ALASKA REGIONAL HOSPITAL SATELLITE DEPARTMENT

CERTIFCATE OF NEED APPLICATION

SEPTEMBER 2023

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State of Alaska
Department of Health
Office of Rate Review
Certificate of Need Program

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BACKGROUND

This is a "review" of a certificate of need (CON) Application for a hospital satellite emergency department (HSED), submitted May 8, 2023, by Alaska Regional Hospital (ARH). ARH is an acute care hospital with 250 licensed, acute care beds located at 2801 Debarr Road, Anchorage, Alaska. ARH is owned by Galen Hospital Alaska, Inc., which is a subsidiary of HCA Healthcare, Inc. See *CON Application* at 3.

PROJECT DESCRIPTION

ARH HSED

The proposed project will create 12 additional emergency department (ED) treatment rooms by building one hospital satellite emergency department (HSED) on the Old Seward Highway, in South Anchorage. The proposed facility will be an off campus, free standing building. ARH currently operates 16 ED treatment rooms at its Anchorage Hospital, located on Debarr Road in Anchorage, in what is universally referred to as the "U-Med" district.

The HSED will be completely self-contained. "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." See *CON Application* at 4.

Per ARH, "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. The same policies, procedures, oversight and governance will apply. The HSED will be operational 7 days a week, 24 hours a day and staffed with board certified and trained emergency physicians and nurses." See *CON Application* at 5.

The proposed HSED will provide lab and radiology services; to include one CT scanner, 1 X-ray machine, 1 ultrasound machine, 5 cardiac monitoring machines, 1 portable X-ray machine and 1 portable C-Arm X-ray machine.

The proposed HSED will consist of 10,860 SF of new construction, cost approximately $17,621,000, and is estimated to be completed in the spring of 2025. See *CON Application Addendum #1* at 2.

PROJECT COSTS

ARH HSED: **$17,621,000**

$13,826,000 Construction Costs
$ 2,855,000 Movable Equipment
$ 940,000 Other Costs

REVIEW

ARH is a licensed health care facility under AS 18.07.111(8), and the proposed project consists of an "expenditure" that is over the $1.5 million threshold for "construction" of a health care facility or "alteration" of a health care facility's capacity. Therefore, the project will receive general review and service-specific review for Hospital Emergency Department Services and Radiological Services.

To perform this review, the entire project will first be subject to the General Review Standards. Then, "[a]fter determining whether an applicant has met the general review standards in Section I of this document, the department will apply the . . . service-specific review standards, as applicable, in its evaluation of an application for a certificate of need." *Alaska Certificate of Need Review Standards and Methodologies* at 23-24.

General Review Standards

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

ARH HSED

ARH states that there is a critical shortage of ED beds in Anchorage and adding a satellite facility in south Anchorage would help address this need. ARH says their current ED is currently operating above capacity and has been doing so over the last six years. See *CON Application* at 9.

Thru its application, ARH provides that between years 2017 and 2022 they have experienced the following volume at their current ED which currently has 16 treatment rooms:

Alaska Regional Hospital Total ED Visits			
Year	Total Visits	Number of rooms needed at 1,500 visits per room	Number of patients ***currently seen in each room*** 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
2022	**38,876**	**25.9**	**2,430**

Additionally, ARH states that as of March 2023 they are on track to see even more patients than the previous six years, to the tune of 109 patients per day, resulting in a need for an additional 12 ED treatment rooms. ARH states the additional ED beds will address, at a minimum, four significant issues relating to an insufficient ED bed capacity in Anchorage:

- Overcrowding
- Overcrowding resulting in hospitals ED closure, e.g., not accepting new patients
- Lack of ED facilities outside of the "U-Med" district
- Unnecessary ED utilization

ARH states that their current shortage of ED beds is a critical and serious issue and causes increases in cost of patient care, length of patient stay and unimproved or worse patient health outcomes, stating overcrowding causes hospital ED's to go into "recovery mode", which means they cannot accept new patients and must divert them to other hospitals.

"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 Alaska Native Medical Center (ANMC) and Joint Base Elmendorf-Richardson (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." See *CON Application* at 10.

ARH believes that their proposed HSED will eliminate their overcrowding and diverting of patients with the proposed added, expanded capacity, which will allow patients to be seen closer to where they live, allow more time for patient education, and preventing future unnecessary ED visits. *Id.*

ARH states the proposed HSED will primarily serve the south Anchorage community, comprised of five zip codes 99502, 99518, 99515, 99507, and 99516, including Kincaid Park, Ted Stevens International Airport and Girdwood, but will also service those coming from the greater Anchorage area.

Per ARH, in 2021 Anchorage's existing ED's saw an approximate annual visit volume of 113,897, of which 27,752 were unique ED visits from the five zip codes listed above. And they expect the HSED visit volume to increase as it anticipates walk-in patient volume from other zip codes, including from Girdwood and the greater Anchorage area, including Ted Stevens International Airport, stating... "[i]t 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 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." See *CON Application* at 14.

ARH provides Anchorage's ED volume over the past six years, citing data sourced from the Alaska ED Data Base (4Q2022), Alaska Division of Public health:

Anchorage ED volume across hospitals						
	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 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.**" See *CON Application* at 15.

ARH states that they anticipate full utilization of the additional 12 ED treatment rooms within the first three years of operation and states the proposed HSED will "[h]elp to alleviate its increasing share of ambulance traffic, by receiving patient transports that originate in the primary zip codes served by the HSED." See *CON Application* at 16.

Recommendation General Review Std #1:

In the table provided, ARH averaged years 2019, 2021 and 2022, omitting the year 2020. ARH did not apply the correct and provided methodology which dictates an averaging of the *past* three years, for a current utilization rate. "**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." See *CON Analysis* Appendix C.

Additionally, in its analysis and application of existing ED treatment rooms in Anchorage, ARH incorrectly included tribal health facility capacity, specifically ANMC's utilization data. See *CON Analysis* at 26.

Based on its application of the UR, ARH provides the Municipality of Anchorage needs a minimum of 17 ED treatment rooms in five years. However, ARH failed to apply the correct, and supplied CON methodology provided in the department's CON application packet for establishing documented need in the proposed service area. As such, ARH provides an incorrect bed need projection.

ARH did supply data and a narrative to support its proposal for additional ED treatment rooms in south Anchorage, but incorrectly applied the CON methodology when considering the applicable service area, which is the Anchorage Municipality. In their effort to document population and service area share for their proposed facility in south Anchorage, they broke out the self-identified service area population by zip code. This method would be acceptable if south Anchorage was considered a distinct and separate community from the Municipality of Anchorage, however, it is not. Additionally, south Anchorage is not universally defined by zip code(s), and this assumption is subjective and up to interpretation.

General Review Standard #1 is not satisfied.

General Review Standard #2 – Relationship to Applicable Plans:

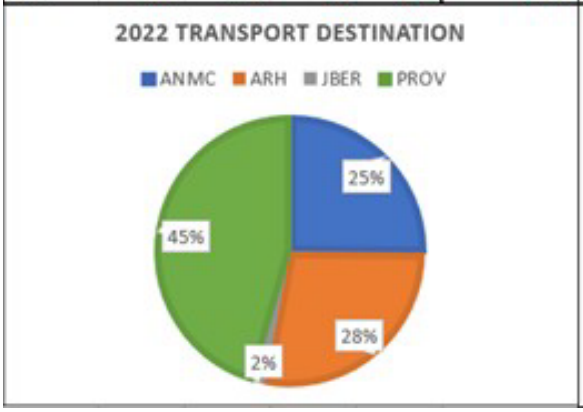
The applicant demonstrates that the project, including the applicant's long-range development plans, augments and integrates with relevant community, regional, state, and federal health planning, and incorporates or reflects evidence-based planning and service delivery. A demonstration under this standard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

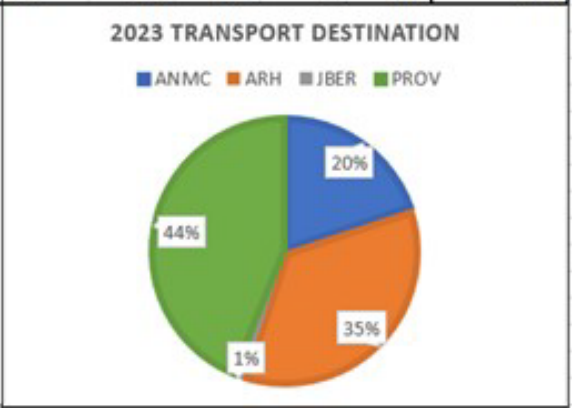
ARH HSED

Per its application, ARH did not demonstrate that it considered local, regional and state governmental plans. ARH did reference data gleaned from the municipality and other state agencies in its planning and application, but these references were not supported in their application. ARH states that their ED visits from January 1, 2023 thru March 2, 2023 were at their highest ever, with 6,667 visits, with an increasing number of patient transports from Anchorage Emergency Services, citing an increase of 18% ambulance traffic between 2021 and 2022.

"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" See *CON Application* at 16.

2022						2023					
Transports	Hospitals					Transports	Hospitals				
Months	ANMC	ARH	JBER	PROV	Grand Total	Months	ANMC	ARH	JBER	PROV	Grand Total
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	5361	Mar	386	652	27	812	5504
Apr	329	542	21	811	2nd Q	Apr					2nd Q
May	429	484	21	731		May					
Jun	410	515	17	706	5016	Jun					0
Jul	465	485	20	718	3rd Q	Jul					3rd Q
Aug	473	544	23	710		Aug					
Sep	515	437	28	771	5189	Sep					0
Oct	534	439	23	735	4th Q	Oct					4th Q
Nov	476	582	42	832		Nov					
Dec	542	441	25	950	5621	Dec					0
Total	5332	5902	323	9630	21187	Total	1089	1942	58	2415	5504





While ARH provides transport data from Emergency Medical Services (EMS), there is no evidence of any state health, EMS or state disaster preparedness plan(s) having been analyzed, consulted, researched and any contents and findings applied in their analysis and application.

ARH states the existing shortage of ED treatment rooms will continue and accelerate an existing crisis, in part due to an aging out of the population, citing data from the State of Alaska. "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." See *CON Application* at 9.

ARH follows the preceding narrative with an acknowledgement that they do not actually have, nor are aware, of any state level data to support this claim, simply asserting increased ED visits among older populations is well documented. See *CON Application* at 14.

Recommendation General Review Std #2:

ARH, thru their application, did not articulate or provide any data regarding impact to existing EMS services, Anchorage wide, when patients need transfer from the HSED to the hospital and

how this additional volume would impact an already limited and stressed resource. Diverting critical EMS services to transport patients again, from the HSED to a hospital, would divert and slow the response time of existing EMS providers. Instead, ARH states "[i]f 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." This fact is not supported by any research or data, nor does ARH provide any insight or information regarding EMS transfer times and any impact to overall EMS service delivery, only stating that they have begun "coordination efforts" with EMS as it relates to the proposed project and will continue to do so. See *CON Application* at 22.

While ARH's proposal demonstrates it consulted state provided data to draw its conclusion regarding volume of EMS transport to each hospital, overall, it did not demonstrate it considered relevant community, regional, state, and federal health planning to any degree.

ARH relied solely on its application of the CON service specific methodology to support its proposed addition of 12 ED treatment rooms. ARH contends that it will enhance access to care by creating a south Anchorage access point for emergency department services that will be closer to where residents live and will include Girdwood, Kincaid Park, Ted Stevens International Airport and walk in traffic from the greater Anchorage service area. *Id.*

General Review Standard #2 is partially satisfied.

General Review Standard #3 – Stakeholder Participation:
The applicant demonstrates evidence of stakeholder participation in planning for the project and in the design and execution of services.

ARH HSD

There is no evidence in ARH's application of stakeholder participation in the planning, design or execution of services other than two letters of support, from two private physicians, and a reference to an ongoing coordination of effort with EMS.

Recommendation General Review Std #3:

There is no evidence, thru its application that ARH sought stakeholder participation in the specific planning of the design and execution of services for ARH's HSED project. If there was any participation or coordination, to what degree and the specifics of such, were not included in the application.

General Review Standard #3 is not satisfied.

General Review Standard #4 – Alternatives Considered:
The applicant demonstrates that they have assessed alternative methods of providing the proposed services and demonstrates that the proposed services are the most suitable approach.

ARH HSED

Per its CON application, ARH demonstrates that it considered options when considering the proposed services.

The first option ARH considered was to add capacity at its existing hospital ED department location on DeBarr Road. However, after analysis of a study conducted in 2020, ARH determined this option was not feasible due to cost and the ability of the existing hospital ED to accommodate a reduced and limited amount of additional ED treatment 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.)." See *CON Application* at 19.

The second option ARH considered was, essentially, to do nothing. ARH poses that given the fact that they are experiencing more than 2,400 patient visits per room, and to continue to operate at current capacity, for the long term, would not be optimal. "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." *Id*.

ARH alludes to other options being considered after ED visits returned to pre-pandemic volume, and it ultimately determined the HSED proposal would be the best course of action. "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)." See *CON Application* at 20.

Recommendation General Review Std #4:

ARH's consideration of alternatives was adequate. ARH demonstrates it considered alternatives for its proposed HSED.

General Review Standard #4 is satisfied.

General Review Standard #5 – Impact on the Existing System:

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

ARH HSED

Per its CON application, ARH states its proposed project will alleviate the overcrowding at Anchorage's existing ED facilities and allow all facilities to operate more efficiently.

ARH provides that it is providing services in the location, or zip codes, where they anticipate the bulk of their patients live, and who will be utilizing their HSED services (zip codes 99502, 99518, 99515, 99507 and 99516) which is not where the current bulk of ED patients live. Regardless, in its determination, ARH feels a HSED in south Anchorage will be a key factor in alleviating the burden of the other ED departments located in Anchorage. See *CON Application* at 20.

ARH refers to a coordination of services with EMS as the proposed HSED project proceeds, however, did not provide any support of any coordination, aside from the data provided regarding EMS patient transports for the years 2022 thru 2023. See *CON Application* at 16.

ARH did not provide any research or data, nor does it provide insight or information regarding EMS transfer times and overall impact to EMS service delivery given the proposed HSED. Nor does ARH contemplate any potential, additional cost incurred by the patient, the hospital, or the state except stating any cost of transfers would not be the patient's responsibility. See *CON Application* at 21.

Recommendation General Review Std #5:

ARH describes a positive impact of HSEDs on Anchorage's existing health care system. More specifically, ARH asserts that HSEDs will complement existing services because they will relieve ED pressure in the Municipality by "freeing up" or "decanting" ED service volumes in the downtown corridor.

ARH refers to the coordination of services with EMS, however, does not provide any support or specifics regarding a coordination of effort when considering the proposed HSED. Additionally, ARH did not provide any data or narrative regarding anticipated impact to EMS service delivery, with the addition of a HSED in south Anchorage.

ARH does state it will comply with state, federal, and other regulatory agencies rules and regulations and comply with the Americans with Disabilities Act (ADA).

Aside from the aforementioned, ARH does not offer any further anticipated impacts the project will have on the service area or statewide.

General Review Standard #5 is partially satisfied.

General Review Standard #6 – Access:

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

ARH HSED

Per its CON Application, ARH proposes its HSED in south Anchorage, on the Old Seward Highway, will be a much better solution for ED treatment to those patients who reside in south Anchorage, "…[t]he HSED will help to address the total lack of ED facilities outside of the "U-Med" district. This is a significant, unaddressed problem." See *CON Application* at 31.

Further, "…[t]he 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. 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." *Id.*

Recommendation General Review Std #6:

ARH correctly posed that its proposed HSED will be more readily accessible, due to its location, to the residents of south Anchorage and Girdwood. However, ARH did not address the overall impact to current EMS services, other than to state that the EMS units stationed on the southside of Anchorage would be closer, and theoretically, more readily available to provide services. ARH did not provide any further support or data regarding the impact of additional volume on EMS, and its availability, i.e., access, when it is needed to provide patient transfers from the HSED to the hospital.

ARH provided the Anchorage People Mover transportation system is available to residents of Anchorage, hence impacting the service area in a positive way by providing a potential, additional means of transportation, hence access, for patients seeking ED service in south Anchorage. The Anchorage People Mover transportation system runs between the hours of 7 a.m. and 7 p.m. This transportation option could lessen EMS transport volume, however the volume alleviated is likely negligible and would have little impact on EMS transport, and certainly would not affect transfers from the proposed HSED to the hospital.

General Review Standard #6 is satisfied.

Service-Specific Review Standards

After determining whether a project has met the general review standards, the department must apply service-specific review standards for services designated in the *Alaska Certificate of Need Review Standards and Methodologies*. For purposes of this application, Hospital Emergency Department Services require this additional review.

Hospital Emergency Department Review Standards

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

ARH HSED

ARH does not adequately identify the need for additional ED services based on population and fails to demonstrate that its proposal will promote and ensure the maintenance of a stable and efficient emergency medical system. HSEDs cannot offer trauma services (i.e., surgery and other treatment). Even in cases of disaster, HSEDs are limited because they are not equipped for, or capable of, providing surgery services and trauma care.

Recommendation Service-Specific Review Std #1:

Service-Specific Review Standard #1 is not satisfied.

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 department may approve additional space if the applicant documents use patterns and submits data and analysis that show seasonal high peak use rates warranting additional treatment rooms.

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

EDTR=C5 / 1500

C5=P5 x SAS x UR

EDTR emergency department treatment rooms needed
C5 caseload: ED visits projected for the fifth year after project completion
UR current utilization rate: average of number of ED visits per year for last three years divided by population, based on the service area
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

The following shows the department's (DOH) application of the CON service specific methodology for Emergency Departments, compared to ARH's application of the methodology:

Projected Population

DOH **P5 = 290,948** ARH **P5=297,500**

The department utilizes the Department of Labor and Workforce Development's population projection for 2030. (https://live.laborstats.alaska.gov/pop/projections.html)

*It is not clear how ARH interpreted the population data as their number(s) are not congruent with the reference.

Service Area Share

DOH **SAS = 100%** ARH **SAS = 100%**

Utilization Rate

3 year average 2020,2021,2022
DOH **UR=0.3119** ARH **UR=0.4576**

3 year average 2019, 2021, 2022 (excluding COVID year in 2020, see CON application at 35)
DOH **UR = 0.3228** ARH **UR=0.5090**

*The department, using non-Tribal health facilities, determined the average number of visits over the past three years and the average population over the past three years (using dept of labor and workforce data) UR = 90,602/290,489 = 0.3119. (The department's utilization rate is based on the data collected annually, by the CON Program, from all CON facilities.)

**In its application, ARH uses utilization including Tribal Health facility data (ANMC) and population data that is not congruent with the Dept of Labor and Workforce Development's population data.

Caseload

C5=P5 X SAS X UR

DOH **C5=290,948 x 100 x 0.3119=90745.1597**

**3 year average 2020,2021,2022*

DOH **C5=90,746** ARH **C5 = 136,125**

**3 year average 2019,2021,2022(excluding COVID year in 2020)*
DOH **C5=93,905** ARH **C5 = 151,435**

Emergency Department Treatment Rooms (Bed Need)

EDTR= C5 / 1500

EDTR=90,746 / 1,500 = 60.4973

EDTR = 60.4973
Since there is no such thing as a .4973 of a treatment room, the decimal must be rounded up to the nearest whole number, which is 61 emergency department treatment rooms.

**3 year average 2020,2021,2022*
DOH **EDTR=61** ARH **EDTR = 91**

**3 year average 2019,2021,2022(excluding COVID year in 2020)*
DOH **EDTR= 63** ARH **EDTR = 101**

Summary:

Anchorage currently has 65 beds. Based on the CON Program's EDTR calculation, there is no demonstrated need for additional emergency treatment rooms in the Municipality of Anchorage.

ARH incorrectly includes tribal health facility data in its calculation, then provides an "average" utilization based on years 2019, 2021, and 2022, omitting year 2020, citing COVID as their reasoning for doing so. See *CON Application* at 35.

The CON Program does not include tribal or military hospital facilities utilization data in its calculation, only considering ARH and PAMC for the Municipality of Anchorage.

Per AS 18.07.111(8), defining what health care facilities are subject to Certificate of Need (CON) in the State of Alaska:

"health care facility" means a private, municipal, state or federal hospital, psychiatric hospital, independent diagnostic testing facility; residential psychiatric treatment center, tuberculosis hospital, skilled nursing facility, kidney disease treatment center (including freestanding hemodialysis units), intermediate care facility, and ambulatory surgical facility"; and

Per 7 AAC 07.001(a)(2)(A), which states the health care facility be licensed in Alaska under AS 47.32, "*would be required to obtain a license after completion of the construction or to operate the facility under AS 47.32"; and*

Per AS 47.32.030(a)(9)(c) Centralized Licensing and Related Administrative Procedures, which provides the state can: *"waive the application requirements for an entity seeking licensure if the entity submits documentation verifying that it. . . is an entity that federal law does not require to be licensed." and*

Per 7 AAC 12.611. Exemptions from licensure:
"(a) Unless operating as a frontier extended stay clinic under 7 AAC 12.450 - 7 AAC 12.490, a rural health clinic, including a community health center and a federally qualified health center, is exempt from the licensure requirements of AS 47.32 and this chapter.
b) A facility owned and operated by the United States Indian Health Service, or a facility owned and operated by a tribal organization, as defined in 25 U.S.C. 450b (l), under a funding agreement under 25 U.S.C. 458aaa-4 (Indian Self-Determination and Education Assistance Act and Tribal Self- Governance Amendments of 2000) is exempt from the requirement to obtain a license under AS 47.32 and this chapter. However, a facility described in this subsection must meet the applicable licensure requirements set out in AS 47.32 and this chapter."

There are specific federal regulations or exemptions enacted for the Indian Health Service (IHS) and Tribes under the authority of the Indian Health Care Improvement Act that exempts these entities from state health facility licensing under Medicaid standards when the facilities are operated by the IHS and Tribes. Therefore, the CON Program does not, and has not, required IHS facilities to participate in the CON Program.

ANMC (and JBER) only serve certain populations. Therefore, it is not correct to consider ANMC and JBER in utilization because ANMC and JBER cannot serve the general population. Similarly, it is correct to consider the full Anchorage population in the SAS calculation because while certain users in the population of Anchorage can only be treated at ANMC and JBER, the same users or the entire population of the Municipality can be accepted and treated, without qualification, at ARH and PAMC.

The department utilizes the Department of Labor and Workforce Development's population projection for 2030 in its calculations and provides this information and location of the data, along with instructions, in the CON Application. (https://live.laborstats.alaska.gov/pop/projections.html)

ARH states it used the entire Anchorage Municipality population for its service area share in its calculation; however, it appears they did not. It is unclear how they determined the population projection for 2030.

Recommendation Service-Specific Review Std #2:

Service-Specific Review Standard #2 is not satisfied.

3. For the addition or expansion of fast-track emergency services within a facility. . . .

This review standard is not applicable as there are no fast-track services proposed.

Recommendation Service-Specific Review Std #3:

Service-specific review standard #3 is not applicable.

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.

This review standard is not applicable because ARH does not seek to add space to an existing structure.

Recommendation Service-Specific Review Std #4:

Service-Specific Review Standard #4 is not applicable.

VII. Diagnostic Imaging Services

ARH's proposal seeks to establish a new emergency department. Its new emergency department will need diagnostic equipment to provide emergency treatment services. The proposed HSED will provide lab and radiology services and include one CT scanner, 1 X-ray machine, 1 ultrasound machine, 5 cardiac monitoring machines, 1 portable X-ray machine and 1 portable C-Arm X-ray machine.

These imaging services will not be open to the general community and will not support other services, other than those at the proposed HSED. Rather, the CT scanners will solely be dedicated to emergency department services to patients using the HSED.

Again, this component is unique in that unlike other hospital or imaging projects, ARH is seeking to establish emergency diagnostic imaging services only. Doing so will not create an outpatient service that is available by referral. It will not establish an independent diagnostic testing facility. It also will not free up capacity on any equipment that will allow ARH to compete for general outpatient imaging services.

Given that these imaging services are truly limited to emergency department services and given the specific circumstance and use of the equipment, the true service-specific review standards for the Diagnostic Imaging Services are for general emergency department treatment room services and therefore do not apply.

Recommendation Diagnostic Imaging Services:

Service-Specific Review Standards for Diagnostic Imaging Services are not applicable.

FINANCIAL FEASIBILITY

1. Construction Method (Please check)

a. X Conventional bid ☐ Contract management ☐ Design and build

b. ☐ Phased ☐ Single project ☐ Fast Track

a. Site acquisition (Section VIIIA.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

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
Total Patient Revenue	1,020,326,533	1,135,761,477	1,402,018,264	1,474,691,415	1,749,027,165	1,955,801,457
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
Total Deductions	765,228,974	875,545,077	1,092,905,229	1,150,905,464	1,385,215,550	1,600,580,948
Net Operating Revenues	255,097,559	260,216,400	309,113,035	323,785,951	363,811,615	355,220,509
All Other Revenues	789,455	530,506	551,592	536,313	465,813	716,441
EXPENSES:						
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)
Total Expenses	198,351,204	198,037,365	213,721,367	200,853,872	212,186,773	210,982,663
Excess (Shortage) of Revenue	57,535,810	62,709,541	95,943,260	123,468,392	152,090,655	144,954,287
Over Expenditures						

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

Schedule 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
Total Patient Revenue	2,047,175,752	2,223,461,925	2,495,837,879	2,806,226,909	3,160,314,062	3,564,823,187
Less Deductions						
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
Total Deductions	1,683,305,533	1,841,199,363	2,072,272,669	2,339,955,273	2,646,442,993	2,997,858,066
Net Operating Revenues	363,870,219	382,262,562	423,565,210	466,271,636	513,871,069	566,965,120
All Other Revenues	671,448	671,515	671,582	671,649	671,717	671,784
EXPENSES:						
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)
Total Expenses	199,510,325	210,649,797	232,559,041	255,204,419	280,332,695	308,249,521
Excess (Shortage) of Revenue	165,031,342	172,284,280	191,677,751	211,738,866	234,210,090	259,387,383
Over Expenditures						

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

PUBLIC COMMENTS

A public meeting was held telephonically on July 12, 2023. Approximately 42 individuals attended the meeting, and 22 individuals provided verbal comment. Of those in attendance, there were a combination of private citizens, Providence Health System employees, Alaska Regional Hospital employees, and community health care providers.

ARH representatives, Rob Stantus and Christopher Calvert, gave a presentation on ARH's proposed construction of a HSED in south Anchorage. The presentation outlined ARH's corporate structure and holdings, gave an overview of the proposed south Anchorage facility, and explained the need for a HSED versus an urgent care clinic or a traditional hospital-based emergency department service in the Municipality of Anchorage.

Of the approximately 22 comments made at the public meeting, 4 were affiliated with ARH, 6 were affiliated with PAMC, 5 were affiliated with other Medical Providers and 7 comments were from private citizens. There was both positive and negative comment provided on the proposed HSED; and shared concern that increased access to hospital beds, primary care and lower levels of care would help to alleviate the emergency room wait times.

A written public comment period was open from June 15, 2023 – August 1, 2023. A total of 117 written comments were received. Of the written comments received 72 were in favor and 45 were opposed.

Written comment-In Favor

Of the 72 in favor; 10 are either working at ARH or on a board at ARH, 28 are from residents, 12 from other professionals, and 22 had no affiliation. There are several "canned" letters where the date and the name at the bottom of the page are different. The prevalent themes supporting the HSED are location- time is issue and relieving overcapacity of hospital.

Jennifer Opsut, CEO Alaska Regional Hospital, provided a statement of correction and clarification. Excerpts are below.

"Staffed with board-certified ER physicians and experienced staff, it is prepared to treat medical emergencies. The overwhelming majority of patients who visit an FSER do not require hospitalization (94%), but when a higher level of care is required, the patient can be stabilized and then transferred in accordance with EMTALA rules.

The satellite location will alleviate congestion, traffic and wait times at the other full-service emergency departments.

Several urgent care and primary care clinics are available in the area surrounding our proposed site, ensuring access to appropriate levels of care.

Since 2017, our emergency department visits have grown by 8.66%, with an increase of 4% to date over last year. The majority of this increase has been growth in the higher acuity patients needing emergency-level care. We have seen a decrease in lower acuity patients, indicating

patients do seek care at appropriate facilities. Simply put, our emergency department is busier than ever. Your department places the threshold for a Certificate of Need at 1,500 visits per room per year, and we are currently receiving nearly 2,400 visits per room per year – almost 160% of the CON threshold.

When a patient requires a transfer from our FSER to Alaska Regional Hospital, there will be no additional facility fee or transportation fee. Patients who require a transfer to a different facility based on capabilities, capacity, insurance and care needs will be billed exactly as they are billed today for a transfer between facilities."

Written Comment - Opposed

Of the 45 opposing letters; 9 are affiliated with Providence, 6 are AK Emergency Medicine Associates, 1 from ANTHC, 10 are residents, 8 are health care professionals, 10 unaffiliated and 1 from Governor Appointee to AK Council on Emergency Medical Services. The prevalent themes opposing the project are a FSED is not equipped to definitively manage true emergencies, trauma, heart attack, stroke… ER boarders- FSED will not help inpatient beds open up ARH should open all the 270 inpatient beds or give them up, increase cost to patients directly and indirectly, and several complaints/ suggestions to reopen their senior clinic that closed in 02/23. An additional concern was the lack of any supportive professional study in regard to FSED and health care costs.

Clifford Ellingson MD, Governor Appointee to AK Council on Emergency Medical Services, submitted a letter in opposition stating…

"While a freestanding emergency department may appear convenient, it is crucial to consider the potential consequences it could have on the existing healthcare infrastructure. By diverting critical resources away from established hospitals and emergency departments, a fragmentation of EMS services, a decreased quality and efficiency of care for our community, and an overall increase financial burden on consumers.

This proposal does not free up bed space in their hospital. In fact, with a larger footprint, the hospital may end up with more patients waiting in the emergency department for admission, resulting in increased overcrowding and delays in receiving appropriate care. While a freestanding emergency department may provide additional space for initial evaluation and treatment of patients, it does not address the bottleneck of limited inpatient bed capacity.

While the freestanding emergency department may provide more convenient access to emergency care for patients in Girdwood and Whittier, the overall EMS burden remains relatively unchanged. While this freestanding emergency department may aim to decrease the burden of EMS services for Whittier and Girdwood it will probably just shift this burden to Anchorage EMS."

Finally, there were other materials submitted through written comment. These materials included Anchorage Daily News editorial and an article from Annuals of Emergency Medicine.

RECOMMENDATION

The CON Program recommends full denial of ARH's application. ARH failed General Review Standards #1 and #3, satisfied in part, General Review Standards #2 and #5, and satisfied General Review Standard 4# and #6. ARH failed to satisfy Service Specific Review Standards #1 and #2 for Hospital Emergency Department Services, #3 and #4 were not applicable.

As it pertains to Service Specific Review Standard #2, ARH did not correctly interpret population data, or correctly identify the service area impacted by its proposed HSED. As such, its projected ED treatment bed need count is not correct. ARH's interpretation of the data determined there is a need for additional ED treatment rooms in five years. This is not what the correct application of the provided methodology assumes. As demonstrated throughout the analysis, when applying the correct assumptions extrapolated from applicable population data, utilization data and considering the entire service area, there is a projected negative ED treatment bed need in five years.

It is widely known, and documented, that HSEDs are expensive settings for care that are inefficient due to their inability to provide trauma care and other critical emergency services. Most cases that would present at an HSED could be handled in less expensive, more appropriate settings for care like urgent care clinics and physicians' primary care offices.

Additionally, and per the submitted application, ARH states that the transfer of patients needing trauma or other critical ED services not provided in the proposed HSED will be transferred to a hospital at no cost to the patient. ARH fails to provide evidence of how they will accomplish this; do they have contracted services in place or are they expecting the patient to transport themselves? Again, it is unclear where ARH draws the conclusion that no cost will be incurred by the patient.

Emergency department care, regardless of whether it is provided in a hospital building or HSED is expensive because under Medicaid and Medicare, both the physicians and professional staff providing the care and *the hospital entity* all receive reimbursement. Only physicians and professional staff are reimbursed for care rendered in an urgent care clinic or physician's primary care office, meaning there is no additional facility fee that is reimbursed.

From a planning perspective, the department supports improving care and the efficient delivery of services. Increasing access points to emergency room services may improve convenience for some, but it does not necessarily improve care or efficient delivery of care.

This point is supported by one of the department's highest priorities for Medicaid services. Specifically, to better assure appropriate use of medical services, improved outcomes, and better control of increasing Medicaid costs, seeking to manage and coordinate care for "super utilizers" of emergency room services. Among key goals is the reduction of emergency room visits and improvements in the use of preventative services, including lower, less expensive levels of care, *e.g.,* urgent care clinics and crisis stabilization centers.

An example of these less expensive, lower level of care efforts currently underway in the Municipality, and supported at the state and federal level, is the establishment of the new Crisis Stabilization Center by PAMC, to be located in Anchorage. The center is part of the state's "crisis

now" model. The $11 million dollar facility will provide a less expensive, better option for people experiencing behavioral and substance abuse health crises than an ED would. The Alaska Mental Health Trust Authority's CEO, Steve Williams accurately states "Hospital emergency rooms are often busy, there's a lot of external stimuli with equipment and activity and those are not conducive to someone experiencing a behavioral health crisis".
https://alaskapublic.org/2023/09/01/providence-breaks-ground-on-behavioral-health-crisis-center-that-aims-to-keep-people-out-of-emergency-room/.

Establishing multiple, more convenient access points for emergency room services contradicts the department's priority and long-term planning to contain costs by curbing unnecessary use of emergency departments.

It must be noted that based on the conclusion in General Review Standard #1, the CON program does not believe that the proposed HSED will have a desirable impact on the existing health care system. One particularly concerning issue is the fact that there is no statutory or regulatory framework in place concerning Free Standing Emergency Departments (FSED), or HSED's in Alaska. Based on articles cited in comments submitted by the public, other states and the federal government have been working to contain rapid growth of FSED/HSEDs. The CON program questions whether a statute change will be necessary if ARH's application receives a CON.

Per 7 AAC 07.070(b)(7)(A), in granting or denying a CON, the Commissioner must consider "any other special or extraordinary circumstances related to . . . community access to health care[.]"

Ultimately, ARH's proposal only considered how the review standards, and the issues therein, affect *its* facility, applying a misinterpretation of data sources and applying a self-defined service area of five zip codes called "south Anchorage" as argument for increased access to emergency department services. As stated in the analysis, there is no such service area as south Anchorage, and the service area that needs to be considered for purposes of this analysis is the Municipality of Anchorage.

In issuing her final decision, the Commissioner of the Department of Health must consider how ARH's proposal will affect the entire health care system and the community's access to that health care system and whether the community's access to emergency department treatment services is best accomplished by establishing a HSED in south Anchorage.

Accordingly, the CON Program recommends that the Commissioner deny ARH's application in full.

APPENDIX A

Estimated Impact to Medicaid

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Health
OFFICE OF RATE REVIEW
3601 C Street, Suite 978
Anchorage, Alaska 99503-5932
Main: 907.334.2464

MEMORANDUM

To: Alexandria Hicks
Certificate of Need Coordinator

From: Christine Goetz
Audit & Review Analyst III

Date: July 7, 2023

Subject: Alaska Regional Hospital HSED Certificate of Need Staff Analysis

Alaska Regional Hospital, located in Anchorage, Alaska, is requesting a Certificate of Need (CON) for a Hospital Satellite Emergency Department (HSED) in South Anchorage. The facility's purpose is to offer hospital-level care for conditions most seen in emergency rooms and will be capable of receiving ambulance traffic and providing pediatric, OB/GYN, isolation, bariatric, secure holding, and trauma care. In addition to square footage and new beds, the project will have the following on site: CT Scanner, diagnostic X-ray, Ultrasound, Cardiac Monitoring, Portable X-ray, and a Portable C-arm X-ray. The HSED will also be equipped with Tele-Stroke capabilities connected to Alaska Regional, the State of Alaska's only accredited Comprehensive Stroke Center. Upon project completion, Alaska Regional's HSED will have twelve (12) treatment rooms and will be open to the public 24/7.

Using Alaska Regional Hospital's 2017, 2018, and 2019 pre-pandemic volumes and 2021 and 2022 post-pandemic volumes, patient visits per room averaged about 1,800 patients per room. Based off this knowledge and the 2023 estimated average of patients per day, Alaska Regional Hospital would need 12 additional general treatment rooms to meet the CON methodology standard of 1,500 visits per ED room.

The costs are projected to be $17,621,000. The project will be 100% funded from existing HCA reserves. The facility estimates the HSED will be operational for patient care by January 1, 2025, and anticipates to immediately utilize all 12 beds.

The services provided through this project are on an outpatient basis only. CON rate add-ons are calculated for inpatient services and long-term care services. Outpatient rates are paid as a percentage of charges and facilities are immediately reimbursed for cost. Therefore, no CON add-on adjustment is necessary.

The total projection of Medicaid program costs from the January 1, 2025, implementation and the following full three State Fiscal years of operations is $9,967,900 as outlined below. The first year is a partial State Fiscal year.

Alaska Regional Hospital Satellite Emergency Department (HSED)

	(1/2 of SFY) 2025	2026	2027	2028
Net Emergency Department (ED) Revenue Per Visit *	1,959.00	2,435.00	2,915.00	3,401.00
HSED Expansion Visit Threshold &	9,000	18,000	18,000	18,000
Estimated HSED Visit Threshold Revenue	$ 17,631,000	$ 43,830,000	$ 52,470,000	$ 61,218,000
Ancillary HSED Revenue ^	$ 10,743,500	$ 23,227,000	$ 25,084,000	$ 27,092,000
Total Estimated HSED Revenue	$ 28,374,500	$ 67,057,000	$ 77,554,000	$ 88,310,000
Medicaid Utilization @	33.00%	33.00%	33.00%	33.00%
HSED Medicaid Revenues	$ 9,363,585	$ 22,128,810	$ 25,592,820	$ 29,142,300
Outpatient Medicaid Payment Rate #	11.56%	11.56%	11.56%	11.56%
HSED Total Cost to Medicaid Program	**$ 1,082,430**	**$ 2,558,090**	**$ 2,958,530**	**$ 3,368,850**

* Data provided in CON application 47/149
& 12 beds * 1,500 CON standard of visits per ED room
^ Data provided in CON application 49/149
@ Medicaid Utilization taken from CON application 49/149
# Payment rates for FY 2025-2028 are based on the facility's 2023 outpatient % of charges

Please note, all calculations in this memorandum are estimates only and are based on the assumptions set forth in the CON application. The Department is not bound by these estimates or assumptions. Also, please note 7 AAC 07.070(i):

> ***Approval of a certificate of need does not imply any guarantee of federal, state, or private money, including Medicaid payments or grant awards, and does not imply any guarantee of profitability.***

Should you have any questions please contact Christine Goetz at 907-334-2476.

APPENDIX B

I. General Review Standards Applicable to all Certificate of Need Applications

Review Standards

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

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

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

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

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

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

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

Additional Considerations for Concurrent Review of More than one Application

In completing a concurrent review of two or more applications under 7 AAC 07.060, in addition to applying the standards set out above, the department will compare the extent to which each applicant, including any parent organization of the applicant,

1. Demonstrates a commitment to quality that is consistent with, or better than, that of existing services, if any;

2. Demonstrates a pattern of licensure and accreditation surveys with few deficiencies and a consistent history of few verified complaints; and

3. Demonstrates that the applicant has consistently provided, or has a policy to provide, high levels of care to low-income and uninsured persons.

APPENDIX C

B. Hospital Emergency Department Services Review Standards

After determining whether an applicant has met the general review standards in Section I of this document, the department will apply the following service-specific review standards, as applicable, in its evaluation of an application for a certificate of need that involves the expansion of an emergency department:

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

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 approve additional space if the applicant documents use patterns, and submits data and analysis that show seasonal high peak use rates warranting additional treatment rooms.

3. For the addition or expansion of fast track emergency 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.

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.

Review Methodology

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

$$\mathbf{EDTR = C_5/1500}$$
$$\mathbf{C_5 = P_5 \times SAS \times UR}$$

EDTR = emergency department treatment rooms needed

C_5 = 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
P_5 = 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.

APPENDIX D

ARH -Annual CON Data 2018-2022

Part 1. Capacity & Utilization Reporting Form - Data Elements - State of Alaska Certificate of Need Program		
Facility Name: Alaska Regional Hospital		
Person Completing Form: *Julie Taylor, CEO* *Contact Information:907-264-1755*		
A. In-Patient Acute Care Capacity		
	Calendar Year 2018	
Type of Service	Number of Beds	Billable Patient Days
Licensed Beds Total:	250	
If facility designates beds according to service please report accordingly - if not, report as Med/Surg beds		
Med/Surg Beds	65	16943
# licensed as swing beds^		
Intensive Care Unit Beds	14	3511
Cardiac Care Beds	13	4060
Obstetrics Beds*	25	1367
Pediatric Beds	4	88
NICU Bassinets**	6	969
Acute Rehabilitation Beds	10	2635
Other -- specify type, and if counted as licensed (Yes or No):	113 - Internal Med (Yes)	7014
^ Report Swing Bed Patient Days according to their use (acute med/surg care or long term care)		
* Includes LDRP - Labor, delivery, recovery, postpartum, birthing rooms, observation beds. "Day use only" beds not counted as licensed beds should be reported under "other."		
B. Long-Term Care		
(1) Capacity by Calendar Year, and July 1 Census		
Calendar Year	Calendar Year 2018	
	Number of Beds	July 1 Census
Intermediate Care Facility	0	
Skilled Nursing Facility	0	
Assisted Living Facility	0	
Hospice Facility	0	
(2) Bed Days for Calendar Year By Age Group for Skilled Nursing Facilities (SNF) and Intermediate Care Facilities (ICF)		
	SNF Bed Days	ICF Bed Days
Age 0-64	0	
Age 65-74	0	
Age 75-84	0	
Age 85+	0	
Total	0	
C. Surgical Care		
Calendar Year	Calendar Year 2018	
	Number of Suites	Number of Patients***
Suites for In-Pt or Out-Pt Surgery	11	2793
Day Surgery or Dedicated Outpatient Suites	11	3536
Endoscopy Suites	2	204
Open-Heart Surgery Suites	1	
Organ Transplantation Suites	n/a	
Cardiac Catherization Suites	3	2690
Cardiac Electrophysiology Suites	1	
Other Suites (list) Proced Room	2 - L&D	
***"Patient" refers to an individual served on a particular day regardless of the number of procedures performed.		

Alaska Certificate of Need Program Annual Reporting Form *April 2018*

D. Behavioral Health Care

Calendar Year	Calendar Year 2018	
	Beds	Patient Days
In-patient Acute Psychiatric Beds		
Adult	0	
Youth	0	
RPTC - Level 5		
Adult	0	
Youth	0	
In-patient Substance Abuse Beds		
Adult	0	
Youth	0	
Please specify age criteria in facility:		

E. Emergency Department

Calendar Year	Calendar Year 2018	
Type of Service	Rooms	Visits
	16 ED rooms	**34,782**
	4 Fast Track / 4 Hallway for Surge plan	

Part 2. Service Capacity Data Reporting Form - Data Elements - State of Alaska Certificate of Need Program							
Facility Name:	***Alaska Regional Hospital***						
Person Completing Form:	***Julie Taylor, CEO***		*Contact Info* **907-264-1755**				
Diagnostic Imaging Services							Number of Scans per Calendar Year
CT Scanner	Slice Speed	Make/Model	First Year in Service	Full Body or Other*	Open Bore Scanner?	Exclusive Use?**	2018
	32 slice	Optima 660S MID WSO	2012	Full Body	No		4,269
	64 slice	Siemens Somatom Sensation	2006	Full Body	No		7,267
MRI	Tesla	Make/Model	First Year in Service	Other*	Scanner?	Use?**	2018
	1.5T	LX TO 16 Channel HDX UPG	1999	Fully Body	No		2,809
PET or PET/CT		Make/Model	First Year in Service	Full Body or Other*			2018
			n/a				
Ancillary Services			First year of Service			Exclusive Use?**	Number of tests/treatments per calendar year
Radiation Therapy			n/a				2018
Interal Radiation Therapy							
External Radiation Therapy							
Systemic Radiation Therapy							
Other*:							
Lithotripsy			n/a				
Renal Dialysis							
Sleep Studies			n/a				
Other*:							
*If OTHER, please list each service							
**If YES, please explain:							

Part 1. Capacity & Utilization Reporting Form - Data Elements - State of Alaska Certificate of Need Program

Facility Name:

Person Completing Form: *Contact Information:*

A. In-Patient Acute Care Capacity

	Calendar Year 2019	
Type of Service	Number of Beds	Billable Patient Days
Licensed Beds Total:	250	**42,855**
If facility designates beds according to service please report accordingly - if not, report as Med/Surg beds		
Med/Surg Beds	112	29,273
# licensed as swing beds^	0	0
Intensive Care Unit Beds	14	3,955
Cardiac Care Beds	13	4,415
Obstetrics Beds*	25	1,592
Pediatric Beds	4	111
NICU Bassinets**	6	1,022
Acute Rehabilitation Beds	10	2,757
Other -- specify type, and if counted as licensed (Yes or No):	66 internal medicine	0

^ Report Swing Bed Patient Days according to their use (acute med/surg care or long term care)

* Includes LDRP - Labor, delivery, recovery, postpartum, birthing rooms, observation beds. "Day use only" beds not counted as licensed beds should be reported under "other."

B. Long-Term Care

(1) Capacity by Calendar Year, and July 1 Census

Calendar Year	Calendar Year 2019	
	Number of Beds	July 1 Census
Intermediate Care Facility	0	0
Skilled Nursing Facility	0	0
Assisted Living Facility	0	0
Hospice Facility	0	0

(2) Bed Days for Calendar Year By Age Group for Skilled Nursing Facilities (SNF) and Intermediate Care Facilities (ICF)

	SNF Bed Days	ICF Bed Days
Age 0-64	0	0
Age 65-74	0	0
Age 75-84	0	0
Age 85+	0	0
Total		

C. Surgical Care

Calendar Year	Calendar Year 2019	
	Number of Suites	Number of Patients***
Suites for In-Pt or Out-Pt Surgery	11	12,231
Day Surgery or Dedicated Outpatient Suites	11	8,737
Endoscopy Suites	2	3,824
Open-Heart Surgery Suites	1	232
Organ Transplantation Suites	0	0
Cardiac Catherization Suites	2	361
Cardiac Electrophysiology Suites	1	177
Other Suites (list) Proced Room	2 - L&D OR	143
***"Patient" refers to an individual served on a particular day regardless of the number of procedures performed.		

D. Behavioral Health Care

Calendar Year	Calendar Year 2019	
	Beds	Patient Days
In-patient Acute Psychiatric Beds	0	0
Adult		0
Youth		0
RPTC - Level 5	0	0
Adult		0
Youth		0
In-patient Substance Abuse Beds	0	0
Adult		0
Youth		0

Please specify age criteria in facility:

E. Emergency Department

Calendar Year	Calendar Year 2019	
Type of Service	Rooms	Visits
	16 ED with 4 fast trck and 4 hallway chairs for surg	**36,974**

Part 2. Service Capacity Data Reporting Form - Data Elements - State of Alaska Certificate of Need Program							
Facility Name:							
Person Completing Form:		*Contact Information:*					
Diagnostic Imaging Services							Number of Scans per Calendar Year
CT Scanner	Slice Speed	Make/Model	Service	Other*	Scanner?	Use?**	2019
GE Optima 6605	32	GE Optima 6605	Apr-19		Yes	Yes	6336
GE Revolution	64	GE Revolution HD 60 HVY CTM	Sep-19		Yes	Yes	
						Total	**12,672**
MRI	Tesla	Make/Model	Service	Other*	Scanner?	Use?**	2019
GE	1.5	GE Artist	Oct-19		Yes	Yes	3179
PET or PET/CT		Make/Model	First Year in Service	Full Body or Other*			2019
Ultrasound							
GE Logiq E10	N/A	5935000 E10	Jun-19		No	Yes	
GE Logiq S8	N/A	Logiq S8 R4	Mar-19		No	Yes	
GE Logiq E9	N/A	5205000-3	Feb-14		No	Yes	
GE Logiq P5	N/A	5329654	Apr-10		No	Yes	
GE Logiq E9	N/A	5205000-8	Sep-15		No	Yes	
						Total	**7366**
Mammography							
Hologic	N/A	Selenia	Jun-07		No	Yes	
HOlogic	N/A	Dimensions	Aug-17		No	Yes	
						Total	**3343**
Other							
XR 1	GE	GE Discovery XR656 G2	Mar-17				
XR 2							
XR 3	GE	GE P500	Mar-13				
XR 4	GE	GE ADVNTX DRS	Nov-00				
						Total	**30,633**
Nuc Med	Phillips	Brightview	Dec-18				
Nuc Med	GE	Discovery NM	Jan-17				
						Total	**756**
Ancillary Services			First year of Service			Exclusive Use?**	Number of tests/treatments per calendar year
Radiation Therapy							2019
Interal Radiation Therapy							
External Radiation Therapy							
Systemic Radiation Therapy							
Other*:							
Lithotripsy							
Renal Dialysis							
Sleep Studies							
Other*:							
*If OTHER, please list each service							
**If YES, please explain:							

Part 1. Capacity & Utilization Reporting Form - Data Elements - State of Alaska Certificate of Need Program		
Facility Name:	*Alaska Regional Hospital*	
Person Completing Form: *Jennifer Opsut*	*Contact Information:*	*907.264.1755*

A. In-Patient Acute Care Capacity

	Calendar Year 2020	
Type of Service	Number of Beds	Billable Patient Days
Licensed Beds Total:	250	40,219
If facility designates beds according to service please report accordingly - if not, report as Med/Surg beds		
Med/Surg Beds	113	27,299
# licensed as swing beds^	0	
Intensive Care Unit Beds	14	5,495
Cardiac Care Beds	13	1,997
Obstetrics Beds*	21	1,409
Pediatric Beds	4	105
NICU Bassinets**	10	772
Acute Rehabilitation Beds	10	3,142
Other -- specify type, and if counted as licensed (Yes or No):	65 Internal Med	-

^ Report Swing Bed Patient Days according to their use (acute med/surg care or long term care)

* Includes LDRP - Labor, delivery, recovery, postpartum, birthing rooms, observation beds. "Day use only" beds not counted as licensed beds should be reported under "other."

B. Long-Term Care

(1) Capacity by Calendar Year, and July 1 Census

Calendar Year	Calendar Year 2020	
	Number of Beds	July 1 Census
Intermediate Care Facility	0	N/A
Skilled Nursing Facility	0	N/A
Assisted Living Facility	0	N/A
Hospice Facility	0	N/A

(2) Bed Days for Calendar Year By Age Group for Skilled Nursing Facilities (SNF) and Intermediate Care Facilities (ICF)

	SNF Bed Days	ICF Bed Days
Age 0-64	0	N/A
Age 65-74	0	N/A
Age 75-84	0	N/A
Age 85+	0	N/A
Total	0	N/A

C. Surgical Care

Calendar Year	Calendar Year 2020	
	Number of Suites	Number of Patients***
Suites for In-Pt or Out-Pt Surgery	11	7,750
Day Surgery or Dedicated Outpatient Suites	11	4,074
Endoscopy Suites	2	1,883
Open-Heart Surgery Suites	1	239
Organ Transplantation Suites	0	-
Cardiac Catherization Suites	2	396
Cardiac Electrophysiology Suites	1	162
Other Suites (list) Proced Room	2 L&D Ors	159
***"Patient" refers to an individual served on a particular day regardless of the number of procedures performed.		

D. Behavioral Health Care

Calendar Year	Calendar Year 2020	
	Beds	Patient Days
In-patient Acute Psychiatric Beds		
Adult	0	N/A
Youth	0	N/A
RPTC - Level 5		
Adult	0	N/A
Youth	0	N/A
In-patient Substance Abuse Beds		
Adult	0	N/A
Youth	0	N/A
Please specify age criteria in facility:		

E. Emergency Department

Calendar Year	Calendar Year 2020	
Type of Service	Rooms	Visits
	16 ED with 4 fast trck and 4 hallway chairs for surg	29,511

Part 2. Service Capacity Data Reporting Form - Data Elements - State of Alaska Certificate of Need Program							
Facility Name:							
Person Completing Form:		*Contact Information:*					
Diagnostic Imaging Services							**Number of Scans per Calendar Year**
CT Scanner	Slice Speed	Make/Model	in Service	Other*	Scanner?	Use?**	**2020**
GE Optima 6605	32	GE Optima 6605	Apr-19		Yes	Yes	
GE Revolution	64	GE Revolution HD 60 HVY CTM	Sep-19		Yes	Yes	
						Total	**12,417**
MRI	Tesla	Make/Model	in Service	Other*	Scanner?	Use?**	**2020**
GE	1.5	GE Artist	Oct-19		Yes	Yes	
						Total	**2,932**
PET or PET/CT		Make/Model	First Year in Service	Full Body or Other*			**2020**
N/A		N/A	N/A	N/A	N/A	N/A	
						Total	**0**
Ultrasound							**2020**
GE Logiq E10	N/A	5935000 E10	Jun-19		No	Yes	
GE Logiq S8	N/A	Logiq S8 R4	Mar-19		No	Yes	
GE Logiq E9	N/A	5205000-3	Feb-14		No	Yes	
GE Logiq P5	N/A	5329654	Apr-10		No	Yes	
GE Logiq E9	N/A	5205000-8	Sep-15		No	Yes	
						Total	**6,256**
Mammography							**2020**
Hologic	N/A	Selenia	Jun-07		No	Yes	
HOlogic	N/A	Dimensions	Aug-17		No	Yes	
						Total	**4,104**
Other							**2020**
XR 1	GE	GE Discovery XR656 G2	Mar-17				
XR 2							
XR 3	GE	GE P500	Mar-13				
XR 4	GE	GE ADVNTX DRS	Nov-00				
						Total	**27,777**
Nuc Med	Phillips	Brightview	Dec-18				
Nuc Med	GE	Discovery NM	Jan-17				
						Total	**993**
Ancillary Services			First year of Service			Exclusive Use?**	
Radiation Therapy							
Interal Radiation Therapy		N/A	N/A	N/A	N/A	N/A	
External Radiation Therapy		N/A	N/A	N/A	N/A	N/A	
Systemic Radiation Therapy		N/A	N/A	N/A	N/A	N/A	
Other*:		N/A	N/A	N/A	N/A	N/A	
Lithotripsy		N/A	N/A	N/A	N/A	N/A	
Renal Dialysis		N/A	N/A	N/A	N/A	N/A	
Sleep Studies		N/A	N/A	N/A	N/A	N/A	
Other*:							
*If OTHER, please list each service							
**If YES, please explain:							

Part 1. Capacity & Utilization Reporting Form - Data Elements - State of Alaska Certificate of Need Program

Facility Name: Alaska Regional Hospital

Person Completing Form: Jennifer Opsut, CEO Contact Information: jennifer.opsut@hcahealthcare.com

A. In-Patient Acute Care Capacity

	Calendar Year 2021	
Type of Service	Number of Beds	Billable Patient Days
Licensed Beds Total:	250	45,387
If facility designates beds according to service please report accordingly - if not, report as Med/Surg beds		
Med/Surg Beds	113	16,881
# licensed as swing beds^	0	N/A
Intensive Care Unit Beds	14 (20 during high surge for COVID)	3,233
Cardiac Care Beds	13	4,263
Obstetrics Beds*	21	1,326
Pediatric Beds	4	22
NICU Bassinets**	10	268
Acute Rehabilitation Beds	10	3,283
Other -- specify type, and if counted as licensed (Yes or No):	65 Internal Med	16,111

^ Report Swing Bed Patient Days according to their use (acute med/surg care or long term care)

* Includes LDRP - Labor, delivery, recovery, postpartum, birthing rooms, observation beds. "Day use only" beds not counted as licensed beds should be reported under "other."

B. Long-Term Care

(1) Capacity by Calendar Year, and July 1 Census

Calendar Year	Calendar Year 2021	
	Number of Beds	July 1 Census
Intermediate Care Facility	0	N/A
Skilled Nursing Facility	0	N/A
Assisted Living Facility	0	N/A
Hospice Facility	0	N/A

(2) Bed Days for Calendar Year By Age Group for Skilled Nursing Facilities (SNF) and Intermediate Care Facilities (ICF)

	SNF Bed Days	ICF Bed Days
Age 0-64	0	N/A
Age 65-74	0	N/A
Age 75-84	0	N/A
Age 85+	0	N/A
Total	0	N/A

C. Surgical Care

Calendar Year	Calendar Year 2021	
	Number of Suites	Number of Patients***
Suites for In-Pt or Out-Pt Surgery	11	8,669
Day Surgery or Dedicated Outpatient Suites	11	5,235
Endoscopy Suites	2	2,769
Open-Heart Surgery Suites	1	150
Organ Transplantation Suites	0	-
Cardiac Catherization Suites	2	1438
Cardiac Electrophysiology Suites	1	220
Other Suites (list) Proced Room	2 L&D ORS	140
***"Patient" refers to an individual served on a particular day regardless of the number of procedures performed.		

D. Behavioral Health Care

Calendar Year	Calendar Year 2021	
	Beds	Patient Days
In-patient Acute Psychiatric Beds		
Adult	0	N/A
Youth	0	N/A
RPTC - Level 5		
Adult	0	N/A
Youth	0	N/A
In-patient Substance Abuse Beds		
Adult	0	N/A
Youth	0	N/A

Please specify age criteria in facility:

E. Emergency Department

Calendar Year	Calendar Year 2021	
Type of Service	Rooms	Visits
	16 ED With 4 Fast track and 4 hallway chairs for surg	33,547

Part 2. Service Capacity Data Reporting Form - Data Elements - State of Alaska Certificate of Need Program							
Facility Name: Alaska Regional Hospital							
Person Completing Form: Jennifer Opsut, CFO			*Contact Information: jennifer.opsut@hcahealthcare.com*				
Diagnostic Imaging Services							Number of Scans per Calendar Year
CT Scanner	Slice Speed	Make/Model	First	Full Body		Exclusive	2021
	32	GE Optima 660	Apr-19			Yes	
	64	GE Revolution HD 60 HVY CTM	Sep-19			Yes	
						Total	**14,273**
MRI	Tesla	Make/Model	First	Full Body		Exclusive	2021
GE	1.5	GE Artist	Oct-19			Yes	**3,135**
PET or PET/CT		Make/Model	First Year in Service	Full Body or Other*			2021
N/A		N/A	N/A	N/A			N/A
Ultrasound							2021
GE Logiq E10	N/A	5935000 E10	Jun-19			Yes	
GE Logiq S8	N/A	Logiq S8 R4	Mar-19			Yes	
GE Logiq E9	N/A	5205000-3	Feb-14			Yes	
GE Logiq P5	N/A	5329654	Apr-10			Yes	
GE Logiq E9	N/A	5205000-8	Sep-15			Yes	
						Total	**7,175**
Mammography							2021
Hologic	N/A	Selenia Dimensions	Feb-22			Yes	
Hologic	N/A	Selenia Dimensions	Aug-17			Yes	
						Total	**3,378**
Other							**2021**
XR 1	GE	GE Discovery XR656 G2	Mar-17				
XR 2							
XR 3	GE	GE P500	Mar-13				
XR 4	GE	GE ADVNTX DRS	Nov-00				
						Total	**30,589**
Nuc Med	Phillips	Brightview	Dec-18				
Nuc Med	GE	Discovery NM	Jan-17				
						Total	**1,095**
Ancillary Services			First year of Service			Exclusive Use?**	
Radiation Therapy							
Interal Radiation Therapy		N/A	N/A	N/A	N/A	N/A	
External Radiation Therapy		N/A	N/A	N/A	N/A	N/A	
Systemic Radiation Therapy		N/A	N/A	N/A	N/A	N/A	
Other*:		N/A	N/A	N/A	N/A	N/A	
Lithotripsy		N/A	N/A	N/A	N/A	N/A	
Renal Dialysis		N/A	N/A	N/A	N/A	N/A	
Sleep Studies		N/A	N/A	N/A	N/A	N/A	
Other*:							
*If OTHER, please list each service							
**If YES, please explain:							

Part 1. Capacity & Utilization Reporting Form - Data Elements - State of Alaska Certificate of Need Program		
Facility Name: Alaska Regional Hospital		
Person Completing Form: Rob Stantus *Contact Information:* robert.stantus@hcahealthcare.com		
A. In-Patient Acute Care Capacity		
	Calendar Year 2022	
Type of Service	Number of Beds	Billable Patient Days
Licensed Beds Total:	250	47512
If facility designates beds according to service please report accordingly - if not, report as Med/Surg beds		
Med/Surg Beds	113	16128
# licensed as swing beds^	0	
Intensive Care Unit Beds	14	5761
Cardiac Care Beds	13	4185
Obstetrics Beds*	24	1647
Pediatric Beds	4	203
NICU Bassinets**	10	852
Acute Rehabilitation Beds	10	3143
Other -- specify type, and if counted as licensed (Yes or No):	65 internal med	15593
^ Report Swing Bed Patient Days according to their use (acute med/surg care or long term care)		
* Includes LDRP - Labor, delivery, recovery, postpartum, birthing rooms, observation beds. "Day use only" beds not counted as licensed beds should be reported under "other."		
B. Long-Term Care		
(1) Capacity by Calendar Year, and July 1 Census		
Calendar Year	Calendar Year 2022	
	Number of Beds	July 1 Census
Intermediate Care Facility	0	N/A
Skilled Nursing Facility	0	N/A
Assisted Living Facility	0	N/A
Hospice Facility	0	N/A
(2) Bed Days for Calendar Year By Age Group for Skilled Nursing Facilities (SNF) and Intermediate Care Facilities (ICF)		
	SNF Bed Days	ICF Bed Days
Age 0-64	0	N/A
Age 65-74	0	N/A
Age 75-84	0	N/A
Age 85+	0	N/A
Total	0	N/A
C. Surgical Care		N/C. Surgical C
Calendar Year	Calendar Year 2022	
	Number of Suites	Number of Patients***
Suites for In-Pt or Out-Pt Surgery	11	3408
Day Surgery or Dedicated Outpatient Suites	11	5164
Endoscopy Suites	2	2651
Open-Heart Surgery Suites	1	96
Organ Transplantation Suites	0	0
Cardiac Catherization Suites	2	1315
Cardiac Electrophysiology Suites	1	258
Other Suites (list) Proced Room	2 L&D Ors	153
***"Patient" refers to an individual served on a particular day regardless of the number of procedures performed.		

D. Behavioral Health Care

Calendar Year	Calendar Year 2022	
	Beds	Patient Days
In-patient Acute Psychiatric Beds		
Adult	0	N/A
Youth	0	N/A
RPTC - Level 5		
Adult	0	N/A
Youth	0	N/A
In-patient Substance Abuse Beds		
Adult	0	N/A
Youth	0	N/A

Please specify age criteria in facility:

E. Emergency Department

Calendar Year	Calendar Year 2022	
Type of Service	Rooms	Visits
	16 Rooms with 4 fast track bays, 4 recliners in the hallways and 6 strecthers in the hallways for surg	38876

Part 2. Service Capacity Data Reporting Form - Data Elements - State of Alaska Certificate of Need Program							
Facility Name:	*Alaska Regional Hospital*						
Person Completing Form: Rob Stantus					robert.stantus@hcahealthcare.com		
Diagnostic Imaging Services							Number of Scans per Calendar Year
CT Scanner	Slice Speed	Make/Mode	Service	Other*	Scanner?	Use?**	2022
	32	GE Optima 660	Apr-19			Yes	
	64	GE Revolution HD 60 HVY CTM	Sep-19			Yes	
Total							18,760
MRI	Tesla	Make/Mode	Service	Other*	Scanner?	Use?**	2022
	1.5	GE Artist	Oct-19			Yes	4318
PET or PET/CT		Make/Mode	First Year in Service	Full Body or Other*			2022
		N/A	N/A	N/A		N/A	
Ultrasound							
GE Logiq E10	N/A	5935000 E10	Jun-19			Yes	
GE Logiq S8	N/A	Logiq S8 R4	Mar-19			Yes	
GE Logiq E9	N/A	5205000-3	Feb-14			Yes	
GE Logiq P5	N/A	5329654	Apr-10			Yes	
GE Logiq E9	N/A	5205000-8	Sep-15			Yes	
							5140
Mammography							
Hologic	N/A	Selenia Dimensions	Feb-22			Yes	
Hologic	N/A	Selenia Dimensions	Aug-17			Yes	
Total							6344
Other							
XR 1	GE	GE Discovery XR656 G2	Mar-17			Yes	
XR 2						Yes	
XR 3	GE	GE P500	Mar-13			Yes	
XR 4	GE	GE ADVNTX DRS	Nov-00			Yes	
						Total	**50,614**
Nuc Med	Phillips	Brightview	Dec-18			Yes	
Nuc Med	GE	Discovery NM	Jan-17			Yes	
						Total	**631**
Radiation Therapy							2022
Interal Radiation Therapy		N/A	N/A			N/A	
External Radiation Therapy		N/A	N/A			N/A	
Systemic Radiation Therapy		N/A	N/A			N/A	
Other*:		N/A	N/A			N/A	
Lithotripsy		N/A	N/A			N/A	
Renal Dialysis		N/A	N/A			N/A	
Sleep Studies		N/A	N/A			N/A	
Other*:		N/A	N/A			N/A	
**If YES, please explain:							

APPENDIX E

PAMC - Annual CON Data 2022

Part 1. Capacity & Utilization Reporting Form - Data Elements - State of Alaska Certificate of Need Program		
Facility Name: Alaska Medical Center		
Person Completing Form: Nicholas Zubach		
Contact Information: 916-769-0474		
A. In-Patient Acute Care Capacity		
	Calendar Year 2022	
Type of Service	Number of Beds	Billable Patient Days
Licensed Beds Total:	401	106,284
If facility designates beds according to service please report accordingly - if not, report as Med/Surg beds		
Med/Surg Beds	0	60,130
# licensed as swing beds^		
Intensive Care Unit Beds	0	8,150
Cardiac Care Beds	0	2,420
Obstetrics Beds*	0	6,364
Pediatric Beds	0	5,974
NICU Bassinets**	0	14,161
Acute Rehabilitation Beds	0	3,356
Other -- specify type, and if counted as licensed (Yes or No): Adult and Adolesncent Mental Health Beds, Yes they are licensed.	0	5,729
^ Report Swing Bed Patient Days according to their use (acute med/surg care or long term care)		
reported under "other."		
B. Long-Term Care		
(1) Capacity by Calendar Year, and July 1 Census		
Calendar Year	Calendar Year 2022	
	Number of Beds	July 1 Census
Intermediate Care Facility		
Skilled Nursing Facility		
Assisted Living Facility		
Hospice Facility		
(2) Bed Days for Calendar Year By Age Group for Skilled Nursing Facilities (SNF) and Intermediate Care Facilities (ICF)		
	SNF Bed Days	ICF Bed Days
Age 0-64		
Age 65-74		
Age 75-84		
Age 85+		
Total		
C. Surgical Care		
Calendar Year	Calendar Year 2022	
	Number of Suites	Number of Patients***
Suites for In-Pt or Out-Pt Surgery	16	9,460
Day Surgery or Dedicated Outpatient Suites		
Endoscopy Suites	3	3,271
Open-Heart Surgery Suites	2	518
Organ Transplantation Suites		
Cardiac Catherization Suites	4	3,949
Cardiac Electrophysiology Suites	2	1,026

Other Suites (list) Proced Room		
***Patient* refers to an individual served on a particular day regardless of the number of procedures performed.		

D. Behavioral Health Care

Calendar Year	Calendar Year 2022	
	Beds	Patient Days
In-patient Acute Psychiatric Beds	0	5,729
Adult	19	3,809
Youth	15	1,920
RPTC - Level 5		
Adult		
Youth		
In-patient Substance Abuse Beds		
Adult		
Youth		

Please specify age criteria in facility:

E. Emergency Department

Calendar Year	Calendar Year 2022	
Type of Service	Rooms	Visits
	49	59,103