 23.2 CU. FT. (GE GSE23GSKSS)	\$ 1,915	10	\$ 191
ANALYZER, URINALYSIS - CLINITEK STATUS	\$ 1,612	4	\$ 403
REFRIGERATOR, TOP FREEZER - 17.5 CU. FT. (GE GTE18GSNRSS)	\$ 1,266	10	\$ 127
REFRIGERATOR, TOP FREEZER - 17.5 CU. FT. (GE GTE18GSNRSS)	\$ 1,266	10	\$ 127

## FAIR MARKET VALUE – HOW TO CALCULATE

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

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

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

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

### *Answer from Alaska Regional:*

For the proposed HSED, all equipment acquired will be new. The depreciation schedule for this equipment is included in Schedule VII, *supra*. The current appraisal of the land on which the HSED will be located is attached to this application as Appendix #14.



**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): \$ 1,450,000

**plus**

B. the amount listed on page 21 of this packet under Section VIIB, Financial Data – Construction Only, item “g” (total project cost, which is the sum of items d, e, and f): \$ 16,681,000

Estimated Value of the Activity for (1)  
(sum of A & B above) \$ 17,621,000

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

Estimated Fair Market Value for (2): \$ 0

Estimated Value for (1) from above: \$ 17,621,000

Total Estimated Value of the Activity  
(sum of (1) and (2): \$ 17,621,000

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Amount of Application Fee submitted with this application  
(see 7 AAC 07.079 to calculate amount due): \$ 17,621

**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: 4/27/23

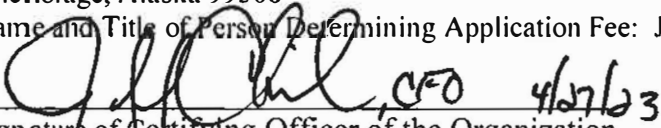
Facility Name and Address:

Alaska Regional Hospital

2801 DeBarr Road

Anchorage, Alaska 99508

Name and Title of Person Determining Application Fee: Jeff Chilson CFO

  
Signature of Certifying Officer of the Organization

## **Appendix #1**

### **Galen Hospital Alaska, Inc.'s Officers and Directors and Alaska Regional Hospital's Board of Trustees**

*Note: The information contained in Appendix #1 is current as of the filing of this application. At any point, upon request by the Department, Alaska Regional will provide an updated list of its trustees and/or of Galen Hospital Alaska's officers and directors.*

**Officers and Directors of Galen Hospital Alaska, Inc.**

<b>Name</b>	<b>Title (Directors listed in bold)</b>	<b>Address</b>
<b>Samuel N. Hazen</b>	<b>President</b>	<b>One Park Plaza Nashville, TN 37203</b>
Gregory R. Angle	Senior Vice President	60 E S Temple St., Ste. 1900 Salt Lake City, UT 84111
Jon M. Foster	Senior Vice President	One Park Plaza Nashville, TN 37203
John M. Hackett	Senior Vice President and Treasurer	One Park Plaza Nashville, TN 37203
Michael R. McAlevey	Senior Vice President	One Park Plaza Nashville, TN 37203
Tim McManus	Senior Vice President	One Park Plaza Nashville, TN 37203
Joseph A. Sowell, III	Senior Vice President	One Park Plaza Nashville, TN 37203
<b>Christopher F. Wyatt</b>	<b>Senior Vice President</b>	<b>One Park Plaza Nashville, TN 37203</b>
Kevin A. Ball	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Mike T. Bray	Vice President	One Park Plaza Nashville, TN 37203
Monica Cintado	Vice President	One Park Plaza Nashville, TN 37203
Natalie H. Cline	Vice President and Secretary	One Park Plaza Nashville, TN 37203
Jaime DeRensis	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
<b>John M. Franck II</b>	<b>Vice President and Assistant Secretary</b>	<b>One Park Plaza Nashville, TN 37203</b>
Mike Gingras	Vice President	60 E S Temple St., Ste. 1900 Salt Lake City, UT 84111
Ronald Lee Grubbs, Jr.	Vice President	One Park Plaza Nashville, TN 37203
Seth A. Killingbeck	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Jeff McInturff	Vice President	One Park Plaza Nashville, TN 37203
T. Scott Noonan	Vice President	One Park Plaza Nashville, TN 37203

**Officers and Directors of Galen Hospital Alaska, Inc.**

Jennifer Opsut	Vice President	2801 DeBarr Road Anchorage, Alaska 99508
Nicholas L. Paul	Vice President	1100 Dr. Martin L. King, Jr. Blvd., Suite 1500 Nashville, TN 37203
Peter Rossell	Vice President	One Park Plaza Nashville, TN 37203
Brad Spicer	Vice President	One Park Plaza Nashville, TN 37203
Russ Young	Vice President	One Park Plaza Nashville, TN 37203
Doug L. Downey	Assistant Secretary	One Park Plaza Nashville, TN 37203
Deborah H. Mullin	Assistant Secretary	One Park Plaza Nashville, TN 37203
Shirley Scharf- Cheatham	Assistant Secretary	One Park Plaza Nashville, TN 37203
John I. Starling	Assistant Secretary	One Park Plaza Nashville, TN 37203

<b>Alaska Regional Board of Trustees</b>			
Last	First	Position	Address
Balash	Joe	Board Member	2801 Debarr Road Anchorage, AK 99508
DeMers	Mary	Medical Executive Committee Chair	2801 Debarr Road Anchorage, AK 99508
Grunwaldt	Peter	Board Member	2801 Debarr Road Anchorage, AK 99508
Kiessling	Bruce	Board Member	2801 Debarr Road Anchorage, AK 99508
Kuhn	Shannon	Board Member	2801 Debarr Road Anchorage, AK 99508
Leary	Linda	Board Chair	2801 Debarr Road Anchorage, AK 99508
Marroquin	Lupe	Board Member	2801 Debarr Road Anchorage, AK 99508
Opsut	Jennifer	CEO Alaska Regional	2801 Debarr Road Anchorage, AK 99508
Patin	Steve	Board Member	2801 Debarr Road Anchorage, AK 99508
Prasad	Madhu	Board Member	2801 Debarr Road Anchorage, AK 99508
Ross	Clare	Board Member	2801 Debarr Road Anchorage, AK 99508
Sims	John	Board Member	2801 Debarr Road Anchorage, AK 99508
Wanamaker	John	Board Member	2801 Debarr Road Anchorage, AK 99508

**Appendix # 2**

**Joint Commission Accreditation**



September 14, 2022

Jennifer Opsut  
Chief Operating Officer  
Alaska Regional Hospital  
2801 DeBarr Road  
Anchorage, AK 99508

Re: # 10207  
CCN: # 020017  
Deemed Program: Hospital  
Accreditation Expiration Date: July 15, 2025

Dear Ms. Opsut:

This letter confirms that your July 11, 2022 - July 14, 2022 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on September 12, 2022. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of July 15, 2022.

The Joint Commission is also recommending your organization for continued Medicare certification effective July 15, 2022. Please note that the Centers for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Alaska Regional Hospital  
2801 DeBarr Road, Anchorage, AK, 99508

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

Sincerely,

A handwritten signature in cursive script that reads "Mark Pelletier".

[www.jointcommission.org](http://www.jointcommission.org)

**Headquarters**  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
630 792 5000 Voice



Mark G. Pelletier, RN, MS  
Chief Operating Officer and Chief Nurse Executive  
Division of Accreditation and Certification Operations

cc: CMS/Baltimore Office/Survey & Certification Group/Division of Acute Care Services  
CMS/SOG Location 10 /Survey and Certification Staff

[www.jointcommission.org](http://www.jointcommission.org)

**Headquarters**  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
630 792 5000 Voice





September 14, 2022

Jennifer Opsut  
Chief Operating Officer  
Alaska Regional Hospital  
2801 DeBarr Road  
Anchorage, AK 99508

Joint Commission ID #: 10207  
Program: Hospital Accreditation  
Accreditation Activity: 60-day Evidence of Standards  
Compliance  
Accreditation Activity Completed : 9/12/2022

Dear Ms. Opsut:

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

**Comprehensive Accreditation Manual for Hospitals**

This accreditation cycle is effective beginning July 15, 2022 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Please note, if your survey was conducted off-site (virtually): Your organization may be required to undergo an on-site survey once The Joint Commission has determined that conditions are appropriate to conduct on-site survey activity.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS  
Chief Operating Officer and Chief Nurse Executive  
Division of Accreditation and Certification Operations

**Appendix #3**  
**Equipment List**

Item Title	Model No	Qty	Cost	Ext Cost
WASTE-CAN. 7-GAL RECTANGULAR BEIGE	2W367	1	\$ 37	\$ 37
WASTE-CAN. 7-GAL RECTANGULAR BEIGE	2W367	2	\$ 73	\$ 146
WASTE-CAN, FRONT STEP-ON SLIM JIM, 8 GAL- BEIGE*	38UJ64	1	\$ 110	\$ 110
SUCTION UNIT - DUET	AE-6975	1	\$ 973	\$ 973
TONOMETER, REICHERT TONO-PEN XL	CESS-A-TORC09-000	1	\$ 5,276	\$ 5,276
DOPPLER, LIFEDROP HANDHELD WITH DISPLAY	L250-SD2	1	\$ 740	\$ 740
5 MHz VASCULAR PROBE	SD5	1	\$ 198	\$ 198
THERMOMETER, TEMPORAL - TAT-5000*	124375	2	\$ 893	\$ 1,785
REMOTE ALARM MODULE, HARDWIRED	1398632	1	\$ 412	\$ 412
WASTE-CAN. 7-GAL RECTANGULAR BEIGE	2W367	5	\$ 183	\$ 915
DIAGNOSTIC SET - DESKTOP CHARGER WELCH ALLYN 71641-MS W/ TWO	678371PM3LDEUS	1	\$ 1,160	\$ 1,160
GLUCOSE METER SINGLE DOCKING STATION*	53400	1	\$ 80	\$ 80
WIRELESS NOVA STATSTRIP GLUCOSE METER	54790	1	\$ 300	\$ 300
LIFEPAK 20E DEFIBRILLATOR **FORMAL QUOTE NEEDED	QUOTE	1	\$ 14,072	\$ 14,072
VITAL SIGNS MONITOR 7500 CSM with Nellcor* GET QUOTE	75-HCA-CTB	1	\$ 3,785	\$ 3,785
WASTE-CAN, FRONT STEP-ON SLIM JIM, 8 GAL- BEIGE*	38UJ64	1	\$ 110	\$ 110
WASTE-CAN, FRONT STEP-ON SLIM JIM, 13-GALLON-BEIGE	38UJ62	1	\$ 149	\$ 149
OVERBED TABLE, SINGLE TOP	P009497	1	\$ 318	\$ 318
DIAGNOSTIC SET, WALL MOUNTED- INTEGRATED WELCH ALLYN MFG. HPG 4932 TIER 1	777-PM2WAS-US	1	\$ 1,160	\$ 1,160
HAMPER STAND CHROME SQ W FOOT PEDAL (non-medical)	MDS80529	1	\$ 62	\$ 62
FLOWMETER, AIR	QUOTE	1	\$ 50	\$ 50
FLOWMETER, O2	QUOTE	1	\$ 70	\$ 70
SUCTION REGULATOR, PUSH-TO-SET	QUOTE	1	\$ 361	\$ 361
EXAM LIGHT, CEILING-MOUNTED - HEXALUX	EXLCEBH	1	\$ 2,195	\$ 2,195
STRETCHER- EXAM/TRANSPORT	1105	1	\$ 4,594	\$ 4,594
TRANSFER DEVICE STORAGE RACK, ADJUSTABLE	7799R	2	\$ 110	\$ 220
PATIENT TRANSFER BOARD - COLOR AQUA	7799PTD-ST	2	\$ 270	\$ 540
SUCTION UNIT - DUET	AE-6975	1	\$ 973	\$ 973
DOPPLER, LIFEDROP HANDHELD WITH DISPLAY	L250-SD2	1	\$ 740	\$ 740
5 MHz VASCULAR PROBE	SD5	1	\$ 198	\$ 198
BLANKETROL III -HYPER HYPOTHERMIA SYS 233-115V* GET QUOTE	86107	1	\$ 8,500	\$ 8,500
WASTE-CAN, FRONT STEP-ON SLIM JIM, 13-GALLON-BEIGE	38UJ62	1	\$ 149	\$ 149
WASTE CONTAINER - 13 GAL. RECTANGLE RED * STEP ON SLIM JIM	38UJ47	1	\$ 149	\$ 149
OVERBED TABLE, SINGLE TOP	P009497	1	\$ 318	\$ 318
FILM ILLUMINATOR, 2-PANEL RECESS MOUNT	29502	1	\$ 533	\$ 533
RECESS KIT FOR 2 PANEL FILM ILLUMINATOR 29502	21702	1	\$ 70	\$ 70
DIAGNOSTIC SET, WALL MOUNTED- INTEGRATED WELCH ALLYN MFG. HPG 4932 TIER 1	777-PM2WAS-US	1	\$ 1,160	\$ 1,160

INSTRUMENT TABLE, STAINLESS STEEL- 4FT	4956SG93SS	1	\$ 444	\$ 444
HAMPER STAND CHROME SQ W FOOT PEDAL (non-medical)	MDS80529	1	\$ 62	\$ 62
FLUID WARMER, COUNTER TOP - ENTHERMICS EC250L	ESYEC250L	1	\$ 4,707	\$ 4,707
FLOWMETER, AIR	QUOTE	2	\$ 100	\$ 200
FLOWMETER, O2	QUOTE	2	\$ 140	\$ 280
SUCTION REGULATOR, PUSH-TO-SET	QUOTE	2	\$ 722	\$ 1,445
RAPID INFUSOR H1200	H-1200-EN-115V-US	1	\$ 8,300	\$ 8,300
DSTA-40-FFW TEMPCKECK CALIBRATION DEVICE	80-01-040	1	\$ 693	\$ 693
PACEMAKER, EXTERNAL - MEDTRONIC 5392 DUAL CHAMBER (REFURBISHED)	5392KIT	1	\$ 4,295	\$ 4,295
SINGLE TRAUMA LIGHT G SERIES W WALL CTRL	LG01V	1	\$ 10,989	\$ 10,989
LIFEPAK 20E DEFIBRILLATOR **FORMAL QUOTE NEEDED	QUOTE	1	\$ 14,072	\$ 14,072
STRETCHER- TRAUMA	1115X	1	\$ 8,827	\$ 8,827
GLIDESCOPE W/ ADULT & PEDS ACCESSORIES	QUOTE	1	\$ 18,000	\$ 18,000
MICROWAVE, COUNTERTOP - 2.2 CU.FT. (GE PES7227SLSS)	CESS-A-PES7227SLSS	1	\$ 552	\$ 552
REFRIGERATOR, TOP FREEZER - 17.5 CU. FT. (GE GTE18GSNRSS)	CESS-A-GTE18GSNRSS	1	\$ 1,266	\$ 1,266
*ICEMAKER, COUNTERTOP, 12LBS; IF FOR COUNTERTOP MUST ORDER LEG KIT #100409;	12CI425A-S	1	\$ 2,962	\$ 2,962
WATER FILTER SYSTEM	130229	1	\$ 500	\$ 500
STAND FOR ICE DISPENSER 12CI MODEL	12BASE-00	1	\$ 878	\$ 878
WASTE-CAN, FRONT STEP-ON SLIM JIM, 13-GALLON-BEIGE	38UJ62	1	\$ 149	\$ 149
WASTE-CAN, FRONT STEP-ON SLIM JIM, 8 GAL- BEIGE*	38UJ64	1	\$ 110	\$ 110
WASTE-CAN, FRONT STEP-ON SLIM JIM, 13-GALLON-BEIGE	38UJ62	1	\$ 149	\$ 149
OVERBED TABLE, SINGLE TOP	P009497	1	\$ 318	\$ 318
DIAGNOSTIC SET, WALL MOUNTED- INTEGRATED WELCH ALLYN MFG. HPG 4932 TIER 1	777-PM2WAS-US	1	\$ 1,160	\$ 1,160
HAMPER STAND CHROME SQ W FOOT PEDAL (non-medical)	MDS80529	1	\$ 62	\$ 62
FLOWMETER, AIR	QUOTE	1	\$ 50	\$ 50
FLOWMETER, O2	QUOTE	1	\$ 70	\$ 70
SUCTION REGULATOR, PUSH-TO-SET	QUOTE	1	\$ 361	\$ 361
EXAM LIGHT, CEILING-MOUNTED - HEXALUX	EXLCEBH	1	\$ 2,195	\$ 2,195
STRETCHER- EXAM/TRANSPORT	1105	1	\$ 4,594	\$ 4,594
WASTE-CAN, FRONT STEP-ON SLIM JIM, 13-GALLON-BEIGE	38UJ62	1	\$ 149	\$ 149
OVERBED TABLE, SINGLE TOP	P009497	1	\$ 318	\$ 318
HAMPER STAND CHROME SQ W FOOT PEDAL (non-medical)	MDS80529	1	\$ 62	\$ 62
FLOWMETER, AIR	QUOTE	1	\$ 50	\$ 50
FLOWMETER, O2	QUOTE	1	\$ 70	\$ 70
SUCTION REGULATOR, PUSH-TO-SET	QUOTE	1	\$ 361	\$ 361
EXAM LIGHT, MOBILE - HEXALUX - 65K LUX	EXLMBWBUS	1	\$ 3,331	\$ 3,331
STRETCHER- EXAM/TRANSPORT	1105	1	\$ 4,594	\$ 4,594
MICROWAVE, COUNTERTOP - 2.2 CU.FT. (GE PES7227SLSS)	CESS-A-PES7227SLSS	1	\$ 552	\$ 552

REFRIGERATOR, TOP FREEZER - 17.5 CU. FT. (GE GTE18GSNRSS)	CESS-A-GTE18GSNRSS	1	\$ 1,266	\$ 1,266
WASTE CONTAINER, OPEN TOP- 10-GAL BEIGE	5M745	1	\$ 61	\$ 61
WASTE-CAN, FRONT STEP-ON SLIM JIM, 13-GALLON-BEIGE	38UJ62	1	\$ 149	\$ 149
OVERBED TABLE, SINGLE TOP	P009497	1	\$ 318	\$ 318
DIAGNOSTIC SET, WALL MOUNTED- INTEGRATED WELCH ALLYN MFG. HPG 4932 TIER 1	777-PM2WAS-US	1	\$ 1,160	\$ 1,160
HAMPER STAND CHROME SQ W FOOT PEDAL (non-medical)	MDS80529	1	\$ 62	\$ 62
FLOWMETER, AIR	QUOTE	1	\$ 50	\$ 50
FLOWMETER, O2	QUOTE	1	\$ 70	\$ 70
SUCTION REGULATOR, PUSH-TO-SET	QUOTE	1	\$ 361	\$ 361
EXAM LIGHT, CEILING-MOUNTED - HEXALUX	EXLCEBH	1	\$ 2,195	\$ 2,195
STRETCHER- EXAM/TRANSPORT	1105	1	\$ 4,594	\$ 4,594
WASTE-CAN, BEIGE - FRONT STEP ON, 18-GALLON SLIM JIM	38UJ60	1	\$ 117	\$ 117
HAMPER STAND CHROME SQ W FOOT PEDAL (non-medical)	MDS80529	1	\$ 62	\$ 62
ANALYZER, HEMATOLOGY - UniCel DxH 600 *****CPRR THRU HOSPITAL*****	UniCel DxH 600	1	\$ -	\$ -
CENTRIFUGE, HETTICH EBA-280 W/ URINALYSIS PKG.	HE1101-01	1	\$ 3,877	\$ 3,877
CENTRIFUGE, DASH 6	CA076104	1	\$ 2,400	\$ 2,400
SPECIMEN ROCKER	R4189-2	1	\$ 479	\$ 479
AEROSPRAY STAINER	7122/7152	1	\$ 12,720	\$ 12,720
ANALYZER, IMMUNOASSAY - SOFIA 2	Q20299	1	\$ 550	\$ 550
BLOOD BANK AGGLUTINATION VIEWER	L6045-1A	1	\$ 525	\$ 525
1ST AID KIT	S1313-75	1	\$ 58	\$ 58
PIPETTE, POSITIVE DISPLACEMENT - EPPENDORF MAXIPETTOR	22290002	1	\$ 620	\$ 620
CENTRIFUGE, HETTICH EBA-280S	208SBLOOD6	1	\$ 4,701	\$ 4,701
ANALYZER, URINALYSIS - CLINITEK STATUS	8570003	1	\$ 1,612	\$ 1,612
REFRIGERATOR, UNDERCOUNTER PERFORMANCE PLUS*	REF5P-OR-00-00	2	\$ 3,574	\$ 7,147
REFRIGERATOR, BLOOD BANK PERFORMANCE PLUS*	REF5BBP-TR-00-00	1	\$ 3,190	\$ 3,190
FREEZER, UNDERCOUNTER 4.5 CU FT PERFORMANCE PLUS	FZR5P-OR-00-00	1	\$ 2,717	\$ 2,717
WASTE CONTAINER, OPEN TOP- 10-GAL BEIGE	5M745	2	\$ 122	\$ 244
WASTE CONTAINER - 13 GAL. RECTANGLE RED * STEP ON SLIM JIM	38UJ47	2	\$ 297	\$ 595
REFRIGERATOR, DOUBLE DOOR LAB - 44.9 CU FT	HLR245-GX	1	\$ 6,166	\$ 6,166
CASEWORK, MODULAR - FOR HSED LAB	QUOTE	1	\$ 36,000	\$ 36,000
POC equipment Placeholder	NOTATION	1	\$ 30,000	\$ 30,000
GLUCOSE METER DUAL DOCKING STATION	53401	1	\$ 160	\$ 160
WIRELESS NOVA STATSTRIP GLUCOSE METER	54790	2	\$ 600	\$ 1,200
MICROSCOPE - REQUIRES QUOTE BY FACILITY	BX43	1	\$ 7,427	\$ 7,427
FLOOR SCRUBBER, WALK BEHIND - MICRO	4VDR3	1	\$ 2,164	\$ 2,164
JANITOR CART, HIGH SECURITY	1PBJ9	1	\$ 529	\$ 529
UPRIGHT VACUUM, 14 IN. 120 CFM, 10A, 120V	15A756	1	\$ 397	\$ 397

WASTE-CAN, FRONT STEP-ON SLIM JIM, 8 GAL- BEIGE*	38UJ64	1	\$ 110	\$ 110
WASTE-CAN. 7-GAL RECTANGULAR BEIGE	2W367	1	\$ 37	\$ 37
REFRIGERATOR, SIDE-BY-SIDE - 23.2 CU. FT. (GE GSE23GSKSS)	CESS-A-GSE23GSKSS	1	\$ 1,915	\$ 1,915
MICROWAVE, COUNTERTOP - 2.2 CU.FT. (GE PES7227SLSS)	CESS-A-PES7227SLSS	1	\$ 552	\$ 552
WASTE-CAN, BEIGE - FRONT STEP ON, 18-GALLON SLIM JIM	38UJ60	1	\$ 117	\$ 117
CUBE TRUCK, 20 CU.FT.- 600LBS LOAD CAPACITY, BLACK	5Z207	1	\$ 468	\$ 468
UTILITY 44 GAL CONTAINER BRUTE - GRAY	2FTH5	1	\$ 69	\$ 69
HAMPER STAND CHROME SQ W FOOT PEDAL (non-medical)	MDS80529	1	\$ 62	\$ 62
COMMUNE - STANDARD BEDSIDE 350LB WEIGHT CAPACITY - 4 PER CASE*	MDS89664	1	\$ 86	\$ 86
COMMUNE - BARIATRIC BEDSIDE 650LB WEIGHT CAPACITY	G1-201LBX1	1	\$ 53	\$ 53
IV PUMP CONTROLLER	8015 BD W/LICENSE	6	\$ 17,092	\$ 102,553
IV PUMP MODULE	8100 BD W/LICENSE	8	\$ 11,781	\$ 94,245
SLIT LAMP, HAAG-STREIT BM900	CESS-A-SLHS01-001	1	\$ 17,529	\$ 17,529
CAST SAW & VACUUM SYSTEM MODEL CC7	CESS-A-CC7-120US	1	\$ 3,996	\$ 3,996
GEL WARMER	927901U	1	\$ 188	\$ 188
PANDA IRES INFANT WARMER w/ RESUSCITATION	QUOTE	1	\$ 14,836	\$ 14,836
ULTRASOUND, LOGIQ S8	QUOTE	1	\$ 60,884	\$ 60,884
EKG MACHINE, MAC VU360	QUOTE	1	\$ 13,000	\$ 13,000
PORTABLE X-RAY - AMX NAVIGATE	S3926WA	1	\$ 121,135	\$ 121,135
WASTE CONTAINER - 13 GAL. RECTANGLE RED * STEP ON SLIM JIM	38UJ47	5	\$ 744	\$ 3,718
CART, UTILITY SERVICE 500LB LOAD CAPACITY	4ACA1	1	\$ 174	\$ 174
APRON RACK, 8-PEG WALL-MOUNTED	60081	1	\$ 184	\$ 184
WHEELCHAIR 18"W - EXCEL 300LB CAPACITY	MDS806200D	2	\$ 252	\$ 504
IV-O2 TANK HOLDER ACCESSORY	MDS85190	4	\$ 168	\$ 674
WHEELCHAIR 24"W - EXCEL BARIATRIC 450LB CAPACITY	MDS806900	2	\$ 455	\$ 909
BATTERY 3.6 V LITHIUM MRI	162-269023	1	\$ 26	\$ 26
VENTILATOR, TRANSPORT CARRYING CASE FOR PARAPAC OR VENTIPAC*	162-342001	1	\$ 159	\$ 159
VENTILATOR, TRANSPORT - PARAPAC PLUS*	162-P310NUS	1	\$ 5,886	\$ 5,886
WASTE-CAN, FRONT STEP-ON SLIM JIM, 13-GALLON-BEIGE	38UJ62	1	\$ 149	\$ 149
OVERBED TABLE, SINGLE TOP	P009497	1	\$ 318	\$ 318
DIAGNOSTIC SET, WALL MOUNTED- INTEGRATED WELCH ALLYN MFG. HPG 4932 TIER 1	777-PM2WAS-US	1	\$ 1,160	\$ 1,160
HAMPER STAND CHROME SQ W FOOT PEDAL (non-medical)	MDS80529	1	\$ 62	\$ 62
FLOWMETER, AIR	QUOTE	1	\$ 50	\$ 50
FLOWMETER, O2	QUOTE	1	\$ 70	\$ 70
SUCTION REGULATOR, PUSH-TO-SET	QUOTE	1	\$ 361	\$ 361
EXAM LIGHT, CEILING-MOUNTED - HEXALUX	EXLCEBH	1	\$ 2,195	\$ 2,195
STRETCHER- EXAM/TRANSPORT	1105	1	\$ 4,594	\$ 4,594

WASTE-CAN, FRONT STEP-ON SLIM JIM, 8 GAL- BEIGE*	38UJ64	1	\$ 110	\$ 110
WASTE-CAN, FRONT STEP-ON SLIM JIM, 13-GALLON-BEIGE	38UJ62	1	\$ 149	\$ 149
OVERBED TABLE, SINGLE TOP	P009497	1	\$ 318	\$ 318
DIAGNOSTIC SET, WALL MOUNTED- INTEGRATED WELCH ALLYN MFG. HPG 4932 TIER 1	777-PM2WAS-US	1	\$ 1,160	\$ 1,160
HAMPER STAND CHROME SQ W FOOT PEDAL (non-medical)	MDS80529	1	\$ 62	\$ 62
DISINFECTOR, PROBE - TROPHON2	N05000-US	1	\$ 9,750	\$ 9,750
FLOWMETER, AIR	QUOTE	1	\$ 50	\$ 50
FLOWMETER, O2	QUOTE	1	\$ 70	\$ 70
SUCTION REGULATOR, PUSH-TO-SET	QUOTE	1	\$ 361	\$ 361
EXAM LIGHT, CEILING-MOUNTED - HEXALUX	EXLCEBH	1	\$ 2,195	\$ 2,195
STRETCHER- OB/GYN	1061	1	\$ 5,324	\$ 5,324
STRETCHER, TRANSPORT BARIATRIC- 1000LBS WEIGHT CAPACITY	CESS-A-G1190	1	\$ 4,487	\$ 4,487
WASTE-CAN, FRONT STEP-ON SLIM JIM, 13-GALLON-BEIGE	38UJ62	1	\$ 149	\$ 149
OVERBED TABLE, SINGLE TOP	P009497	1	\$ 318	\$ 318
DIAGNOSTIC SET, WALL MOUNTED- INTEGRATED WELCH ALLYN MFG. HPG 4932 TIER 1	777-PM2WAS-US	1	\$ 1,160	\$ 1,160
HAMPER STAND CHROME SQ W FOOT PEDAL (non-medical)	MDS80529	1	\$ 62	\$ 62
FLOWMETER, AIR	QUOTE	1	\$ 50	\$ 50
FLOWMETER, O2	QUOTE	1	\$ 70	\$ 70
SUCTION REGULATOR, PUSH-TO-SET	QUOTE	1	\$ 361	\$ 361
EXAM LIGHT, CEILING-MOUNTED - HEXALUX	EXLCEBH	1	\$ 2,195	\$ 2,195
WASTE-CAN, FRONT STEP-ON SLIM JIM, 8 GAL- BEIGE*	38UJ64	1	\$ 110	\$ 110
WASTE-CAN, FRONT STEP-ON SLIM JIM, 13-GALLON-BEIGE	38UJ62	1	\$ 149	\$ 149
OVERBED TABLE, SINGLE TOP	P009497	1	\$ 318	\$ 318
DIAGNOSTIC SET, WALL MOUNTED- INTEGRATED WELCH ALLYN MFG. HPG 4932 TIER 1	777-PM2WAS-US	1	\$ 1,160	\$ 1,160
HAMPER STAND CHROME SQ W FOOT PEDAL (non-medical)	MDS80529	1	\$ 62	\$ 62
FLOWMETER, AIR	QUOTE	1	\$ 50	\$ 50
FLOWMETER, O2	QUOTE	1	\$ 70	\$ 70
SUCTION REGULATOR, PUSH-TO-SET	QUOTE	1	\$ 361	\$ 361
EXAM LIGHT, CEILING-MOUNTED - HEXALUX	EXLCEBH	1	\$ 2,195	\$ 2,195
STRETCHER- EXAM/TRANSPORT	1105	1	\$ 4,594	\$ 4,594
WASTE-CAN, FRONT STEP-ON SLIM JIM, 13-GALLON-BEIGE	38UJ62	1	\$ 149	\$ 149
OVERBED TABLE, SINGLE TOP	P009497	1	\$ 318	\$ 318
DIAGNOSTIC SET, WALL MOUNTED- INTEGRATED WELCH ALLYN MFG. HPG 4932 TIER 1	777-PM2WAS-US	1	\$ 1,160	\$ 1,160
HAMPER STAND CHROME SQ W FOOT PEDAL (non-medical)	MDS80529	1	\$ 62	\$ 62
FLOWMETER, AIR	QUOTE	1	\$ 50	\$ 50
FLOWMETER, O2	QUOTE	1	\$ 70	\$ 70
SUCTION REGULATOR, PUSH-TO-SET	QUOTE	1	\$ 361	\$ 361
EXAM LIGHT, CEILING-MOUNTED - HEXALUX	EXLCEBH	1	\$ 2,195	\$ 2,195

STRETCHER- EXAM/TRANSPORT	1105	1	\$ 4,594	\$ 4,594
WASTE-CAN, FRONT STEP-ON SLIM JIM, 13-GALLON-BEIGE	38UJ62	1	\$ 149	\$ 149
OVERBED TABLE, SINGLE TOP	P009497	1	\$ 318	\$ 318
DIAGNOSTIC SET, WALL MOUNTED- INTEGRATED WELCH ALLYN MFG. HPG 4932 TIER 1	777-PM2WAS-US	1	\$ 1,160	\$ 1,160
HAMPER STAND CHROME SQ W FOOT PEDAL (non-medical)	MDS80529	1	\$ 62	\$ 62
FLOWMETER, AIR	QUOTE	1	\$ 50	\$ 50
FLOWMETER, O2	QUOTE	1	\$ 70	\$ 70
SUCTION REGULATOR, PUSH-TO-SET	QUOTE	1	\$ 361	\$ 361
EXAM LIGHT, CEILING-MOUNTED - HEXALUX	EXLCEBH	1	\$ 2,195	\$ 2,195
STRETCHER- EXAM/TRANSPORT	1105	1	\$ 4,594	\$ 4,594
THERMOMETER, TEMPORAL - TAT-5000*	124375	1	\$ 446	\$ 446
WASTE-CAN, FRONT STEP-ON SLIM JIM, 13-GALLON-BEIGE	38UJ62	1	\$ 149	\$ 149
CART, MOBILE - FOR PEDIATRIC SCALE 4802D	5649412490	1	\$ 749	\$ 749
SCALE, PHYSICIAN - DIGITAL - 250 KG CAPACITY - DETECTO SOLO*	191500SOLO	1	\$ 351	\$ 351
AC ADAPTER FOR PHYSICIAN SCALE 101079	191500PDAC	1	\$ 53	\$ 53
SCALE, PEDIATRIC - SCALE-TRONIX 4802D W/STD CRADLE, KG ONLY	56494802D-AK-XB	1	\$ 2,860	\$ 2,860
DIAGNOSTIC SET, WALL MOUNTED- INTEGRATED WELCH ALLYN MFG. HPG 4932 TIER 1	777-PM2WAS-US	1	\$ 1,160	\$ 1,160
FLOWMETER, AIR	QUOTE	1	\$ 50	\$ 50
FLOWMETER, O2	QUOTE	1	\$ 70	\$ 70
SUCTION REGULATOR, PUSH-TO-SET	QUOTE	1	\$ 361	\$ 361
EXAM LIGHT, MOBILE - HEXALUX - 65K LUX	EXLMBWBUS	1	\$ 3,331	\$ 3,331
VITAL SIGNS MONITOR 7500 CSM with Nellcor* GET QUOTE	75-HCA-CTB	1	\$ 3,785	\$ 3,785
PIGG-O-STAT - IMMOBILIZER*	206500	1	\$ 5,460	\$ 5,460
THE ANCHOR FOOT AND LEG BRACE POSITIONER	244010	1	\$ 688	\$ 688
X-RAY, RAD. DEFINIUM TEMPO PLUS - 65KW GEN STANDARD RAD ROOM W/FLASHPAD	QUOTE	1	\$ 137,461	\$ 137,461
WASTE-CAN, FRONT STEP-ON SLIM JIM, 8 GAL- BEIGE*	38UJ64	1	\$ 110	\$ 110
APRON RACK, 8-PEG WALL-MOUNTED	60081	1	\$ 184	\$ 184
APRON, HALF, .5MM	61046	2	\$ 529	\$ 1,058
APRON LARGE- VARI-FLEX	45300L	3	\$ 1,119	\$ 3,357
APRON X-LARGE- VARI-FLEX	45300XL	2	\$ 746	\$ 1,492
THYROID SHIELD - STANDARD VELCRO CLOSURE	46821	4	\$ 225	\$ 902
GLOVE SET HAND GUARD, 0.5MM LEAD GLOVE SET, 15"	HGP/69303	1	\$ 252	\$ 252
TABLE UTILITY WITH SHELF 36" L	08427833SS	1	\$ 500	\$ 500
BOLSTER KNEE BLUE NYLON WITH HANDLES 21 IN w X 7 IN H X 12 IN D	171091141	2	\$ 325	\$ 651
HAMPER STAND CHROME SQ W FOOT PEDAL (non-medical)	MDS80529	1	\$ 62	\$ 62
FLOWMETER, AIR	QUOTE	1	\$ 50	\$ 50
FLOWMETER, O2	QUOTE	1	\$ 70	\$ 70
SUCTION REGULATOR, PUSH-TO-SET	QUOTE	1	\$ 361	\$ 361



WASTE-CAN. 7-GAL RECTANGULAR BEIGE	2W367	2	\$ 73	\$ 146
INJECTOR, CT. - MEDRAD STELLANT FLEX	STELLANT FLEX	1	\$ 47,000	\$ 47,000
THE ANCHOR FOOT AND LEG BRACE POSITIONER	244010	1	\$ 688	\$ 688
CT REVOLUTION MAXIMA 32 CHANNEL, 64 SLICE (FSER)	S7881AW	1	\$ 387,772	\$ 387,772
WASTE-CAN, FRONT STEP-ON SLIM JIM, 13-GALLON-BEIGE	38UJ62	1	\$ 149	\$ 149
APRON RACK, 8-PEG WALL-MOUNTED	60081	1	\$ 184	\$ 184
APRON, HALF, .5MM	61046	2	\$ 529	\$ 1,058
HEAD PADDLES, COATED, SET OF 2	300-SCB	1	\$ 190	\$ 190
FOAM ROUTINE X-RAY POSITION GROUP	YKCB	1	\$ 180	\$ 180
APRON LARGE- VARI-FLEX	45300L	1	\$ 373	\$ 373
APRON X-LARGE- VARI-FLEX	45300XL	1	\$ 373	\$ 373
THYROID SHIELD - STANDARD VELCRO CLOSURE	46821	1	\$ 56	\$ 56
LAP PAD 18 X 18	OMR-S	1	\$ 74	\$ 74
SAND BAG 10 LB	SBC-10	1	\$ 28	\$ 28
TABLE UTILITY WITH SHELF 36" L	08427833SS	1	\$ 500	\$ 500
POSITIONER 45 DEGREE WEDGE 7 IN W X 24 IN L X 7 IN H	171924952	1	\$ 214	\$ 214
BOLSTER KNEE BLUE NYLON WITH HANDLES 21 IN w X 7 IN H X 12 IN D	171091141	1	\$ 163	\$ 163
HAMPER STAND CHROME SQ W FOOT PEDAL (non-medical)	MDS80529	1	\$ 62	\$ 62
FLOWMETER, AIR	QUOTE	1	\$ 50	\$ 50
FLOWMETER, O2	QUOTE	1	\$ 70	\$ 70
SUCTION REGULATOR, PUSH-TO-SET	QUOTE	1	\$ 361	\$ 361
TRANSFER DEVICE STORAGE RACK, ADJUSTABLE	7799R	1	\$ 55	\$ 55
PATIENT TRANSFER BOARD - COLOR AQUA	7799PTD-ST	1	\$ 135	\$ 135
PYXIS REFRIGERATOR BRACKET KIT	927202	1	\$ 200	\$ 200
REFRIGERATOR, PHARMACY- 1DR 19.7 CU.FT.* RIGHT HINGE	REF20-PH-R0000G	1	\$ 4,578	\$ 4,578
WASTE-CAN, FRONT STEP-ON SLIM JIM, 13-GALLON-BEIGE	38UJ62	1	\$ 149	\$ 149
CACTUS SMART SINK Add 101610 for adapter	0085-000-000	1	\$ 427	\$ 427
POWER ADAPTER, CACTUS SMART SINK	0085-006-000	1	\$ 57	\$ 57
WASTE-CAN, FRONT STEP-ON SLIM JIM, 8 GAL- BEIGE*	38UJ64	1	\$ 110	\$ 110
WASTE-CAN, FRONT STEP-ON SLIM JIM, 13-GALLON-BEIGE	38UJ62	1	\$ 149	\$ 149
CART, UTILITY SERVICE 500LB LOAD CAPACITY	4ACA1	1	\$ 174	\$ 174
WASTE-CAN. 7-GAL RECTANGULAR BEIGE	2W367	1	\$ 37	\$ 37
WARMING CABINET DUAL COMPARTMENT 3 SHELVES GLASS DOORS 24"D	DJ060124331	1	\$ 5,190	\$ 5,190
REFRIGERATOR, UNDERCOUNTER MEDS, 5.5 CU.FT., SOLID DOOR*	TSG505SA	1	\$ 2,079	\$ 2,079
WASTE-CAN. 7-GAL RECTANGULAR BEIGE	2W367	1	\$ 37	\$ 37
WASTE-CAN. 7-GAL RECTANGULAR BEIGE	2W367	1	\$ 37	\$ 37
MONITORING - 1 FIXED, 4 PORTABLE, & CENTRAL	QUOTE	1	\$ 101,000	\$ 101,000
EMS RADIO SYSTEM	QUOTE	1	\$ 53,000	\$ 53,000

<b>MODULAR CASEWORK</b>	<b>QUOTE</b>	<b>1</b>	<b>\$ 79,000</b>	<b>\$ 79,000</b>
<b>FURNITURE</b>	<b>QUOTE</b>	<b>1</b>	<b>\$ 40,000</b>	<b>\$ 40,000</b>
<b>ARTWORK</b>	<b>QUOTE</b>	<b>1</b>	<b>\$ 8,000</b>	<b>\$ 8,000</b>
<b>SHELVING/BINS/CARTS</b>	<b>QUOTE</b>	<b>1</b>	<b>\$ 89,000</b>	<b>\$ 89,000</b>
<b>TEXTILES</b>	<b>QUOTE</b>	<b>1</b>	<b>\$ 9,000</b>	<b>\$ 9,000</b>
	<b>Total</b>			<b>\$ 1,792,256</b>

**Appendix #4**  
**International Building Code**  
**Chapter 16**

**1604.5 Risk category.**

Each building and structure shall be assigned a risk category in accordance with Table 1604.5. Where a referenced standard specifies an occupancy category, the risk category shall not be taken as lower than the occupancy category specified therein. Where a referenced standard specifies that the assignment of a risk category be in accordance with ASCE 7, Table 1.5-1, Table 1604.5 shall be used in lieu of ASCE 7, Table 1.5-1.

**Exception:** The assignment of buildings and structures to Tsunami Risk Categories III and IV is permitted to be in accordance with Section 6.4 of ASCE 7.

RISK CATEGORY	NATURE OF OCCUPANCY
I	Buildings and other structures that represent a low hazard to human life in the event of failure, including but not limited to: <ul style="list-style-type: none"> <li>• Agricultural facilities.</li> <li>• Certain temporary facilities.</li> <li>• Minor storage facilities.</li> </ul>
II	Buildings and other structures except those listed in Risk Categories I, III and IV.
III	Buildings and other structures that represent a substantial hazard to human life in the event of failure, including but not limited to: <ul style="list-style-type: none"> <li>• Buildings and other structures whose primary occupancy is public assembly with an occupant load greater than 300.</li> <li>• Buildings and other structures containing Group E occupancies with an occupant load greater than 250.</li> <li>• Buildings and other structures containing educational occupancies for students above the 12th grade with an occupant load greater than 500.</li> <li>• Group I-2, Condition 1 occupancies with 50 or more care recipients.</li> <li>• Group I-2, Condition 2 occupancies not having emergency surgery or emergency treatment facilities.</li> <li>• Group I-3 occupancies.</li> <li>• Any other occupancy with an occupant load greater than 5,000 a</li> <li>• Power-generating stations, water treatment facilities for potable water, wastewater treatment facilities and other public utility facilities not included in Risk Category IV.</li> <li>• Buildings and other structures not included in Risk Category IV containing quantities of toxic or explosive materials that: Exceed maximum allowable quantities per control area as given in Table 307.1(1) or 307.1(2) or per outdoor control area in accordance with the International Fire Code; and Are sufficient to pose a threat to the public if released.<sup>b</sup></li> </ul>
IV	Buildings and other structures designated as essential facilities, including but not limited to: <ul style="list-style-type: none"> <li>• Group I-2, Condition 2 occupancies having emergency surgery or emergency treatment facilities.</li> <li>• Ambulatory care facilities having emergency surgery or emergency treatment facilities.</li> <li>• Fire, rescue, ambulance and police stations and emergency vehicle garages.</li> <li>• Designated earthquake, hurricane or other emergency shelters.</li> <li>• Designated emergency preparedness, communications and operations centers and other facilities required for emergency response.</li> <li>• Power-generating stations and other public utility facilities required as emergency backup facilities for Risk Category IV structures.</li> <li>• Buildings and other structures containing quantities of highly toxic materials that: Exceed maximum allowable quantities per control area as given in Table 307.1(2) or per outdoor control area in accordance with the International Fire Code; and Are sufficient to pose a threat to the public if released.<sup>b</sup></li> <li>• Aviation control towers, air traffic control centers and emergency aircraft hangars.</li> <li>• Buildings and other structures having critical national defense functions.</li> <li>• Water storage facilities and pump structures required to maintain water pressure for fire suppression.</li> </ul>

<sup>a</sup> For purposes of occupant load calculation, occupancies required by Table 1004.5 to use gross floor area calculations shall be permitted to use net floor areas to determine the total occupant load.

<sup>b</sup> Where approved by the building official, the classification of buildings and other structures as Risk Category III or IV based on their quantities of toxic, highly toxic or explosive materials is permitted to be reduced to Risk Category II, provided that it can be demonstrated by a hazard assessment in accordance with Section 1.5.3 of ASCE 7 that a release of the toxic, highly toxic or explosive materials is not sufficient to pose a threat to the public.

**1604.5.1 Multiple occupancies.**

Where a building or structure is occupied by two or more occupancies not included in the same risk category, it shall be assigned the classification of the highest risk category corresponding to the various occupancies. Where buildings or structures have two or more portions that are structurally separated, each portion shall be separately classified. Where a separated portion of a building or structure provides required access to, required egress from or shares life safety components with another portion having a higher risk category, both portions shall be assigned to the higher risk category.

**Exception:** Where a storm shelter designed and constructed in accordance with ICC 500 is provided in a building, structure or portion thereof normally occupied for other purposes, the risk category for the normal occupancy of the building shall apply unless the storm shelter is a designated emergency shelter in accordance with Table 1604.5.

## **Appendix #5**

### **Admission and Nondiscrimination Policies**



<b>DEPARTMENT:</b> Clinical Operations Group	<b>POLICY DESCRIPTION:</b> Patient Rights
<b>PAGE:</b> 1 of 3	<b>REPLACES POLICY DATED:</b> 10/1/14
<b>EFFECTIVE DATE:</b> July 1, 2020	<b>REFERENCE NUMBER:</b> COG.RAS.004 (formerly CSG.QS.004 & CSG.RAS.004)
<b>APPROVED BY:</b> Ethics and Compliance Policy Committee	

<p><b>SCOPE:</b> All Company-affiliated facilities including both inpatient and outpatient settings not limited to hospitals, ambulatory surgery centers, home health centers, home health agencies, physician practices, outpatient imaging centers, service centers and all Corporate departments, Groups, Divisions and Markets.</p>
<p><b>PURPOSE:</b> The commitment to treat all patients with respect and dignity is an obligation of every HCA Healthcare colleague and a fundamental principle of being part of HCA Healthcare. We recognize the diverse backgrounds and cultural needs of our patients and strive to foster an inclusive environment through the provision of culturally-competent care. It is, therefore, the purpose of this policy to:</p> <ul style="list-style-type: none"> <li>▪ Ensure that there is no harassment, discrimination or distinction in:             <ul style="list-style-type: none"> <li>• the availability of services;</li> <li>• the admission, transfer or discharge of patients; or</li> <li>• in the care provided</li> </ul> <p>based on age, gender, disability, race, color, ancestry, citizenship, religion, pregnancy, sexual orientation, gender identity or expression, national origin, medical condition, marital status, veteran status, payment source or ability, or any other basis prohibited by federal, state, or local law.</p> </li> <li>▪ Ensure that all patients receiving care and/or patient representatives are informed of their rights.</li> <li>▪ Ensure that this policy is in alignment with federal, state and local regulations, HCA Healthcare Code of Conduct, and pursuant to The Joint Commission (TJC) and other accreditation standards.</li> </ul>
<p><b>POLICY:</b> All Company-affiliated facilities will not tolerate harassment or discrimination or make a distinction in the availability of services; the admission, transfer or discharge of patients; or in the care provided based on age, gender, disability, race, color, ancestry, citizenship, religion, pregnancy, sexual orientation, gender identity or expression, national origin, medical condition, marital status, veteran status, payment source or ability, or any other basis prohibited by federal, state, or local law.</p> <p>All Company-affiliated facilities must provide each patient with a written statement of patient rights at the time of registration and again at the time any patient or patient's representative has questions regarding their rights. The written statement of patient rights must be provided to the patient in their preferred language or manner that can be understood. When necessary, interpreter services must be provided to ensure the patient and/or patient's representative receive patient rights notification in a language and/or manner they understand. A <a href="#">model Statement</a> is available on Atlas Connect.</p> <p><b>DEFINITIONS:</b>  <b>Family (TJC glossary):</b> A person or persons who play a significant role in an individual's life. A family is a group of two or more persons united by blood or adoptive, marital, domestic partnership, or other legal ties. The family may also be a person or persons not legally related to the individual</p>

12/2020



<b>DEPARTMENT:</b> Clinical Operations Group	<b>POLICY DESCRIPTION:</b> Patient Rights
<b>PAGE:</b> 2 of 3	<b>REPLACES POLICY DATED:</b> 10/1/14
<b>EFFECTIVE DATE:</b> July 1, 2020	<b>REFERENCE NUMBER:</b> COG.RAS.004 (formerly CSG.QS.004 & CSG.RAS.004)
<b>APPROVED BY:</b> Ethics and Compliance Policy Committee	

(such as a significant other, friend, or caregiver) whom the individual personally considers to be family. A family member may be the surrogate decision-maker if authorized to make care decisions for the individual should he or she lose decision-making capacity or choose to delegate decision making to another.

**Patient Representative (CMS terminology):** The patient's representative is the individual who is legally responsible for making medical decisions on the patient's behalf.

**Patient Support Person (CMS terminology):** The patient's support person does not necessarily have to be the same person as the patient's representative. A support person could be a family member, friend or other individual who supports the patient during the course of the hospital stay.

**Surrogate Decision Maker (TJC glossary):** Someone legally appointed to make decisions on behalf of another. This individual can be a family member or someone not related to the individual. A surrogate decision-maker makes decisions when the individual is without decision-making capacity or when the individual has given permission to the surrogate to make decisions. Such an individual is sometimes referred to as a legally responsible representative. See also family.

**PROCEDURE:** All patients are to be treated in a manner that preserves their dignity, autonomy, self-esteem, civil rights and involvement in their own care.

The patient rights notification at a minimum will address the following patient rights as well as all additional federal, state or local requirements. These statements include but are not limited to:

- The right to receive considerate and respectful care, including consideration of cultural, spiritual, psychosocial and personal values, beliefs and preferences.
- The right to receive individualized care that fosters the patient's comfort and dignity, and is delivered in a setting that is free from abuse, discrimination and harassment.
- The right and authority to designate who may or may not visit including, but not limited to, a spouse, domestic partner (including a same-sex domestic partner), another family member, or a friend. Facilities must not use the age, race, color, national origin, religion, gender, gender identity, sexual orientation, or disability of either the patient (or the patient's support person or representative, where appropriate) or the patient's visitors (including individuals seeking to visit the patient) as a basis for limiting, restricting, or otherwise denying visitation privileges.
- The right to access patient advocate and chaplaincy services without discrimination.
- The right to take part in religious and/or social activities and to exercise civil freedom while in the hospital as long as these do not interfere with the patient or others' treatment.
- The right to effective communication for persons who are deaf or hard of hearing, and for persons with limited English proficiency (LEP) at no cost to the patient, including use of interpreters and translation of written materials.
- The right to be accompanied by a service animal. Each facility maintains policies regarding

12/2020



<b>DEPARTMENT:</b> Clinical Operations Group	<b>POLICY DESCRIPTION:</b> Patient Rights
<b>PAGE:</b> 3 of 3	<b>REPLACES POLICY DATED:</b> 10/1/14
<b>EFFECTIVE DATE:</b> July 1, 2020	<b>REFERENCE NUMBER:</b> COG.RAS.004 (formerly CSG.QS.004 & CSG.RAS.004)
<b>APPROVED BY:</b> Ethics and Compliance Policy Committee	

these rights, which include specific procedures for accommodation.

In addition to their rights, the patient also has the responsibility to be considerate of the rights of other patients and hospital personnel.

All Company-affiliated facilities must have a written Statement of Patient Visitation Rights to ensure the visitor experience is a positive one for patients, patients' representatives, family and friends. This statement must be provided at the time of registration, and the patient must acknowledge receipt through the registration process. A [model Statement](#) is on Atlas Connect.

Company-affiliated facilities should post their Statements of Patient Rights and Patient Visitation Rights on their external website.

All Company-affiliated facilities must have and follow processes for prompt resolution of patient grievances, which include informing patients of whom to contact regarding grievances and informing patients of the grievance resolution process.

All Company-affiliated facilities will provide role specific education addressing patient rights at the time of hire to all employees as applicable. Competencies will be established for employees as required by job description. Annual updates will occur to support compliance with all elements of this policy.

**REFERENCES:**

1. HCA Healthcare Code of Conduct, Patient Rights Section
2. Centers for Medicare and Medicaid (CMS) Condition of participation: Patient's rights: 42 CFR §482.13(a); 42 CFR §482.13(b); and 42 CFR §482.13(h)
3. Title VI of the Civil Rights Act of 1964
4. The Joint Commission (TJC), Comprehensive Accreditation Manual for Hospitals, 2014, Rights and Responsibilities of Individuals (RI) : Standards: RI.01.01.01; RI.01.01.03; and RI.01.02.01

12/2020



ALASKA REGIONAL HOSPITAL 2801 DEBARR ROAD ANCHORAGE, ALASKA 99508	DEPARTMENT: HOSPITAL SECTION: CLINICAL SERVICES CATEGORY: PATIENT RIGHTS
POLICY TITLE: Patient Choice	EFFECTIVE DATE: March, 2019 SUPERSEDES: 4/14; 5/13; 3/12
POLICY NUMBER: HOSP.900.290	AUTHORIZED BY: J. Taylor, CEO
REVISION RESPONSIBILITY: Case Management Director and/or designee	

**OBJECTIVE:** In order to remain in compliance with *Medicare Conditions of Participation*, it is important for the patient or their representative to make an independent decision as to the desired provider.

*“The hospital, as part of the discharge planning process, must inform the patient or the patient's family of their freedom to choose among participating Medicare providers of post-hospital care services and must, when possible, respect patient and family preferences when they are expressed. The hospital must not specify or otherwise limit the qualified providers that are available to the patient.”*

**SCOPE:** The Patients or the patient’s representative has the **freedom to choose** the provider of his or her care. Upon the order from a physician to arrange post-hospital care (*i.e. home health, , etc.*) or placement in a facility (*i.e. rehab, skilled nursing facility, long-term acute care, etc.*), the patient or patient representative is presented with a list of options and these options are written on the Patient Choice Form.

**RESPONSIBLE PERSON(S):** Case Management and Social Work

**DEFINITIONS:** N/A

**POLICY:** All patients who have orders to arrange post-hospital home health care, or placement will be presented with the available options. This includes patients who have come from a facility or who have previously had post hospital services in the home. The patient or patient’s representative makes a selection and signs the Patient Choice Form. The form is placed in the chart and becomes a permanent part of the medical record.

**PROCEDURE:**

**PROCEDURE:**

1. *RN Case Manager or Social Worker* presents the Patient Choice Form which includes the options to the patient or patient’s representative.
2. **Medicare** patients **must** be presented with a *list of providers*, even if the physician or patient already has a preference.
3. The discharge planning documentation must include that the list was provided and the patient was able to choose their provider of care. (***Patient choice form***)
4. ***If the patient or family member chooses a different provider than recommended by the physician, the CM will communicate this choice to the physician and document this in MIDAS+***

**ACTION**

Case Manager will Provide Patient Choice letter to all patients who have orders to arrange post-hospital home health care, or placement.

**REFERENCES:** CMS Conditions of Participation

<b>ALASKA REGIONAL HOSPITAL 2801 DEBARR ROAD ANCHORAGE, ALASKA 99508</b>	<b>DEPARTMENT: HOSPITAL CATEGORY: CLINICAL SERVICES SECTION: PATIENT RIGHTS</b>
<b>POLICY TITLE: Patient Grievance and Complaint Management</b>	<b>EFFECTIVE DATE: xx, 2022 SUPERSEDES: 3/21, 6/20; 8/19; 8/16; 11/12; 8/12; 10/09; [(P&amp;P 900.06 - 4/07; 5/04; 5/03; 8/02; 5/01); (Complaints, Handling of - 1/99; 10/97; 2/95); (P&amp;P #100.4)]</b>
<b>POLICY NUMBER: HOSP.900.060 Attachment A</b>	<b>AUTHORIZED BY: Administrative Representative Approved by: MEC: 9/20/2022 BOT: 9/21/2022</b>
<b>Corporate Model Policy – May 2020</b>	
<b>REVISION RESPONSIBILITY: Director of Patient Safety/Risk Management and/or designee.</b>	

**OBJECTIVE:** To establish a process for timely referral, prompt review, investigation and resolution of patient grievances and complaints.

**SCOPE:** This policy is applicable to all departments, services, and staff of the organization.

**DEFINITIONS:** **Complaint** is a concern represented by a patient or patient’s representative that can be addressed or resolved promptly by staff members who are present at the time of the complaint. “Staff present” includes those individuals close to the complaint situation or who can quickly be at the patient’s location (i.e. nursing, administration, nursing supervisors, patient advocate, etc.) to resolve the patient’s complaint. Generally, complaints can be resolved timely while the patient is still receiving care at the facility.

**Patient Grievance** is a written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by staff present) by a patient, or the patient’s representative, regarding the patient’s care, abuse or neglect, issues related to compliance with the CMS Conditions of Participation (CoP), or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR 489.

A written complaint is always considered a grievance, whether from an inpatient, outpatient, released/discharged patient or their representative. A written complaint also includes those complaints received via electronic mail or facsimile. Regardless of the form in which a complaint is received, whenever a patient or patient’s representative requests a response from the facility, the issue is defined as a grievance.

A verbal complaint is a grievance if it cannot be resolved at the time of the complaint by staff present, if it is postponed for later resolution, if it is referred to other staff for later resolution, if it requires investigation, and/or if it requires further actions for resolution.

**RESPONSIBLE PERSON:** **All Hospital Personnel**

**POLICY:** Each patient and/or the patient’s representative will be informed of the grievance process, including whom to contact to file a grievance or complaint. The patient will be informed that a grievance may be directly lodged with the Alaska State Department of Health, regardless of whether he/she has first used the organization’s grievance process. Patient grievances are to be addressed in a timely, reasonable and consistent manner.

Dedication to providing quality care and service to patients requires an effective mechanism for resolving patient grievances. The goal is to be responsive and foster open communication with patients at all levels within the organization, with the objective of resolving complaints expediently through appropriate problem-solving actions. Presentation of a grievance or complaint will not compromise a patient’s future access to care nor subject the patient to coercion, discrimination, reprisal or unreasonable interruption of care, treatment or services.

The Board of Trustees of Alaska Regional Hospital approves and is responsible for the effective operation of the grievance process. The operational responsibility for reviewing and resolving grievances has been delegated to the Patient Safety Director. Data collected regarding patient grievances and complaints is incorporated in the quality assessment and performance improvement program with a quarterly report forwarded to the Board for review.

Confidential information will not be shared with the patient's representative or any third party without appropriate written consent given by the patient.

Referrals may be forwarded to the facility's Clinical Ethics Committee or the Facility Ethics and Compliance committee as appropriate.

The Facility Privacy Officer shall be responsible for overseeing the investigation and resolution of grievances related to the Health Insurance Portability and Accountability Act (HIPAA).

The Risk Manager shall be responsible for grievances involving a request or demand for money or threatened litigation.

**PROCEDURE:**

**A. *Notification of Rights Regarding Complaint/Grievance Resolution***

1. Each patient and/or patient representative is informed of the rights and responsibilities afforded patients upon entry into the facility, and the process by which they may lodge a complaint. This information includes the name of the designee of the organization, such as the Director of Patient Safety/Risk, and the method of access to the designee to provide immediate assistance as needed.
2. Each patient receives information on how to lodge a grievance with the state agency upon entry to the facility. The state agency, Alaska Department of Health & Human Services/Health Facilities Certification & Licensing, phone number, and address are provided in the event that the patient decides not to use the internal grievance process. The patient may also contact the Quality Improvement Organization (QIO) if they have a complaint regarding quality of care, disagree with a coverage decision, or they wish to appeal a premature discharge. There should be coordination between the grievance process and referral procedures so that a timely referral of patient concerns to the QIO at the beneficiary's request can be assured.

**B. *Complaint Resolution Process***

1. The Director of Patient Safety routinely rounds in the facility to greet patients, ask questions about the patient's stay and determine whether their needs and expectations are being met during their stay. When a patient voices a complaint, the patient will be encouraged to discuss the complaint with their physician or unit nursing staff. The unit nurse manager or nursing supervisor may be involved as needed. If the complaint is related to a particular department, a representative from that department may be invited to discuss the issue with the patient. A representative of the administrative staff may be involved as needed to assist with prompt resolution.
2. Every effort will be made to resolve the complaint at the lowest level possible. Each staff member is empowered to respond and resolve promptly any complaint voiced by a patient and/or their representative. The staff member receiving the complaint will notify his/her supervisor when the issue cannot be immediately resolved. At each level of this process, the staff member will listen with concern to the patient's complaint, consider the circumstances and context of the complaint, assure the patient that their complaint will be investigated and resolved as soon as possible.

3. At any point in the process, the complaint may become a grievance based on aforementioned criteria.

**C. *Grievance Resolution Process***

1. Grievances may be received written, verbally, via electronic mail or facsimile, or by telephone to any department. Complaints received via the Corporate Ethics Line are forwarded by the Corporate Ethics and Compliance Department to the facility ECO for coordination of the investigation and response to the complainant, if identified. Response to an anonymous complaint will be forwarded from the facility ECO to the Corporate Ethics and Compliance Department for posting on the Ethics Line. Other patient care complaints received at the Corporate Office may be forwarded to the HCA Quality Standards Department. These complaints are directed to the attention of the facility CEO who is responsible for completion of the investigation and communication of resolution to the complainant. The HCA Quality Standards Department facilitates this process to assure resolution and compliance with regulatory standards.
2. Upon receipt of a grievance, the Patient Safety Director shall confer with the appropriate Director and/or department manager to review, investigate and resolve with the patient and/or patient representative within 7 days of receipt of the grievance with the exception of complaints that endanger the patient (i.e., abuse or neglect). These grievances should be reviewed immediately given the seriousness of the allegations and the potential for harm to the patient. A representative of the administrative staff will oversee and assist with the resolution process as needed. Medical staff leadership may be involved as needed to resolve physician delivery of care issues.
3. Occasionally, a grievance is complicated and may require an extensive investigation. If the grievance will not be resolved, or if the investigation is not or will not be completed within seven days, the complainant should be informed that the facility is still working to resolve the grievance and that the facility will follow-up with a written response within 21 days.
4. Regardless of the nature of the grievance, the substance of each grievance must be addressed while identifying, investigating, and resolving any deeper, systemic problems indicated by the grievance.
5. In resolution of the grievance, a written notice of the decision must be provided to the complainant that contains the name of the facility contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance investigation, and the date of completion.
6. The written notice must be communicated appropriately to the patient or the patient's representative in a language and manner the patient or the patient's representative understands. When a patient communicates a grievance via email, the response may be provided via email. However, the response must contain the aforementioned elements.
7. At the discretion of the person conducting the investigation, other mechanisms may be utilized to resolve a grievance. For example, conducting a meeting with the complainant may be very effective. However, in all cases a written notice of response with the aforementioned elements must be provided to each patient's grievance.

8. A grievance is considered resolved when the patient and/or patient representative is satisfied with the actions taken on their behalf. There may be situations where the organization has taken appropriate and reasonable actions on the patient's behalf in order to resolve the patient's grievance and the patient or the patient's representative remains unsatisfied with the actions taken by the organization. In these situations, the Patient Safety Director may consider the grievance closed for the purposes of the requirements of the Conditions of Participation. However, the organization must maintain documented evidence of compliance with all regulatory requirements.

D. *Tracking, Trending, and Analysis of Data*

1. A grievance/complaint log will be maintained by the Director of Patient Safety/Risk Management. The documentation in the log will include date of complaint, location, summary of issue, how the issue was addressed, date resolved and response to complainant, and the individual responding to the grievance.
2. Documentation of the resolution process will include:
  - Name of person representing complaint and how to contact
  - Patient name
  - Nature of complaint/grievance
  - Date of service
  - Pertinent investigational information
  - Resolution/follow-up including written response for grievances
  - Signature of person addressing complaint/grievance
3. The above documentation will be forwarded to the Director of Quality. Data will be aggregated, analyzed and reported by the Quality Department as included in the QA/PI report to the Quality Executive Council and the Board of Trustees on a quarterly basis. Based on the QA/PI priorities of the hospital, the Board of Trustees shall give consideration to requiring the reporting of the following types of data analysis:
  - Reporting of individual cases deemed to be a serious grievance, as defined by the hospital (e.g., potential for causing harm, serious breach of policy, etc.), and any root cause analysis that might have been done in response, if necessary;
  - Total of all complaints/grievances, with analysis of nature/type of problem, frequency of each type, trends by seriousness of problem type, department(s) involved, type of staff involved (e.g., nursing, ancillary, physicians), type of patients involved (e.g., inpatient, outpatient, observation, surgical, etc.), and actions taken in response to analysis of aggregate data;
  - Total of the subset of grievances only, with reporting of results of the investigations and actions taken, and the performance of follow-up and resolution, (e.g., number and percentage for which response to the patient was done timely, and included written response with all required information provided);

- Status and success of any ongoing actions or other activities intended to reduce the number, frequency and/or seriousness of complaints and grievances.

**KEYWORDS:** Patient Complaint, Grievances, Conflict, Ethics

**ATTACHMENT:** [HOSP.900.060 - Attachment A-Patient, Visitor, or Family Grievance Form](#)

**REFERENCES:** Centers for Medicare & Medicaid Services, Conditions of Participation: Patient Rights §482.13(a)(2); §482.13(a)(2)(i); §482.13(a)(2)(ii); §(482.13(a)(2)(iii)

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, RI.01.07.01

Corporate Model Policy – Patient Grievance and Complaint Management Model Policy (May 2020)



**CONFIDENTIAL**

**Patient, Visitor, or Family Grievance Form**

Type of Concern:  Clinical service     Financial service     Privacy complaint  
 Safety     Physician     Other

Patient Name/Address/Phone	Person Making Grievance

Date & Time of the incident: \_\_\_\_\_ Location: \_\_\_\_\_  
Name of any employees/physicians involved: \_\_\_\_\_

**DESCRIPTION OF CONCERN**

Describe grievance in a brief statement, such as "Patient states..." or "Patient alleges..."

Completed by: \_\_\_\_\_ Date \_\_\_\_\_ Routed to Risk manager on \_\_\_\_\_

**ROUTE TO RISK MANAGER OR CALL RISK MANAGER  
IMMEDIATELY. (Privacy issues also need to be reported to the FPO at ext. 1515.)**

**CONFIDENTIAL**  
**DEPARTMENT DIRECTOR**  
**FOLLOW-UP INFORMATION**

Date you received grievance form: \_\_\_\_\_

Date you called grievance: \_\_\_\_\_

Describe conversation with complainant regarding resolution of grievance

Grievance resolved:  Yes  No

FACILITY PRIVACY OFFICER NOTIFIED AT 264-1515 (If privacy issue).

If no, what does the caller feel will resolve this issue? \_\_\_\_\_

Department Director Signature: \_\_\_\_\_ Date Routed to Administration \_\_\_\_\_



**ROUTE TO ADMINISTRATION IMMEDIATELY**

Follow-up needed:  Yes  No

If yes, action taken: \_\_\_\_\_

Signature of Key Management: \_\_\_\_\_

Signature of Director of Risk Management: \_\_\_\_\_

Signature of Facility Privacy Officer: \_\_\_\_\_

PCR (Probable Claims Report) Completed:  Yes  No (if privacy issue)

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

**Appendix #6**  
**Key Job Descriptions**



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

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

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

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

DEPARTMENT	___ 90 EVALUATION ___ ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Emergency	Date of Hire: _____ Review Date: _____	Director Emergency Services	Chief Nursing Officer

**POSITION SUMMARY:** The Emergency Director is a registered professional nurse responsible for the supervision & administration of the unit including the integration of the department into the primary functions of the hospital, the coordination & integration of inter & interdepartmental services., overall planning & organizing of activities in the unit, directing, staffing, coordinating & controlling the functions of the department & participating un development of budget to include recommendations for space, resources & adequate staffing for the area. Recommends off site resources for needed services not provided by the department as appropriate. Responsible to assure all patient admissions made to nursing unit take into account the patients requirements for nursing care & available nursing resources. In addition, the Nursing Director must plan, organize, direct & control the daily work of the unit's nursing care standards, facilitating nursing staff development & encouraging professional growth. Contributes to the overall department goal of achieving high nursing care standards. Coordinates functions with physicians & other departments of the facility in a spirit that fosters positive working relationships—serves as a role model in this area for all staff employees. Responsible for communication of all pertinent information to the unit staff employees on all shifts. Represents the hospital as a member of the nursing management team. Participates in the review &/or revision of all policies & procedures that relate to their nursing area. Responsible for the orientation & continuing education of all department employees, determines the qualifications & competence of department employees, determines the qualifications & competence of department employees & completes the performance evaluation of all department employees annually. Uses the Ethics Committee to address ethical issues in patient care.

The primary responsibility of the RN Directory is to provide clinical & supervisory support to one or more RN units on a 24-hours basis in the provision of direct & indirect patient care. The RN Director is of exempt status & subject to on-call special assignments.

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

**CERTIFICATIONS:** CURRENT? Y N

- American Red Cross or American Heart Association Basic Life Support Course (BLS or BCLS) and Certification

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

POPULATION(S) SERVED:	
➤ Core competencies will be assessed primarily on the following patient Medical/Surgical/Oncology/Orthopedics/Rehab/PCU	<input checked="" type="checkbox"/> All Populations

T:\Job Descriptions\Emergency Room\Director ER.doc



Alaska Regional Hospital / Nursing Administration  
 Position Description/Core Competencies/Performance Appraisal  
 Title: Director, Emergency Services

<ul style="list-style-type: none"> <li>age 14 through geriatrics</li> <li>➤ ICU/CCU -1 month to geriatrics</li> <li>➤ Pediatrics-newborn to 14 years of age</li> <li>➤ Postpartum &amp; Labor &amp; Delivery-Women of childbearing age &amp; Newborn</li> <li>➤ Nursery -Newborn</li> <li>➤ NICU –Neonate</li> <li>➤ OR/PACU/Endoscopy-Newborn to geriatric</li> <li>➤ ER-Newborn to geriatric</li> <li>➤ Air Ambulance –Newborn to geriatric</li> <li>➤ CVU-I month to geriatrics</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Patient with Communication Needs</li> <li><input type="checkbox"/> Patient at the End of Life</li> <li><input type="checkbox"/> Patient in Isolation</li> <li><input type="checkbox"/> Precautions</li> <li><input type="checkbox"/> Patient in Custody</li> </ul>
<b>AGE OF PATIENTS SERVED:</b>	
<p><b>Skills: Nursing: Service Line Director</b></p> <ul style="list-style-type: none"> <li>! Assesses age specific safety issues</li> <li>! Team Training/Interdisciplinary Care Planning</li> <li>! Medical/healthcare error reporting</li> <li>! Patient Identification</li> <li>! Dangerous Abbreviations</li> <li>! Fall prevention measures</li> <li>! CDC Hand Hygiene Guidelines</li> <li>! Verbal orders &amp; critical test results, read back and verified</li> <li>! Medication Safety</li> <li>! Look-alike, sound alike medications</li> <li>! High Risk Meds: Paralytics, narcotics, hemodynamic drips</li> <li>! Moderate and deep sedation</li> <li>! Labeling meds/solutions on &amp; off sterile field</li> <li>! Medication reconciliation</li> <li>! Restraint use</li> <li>! Suicide risk factors and policy</li> <li>! Universal Protocol procedure for correct patient/procedure/site</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Infant (Newborn -1 year)</li> <li><input type="checkbox"/> Child/Pediatric (1-12 years)             <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Adolescence (13-18 yrs.)</li> </ul> </li> <li><input checked="" type="checkbox"/> Adult (19-65 yrs)</li> <li><input checked="" type="checkbox"/> Geriatric (66 + yrs)</li> </ul>

**POSITION (MINIMUM) REQUIREMENT CHECKLIST**

**EDUCATION:**

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

**EXPERIENCE:**

- Two years experience in acute care preferred.
- Previous management experience preferred.
- 
- 
- 

**SKILLS:**

- Organizational
- Verbal/Follow verbal instructions
- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- Grammar/Spelling

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

**Manage stress appropriately:**

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

**HAZARDS:**

Alaska Regional Hospital / Nursing Administration  
Position Description/Core Competencies/Performance Appraisal  
Title: Director, Emergency Services

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

**PHYSICAL REQUIREMENTS:**

(See following definitions)

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

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

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

**DEFINITIONS:**

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

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

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

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

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

**OCCUPATIONAL EXPOSURE TO TB:**

- Routine exposure
- Potential exposure
- No exposure

**COMPRESSED GAS USAGE:**

- Yes
- No

**LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED:**

- Mask
- Gloves
- Goggles
- Gown

**OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:**

- Routine exposure
- Occasional exposure
- No exposure

### **Job Title – Manager Emergency Services**

#### **Job Summary –**

The Manager Emergency Services is a highly qualified, expert clinician who possesses advanced care skills and has demonstrated strong critical thinking skills. The Manager Emergency Services assists the Nursing Unit Director in planning, implementing and assessing the daily functions of Nursing Care and Services provided in the unit on all shifts; provides supervisory and management oversight for staff members and departmental resources and processes (to include scheduling of staff and Kronos); actively assists in Nursing Quality Improvement programs and is supportive and knowledgeable regarding the established Standards of Care/Standards of Practice and hospital policies and procedures.

The Manager Emergency Services supports the mission, vision statements and goals of Alaska Regional Hospital (ARH). The Manager Emergency Services facilitates interventions to meet patients' physical, psychological, spiritual, social, cultural and educational needs; coordinates functions with physicians and other departments of the hospital in a spirit that fosters positive working relationships.

#### **Position Reports to –**

Dir Emergency Services

#### **Key Interactions –**

Emergency Department staff; EMS; ED physicians; All other clinical departments and staff members; non-clinical departments including Supply Chain, Human Resources, Accounting and more.

#### **Job Duties –**

- Assists the Unit Director in planning, implementing and assessing the daily functions of Nursing Care and Services provided in the unit on all shifts.
- Responsibility for employees' work schedules to provide adequate coverage as well as Kronos to assure employees' time records are accurate.
- Provide supervisory support and management to all unit employees.
- Support hospital-wide initiatives and work to foster positive relationships between the ED and all other departments.
- Facilitates effective communication with all hospital staff, medical staff, patients, and families by providing and maintaining open lines of communication.
- Promotes and supports a collaborative team atmosphere.
- Complies with federal and state regulatory standards.
- Fosters the growth and development of others through effective orientation and continuing education of staff.
- Participates, monitors and drives compliance for required education within HealthStream/Competency Center in collaboration with the Education Department.
- Promotes quality care and patient satisfaction by encouraging and driving specialty standards set for department.
- Responsible for employee, patient and physician satisfaction.



## Position Description

- Leads and models behaviors effectively setting a positive example for staff.
- Ensures staff compliance to corporate, division and hospital policies and procedures.

### Job Requirements (Education and Experience) –

- Bachelor's Degree in Nursing or enrolled in a program within 12 months
- A minimum of three years of direct nursing experience in an Emergency Department
- License Required: Registered Nurse – State of Alaska
- American Red Cross or American Heart Association Basic Life Support Course (BLS or BCLS) and Certification

### Job Requirements (Knowledge, Skills, and Abilities) –

- Excellent written, oral and presentation skills
- Strong clinical skills in the performance of Emergency/Critical Care level nursing care
- Strong leadership skills and organizational skills
- Ability to work creatively within a team environment
- Initiative and creativity in proposing and implementing projects and initiatives
- Ability to integrate duties with other department programs to maximize impact and create efficiencies.
- Must be proficient with Microsoft Excel, Access, and PowerPoint.
- Strong analytical skills to interpret data, identifying trends relationships and proposing solutions.

### Physical Demands/Working Conditions –

The Manager Emergency Services is defined as heavy work. The employee is required to exert up to 100 pounds of force occasionally, and/or 50 pounds frequently, and/or 20 pounds constantly. The employee may be exposed to Bloodborne Pathogens and will be required to use appropriate PPE to protect themselves from these risks.

*Signature – My signature below acknowledges that I have read the above job description and agree that I can perform the responsibilities and meet the requirements as presented, with or without reasonable accommodation. I understand this job description provides a general outline of job responsibilities and requirements and is not intended to be all-inclusive. I also understand that job responsibilities and requirements may change at any given time based on organizational or departmental needs.*

---

Signature

---

Date



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

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

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

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

DEPARTMENT	___ 90 EVALUATION ___ ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Emergency Room	Date of Hire: _____ Review Date: _____	RN	Director Emergency Services

**POSITION SUMMARY:**

A Registered Nurse (RN) who renders individualized comprehensive emergency nursing care, available on a 24 hour basis from minor injuries to acutely or critically ill patients. The RN provides the best possible preventative, supportive, and rehabilitative nursing care to each patient based upon the nursing process and in accordance with hospital policy and procedure; coordinates functions with physicians and other departments of the hospital in a spirit that fosters positive working relationships.

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

CURRENT? Y N

**CERTIFICATIONS:**

CURRENT? Y N

- American Red Cross or American Heart Association Basic Life Support Course (BLS or BCLS) and Certification
- American Red Cross or American Heart Association Advanced Life Support Course (ALS or ACLS) and Certification
- American Red Cross or American Heart Association Pediatric Advanced Life Support (PALS) Course and Certification or Emergency Nursing Pediatric Course (ENPC)
- TNCC required within six (6) months of start date;
- Neonatal Resuscitation Program (NRP) *optional*

EMPLOYEE HEALTH: CURRENT: PPD Immunizations Fit Test

<b>POPULATION(S) SERVED:</b>	
<b>Emergency Department: Population Served</b> Core competencies will be assessed primarily on the following patient population(s) served: Triage, assess and treat patients of all ages presenting for emergency care for all body systems, conditions & diseases including but not limited to: Coronary, Pulmonary, Neuro, Skeletal-muscular, GI/metabolic, GU/renal, GYN, integumentary, etc.	<input checked="" type="checkbox"/> All Populations <input type="checkbox"/> Patient with Communication Needs <input type="checkbox"/> Patient at the End of Life <input type="checkbox"/> Patient in Isolation <input type="checkbox"/> Precautions <input type="checkbox"/> Patient in Custody
<b>AGE OF PATIENTS SERVED:</b>	
<b>Skills:</b>	<input checked="" type="checkbox"/> Infant (Newborn -1 year)

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**POSITION (MINIMUM) REQUIREMENT CHECKLIST**

**EDUCATION:**

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

**EXPERIENCE:**

- Prefer at least two years Emergency Department work history
- Minimum requirement: two years of clinical nursing experience in acute care facility

**SKILLS:**

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

**Manage stress appropriately:**

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

**HAZARDS:**

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

**PHYSICAL REQUIREMENTS:**

(See following definitions)

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

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

- Stand for 4 hours per day
- Sit for 2 hours per day

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

**DEFINITIONS:**

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

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

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

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

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

**LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED:**

- Mask
- Gloves
- Goggles
- Gown

**OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:**

- Routine exposure
- Occasional exposure
- No exposure

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**OCCUPATIONAL EXPOSURE  
TO TB:**

- Routine exposure
- Potential exposure
- No exposure

**COMPRESSED GAS USAGE:**

- Yes
- No

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**Job Title – Patient Access Registrar**

**Job Summary –**

Patient Access Registrar is responsible for timely and accurate patient registration. Interviews patients for all pertinent account information and verifies insurance coverage; Ensure charts are completed and accurate; Verify all insurance and obtain precertification/authorization; Calculate and collect patient liable amounts; Ensure that all necessary signatures are obtained for treatments; Answer any questions and explains policies clearly; Process patient charts according to paperwork flow needs and established productivity standards; Interview incoming patients, his/her relatives, or other responsible individuals to obtain identifying and biographical information with insurance and financial information.

**Position Reports to –**

Director and Manager of Patient Access, Alaska Regional Hospital

**Key Interactions –**

Patient Access Registrars will interact with patients, colleagues, volunteers, and visitors at all organizational levels.

**Job Requirements (Education and Experience) –**

- Education – High School Diploma or GED *preferred*
- Experience
  - One year of registration experience in medical setting *preferred*
  - One year of customer service experience *preferred*
  -

**Job Requirements (Knowledge, Skills, and Abilities) –**

- Organizational, verbal/follow verbal instructions, interpersonal, customer relations, mathematical, analyticals, grammar/spelling, read/comprehend/follow written instructions, transcription of physician orders, computer
- Manage stress appropriately, make decisions under pressure, handle multiple priorities, work alone, work in areas that are confined and/or crowded, attention to detail

**Physical Demands/Working Conditions –**

- Exposure to: toxic/caustic chemicals/detergents, extreme conditions (hot/cold), dust/gas/fumes, moving mechanical parts, potential electric shock, x-ray/electromagnetic energy, high-pitched noises, communicable diseases, blood and/or body fluids, CRT (computer monitor). Occasional exposure to bloodborne pathogens. Potential exposure to compressed TB. No exposure to compressed gas usage.
- Medium Work: Exert up to 50 lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly.
  - The minimum requirements of this position require the individual to: stand for four hours per day, sit for two hours per day, walk for two hours per day, perform repetitive tasks/motions, distinguish colors, hear alarms/telephone/tape recorder/normal speaking voice, have good manual dexterity, have good eye-hand-foot coordination, have clarity of vision, good writing ability, and be able to lift/push/pull fifty (50) pounds.
- Personal Protective Equipment Required: Mask, gloves, goggles, gown

**CULTURAL/BEHAVIORAL EXPECTATIONS:**

This position requires a passionate commitment to a set of core values and associated behaviors. Those values and behaviors require:

**Accountability:** acts like an owner; pulls own weight; works to achieve individual, departmental, and hospital goals; fully accountable; owns problem until solved; appropriately holds others accountable.

**Integrity:** open, honest, appropriate in all communication; manages conflict appropriately – takes issues to right address and does not discuss along the way; follows through on all commitments; speaks up, shares ideas and concerns, supports decisions once made.

**Respect:** demonstrates positive attitude; makes, and cheerfully spends time to consistently exceed patient/physician expectations; shows humility for role played in lives of others; respects coworkers (on time) and appreciates similarities and differences of each ARH employee; demonstrates true caring.

**Quality:** anticipates the needs of those served; craves new knowledge and new experience; delivers very best every day such that work makes a difference; when identifies a problem, also identifies potential solutions; constantly looks for ways to turn “good enough” into “even better”.

**Loyalty:** builds teamwork by being a good team member and not back-biting or pot-stirring; loyal to leaders and supports their decisions; is an ambassador to promote and defend ARH in all settings.

**Enjoyment:** finds humor and laughs daily, but never at another’s expense; greets, smiles, and welcomes each person encountered with a smiling face and a kind word.

**Signature** – My signature below acknowledges that I have read the above job description and agree that I can perform the responsibilities and meet the requirements as presented, with or without reasonable accommodation. I understand this job description provides a general outline of job responsibilities and requirements and is not intended to be all-inclusive. I also understand that job responsibilities and requirements may change at any given time based on organizational or departmental needs.

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Signature

Date



## Position Description

### **Job Title – ER Tech**

#### **Job Summary –**

The Emergency Department Technician will provide primarily clinical and limited clerical services under the direction of the professional Emergency Department staff. The ED technician provides the best possible preventative, supportive, and rehabilitative technical care to each patient based upon hospital policy and procedure; coordinates functions with physicians and other departments of the hospital in a spirit that fosters positive working relationships.

#### **Position Reports to –**

Director Emergency Services, Alaska Regional Hospital

#### **Key Interactions –**

Treat patients of all ages presenting for emergency care for all body systems, conditions & diseases including but not limited to: Coronary, Pulmonary, Neuro, Skeletal-muscular, GI/metabolic, GU/renal, GYN, integumentary, etc.

#### **Job Requirements (Education and Experience) –**

- Paramedic License, EMT III, or EMT II

#### **Job Requirements (Knowledge, Skills, and Abilities) –**

- American Red Cross or American Heart Association Basic Life Support Course (BLS or BCLS) and Certification
- American Red Cross or American Heart Association Advanced Life Support Course (ALS or ACLS) and Certification
- American Red Cross or American Heart Association Pediatric Advanced Life Support (PALS) Course and Certification
- One year hospital-based experience *preferred*
- Skills: organizational, verbal/follow verbal instructions, interpersonal, customer relations, mathematical, analytical, grammar/spelling, read/comprehend/follow written instructions, transcription, computer, make decisions under pressure, handle multiple priorities, work alone, work in areas that are confined and/or crowded, attention to detail

#### **Physical Demands/Working Conditions –**

Heavy work; Exert up to 100 lbs. force occasionally, and/or lift/push/pull 50 lbs. frequently, and/or 20 lbs. constantly.

- Stand for 4 hours per day, walk for 2 hours per day, perform repetitive tasks/motions, distinguish colors, hear alarms/telephone/tape recorder/normal speaking voice, have good manual dexterity, have good eye-hand-foot coordination, have clarity of vision, have good writing ability
- PPE Required: Mask, gloves, goggles, gown, face shield



## Position Description

- Exposures: Routine occupational exposure to bloodborne pathogens, potential exposure to TB, exposure to compressed gas usage
- Hazards: Exposure to toxic/caustic/chemicals/detergents, moving mechanical parts, potential electric shock, x-ray/electromagnetic energy, high-pitched noises, communicable diseases, blood and/or body fluids, CRT (computer) monitor

### **CULTURAL/BEHAVIORAL EXPECTATIONS:**

This position requires a passionate commitment to a set of core values and associated behaviors. Those values and behaviors require:

**Accountability:** acts like an owner; pulls own weight; works to achieve individual, departmental, and hospital goals; fully accountable; owns problem until solved; appropriately holds others accountable.

**Integrity:** open, honest, appropriate in all communication; manages conflict appropriately – takes issues to right address and does not discuss along the way; follows through on all commitments; speaks up, shares ideas and concerns, supports decisions once made.

**Respect:** demonstrates positive attitude; makes, and cheerfully spends time to consistently exceed patient/physician expectations; shows humility for role played in lives of others; respects coworkers (on time) and appreciates similarities and differences of each EIRMC employee; demonstrates true caring.

**Quality:** anticipates the needs of those served; craves new knowledge and new experience; delivers very best every day such that work makes a difference; when identifies a problem, also identifies potential solutions; constantly looks for ways to turn “good enough” into “even better”.

**Loyalty:** builds teamwork by being a good team member and not back-biting or pot-stirring; loyal to leaders and supports their decisions; is an ambassador to promote and defend EIRMC in all settings.

**Enjoyment:** finds humor and laughs daily, but never at another’s expense; greets, smiles, and welcomes each person encountered with a smiling face and a kind word.

**Signature** – *My signature below acknowledges that I have read the above job description and agree that I can perform the responsibilities and meet the requirements as presented, with or without reasonable accommodation. I understand this job description provides a general outline of job responsibilities and requirements and is not intended to be all-inclusive. I also understand that job responsibilities and requirements may change at any given time based on organizational or departmental needs.*

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Signature

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Date



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

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

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

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

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

**POSITION SUMMARY:**

Performs diagnostic radiography procedures at a technical level that does not require direct supervision on neonate, infant, pediatric, adolescent, adult and geriatric patients. Performs exams as requested by ordering physicians and under the guidelines set by the standards of the Diagnostic Imaging Department. Rotates shifts and takes call as needed. All assigned duties by the Radiology Supervisor, Assistant Director or Director of Diagnostic Imaging.

**LICENSE REQUIRED:** None

CURRENT? Y N

**CERTIFICATIONS:**

CURRENT? Y N

- ARRT (R ) (Must obtain ARRT within one year of hire)
- American Red Cross or American Heart Association Basic Life Support Course (BLS or BCLS) and Certification

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

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

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

**EDUCATION:**

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

**EXPERIENCE:**

- No experience required

**SKILLS:**

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

**Manage stress appropriately:**

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

- Attention to detail

**HAZARDS:**

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

**PHYSICAL REQUIREMENTS:**

(See following definitions)

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

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

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

- Have good eye-hand-foot coordination
- Have clarity of vision
- Have good writing ability
- Be able to lift, push, pull 50 pounds

**DEFINITIONS:**

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

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

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

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

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

**LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED:**

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

**OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:**

- Routine exposure
- Occasional exposure
- No exposure

**OCCUPATIONAL EXPOSURE TO TB:**



Alaska Regional Hospital  
Position Description/Core Competencies/Performance Appraisal  
Title: ARRT Tech  
Page 3 of 7

- Routine exposure
- Potential exposure
- No exposure

**COMPRESSED GAS USAGE:**

- Yes
- No

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

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

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

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

DEPARTMENT	___ 90 EVALUATION ___ ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Cat Scan	Date of Hire: _____ Review Date: _____	CT Tech	Director Imaging Services

**POSITION SUMMARY:**

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

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

**CERTIFICATIONS:** CURRENT? Y N

- ARRT( R) required ( Advanced certification in CT must be obtained within one year of hire);
- American Red Cross or American Heart Association Basic Life Support Course (BLS or BCLS) and Certification

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

POPULATION(S) SERVED:	
<b>CT Scan: Population Served</b> Core competencies will be assessed primarily on the following patient population(s) served: Imaging with and without contrast of cardio-pulmonary, vascular, neuro , GI, GU, GYN, NICU/pediatrics, skeletal/muscular conditions and diseases including but not limited to: PVD, CVA/TIA, COPD, CHF, HNP, oncology, etc.	<input checked="" type="checkbox"/> All Populations <input type="checkbox"/> Patient with Communication Needs <input type="checkbox"/> Patient at the End of Life <input type="checkbox"/> Patient in Isolation <input type="checkbox"/> Precautions <input type="checkbox"/> Patient in Custody
AGE OF PATIENTS SERVED:	
<b>Skills: CT Tech</b> CT imaging positions appropriate to ages Assesses age specific safety issues regarding radiation safety Performs pregnancy assessment in females of child bearing age Assesses appropriate age-specific medium dosages Team Training/Medical/healthcare error reporting Dangerous abbreviations Fall prevention measures during CT procedures	<input checked="" type="checkbox"/> Infant (Newborn -1 year) <input checked="" type="checkbox"/> Child/Pediatric (1-12 years) <input checked="" type="checkbox"/> Adolescence (13-18 yrs) <input checked="" type="checkbox"/> Adult (19-65 yrs) <input checked="" type="checkbox"/> Geriatric (66 + yrs)

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CDC Hand Hygiene Guidelines Verbal orders & critical test results read back & verified Universal Protocol for correct patient/procedure/site Medication Safety for CT Medication reconciliation alike, sound alike medications Labeling meds/solutions on & off sterile field Radiation safety procedures	
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**POSITION (MINIMUM) REQUIREMENT CHECKLIST**

**EDUCATION:**

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

**EXPERIENCE:**

- Prefer prior CT experience

**SKILLS:**

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

**Manage stress appropriately:**

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

- Attention to detail

**HAZARDS:**

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

**PHYSICAL REQUIREMENTS:**

(See following definitions)

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

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

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

- Be able to lift, push, pull 50 pounds

**DEFINITIONS:**

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

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

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

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

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

**LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED:**

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

**OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:**

- Routine exposure
- Occasional exposure
- No exposure

**OCCUPATIONAL EXPOSURE TO TB:**

- Routine exposure
- Potential exposure
- No exposure

**COMPRESSED GAS USAGE:**



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

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

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

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

DEPARTMENT	___ 90 EVALUATION ___ ANNUAL EVALUATION	POSITION TITLE	SUPERVISOR TITLE
Emergency Room	Date of Hire: _____ Review Date: _____	Unit Secretary	Director Emergency Services

**POSITION SUMMARY:** Unit Secretary performs general clerical duties accurately and thoroughly and occasional clinical functions in compliance with hospital policies and procedures; knowledgeable with regard to hospital and routines. The secretary coordinates unit functions and performs in an organized manner; coordinates functions with physicians and other departments of the hospital in a spirit that fosters positive working relationships. Assists patients with activities of daily living, provides basic nursing care to acutely ill patients, and assists in maintenance of a safe, clean, and age appropriate environment under the direction and supervision of the Registered Nurse. Provides care to meet the patient/family physical, psychological, spiritual, social, cultural and educational needs with the RN's assistance. Performs, as directed, those tasks, which will assist the RN in providing patient care based upon the Department's standard of practice and standard of care.

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

**CERTIFICATIONS:** CURRENT? Y N

- American Red Cross or American Heart Association Basic Life Support Course (BLS or BCLS) and Certification

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

**POSITION (MINIMUM) REQUIREMENT CHECKLIST**

**EDUCATION:**

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

**EXPERIENCE:**

- Prefer six months experience in a medical facility.
- Prefer experience with medical terminology

**SKILLS:**

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

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

**Manage stress appropriately:**

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

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force occasionally, and/or over 50 lbs.  
frequently, and/or over 20 lbs. constantly.

**HAZARDS:**

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

**LIST PERSONAL PROTECTIVE EQUIPMENT REQUIRED:**

- Mask
- Gloves
- Goggles
- Gown

**OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:**

- Routine exposure
- Occasional exposure
- No exposure

**PHYSICAL REQUIREMENTS:**

(See following definitions)

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

**OCCUPATIONAL EXPOSURE TO TB:**

- Routine exposure
- Potential exposure
- No exposure

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

**COMPRESSED GAS USAGE:**

- Yes
- No

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

**DEFINITIONS:**

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

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

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

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

**VERY HEAVY WORK:** Exert over 100 lbs.

## **Appendix #7**

### **Major Hospital Positions (CEO, COO, CNO, CFO, CMO)**

# CHIEF EXECUTIVE OFFICER

## Job Description

### Facility Description

*Providing a facility description is helpful information for recruiters to know when posting a compelling job ad to attract candidates. For example, hospital # of beds, specialty units highlighted, hospital awards and recognition, and unit distinct qualities, etc. may be included here.*

### General Job Information

Reports directly to (Title):	<b>Division President</b>
Matrix reports to (Title):	Click here to enter text.
Direct Reports:	Choose an item.
Created / Last Revised:	10/8/2018 / Click here to enter a date.

### Position Summary

*Under a combination of administrative and executive direction, provides leadership and directs the overall operation of the hospital consistent with policies and objectives of the hospital and its advisory or governing Board. In this regard, the CEO plans, organizes, applies, directs, controls and evaluates all resources (human resources, facilities, equipment, capital and similar resources) invested in the franchise. The CEO shall use all resources to generate measurable returns to benefit the company, the Community, the Physician and most of all, the Patient. The Chief Executive Officer is responsible to the Division President. The CEO functions as an executive for the organization and must be highly skilled in building relationships with medical staff, community members and hospital staff. The highest degree of integrity and commitment to the Core Values set forth by both the company and hospital Mission and Values are required. Serves as senior mentor to leadership team and works to develop self and direct reports.*

### Major Responsibilities:

*Note: The following is a list of the essential functions of the job. Most positions can be described in 6-8 major responsibility areas. Combine minor or occasional duties in one last statement. Do not include a duty which occupies 5% or less of the target job's time unless it is an essential part of the job.*

#### Develops and Executes Strategy by:

- Developing a long range course of action or set of goals to ensure successful realization of the organization's vision.
- Ensuring the development of clear goals that align a unit's efforts with the organization's vision and strategic plan.
- Ensuring synergies between people, processes, and strategies to drive execution of business objectives.
- Building and driving sustained revenue growth.
- Building strategic alliances both inside and outside the organization to create business opportunities and execute business strategies.

#### Develops Talent by:

- Building a competitively superior organization through attracting, developing, and retaining talent to ensure that people with the right skills and motivations are in the right place at the right time to meet business needs.

#### Develops Culture by:

- Developing an organizational culture that leads to ongoing excellence and effective growth of the business while maintaining the highest integrity.
- Creating a physician-friendly culture that attracts leading physicians.

•	Promoting an environment where employees are engaged and perform at a high level.
•	Providing for the highest level of patient experience and ensures senior team alignment around patient experience.
•	Modeling and driving a culture of accountability and discipline to attain and sustain outperformance in clinical quality, service excellence, and earnings.

**Supports HCA by:**

•	Promoting consistent positive patient interactions that advance the agenda of unparalleled patient service.
•	Practicing and adhering to the “Code of Conduct” philosophy and “Mission and Value Statement.”
•	Performing other duties as assigned.

**Education & Experience:**

•	Master's degree hospital administration, business or a related field.	Required
•	2+ years of experience in a COO or CEO role.	Required

Or equivalent combination of education and/or experience

**Licenses, Certifications, & Training:**

•	Member of ACHE	Preferred
•	ACHE Fellow	Preferred

**Knowledge, Skills, Abilities, Behaviors:**

•	Advanced skills in financial management.	Required
•	Current knowledge of Joint Commission, state, and federal guidelines, regulations and standards. Demonstrated expertise in negotiation, coaching, and interpersonal skills.	Required
•	Knowledge of the microenvironment variables that can impact the strategic management process (e.g., buyer switching costs, concentration of customers, competitor business strategies).	Required
•	Skill in creating a strong personal presence that commands attention and respect in groups.	Required
•	Willingness to focus on employee development through exposure, experiences, and feedback.	Required

**Physical Demands**

*Check the frequency of activity required of the employee to perform the essential functions of the job (non-inclusive list).*

Activity: (Hours / Day)	Rarely (Up to 3 Hours)	Occasionally (3+ Hours)	Frequently (6+ Hours)	Routinely (8+ Hours)
Walking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balancing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### Physical Demands

Check the frequency of activity required of the employee to perform the essential functions of the job (non-inclusive list).

Activity: (Hours / Day)	Rarely (Up to 3 Hours)	Occasionally (3+ Hours)	Frequently (6+ Hours)	Routinely (8+ Hours)
Traveling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activity: (Hours / Day)	Max Weight (In Pounds)	Rarely (Up to 3 Hours)	Occasionally (3+ Hours)	Frequently (6+ Hours)	Routinely (8+ Hours)
Lift / Carry	11-25 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push / Pull	Choose an item.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Environmental Conditions

Check the frequency of activity required of the employee to perform the essential functions of the job (non-inclusive list).

Exposure To:	Rarely (>Monthly)	Occasionally (Monthly)	Frequently (Weekly)	Routinely (Daily)
Blood-borne pathogens	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Communicable disease	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dust/fumes/plume	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme conditions, hot/cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaseous Risk exposure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High pitched noises	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving mechanical parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential electrical shock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic/caustic/chemicals/detergents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray/electromagnetic energy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PATIENT CARE

Note: If patient care is selected, please select all options that apply.

<input checked="" type="checkbox"/> No Patient Care	<input type="checkbox"/>
<input type="checkbox"/> Patient Care	<input type="checkbox"/>
<input checked="" type="checkbox"/> Choose an item.	<input type="checkbox"/>

My signature below acknowledges that I have read the above job description and agree that I can perform the responsibilities and meet the requirements. I also understand that this job description may change at any given time based on organizational or department needs.

### SIGNOFF & ACKNOWLEDGEMENT

X \_\_\_\_\_

# CHIEF OPERATING OFFICER

## Job Description

### Facility Description

Providing a facility description is helpful information for recruiters to know when posting a compelling job ad to attract candidates. For example, hospital # of beds, specialty units highlighted, hospital awards and recognition, and unit distinct qualities, etc. may be included here.

### General Position Information

Reports directly to (Title):	<b>Chief Executive Officer</b>
Matrix reports to (Title):	Click here to enter text.
Direct Reports:	Choose an item.
Created / Last Revised:	3/9/2016 / 5/17/2016

### Position Summary

The Chief Operating Officer assumes line responsibility and authority for the administrative direction, evaluation, and coordination of the functions and activities of assigned departments within the hospital organization to ensure operation objectives and results are in accord with overall hospital needs. In the absence of the hospital CEO and/or as assigned, represents the CEO in the coordination of entire portions of the hospital organization, speaking and acting within the scope of objectives set forth in the practice and/or policy of the hospital.

The Chief Operating Officer is responsible to the Hospital CEO. The COO functions at an executive level in an active leadership role with the hospital's governing body, medical staff leadership, hospital senior leadership and management team. Is directly responsible for managers overseeing departments and other service lines as assigned by the CEO. Is directly responsible for the improvement of the hospitals facilities in assigned areas, including construction or renovation of structures and the purchasing of new equipment. Responsible for department leaders in establishing a measure of performance, increase productivity, quality improvement, cost controls and efficient utilization of facilities.

### Major Responsibilities:

Note: The following is a list of the essential functions of the job. Most positions can be described in 6-8 major responsibility areas. Combine minor or occasional duties in one last statement. Do not include a duty which occupies 5% or less of the target job's time unless it is an essential part of the job.

### Drives Operations by:

<ul style="list-style-type: none"><li>Ensuring the consistent and effective execution of key systems and processes that make effective use of organizational resources.</li></ul>
<ul style="list-style-type: none"><li>Leading a team or unit to enhance product or service quality; driving the business toward enhanced product or service quality.</li></ul>
<ul style="list-style-type: none"><li>Creating a work environment in which employees committed to their organization and feel pride and job ownership.</li></ul>
<ul style="list-style-type: none"><li>Building strategic alliances and partnerships within the organization to collaboratively execute business strategies.</li></ul>
<ul style="list-style-type: none"><li>Creating an environment in which products and processes are designed to ensure customer satisfaction; effectively incorporating customer perspectives in all business activities.</li></ul>
<ul style="list-style-type: none"><li>Contributing to the development of the organization's strategic goals and objectives as well as the overall management of the organization.</li></ul>

### Supports HCA by:

<ul style="list-style-type: none"><li>Promoting consistent positive patient interactions that advance the agenda of unparalleled patient service.</li></ul>
---

- Practicing and adhering to the “Code of Conduct” philosophy and “Mission and Value Statement”
- Performing other duties as assigned

<b>Education &amp; Experience:</b>	
• Master's degree healthcare, business or a related field	Required
• 3+ years of experience in progressive acute care management and refined managerial skills as a COO or through the COO Development Program, or similar executive level experience.	Required

Or equivalent combination of education and/or experience

<b>Licenses, Certifications, &amp; Training:</b>	
• Member of American College of Healthcare Executives (ACHE)	Preferred
• Fellow of American College of Healthcare Executives (ACHE)	Preferred

<b>Knowledge, Skills, Abilities, Behaviors:</b>	
• Current knowledge of Joint Commission, state, and federal guidelines, regulations and standards.	Required
• Demonstrated expertise in negotiation, coaching, and interpersonal skills.	Required
• Skill in communicating information in an open and sincere manner that promotes credibility (e.g. honest answers to tough questions).	Required
• Skill in recognizing strategic business opportunities resulting from changes in the economic, technological, political/legal, or social environments.	Required
• Willingness to focus on employee development through exposure, experiences, and feedback.	Required

### Physical Demands

Check the frequency of activity required of the employee to perform the essential functions of the job (non-inclusive list).

Activity: (Hours / Day)	Rarely (Up to 3 Hours)	Occasionally (3+ Hours)	Frequently (6+ Hours)	Routinely (8+ Hours)
Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balancing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traveling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activity: (Hours / Day)	Max Weight (In Pounds)	Rarely (Up to 3 Hours)	Occasionally (3+ Hours)	Frequently (6+ Hours)	Routinely (8+ Hours)
Lift / Carry	11-25 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push / Pull	10 lbs. or less	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Environmental Conditions

Check the frequency of activity required of the employee to perform the essential functions of the job (non-inclusive list).

Exposure To:	Rarely (>Monthly)	Occasionally (Monthly)	Frequently (Weekly)	Routinely (Daily)
Blood-borne pathogens	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Communicable disease	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dust/fumes/plume	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme conditions, hot/cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaseous Risk exposure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High pitched noises	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving mechanical parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential electrical shock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic/caustic/chemicals/detergents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray/electromagnetic energy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PATIENT CARE

Note: If patient care is selected, please select all options that apply.

<input checked="" type="checkbox"/>	No Patient Care	<input type="checkbox"/>
<input type="checkbox"/>	Patient Care	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Choose an item.	<input type="checkbox"/>

My signature below acknowledges that I have read the above job description and agree that I can perform the responsibilities and meet the requirements. I also understand that this job description may change at any given time based on organizational or department needs.

### SIGNOFF & ACKNOWLEDGEMENT

X Click here to enter text.

# CHIEF NURSING OFFICER (CNO)

## Job Description

### General Position Information

Reports directly to (Title):	CEO (Typically)
Matrix reports to (Title):	N/A
Direct Reports:	Yes
Created / Last Revised:	2/25/2016 / 11/22/2019

### Position Summary

The Chief Nursing Officer (CNO) promotes high quality, patient-centered care by providing leadership, direction, and administration of direct patient care activities, nursing practice, and nursing education and development across the organization. The CNO is responsible for driving, supporting, and modeling a culture focused on employee engagement, quality, patient safety, fiscal responsibility, and the overall patient experience.

### Major Responsibilities:

#### Quality

- Approves nursing policies and nursing standards of patient care, treatment, and services.
- Ensures patient- and family-centered care is comprehensive, coordinated, and monitored for effectiveness. Implements the quality improvement model that leads to systematic improvements that outperform benchmark statistics used in patient- and nursing-sensitive indicators.
- Performs regular rounds on patients, families, employees, and physicians to enhance communication, ensure alignment, oversee operations, and foster an exceptional experience.
- Strategizes and drives process improvements focused on innovative care delivery and/or operational models designed to improve clinical services, outcomes, patient throughput, and patient safety.
- Collaborates with other disciplines for the implementation of programs, policies, and procedures that address how patient care needs of the patient population served are assessed, met, and evaluated.
- Promotes the use and implementation of technology in the workplace in order to streamline operations, facilitate communications, and optimize work processes.
- Assures the flow of information and decision-making is bi-directional and horizontal between and among professional nurses at the bedside, the leadership team, and the CNO.
- Enhances quality outcomes by partnering with leadership (CMO, Chief Of Staff, and/or President of Medical Staff) for shared clinical decision making.

#### Service

- Assumes accountability for promoting consistent, positive patient interactions that advance the agenda of unparalleled patient service.
- Maintains a patient-first philosophy and engages in service recovery when necessary.
- Supports the development and implementation of strategies to elevate the patient experience.
- Establishes and nurtures a professional practice model that illustrates alignment and integration of nursing practice with the vision/mission/values of the organization and with the philosophy of nursing practice. Ensures the care delivery system is integrated within the professional practice model.
- Establishes and enhances a culture of evidence-based decision making in clinical and management initiatives.

#### People

- Establishes structures, systematic and equitable processes, and expectations that support lifelong professional learning, role development, and career enhancement.

<ul style="list-style-type: none"> <li>Collaborates with directors in hiring, orientation, evaluation, discipline, and education of all clinical staff.</li> </ul>
<ul style="list-style-type: none"> <li>Communicates expectations, develops leaders, and evolves the organization to meet current and anticipated needs and strategic priorities.</li> </ul>
<ul style="list-style-type: none"> <li>Establishes mechanisms to assure nurses throughout the organization are involved in shared governance and decision-making structures and processes that establish standards of practice and address issues of concern. Promotes interdisciplinary collaboration.</li> </ul>
<ul style="list-style-type: none"> <li>Assumes an active role with the hospital's governing body, senior leadership, medical staff, management, and other clinical leaders in the hospital's decision-making structure and process. Supports collegial relationships with internal/external stakeholders to ensure optimal operating effectiveness and strategic positioning.</li> </ul>
<ul style="list-style-type: none"> <li>Participates in professional organizations and community healthcare related organizations.</li> </ul>
<ul style="list-style-type: none"> <li>Nurtures relationships among all types of community organizations to improve patient outcomes and promote the health of communities served.</li> </ul>

### Growth

<ul style="list-style-type: none"> <li>Develops and plans new services that generate additional sources of profitable revenue.</li> </ul>
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### Finance

<ul style="list-style-type: none"> <li>Allocates financial, informational, and human capital for improvement activities, ensuring efficient delivery of cost-effective and efficient services to patients, physicians, and hospital departments.</li> </ul>
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### Other

<ul style="list-style-type: none"> <li>Performs other duties as assigned.</li> </ul>
<ul style="list-style-type: none"> <li>Practices and adheres to the "Code of Conduct" and "Mission and Value Statement."</li> </ul>

Education & Experience:	
<ul style="list-style-type: none"> <li>Bachelor's Degree in Nursing*</li> </ul>	Required
<ul style="list-style-type: none"> <li>Master's Degree in Nursing or related healthcare field</li> </ul>	Required
<ul style="list-style-type: none"> <li>5+ years of experience in clinical nurse management</li> </ul>	Required
<ul style="list-style-type: none"> <li></li> </ul>	
<ul style="list-style-type: none"> <li></li> </ul>	

Or equivalent combination of education and/or experience

*\*Select academic institutions award MSN without BSN; in those cases MSN is acceptable*

Licensure, Certifications, Training:			
Credential*:	Required:	Preferred:	Grace Period (select if applicable):
Currently licensed as a registered professional nurse in the state(s) of practice and/or has an active compact license, in accordance with law and regulation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A
Specialty certification in Executive Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>	
Specialty certification in Healthcare Administration	<input type="checkbox"/>	<input type="checkbox"/>	
Membership in American Organization of Nurse Executives (AONE)	<input type="checkbox"/>	<input type="checkbox"/>	
Membership in American College of Healthcare Executives (ACHE)	<input type="checkbox"/>	<input type="checkbox"/>	

*\*Where applicable, instructor card accepted in place of student credential.*

Knowledge, Skills, Abilities, Behaviors:
<ul style="list-style-type: none"> <li><b>Honors our Mission and Values:</b> Ability to build trust and act with authenticity to cultivate a culture of integrity, inclusion, and mutual respect.</li> </ul>

### Knowledge, Skills, Abilities, Behaviors:

- **Communicates with Impact:** Ability to deliver verbal and written information in a clear, concise, transparent, and compelling manner to effectively engage others and achieve desired results.
- **Attains and Leverages Strategic Relationships:** Ability to develop and strengthen collaborative relationships with both internal and external stakeholders to advance the care of our patients and the growth of HCA.
- **Exhibits Service and Quality Excellence:** Ability to demonstrate an uncompromising commitment to delivering exceptional care, to create an unmatched value proposition for our patients.
- **Leads and Develops Others:** Ability to lead others to accomplish organizational goals and objectives, to provide meaningful coaching and mentoring to increase the capabilities of individuals and teams, and to drive employee engagement.
- **Exhibits Efficiency:** Ability to effectively handle multiple conflicting assignments, demands, and priorities with concentrated analytical skill and great attention to detail.
- **Thinks Proactively:** Ability to recognize the broad or long-term implications of business decisions and plans.
- **Embraces Innovation:** Ability to generate and develop novel or unusual ideas and proposals which challenge status quo assumptions or pro forma operations to remove barriers and to enable success of prioritized solutions.

### Physical Demands

*Check the frequency of activity required of the employee to perform the essential functions of the job (non-inclusive list).*

Activity: (Hours / Day)	Rarely	Occasionally	Frequently	Routinely
Balancing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color Vision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work at elevated levels (on the roof, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activity: (Hours / Day)	Max Weight (In Pounds)	Rarely	Occasionally	Frequently	Routinely
Lift / Carry	100+ lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push / Pull	100+ lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Environmental Conditions

Check the frequency of activity required of the employee to perform the essential functions of the job (non-inclusive list).

Exposure To:	Rarely	Occasionally	Frequently	Routinely
Blood-borne pathogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicable disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust/fumes/plume	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme conditions, hot/cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaseous Risk exposure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud noises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving mechanical parts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential electrical shock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic/caustic/chemicals/detergents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray/electromagnetic energy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Travel Required

Check the frequency of travel required of the employee to perform the essential functions of the job.

<input type="checkbox"/>	No Travel: The job does not require any travel.
<input type="checkbox"/>	Occasional Travel: The job may require travel from time- to-time, but not on a regular basis.
<input type="checkbox"/>	The job may require up to 25% travel.
<input type="checkbox"/>	The job may require up to 50% travel.
<input type="checkbox"/>	The job may require up to 75% travel.
<input type="checkbox"/>	The job may require 76% or more travel.

### Patient Care

Note: If patient care is selected, please select all options that apply.

<input checked="" type="checkbox"/>	No Patient Care	<input type="checkbox"/>
<input type="checkbox"/>	Patient Care	<input type="checkbox"/>
	<input type="checkbox"/>	Neonates 1 – 30 days
	<input type="checkbox"/>	Infants 30 days – 1yr.
	<input type="checkbox"/>	Children 1 – 12 yrs.
	<input type="checkbox"/>	Adolescents 13 – 17 yrs.
	<input type="checkbox"/>	Adults 18 – 70 yrs.
	<input type="checkbox"/>	Geriatrics 70+

My signature below acknowledges that I have read the above job description and agree that I can perform the responsibilities and meet the requirements. I also understand that this job description may change at any given time based on organizational or departmental needs.

**Signoff & Acknowledgement:**



Printed Name	3-4 ID (if applicable)
Signature	Date

## CHIEF FINANCIAL OFFICER

### J o b   D e s c r i p t i o n

#### Facility Description

*Providing a facility description is helpful information for recruiters to know when posting a compelling job ad to attract candidates. For example, hospital # of beds, specialty units highlighted, hospital awards and recognition, and unit distinct qualities, etc. may be included here.*

#### General Position Information

Reports directly to (Title):	Group President and Group CFO
Created / Last Revised:	7/27/2016 / 7/27/2016

#### Position Summary

*The Chief Financial Officer directs the financial and other departmental activities in accordance with defined hospital policies and objectives. Responsibilities include management of all financial departments, allocation of resources, and preparation of the annual budget. Departmental responsibility typically includes Accounting, Reimbursement, Managed Care, Health Information, and Utilization Review. Functions at an executive level in an active leadership role. The Chief Financial Officer is responsible to the Hospital CEO, and maintains business relationships with the Division CFO, Hospital CEO, COO, and CNO.*

#### Major Responsibilities:

*Note: The following is a list of the essential functions of the job. Most positions can be described in 6-8 major responsibility areas. Combine minor or occasional duties in one last statement. Do not include a duty which occupies 5% or less of the target job's time unless it is an essential part of the job.*

#### Develops Strategy By:

<ul style="list-style-type: none"> <li>Assuming a lead role in analyzing and exploring means of reducing hospital operating costs and increasing revenues based on knowledge of market trends, financial reports and operating procedures.</li> </ul>
<ul style="list-style-type: none"> <li>Directing the preparation of internal financial reports, and ensuring that the reports reliably reflect the financial position of the hospital.</li> </ul>
<ul style="list-style-type: none"> <li>Directing the timely submission of all financial data associated reports required by government and other regulated agencies including payroll tax reports, public disclosure reports, and third party payor cost reports.</li> </ul>
<ul style="list-style-type: none"> <li>Identifying and reporting undesirable trends and potential business opportunities and making recommendations for action.</li> </ul>

#### Manages Accounting & Financial Functions By:

<ul style="list-style-type: none"> <li>Assisting the CEO in the development of long and short range hospital operations plans which may include service demand analyses, resources availability analyses, productivity, and cost benefit analyses of proposed capital and staff expansions.</li> </ul>
<ul style="list-style-type: none"> <li>Developing long and short range operational and capital budgets which are supported by the hospitals long and short range plans and objectives.</li> </ul>
<ul style="list-style-type: none"> <li>Directing the preparation of hospital statistical reports, budgets, and financial reports.</li> </ul>
<ul style="list-style-type: none"> <li>Administering the general accounting, patient business services, including third party reimbursement, financial, and statistical reporting functions of the hospital in accordance with established policies and accounting procedures.</li> </ul>

•	Providing informal direction in data processing, distributed systems, material management and medical record functions. Monitoring performance to ensure fiscal responsibilities are fulfilled.
•	Forecasting the impact of business decision and expected outcomes on all financial results.
•	Monitoring financial and economic information to identify trends and indicators that may impact business operations, planning, investments, and so forth.
•	Communicating financial operational performance with all stakeholders, including senior administration, appropriate facility staff members and Division Office.
•	Reviewing of denials issues and trends for maximizing net reimbursement for Facility.
•	Maintaining accuracy of charge master.
•	Reviewing contracts, purchase agreements, and other financial arrangements to ensure compatibility with business goals and expectations about profitability.

**Supports HCA by:**

•	Promoting consistent positive patient interactions that advance the agenda of unparalleled patient service.
•	Practicing and adhering to the “Code of Conduct” philosophy and “Mission and Value Statement.”
•	Performing other duties as assigned.

**Education & Experience:**

•	Bachelor's degree in Accounting, Finance, or related field	Required
•	Master's degree	Preferred
•	4+ years of experience in a Hospital Controller, Asst. CFO, or VP of Finance role	Preferred

Or equivalent combination of education and/or experience

**Licenses, Certifications, & Training:**

•	Certified Public Accountant	Preferred
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**Knowledge, Skills, Abilities, Behaviors:**

•	Knowledge of financial management, analysis, principles and techniques and managerial skills	Required
•	Knowledge of HCA Information System	Preferred
•	Knowledge of financial markets (e.g., primary and secondary markets, monetary and fiscal policy, security analysis).	Required
•	Skill in communicating the goals of a work group or business unit to team members so that individual work behavior is aligned with broader strategies.	Required
•	Skill in conveying to others the feeling that their work is valued and that they are important members of the team.	Required
•	Skill in setting priorities and developing a work direction.	Required
•	Skill in recognizing the broad or long-term implications of business decisions and plans.	Required
•	Skill in recognizing strategic business opportunities resulting from changes in the economic, technological, political/legal, or social environments.	Required
•	Ability to effectively communicate with both internal and external customers.	Required
•	Ability to work in a “matrix management” role with HCA Shared Services in accounts receivable management, materials management, payroll, IT&S, Clinical Services Group and others.	Required

## Physical Demands

Check the frequency of activity required of the employee to perform the essential functions of the job (non-inclusive list).

Activity: (Hours / Day)	Rarely (Up to 3 Hours)	Occasionally (3+ Hours)	Frequently (6+ Hours)	Routinely (8+ Hours)
Balancing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color Vision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traveling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work at elevated levels (work at higher levels, on the roof)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activity: (Hours / Day)	Max Weight (In Pounds)	Rarely (Up to 3 Hours)	Occasionally (3+ Hours)	Frequently (6+ Hours)	Routinely (8+ Hours)
Lift / Carry	10 lbs. or less	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push / Pull	10 lbs. or less	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Environmental Conditions

Check the frequency of activity required of the employee to perform the essential functions of the job (non-inclusive list).

Exposure To:	Rarely (>Monthly)	Occasionally (Monthly)	Frequently (Weekly)	Routinely (Daily)
Blood-borne pathogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicable disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust/fumes/plumes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme conditions, hot/cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaseous Risk exposure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High pitched noises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving mechanical parts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential electrical shock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic/caustic/chemicals/detergents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray/electromagnetic energy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PATIENT CARE

Note: If patient care is selected, please select all options that apply.

**PATIENT CARE**

<input checked="" type="checkbox"/>	No Patient Care	
<input type="checkbox"/>	Patient Care	

**CHIEF MEDICAL OFFICER**

J o b D e s c r i p t i o n

**General Position Information:**

Reports directly to (Title):	CEO
Matrix reports to (Title):	Div CMO
Direct Reports:	No
Created / Last Revised:	2/6/2019 / 2/17/2020

**Position Summary**

The Facility Chief Medical Officer (CMO) ensures high quality, patient-centered care by leading clinical and quality initiatives that support the provision of consistent clinical performance and practice standards across the hospital. The CMO provides senior-level leadership to the infection control, risk management, safety, and medical staff credentialing functions, ensuring the collaboration and coordination of all stakeholders in these processes. The CMO facilitates the analysis of quality performance and prioritization improvement opportunities and consults on an array of issues involving physicians. The CMO also contributes to overall hospital strategy and service line development to ensure quality management and promote optimum patient experience.

**Major Responsibilities:**

**Physician Alignment**

- Leads clinical performance expectations that support the goals of consistent clinical performance and practice standards across the facility to ensure superior clinical outcomes and unparalleled patient experience.
- Works with Hospital Chief Medical Officers, Chief Executive Officers, medical staffs, and Boards of Directors. to improve the functionality and effectiveness of the hospital medical staff organization.
- Partners with medical staffs and hospital management teams, facilitating teamwork and shared goals. Represents medical staff viewpoints to management and relays management viewpoints to medical staff by establishing and maintaining mutually beneficial relationships between HCA leadership and community and/or employed physicians.
- Provides clinical support and consultation regarding cost-effective clinical resource management in the facilities by sharing reports and recommendations regarding how to reduce the variable cost per case while maintaining and enhancing clinical effectiveness.
- Creates a data-driven environment of quality and cost improvement, and develops systems to review utilization of resources and objectively measure outcomes of care in the inpatient and outpatient settings.
- Serves as a direct liaison between HCA-affiliated physicians and facility/corporate clinical services functions.
- Establishes and maintains an ongoing program to orient and develop management expertise for Hospital Chiefs of Staff, Medical Executive Committees, and other medical staff leaders by providing oversight and leadership for all medical education programs.
- Leads educational sessions and provides ongoing in-service programs to facility medical staff regarding clinical resource management, appropriate documents standards, utilization and quality issues, and quality improvement activities, in collaboration with the Chief of Staff or other clinical leadership in the facility.

<ul style="list-style-type: none"> <li>Assembles regional physician advisory panels to provide ongoing feedback to HCA senior management, and serves as a liaison between committees and facility/corporate leadership, as well as to affiliated physicians.</li> </ul>
<ul style="list-style-type: none"> <li>Serves as spokesperson to HCA hospitals and affiliated physicians to explain and obtain buy in for corporate-, group-, and facility-sponsored clinical initiatives.</li> </ul>
<ul style="list-style-type: none"> <li>Collaborates daily with other facility and corporate CMOs.</li> </ul>
<ul style="list-style-type: none"> <li>Educates physicians on HCA clinical technologies.</li> </ul>
<ul style="list-style-type: none"> <li>Collaborates with HPG and Supply Chain on formulary and supply opportunities.</li> </ul>

### Medical Staff Affairs

<ul style="list-style-type: none"> <li>Develops, implements, and monitors disruptive physician and impaired physician policies, and develops monitoring and intervention programs in the region.</li> </ul>
<ul style="list-style-type: none"> <li>Provides recommendations in the development and/or revision of hospital policies and procedures pertinent to the medical staff and medical staff affairs.</li> </ul>
<ul style="list-style-type: none"> <li>Serves as a consultant to hospital Medical Staff Services regarding physician credentialing, utilization, and quality profiling. Serves as a member of hospital's peer review committees as requested.</li> </ul>

### Business Development and Payer Relations

<ul style="list-style-type: none"> <li>Evaluates clinical appropriateness of new medical technologies and programs, and makes recommendations concerning the relevance of such technologies and programs to HCA hospitals.</li> </ul>
<ul style="list-style-type: none"> <li>Serves as a resource and consultant to the Vice President Physician Services Group and/or Vice President Business Development in physician recruitment, clinical program development, and overall hospital strategy.</li> </ul>
<ul style="list-style-type: none"> <li>Provides medical director services to facility-level physician credentialing, business development, and provider relations in contracting issues.</li> </ul>
<ul style="list-style-type: none"> <li>Provides medical consultation on contracting, pricing, and analysis of managed care issues. Offers clinical support for appeals and denials process, discharge planning, case management, and utilization review/management.</li> </ul>
<ul style="list-style-type: none"> <li>Consults with facility-level staff regarding delegated utilization management and disease management operations under managed care contracts. Meets all regulatory/contractual/accreditation requirements associated with these functions.</li> </ul>
<ul style="list-style-type: none"> <li>Serves as a clinical resource and consultant to hospital case managers and hospital staff in the reduction of payer denials and in the denial and appeals process, as requested by the Case Management Department and Patient Accounting Services.</li> </ul>
<ul style="list-style-type: none"> <li>Attends corporate, group, division, and national meetings sponsored by HCA corporate to train and support quality improvement, risk management, patient safety, case management, medical staff affairs, and physician relations activities.</li> </ul>

### Quality/Evidence-Based Practice/Patient Safety

<ul style="list-style-type: none"> <li>Promotes consistent, positive patient interactions that advance the agenda of unparalleled patient service.</li> </ul>
<ul style="list-style-type: none"> <li>Provides clinical support and guidance in the development and deployment of all quality initiatives designed to increase the practice of evidence-based medicine within HCA facilities. Utilizes outcomes management techniques to monitor and improve care, quality, and safety. Demonstrates commitment and dedication to communicating the importance and precepts of evidence-based practice.</li> </ul>
<ul style="list-style-type: none"> <li>Serves as a spokesperson for evidence-based clinical practice, patient safety, and clinical loss prevention to facility leadership and clinicians.</li> </ul>
<ul style="list-style-type: none"> <li>Explains and promotes quality initiatives to HCA-affiliated medical staffs and physicians.</li> </ul>

### Additional Responsibilities

•	Fosters an environment of collaboration and partnership in the patient care enterprise.
•	Serves as a key leader of the facility management team.
•	Establishes effective working relationship with all medical staff leaders.
•	Ensures clinical excellence is recognized and affirmed through quantifiable metrics in performance.
•	Helps establish a strong sense of collaboration between Hospital leadership and the medical staff when setting direction and policy.
•	Facilitates measurable improvement in physician and patient satisfaction.

### Other

•	Performs other duties as assigned.
•	Practices and adheres to the “Code of Conduct” and “Mission and Value Statement.”

### Education & Experience:

•	Doctoral Degree in Medicine (MD) or Osteopathic Medicine	Required
•	Master’s Degree in Business or related field	Preferred
•	10+ years experience in clinical practice	Required
•	Experience as a CMO (or equivalent) in a large, complex hospital or regional health system	Required
•	Additional education and coursework in management and business	Preferred
•		Choose an item.

Or equivalent combination of education and/or experience

### Licensure, Certifications, Training:

Credential*:	Required:	Preferred:	Grace Period (select if applicable):
Has achieved board certification as a Physician, in accordance with law and regulation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
State Medical Board Licensure (any US state)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

\*Where applicable, instructor card accepted in place of student credential.

### Knowledge, Skills, Abilities, Behaviors:

- **Honors our Mission and Values:** Ability to build trust and act with authenticity to cultivate a culture of integrity, inclusion, and mutual respect.
- **Communicates with Impact:** Ability to deliver verbal and written information in a clear, concise, and compelling manner to effectively engage others and achieve desired results.
- **Attains and Leverages Strategic Relationships:** Ability to develop and strengthen collaborative relationships with both internal and external stakeholders to advance the care of our patients and the growth of HCA.
- **Leads and Develops Others:** Ability to lead others to accomplish organizational goals and objectives, to provide meaningful coaching and mentoring to increase the capabilities of individuals and teams, and to drive employee engagement.
- **Employs Effective Decision Making:** Ability to make timely, informed decisions that are in the best interest of our patients, employees, providers, community, and HCA.

- **Achieves Success through Change:** Ability to identify opportunities for improvement and innovation, remove barriers and resistance, and enable desired behaviors.
- **Drives Execution and Financial Results:** Ability to commit to the success and financial wellbeing of HCA by challenging others to excel and by holding themselves and others accountable for achieving results.
- **Exhibits Service and Quality Excellence:** Ability to demonstrate an uncompromising commitment to delivering exceptional care to create an unmatched value proposition for our patients.
- **Responds to Current Climate:** Ability to recognize the social, political, and economic influences affecting health care programs and services and to anticipate problems and work effectively to resolve them.

### Physical Demands

Check the frequency of activity required of the employee to perform the essential functions of the job (non-inclusive list).

Activity: (Hours / Day)	Rarely	Occasionally	Frequently	Routinely
Balancing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color Vision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work at elevated levels (on the roof, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activity: (Hours / Day)	Max Weight (In Pounds)	Rarely	Occasionally	Frequently	Routinely
Lift / Carry	100+ lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push / Pull	100+ lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Environmental Conditions

Check the frequency of activity required of the employee to perform the essential functions of the job (non-inclusive list).

Exposure To:	Rarely	Occasionally	Frequently	Routinely
Blood-borne pathogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicable disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust/fumes/plume	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme conditions, hot/cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaseous risk exposure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud noises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Environmental Conditions**

*Check the frequency of activity required of the employee to perform the essential functions of the job (non-inclusive list).*

Exposure To:	Rarely	Occasionally	Frequently	Routinely
Moving mechanical parts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential electrical shock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic/caustic/chemicals/detergents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray/electromagnetic energy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Travel Required**

*Check the frequency of travel required of the employee to perform the essential functions of the job.*

No Travel: The job does not require any travel.

Occasional Travel: The job may require travel from time- to-time, but not on a regular basis.

The job may require up to 25% travel.

The job may require up to 50% travel.

The job may require up to 75% travel.

The job may require 76% or more travel.

**Patient Care**

*Note: If patient care is selected, please select all options that apply.*

No Patient Care

Patient Care

Neonates 1 – 30 days

Infants 30 days – 1yr.

Children 1 – 12 yrs.

Adolescents 13 – 17 yrs.

Adults 18 – 70 yrs.

Geriatrics 70+

My signature below acknowledges that I have read the above job description and agree that I can perform the responsibilities and meet the requirements. I also understand that this job description may change at any given time based on organizational or departmental needs.

**Signoff & Acknowledgement:**

Printed Name	3-4 ID (if applicable)
Signature	Date



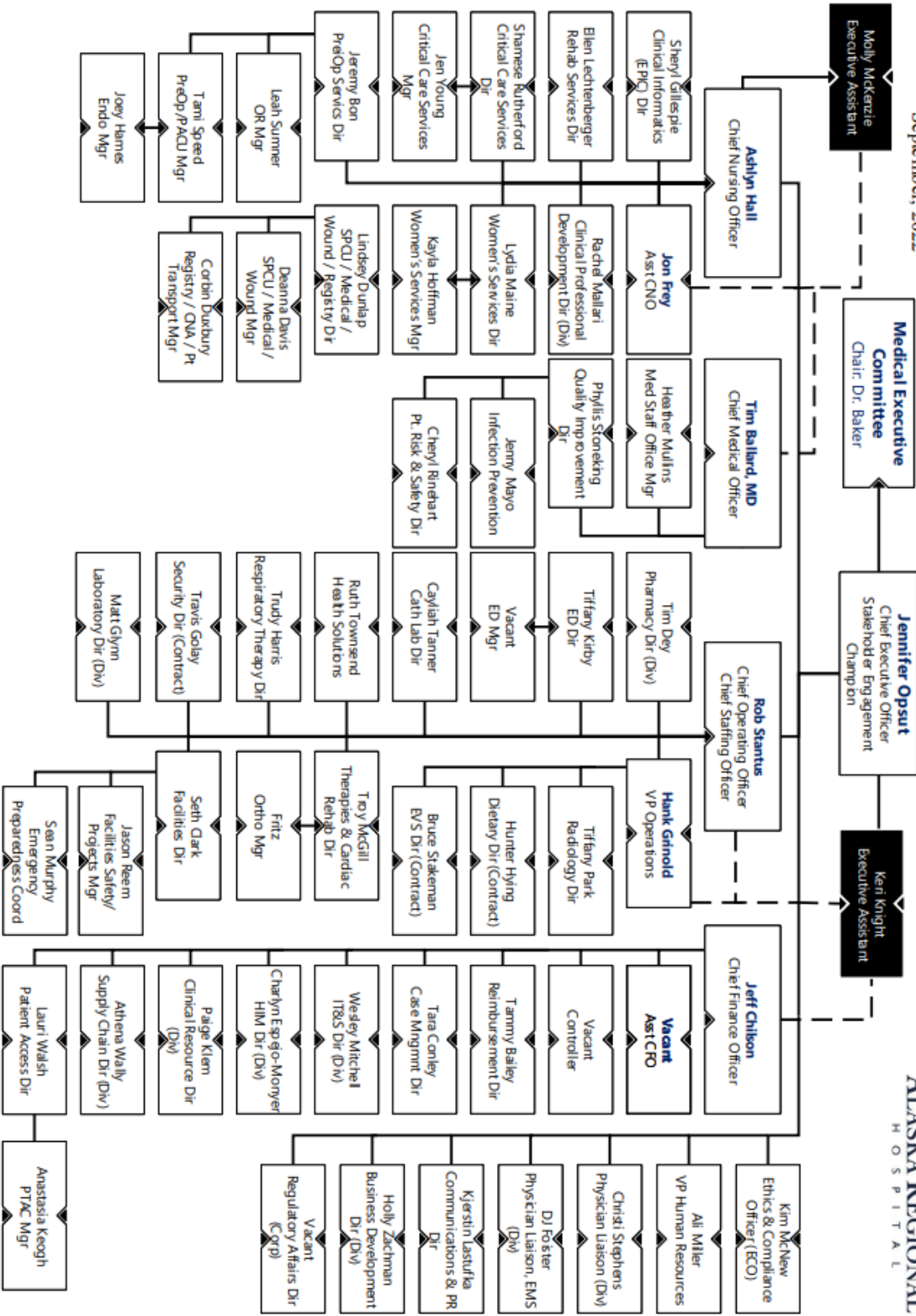
## **Appendix #8**

# **Alaska Regional Hospital Organizational Chart**

**ALASKA REGIONAL HOSPITAL**  
ORGANIZATIONAL CHART

September, 2022

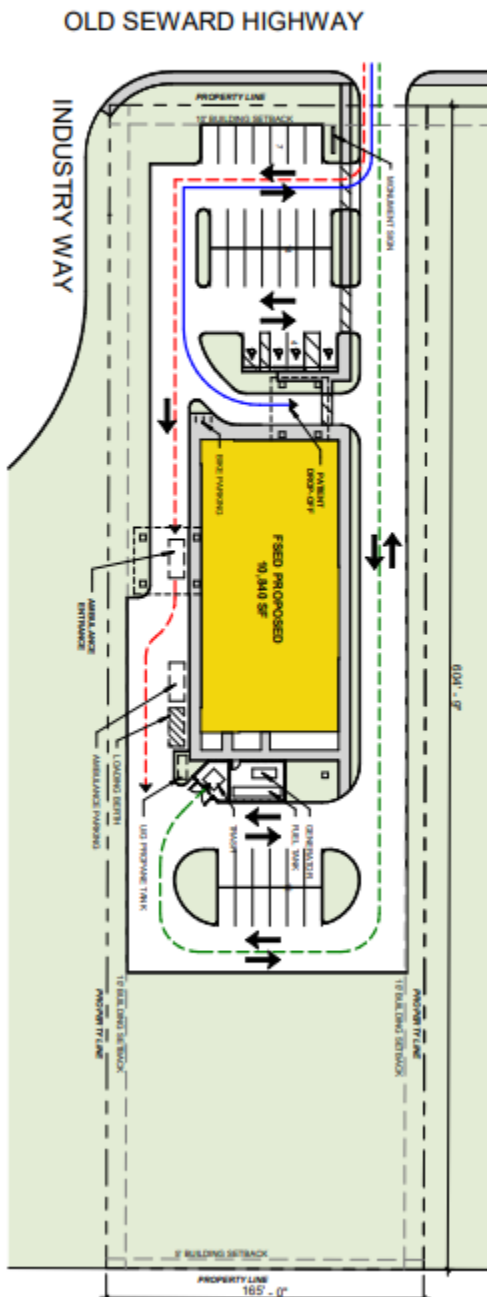
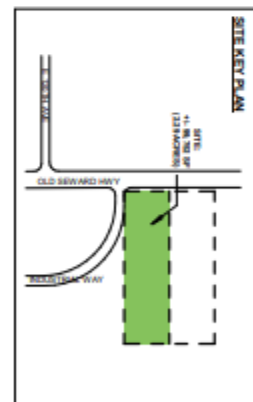
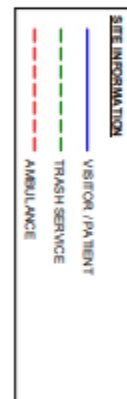
**Alaska Regional Hospital Board of Trustees**  
Chair: Linda Leary



## **Appendix #9**

### **Site plan**

SITE INFORMATION	
ADDRESS	11801 OLD SEWARD HIGHWAY ANCHORAGE, AK 99515
ZONING	B-311 (PERMITTED USE)
PLANNED USE	MEDICAL CLINIC
BUILDING INFORMATION	
BUILDING	10,840 G.S.F.
CANOPY	2,580 G.S.F.
TOTAL	13,420 G.S.F.
PARKING CALCULATION	
MANIPULATION REQUIRED	37 STALLS
TOTAL REQUIRED	37 STALLS
TOTAL PROVIDED	37 STALLS
ADA PROVIDED	4 STALLS
<b>TOTAL LOT SIZE:</b>	<b>2.29 ACRES</b>



**SITE TEST FIT - OPTION 2**

**HCA SOUTH ANCHORAGE FSEIR**  
 11801 OLD SEWARD HIGHWAY, ANCHORAGE, AK 99515  
 05/10/2022

**SITE TEST FIT**

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## **Appendix #10**

## **Zoning Letter**

# MUNICIPALITY OF ANCHORAGE



Planning Department  
Zoning and Land Use Review

Phone: (907) 343-7931

*Mayor Dave Bronson*

October 26, 2022

Marc Dunne  
3801 Centerpoint Dr. Suite 101  
Anchorage, AK 99503

To Whom it May Concern:

This letter is in response to your application for a zoning verification of a vacant lot located at 11841 Old Seward Highway, Anchorage, Alaska. Grid: SW 2732; Legal Description: **Township 12 North, Range 3 West, Section 20, S2 N2 SW4 NW4 SW4 Parcel 20** ; Parcel ID #016-191-09-000.

Municipal property appraisal records currently indicate the property is a 99,801-square-foot lot.

**The following information was established:**

1. The site is split zoned and is designated B-3 (General Business) district on the west portion of the lot and I-1 (Light Industrial) district on the eastern portion of the lot. Zoning regulations for the B-3 zoning district are contained in Anchorage Municipal Code (AMC) 21.04.030 D. and for the I-1 zoning district in AMC 21.04.050B.
2. The property is not within any special, restrictive or overlay districts.
3. The abutting zoning districts are as follows:  
North: B-3 (General Business) and I-1 (Light Industrial) ;  
East: I-1 (Light Industrial);  
South: B-3 (General Business) and I-1 (Light Industrial);  
West: B-3 (General Business)
4. The property has not been granted any Special Exception.
5. There are no records located in the office of Land Use Review of a nonconforming determination of this property. If a verification of nonconforming status is required, please contact Zoning and Land Use Review (phone 907-343-7931) to request an

Mailing Address: P.O. Box 196650 • Anchorage, Alaska 99519-6650 • <http://www.muni.org>

application and obtain information regarding submittal requirements and fee schedule.

6. Per records available in this office, there are no open cases of land use violations for this property.

This office does not maintain records of building code violations. Please contact Development Services Department, Building Safety Division to request information on any building code violations, certificates of occupancy or compliance. The phone for Building Safety is 907-343-8301/8211. The mailing address is Municipality of Anchorage, Development Services, P.O. Box 196650, Anchorage, Alaska 99519-6650.

Anchorage Municipal Code of Ordinances are available online at [www.municode.com](http://www.municode.com).

Respectfully,



Sonnet Calhoun  
Manager  
Zoning and Land Use Review

**Appendix #11**  
**Letters of Support**





Madhu Prasad M.D., FACS  
General Surgery, Endocrine  
Surgery, & Surgical Oncology

January 12, 2023

I write this letter to express my support in strongest possible terms for the proposal submitted by Alaska Regional Hospital for development of a Free Standing Emergency Department (FSED) in the South Anchorage service area.

South Anchorage contains almost 50,000 residents and continues to exhibit rapid growth. Despite these demographics, the closest hospital is more than 15 minutes distance in the absence of any traffic, necessitating that citizens of the community utilize the "911" emergency response infrastructure with great frequency, taxing already precious resources beyond reasonable limits. Even when citizens within the South Anchorage region do not use emergency medical services, they are required to drive long distances to receive urgent care.

Because of inclement weather conditions present during lengthy winter seasons, as we have experienced throughout 2022 and 2023, negotiating surface roads over lengthy distances adds even greater complexity in the transport of patients.

Increasing incidence of upper respiratory tract infection, viral or otherwise, in the setting of persistent COVID-19 pandemic which appears to potentiate RSV and influenza infection, has placed a greater chronic burden on healthcare, demanding a broadened footprint of care and greater capacity with no end in sight.

Well-established nationwide statistics have established that most people (about 95%) who come to a freestanding Emergency Room are "walk-ins", in other words they come on their own as opposed to arriving via ambulance. In contrast, and a hospital ER, ambulance is bringing up to 40% of patients. ERs also have shorter wait times and higher patient satisfaction overall.

For patients who are experiencing stroke or heart attack symptoms, every minutes saved in the diagnosis and treatment improves chances of a positive outcome exponentially. Having emergency room physicians in the South Anchorage community will save lives and enhance the health of citizens.

In addition, for those patients with Medicare, Medicaid, or those

Of insurance, access to resources is problematic, rendering many in the community vulnerable when confronted with an emergent situation as they are unsure where to go. We have been told that this FSED would accept all patients regardless of coverage or payer source.

Beyond enhancing the health and welfare of our community by improving access and quality to state-of-the-art medical services within a short geographical distance, having a 24/7 emergency department in the area will enhance the appeal for potential new businesses as well as community members looking to establish roots and contribute to the community as it continues to grow and flourish. Moreover, the tax status of the proposed development will improve revenue for the city. The benefit of having a new revenue stream to support local services is a win for everyone involved.

It is for these reasons that I strongly support the establishment of a Free Standing Emergency Department in South Anchorage as proposed by the Alaska Regional Hospital.

2925 Debarr Rd Suite D350 Anchorage, AK 99508 | 907.276.3676 | FarNorthSurgery.com

Sincerely yours,

*Madhu Prasad*

Madhu Prasad, M.D., F.A.C.S.  
President, Far North Surgery and Surgical Oncology, P.C.  
2925 Debarr Rd Suite D350  
Anchorage, AK 99508  
**Phone** 907-276-3676  
**Fax** 907-276-3679

4 January 2023

Re: Letter of Support for Free Standing Emergency Department

To Whom It May Concern:

I write this letter to indicate my strong support for the proposal forwarded by Alaska Regional Hospital for development of a Free Standing Emergency Department (FSED) in the South Anchorage service area.

At present, the South Anchorage area consists of approximately 46,000 residents, and is growing rapidly. Despite these demographics, the closest hospital is more than 15 minutes distance in the absence of any traffic. According to the CDC, as published in the National Hospital Ambulatory Medical Care Survey (NHAMS), ED visits average 39 per 100 persons per year. That equates to in excess of 18,000 expected visits per year to the proposed FSED. This results in citizens of the community utilizing the "911" emergency response infrastructure more frequently than as needed, taxing already precious resource beyond reasonable limits

For patients who are experiencing stroke or heart attack symptoms, every minute saved in the diagnosis and treatment improves chances of a positive outcome in an exponential manner. Having emergency room physicians in this community will save lives and enhance the health of its citizens.

In addition, for those patients with Medicare, Medicaid, or those bereft of insurance, access to resources is problematic, rendering many in the community vulnerable when confronted with an emergent situation, as they are unsure where to go. Medicaid recipients receive a disproportionate amount of their healthcare via emergency rooms (NHAMS) - and when an ER is not available they are often forced to go without. This FSED would accept all patients, regardless of coverage or payer source.

Beyond clear benefit to patients, having a 24/7 emergency department in the area will enhance the appeal for potential new businesses as well as community members looking to establish roots and contribute to the community as it grows and flourishes. As an added bonus, the taxable status of the proposed development will improve revenue for the city. The benefit of having a new intermittent revenue stream to support our local services is a win for everyone involved.

V/r,



John Morris, MD

## Appendix #12

# Anchorage Area Hospital Specialty Designation Chart

*(Anchorage Fire Department)*

## Anchorage Area Hospital Specialty Destination Chart

	PAMC	ANMC	ARH	JBER
<b>OB*</b>				
Routine Deliveries > 36 weeks				
Routine Deliveries 32 - 36 weeks				
Unstable Medical Condition/Trauma Alert > 32 weeks				
Imminent Deliveries < 32 weeks				
Unstable Medical Condition/Trauma Alert < 32 weeks				
<b>PSYCHIATRIC</b>				
Pure behavioral, emotional, psychiatric problems including apparent psychosis, mania or delusions unrelated to acute substance abuse				
<b>STEMI</b>				
ALL STEMI Patients				
C99 with ROSC and likely or demonstrated STEMI				
<b>PEDIATRIC</b>				
Status 1 or 2 Peds including trauma. ANMC is the primary destination for their beneficiary patients.				
<b>TRAUMA (ADULT)</b>				
Trauma Alert meeting YES to any Anchorage EMS Trauma Alert Conditions				
<b>STROKE</b>				
All Patients with acutely positive ministroke scale (chance that lytics may be given)				
<b>DIALYSIS</b>				
All dialysis patients with any potentially significant medical or traumatic complaint will be transported to one of the three dialysis hospitals				
<b>Notes</b>				
*PAMC has the highest level of neonatal care and is the destination hospital for all patients in which a combined obstetric-neonatal team may be required for best care.	<b>KEY</b>	<b>Accepts these patients</b>	<b>Does NOT accept these patients</b>	

## **Appendix #13**

### **HSED Architectural and Structural Design Plan**

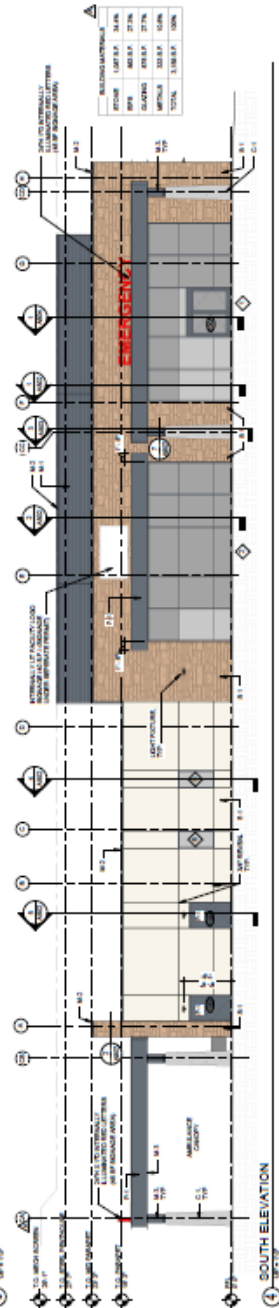
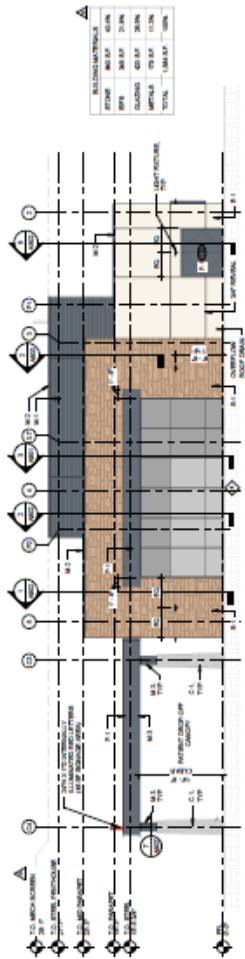
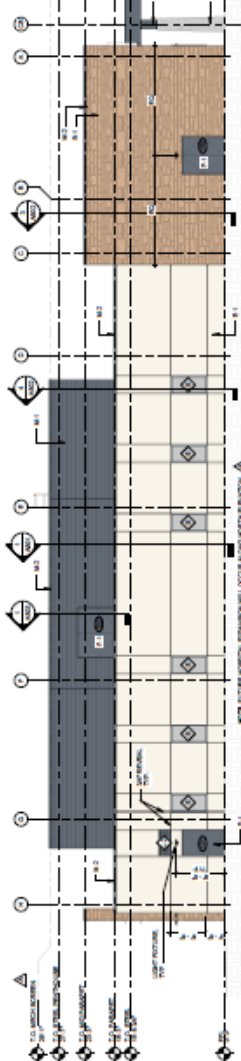
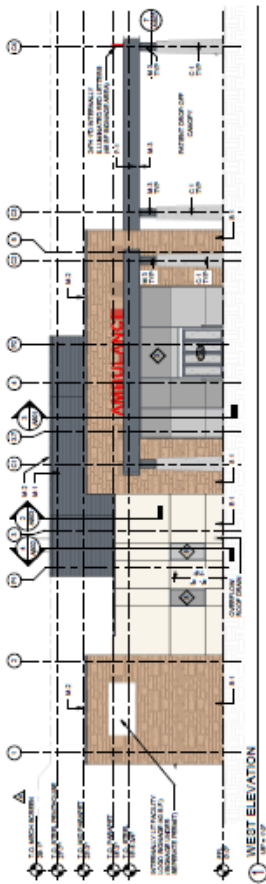
*Note: The drawings in Appendix #13 are taken from an already-constructed, 12-room ED currently owned and operated by HCA. The design for this structure is identical to the planned design for the HSED in South Anchorage and will be located on the property as depicted in the site plan included in Appendix #9.*

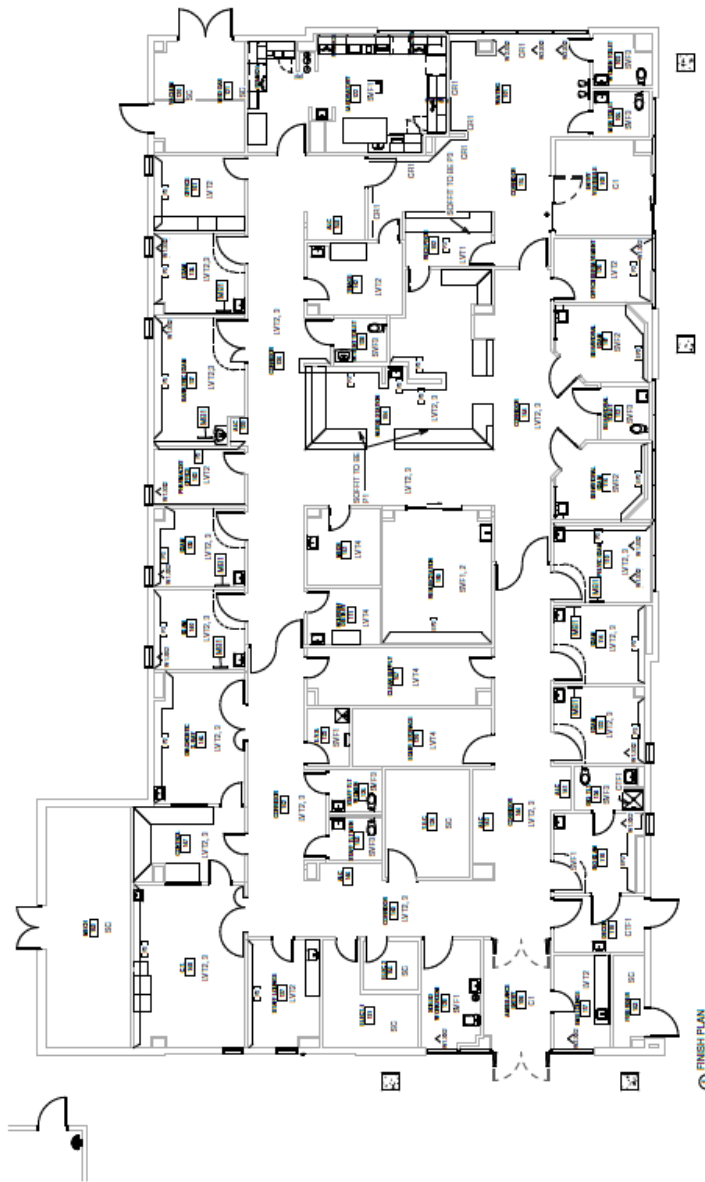
*Upon approval of this application, stamped drawings for the South Anchorage HSED will be prepared and made available.*

EXTERIOR FINISH SCHEDULE			
MARKER	PRODUCT	MANUFACTURER	COLOR/NAME
B-1	RE-COLORED COLORED	ARTEL	ARTEL RE-COLORED
B-1	TRIM	ARTEL	TRIM
C-1	CONCRETE	ARTEL	CONCRETE
M-1	CHARCOAL	ARTEL	CHARCOAL
M-2	CHARCOAL	ARTEL	CHARCOAL
M-3	CHARCOAL	ARTEL	CHARCOAL
M-4	CHARCOAL	ARTEL	CHARCOAL
M-5	CHARCOAL	ARTEL	CHARCOAL
M-6	CHARCOAL	ARTEL	CHARCOAL
M-7	CHARCOAL	ARTEL	CHARCOAL
M-8	CHARCOAL	ARTEL	CHARCOAL
M-9	CHARCOAL	ARTEL	CHARCOAL
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M-96	CHARCOAL	ARTEL	CHARCOAL
M-97	CHARCOAL	ARTEL	CHARCOAL
M-98	CHARCOAL	ARTEL	CHARCOAL
M-99	CHARCOAL	ARTEL	CHARCOAL
M-100	CHARCOAL	ARTEL	CHARCOAL

BUILDING MATERIALS			
WOOD	40.00	100%	40.00
CONCRETE	10.00	25%	10.00
GLASS	10.00	25%	10.00
METAL	10.00	25%	10.00
TOTAL	100.00	100%	100.00

BUILDING MATERIALS			
WOOD	40.00	100%	40.00
CONCRETE	10.00	25%	10.00
GLASS	10.00	25%	10.00
METAL	10.00	25%	10.00
TOTAL	100.00	100%	100.00





**LEGEND**

Item	Code	Location
Chair	CR1	Entry, Vestibule & Waiting Area
Rail	---	---



### FLOOR PLAN NOTES

1. SEE ARCHITECTURAL NOTES FOR FINISHES AND MATERIALS.
2. REFER TO FINISHES FOR PARTITION CONSTRUCTION AND FINISHES.
3. REFER TO FINISHES FOR PARTITION CONSTRUCTION AND FINISHES.
4. SEE PARTITION SCHEDULE FOR PARTITION TYPES AND LOCATIONS.
5. SEE PARTITION SCHEDULE FOR PARTITION TYPES AND LOCATIONS.
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30. SEE PARTITION SCHEDULE FOR PARTITION TYPES AND LOCATIONS.

### KEYED NOTES

1. FINISHES TO MATCH EXISTING OR TO BE DETERMINED BY ARCHITECT.
2. REFER TO FINISHES FOR FINISHES AND MATERIALS.
3. REFER TO FINISHES FOR FINISHES AND MATERIALS.
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### PARTITION LEGEND

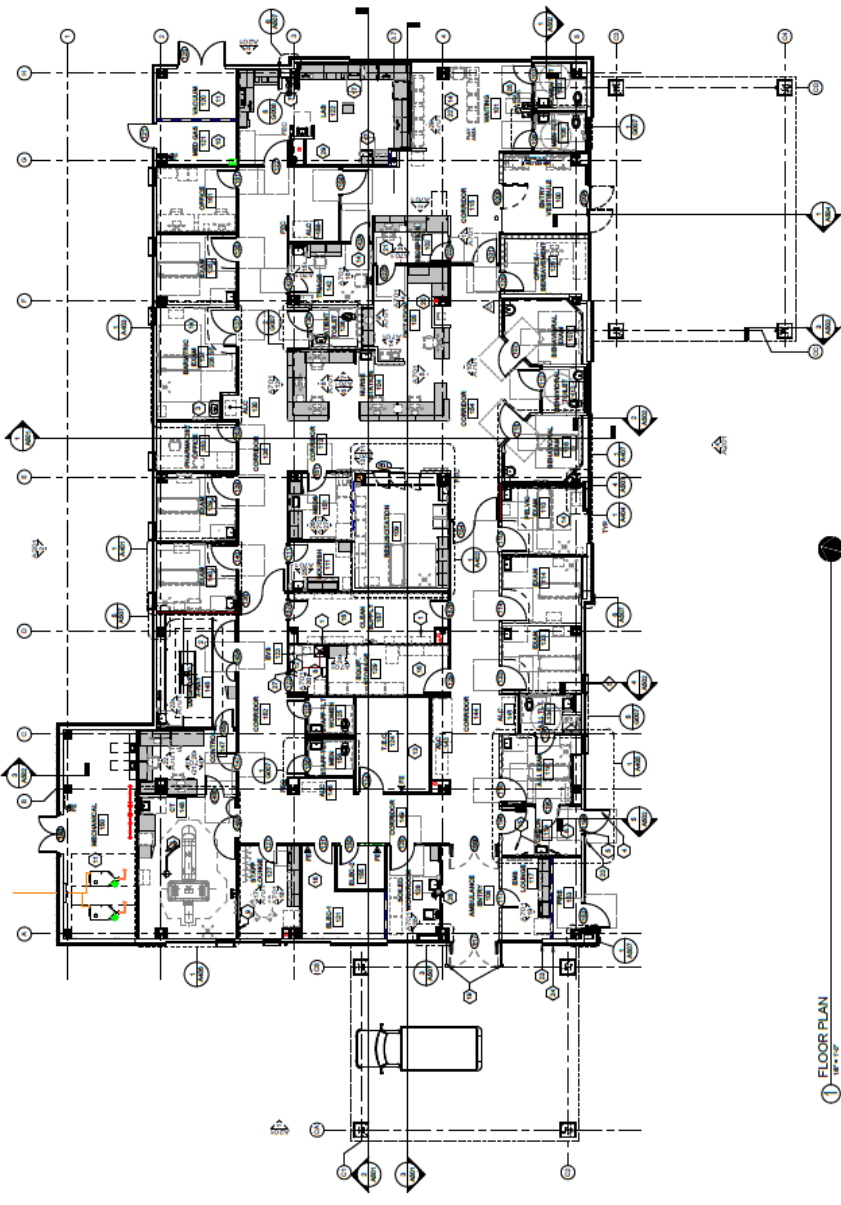
- 1/2" FIRE BARRIERS
- 1" FIRE BARRIERS
- 2" FIRE BARRIERS
- 4" FIRE BARRIERS
- 6" FIRE BARRIERS
- 8" FIRE BARRIERS
- 10" FIRE BARRIERS
- 12" FIRE BARRIERS
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- 20" FIRE BARRIERS
- 22" FIRE BARRIERS
- 24" FIRE BARRIERS
- 26" FIRE BARRIERS
- 28" FIRE BARRIERS
- 30" FIRE BARRIERS
- 32" FIRE BARRIERS
- 34" FIRE BARRIERS
- 36" FIRE BARRIERS

### ROOM SCHEDULE

Room No.	Room Name	Room Size	Room Type
101	RECEPTION	10' x 12'	RECEPTION
102	WAITING	10' x 12'	WAITING
103	EXAMINATION	10' x 12'	EXAMINATION
104	EXAMINATION	10' x 12'	EXAMINATION
105	EXAMINATION	10' x 12'	EXAMINATION
106	EXAMINATION	10' x 12'	EXAMINATION
107	EXAMINATION	10' x 12'	EXAMINATION
108	EXAMINATION	10' x 12'	EXAMINATION
109	EXAMINATION	10' x 12'	EXAMINATION
110	EXAMINATION	10' x 12'	EXAMINATION
111	EXAMINATION	10' x 12'	EXAMINATION
112	EXAMINATION	10' x 12'	EXAMINATION
113	EXAMINATION	10' x 12'	EXAMINATION
114	EXAMINATION	10' x 12'	EXAMINATION
115	EXAMINATION	10' x 12'	EXAMINATION
116	EXAMINATION	10' x 12'	EXAMINATION
117	EXAMINATION	10' x 12'	EXAMINATION
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123	EXAMINATION	10' x 12'	EXAMINATION
124	EXAMINATION	10' x 12'	EXAMINATION
125	EXAMINATION	10' x 12'	EXAMINATION
126	EXAMINATION	10' x 12'	EXAMINATION
127	EXAMINATION	10' x 12'	EXAMINATION
128	EXAMINATION	10' x 12'	EXAMINATION
129	EXAMINATION	10' x 12'	EXAMINATION
130	EXAMINATION	10' x 12'	EXAMINATION

### ROOM NAME DEFINITIONS

- ALL - ARCHITECTURAL EXAMINATION ROOM
- CL - COMPUTATIONAL TOPOGRAPHY
- EL - ENVIRONMENTAL SERVICES
- TEC - TECHNOLOGY EQUIPMENT CENTER



1 FLOOR PLAN  
10/1/07





## **Appendix #14**

### **Land Appraisal for HSED site**

*(Excerpt of valuation report by CBRE)*



222 South Main Street 4th Floor  
Salt Lake City, UT 84101

T (801) 869-8000  
www.cbre.com

Date of Report: October 24, 2022

HCA HEALTHCARE, INC., AND ITS AFFILIATES  
c/o Ms. Jennifer Kinney  
1405 Johnston Willis Dr  
Richmond, Virginia 23235

RE: Appraisal of: 2.29-Acre Commercial Site  
11841 Old Seward Hwy  
Anchorage, Anchorage County, Alaska  
CBRE, Inc. File No. CB22US103304-1

At your request and authorization, CBRE, Inc. has prepared an appraisal of the market value of the referenced property. Our analysis is presented in the following Appraisal Report.

The subject is a 2.29-acre (99,801 sq. ft.) tract of commercial land located at 11841 Old Seward Highway in Anchorage, Alaska.

Based on the analysis contained in the following report, the Stark fair market value range of the subject is concluded as follows:

<b>STARK FAIR MARKET VALUE RANGE</b>			
<b>Appraisal Premise</b>	<b>Interest Appraised</b>	<b>Date of Value</b>	<b>Value Conclusion Range</b>
As Is	Fee Simple Estate	October 1, 2022	\$1,280,801 - \$1,564,680 \$12.83 PSF - \$15.68 PSF
Compiled by CBRE			

We hereby confirm that none of the appraisal's comparable sales used were transactions (either acquisitions or dispositions) between hospitals or hospital-affiliated entities and Referral Sources.

The Stark Fair Market Value Range has not been determined in any manner that takes into account the volume or value of anticipated or actual referrals between the parties.

No one employed by HCA or its affiliates, or representing HCA or its affiliates, has suggested or implied to anyone at the appraisal firm that a particular number or range of numbers has been sought by HCA or any of its affiliates.

The report, in its entirety, including all assumptions and limiting conditions, is an integral part of, and inseparable from, this letter.