

**HEALTH SERVICES AND DEVELOPMENT AGENCY
SEPTEMBER 22, 2010
APPLICATION SUMMARY**

NAME OF PROJECT: Centennial Medical Center Emergency Department at Spring Hill

PROJECT NUMBER: CN1006-023

ADDRESS: Unaddressed site in NE quadrant of the intersection of Saturn Parkway and Kedron Road Spring Hill (Maury County), TN 37174

LEGAL OWNER: HCA Health Services of Tennessee, Inc.
c/o Centennial Medical Center
2300 Patterson Street
Nashville (Davidson County), TN 37203

OPERATING ENTITY: Not Applicable

CONTACT PERSON: John Wellborn
(615) 665-2022

DATE FILED: June 15, 2010

PROJECT COST: \$9,095,546.00

FINANCING: Cash transfer to applicant from parent, HCA, Inc.

PURPOSE FOR FILING: Establishment of a hospital satellite Emergency Department

DESCRIPTION:

Centennial Medical Center (CMC) is seeking approval for the establishment of a hospital satellite Emergency Department and initiation of emergency care services at an unaddressed site in the NE quadrant of the intersection of Saturn Parkway and Kedron Road, Spring Hill (Maury County), TN 37174. The land was acquired in 2006 by the applicant's parent company's real estate entity, HCA Realty, Inc., for the proposed Spring Hill Hospital. The applicant plans to utilize 3.00 acres of the 91 acre property for construction of a two story, 34,000 square

foot medical office building (MOB). The ground floor of the MOB will contain leased space for a 9,601 square foot satellite Emergency Department. The remainder of the site will contain a 176 slot parking lot, a helipad and circulation roads. The residual acreage will be held in trust by the real estate subsidiary for future undesignated developments.

With separate entrances for "walk-in" patients arriving by private vehicle and those arriving by ambulance, the ground level CMC satellite Emergency Department, will contain:

Department	Services	Rooms/Stations/Equipment
Emergency	Triage	
Emergency	Oversized Treatment Room <i>(labeled Trauma on floor plan)</i>	1 station
Emergency	Standard Size Multi-use Exam/Treatment Rooms <i>((Adult & Peds)</i>	7 stations
Medical Imaging to support the ED	CT Ultrasound X-ray	1 - 16 slice 1 1
Laboratory		

Besides the clinical treatment areas, the facility will include a reception and waiting area with bathrooms on the "walk-in" side, an EMS work room on the ambulance entry side, a nourishment area, offices and support spaces at various locations for service to the patient care areas. *Detailed floor plans of the proposed CMC satellite Emergency Department are provided in Attachment B.IV. of the original application. The applicant has provided a letter from Earl Swenson Associates indicating the facility will be built to meet all applicable codes and health care facility planning standards.* The remainder of the MOB will be dedicated to offices for leasing to private physician office practices.

The applicant indicates the proposed project, as a satellite Emergency Department of Centennial Medical Center (which is located 36 miles to the north, just west of downtown Nashville), will provide full service emergency care 24 hours-a-day, 7 days a week, to adult and pediatric patients who seek Emergency Services in Spring Hill. The Spring Hill satellite ED will be staffed by the same Emergency Physician group which staffs CMC's main Emergency Department and will provide the same clinical competencies as the main ED. The Emergency Physician group is headed by Mark T. Byram, M.D., a Board Certified Emergency Medicine specialist. When consultation with other medical specialists will be required, the applicant indicates the process will be handled in the same manner as it has been on the main campus, through telecommunication

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consultation. With its parent company's (HCA) experience with fifteen (15) hospital satellite Emergency Departments in other parts of the country, the CMC satellite Emergency Department expects to focus on patients seeking primary diagnosis and care. Approximately 89% of its visits are expected to be recorded as Levels 1, 2, and 3 which are patients with lower acuity levels and less severe conditions than the more severe and complex patient conditions of Level 4 and 5 (*for further detail and description of the levels of care by CPT code, see the responses to question B.6.B on page 44a of the original application and question 11 on page 19 of the supplemental response: level 1 corresponds to CPT code 99281 (lowest acuity patient), Level 2 (CPT Code 99282), Level 3 (CPT Code 99283), Level 4 (CPT Code 99284), while level 5 corresponds to (CPT Code 99285 - highest acuity patient)*). On pages 28-29 of the original application, the applicant refers to its experience with freestanding emergency departments elsewhere in the US as having very few of their visits result in an inpatient admission. The freestanding facilities work with the public and with the emergency response teams to divert extremely serious patients (trauma, etc.) to hospitals with appropriate resources. The applicant states it has focused only on "outpatient" emergency visits. The applicant states "by "outpatient" the applicant means visits not resulting in an admission. Thus, for the majority of visits, the patient would be treated and discharged to their home. However, for those few patients where transfer to a hospital would be necessary, the applicant indicates federal rules for recognizing this facility as a satellite ED require that its transfers to hospital-level care at other locations be made to the satellite's main campus at Centennial unless (a) the patient or patient's representative requests transfer to a different hospital, or (b) the transfer is for a higher level of care than is available at Centennial. Centennial Medical Center already has a transfer agreement with Vanderbilt University Medical Center. If a the project is approved, CMC would plan to seek transfer agreements with Williamson Medical Center, Maury Regional Hospital and Saint Thomas Hospital which would be compliant with Federal regulations that apply to a satellite ED Department such as this (especially EMTALA 489.24). The Medical Imaging and Laboratory services will be dedicated to only supporting the Emergency Department and will not be providing outpatient diagnostic services to patients of the physicians housed in the adjacent medical practices in the proposed MOB or other physicians' practices in the community.

Centennial Medical Center is owned and operated by HCA Health Services of Tennessee, Inc., a for-profit wholly owned subsidiary of Healthserv Acquisition, LLC, which is 100% owned by HealthTrust, Inc.-The Hospital Company, which, in turn, is wholly owned by HCA, Inc. *See the organization chart in Attachment A.4 of the original application.* HCA, Inc. (headquartered in Nashville, TN) is a privately held (mostly by investment banking firms and members of the Frist

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family) healthcare corporation. HCA owns and/or operates approximately 182 acute-care hospitals and ninety-four (94) ambulatory surgery centers in twenty-two (22) states across the United States, England and Switzerland. The Tennessee, southern Kentucky, and northern Georgia operating division of HCA is TriStar Health System, which runs 16 hospital facilities including four in Nashville, four more in the neighboring counties, three in Chattanooga, one in southern Kentucky and four in northern Georgia.

Centennial Medical Center is a 606 bed tertiary care referral hospital offering numerous specialty care programs including comprehensive heart, cancer and perinatal mother and infant care. The Joint Annual Report for 2009 indicates Centennial staffed 583 beds of its licensed 606 beds, for 66.6% licensed bed occupancy and 69.2% staffed bed occupancy.

The following provides the Department of Health's definition of the two bed categories pertaining to occupancy information provided in the Joint Annual Reports:

Licensed Beds - The maximum number of beds authorized by the appropriate state licensing (certifying) agency or regulated by a federal agency. This figure is broken down into adult and pediatric beds and licensed bassinets (neonatal intensive or intermediate care bassinets).

Staffed Beds - The total number of adult and pediatric beds set up, staffed and in use at the end of the reporting period. This number should be less than or equal to the number of licensed beds.

The applicant indicates the major impetus for development of this proposal is the high population growth which has occurred in the section of Middle Tennessee surrounding the City of Spring Hill, which sits on and is bisected by the county line separating Williamson and Maury Counties. In 2006, the applicant's parent company, HCA, proposed through another subsidiary building a 56-bed hospital on the same property. Although that application was approved by the Health Services and Development Agency, the decision was appealed by Williamson Medical Center and Maury Regional Hospital. After moving through several steps in the appeals process, the Spring Hill Hospital Certificate of Need (CN0604-028) was eventually overturned in the Davidson County Chancery Court in 2009. HCA decided not to continue further the appeals process for a hospital at the proposed site. However, HCA's analysis of and commitment to the Spring Hill community indicated that the size and growth of the area and its distance from hospital-based emergency services (15 miles and 20 minutes away in Columbia and 16 miles 16 minutes away in Franklin), warranted the development of a new Emergency Services facility in Spring Hill.

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Spring Hill grew from a village of approximately 1,464 people in 1990 to 7,715 in 2000 (Source: *City Government of Spring Hill website*). The community reached 17,235 residents in May 2005 and 23,462 residents in 2007, as documented by two Special Census studies certified by the Tennessee Department of Economic and Community Development. The applicant has selected as the primary service area for the facility Maury and Williamson Counties (*see map on page 21a of the original application*). The State of Tennessee Department of Health's position is to utilize the county population projections as the official population planning projections. They are as follows:

Maury and Williamson County-Based Service Area Population Projections

	2010	2014	% Change		2010 Elderly 65+	2014 Elderly 65+	% Change
Maury	82,238	86,179	4.7%		10,021	11,370	13.5%
Williamson	177,123	192,419	8.6%		15,888	19,604	23.4%
Total Primary Service Area	259,506	278,598	7.4%		25,909	30,974	19.5%
% Elderly 65+	10.0%	11.1%					
% TennCare Enrollees	9.2%						
Tennessee	6,254,654	6,470,546	3.5%		829,907	931,676	12.3%
% Elderly 65+	13.3%	14.4%					
% TennCare Enrollees	19.0%						

Source: TN Department of Health Division of Health Statistics, Population Projections 2010-2020

However, the applicant states the project will not actually serve the entire area of both counties. Rather, it will serve areas (*geographically designated by six zip codes*) of these counties that are more accessible (*in drive time*) to the project site in Spring Hill than to the hospital-based Emergency Departments in Columbia and Franklin (*see map on page 21b of the original application*). These zip codes and the communities used to identify their base post offices are provided below:

- | | |
|-------|--------------------|
| 37174 | Spring Hill |
| 37179 | Thompson's Station |
| 37046 | College Grove |
| 37064 | Franklin |
| 38482 | Santa Fe |
| 38401 | Columbia |

Note to Agency members: The geographic boundaries designated by the zip codes do not coincide with the geopolitical boundaries of any of the communities whose names are

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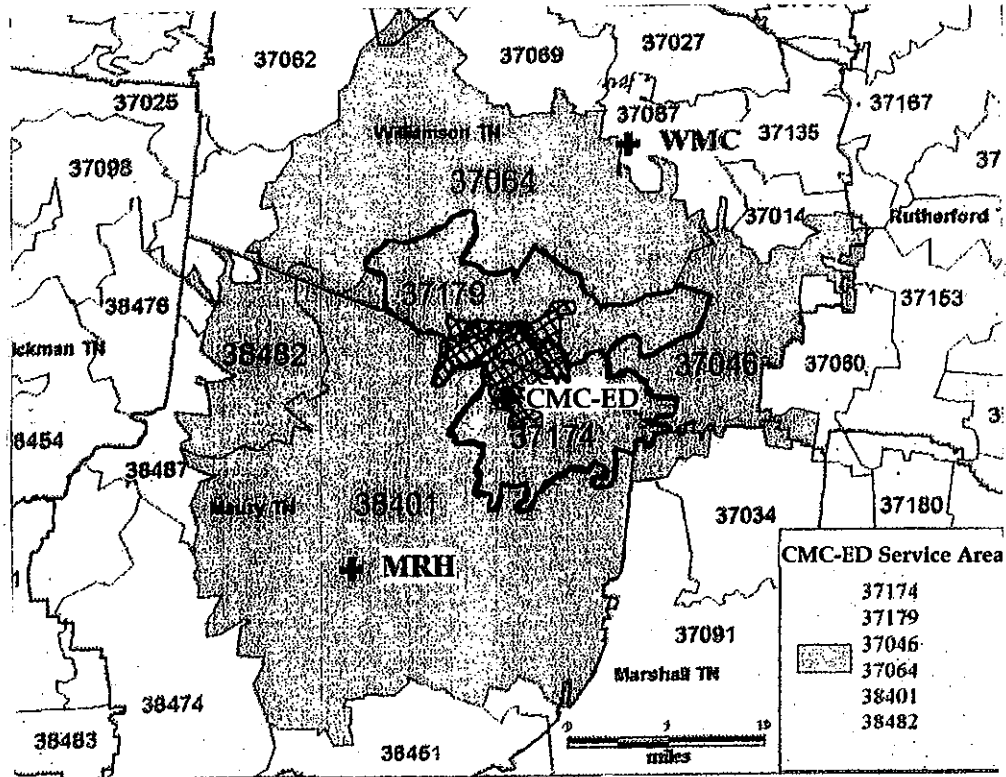
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matched to the zip codes (shown on the map on page 21b of the original application). The geographic boundaries of zip codes 37179 and 37174 areas cover a much larger geographic area than the City of Spring Hill boundaries in which the 2005 City-wide Special Census was taken. The city limits are designated within the cross-hatched area on the map below. Zip Code 37179 not only incorporates Spring Hill, but also includes the town of Thompson's Station, a large portion of the land to the west and north and a portion of the land to the northeast known as College Grove.

Map of CMC-ED Service Area



* Crosshatched area added by HSDA staff to denote Spring Hill City Limits

The smallest population unit provided by the State Department of Health population projections is the county level. The US Census Bureau and the University of Tennessee's Center for Business and Economic Research provide county and municipality population figures as determined by their geopolitical boundaries. Therefore, it is not possible to verify by the use of publically available sources the validity of the private vendor's generated zip code population estimates and projections due to the boundaries being significantly different as shown on the map above. The chart provided on the next page shows the significant variability between publicly available municipality-based figures and the zip code-based projections supplied by the private demographic data vendor.

The applicant's private vendor, Scan USA, has projected growth in the six zip codes surrounding and including the City of Spring Hill to 148,692 residents in 2010, and more than 169,000 residents by 2014, a 13.7% increase. *Information regarding the professional credentials and experience of Scan USA in performing as a population demographic data vendor and its methodology were provided on page 10 of the supplemental response and the subsequent ten pages. Also provided by the applicant is a chart comparing the Scan/US projection with those of two other private demographic data vendors (Claritas and ESRI).* The applicant estimates 38,296 persons currently reside in the two zip codes closest to the project: Spring Hill's zip code (population estimate: 26,693) and Thompson's Station's zip code (population estimate: 11,603). By 2014, the applicant's private vendor estimates population of these two zip codes will grow 22% to 46,709 residents: 32,715 in Spring Hill's zip code and 13,994 in Thompson's Station's zip code.

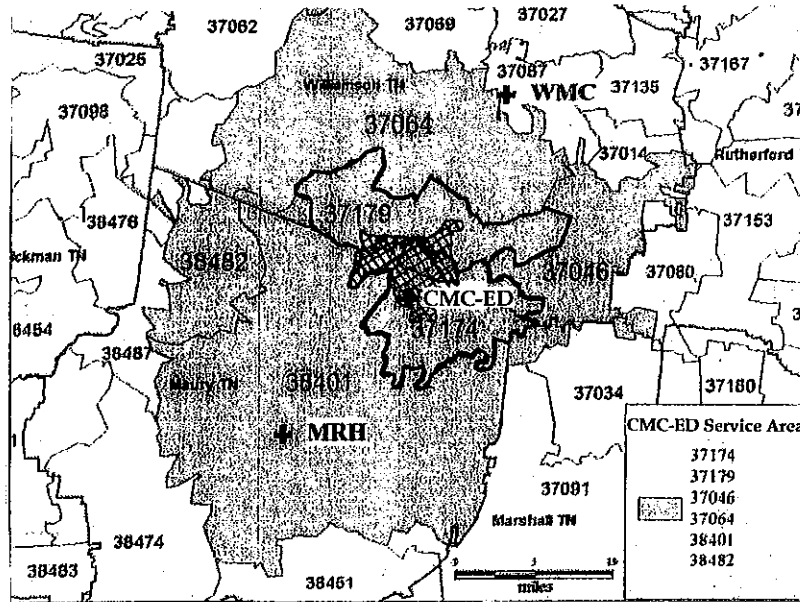
Spring Hill & Thompson Station Population Projections

	Geographic Boundary Unit	Spring Hill & Thompson Station	2007 Special Census	2009/2010
Public Demographic Sources				
TN Department of Health	County Level Only	-	-	-
US Census Bureau - 2009 & 2015	Municipality	Spring Hill	23,462	27,369
		Thompson Station, town		2,269
		Total		29,638
UT Ctr for Business & Economic Research & TN Advisory Commission on Intergovernmental Relations -2010 & 2 015	Municipality	City of Spring Hill & Town of Thompson Station		21,444
		Total		
Private Demographic Data Vendors				
Scan/USA for Applicant, CMC - 2010 & 2014	Zip Code	Spring Hill - (37174) & Thompson Station - (37179)		38,296
		Total		
Claritas-2010 & 2014	Zip Code	Spring Hill - (37174) & Thompson Station - (37179)		37,390
		Total		
ESRI -2010 & 2013	Zip Code	Spring Hill - (37174) & Thompson Station - (37179)		37,711
		Total		

The applicant submitted a Travel Time Study conducted by Gresham Smith and Partners in 2006. The applicant indicates the significance of the study is important since their experience in several Middle Tennessee hospitals is that more than 80% of the emergency department visitors (even those in the most acute conditions) come to the emergency department in personal vehicles rather than in ambulances. The study recorded the drive times by non-emergency vehicles along various routes to the Emergency Departments at Williamson Medical Center in Franklin and Maury Regional Hospital in Columbia at varying times during the day from five selected locations within a five mile radius of the proposed project site. All were within the two closest zip codes to the proposed project site. *The full study was submitted as part of the supplemental response.* According to the applicant's chartered study, the drive times varied from 5 to 35 minutes at most times of the day, producing an average of 25 minute drive time. The applicant maintains continued development of residences and businesses within the past four years within the Spring Hill area (particularly along US Hwy 31) has lengthened these times. Although conducted in 2006, CMC believes the report is still sufficiently valid to support the application's contention that a full-time, around-the-clock emergency services facility in Spring Hill will significantly increase local resident's access to emergency services.

Note to Agency members: Seventy-one percent of the population of CMC's defined service area reside in the two zip codes incorporating Franklin (37064) and Columbia (38401) and includes the Maury Regional Hospital in Columbia. Williamson Medical Center, whose zip code is 37067 in Franklin, is immediately adjacent to 37064 where the majority of the zip code's population is concentrated. There are areas in zip codes 38401 and 37064 that are a closer commute to the services available at the existing hospitals' Emergency Departments than to the proposed project.

Map of CMC-ED Service Area



* Crosshatched area added by HSDA staff to denote Spring Hill City Limits

From the applicant's projections on pages 32f-32j by volume by patient origin and summarized in the table below, it is apparent the applicant's focus is primarily on Spring Hill and Thompson Station zip codes (averaging 60% of the project's patient volume over the first five years of the project). The zip code (38401) which includes Columbia and Maury Regional Hospital is also significantly impacted as the applicant's projected visits reflect an average of 31% of the project's volume during the same period.

CMC's Projection of ED Patient Origins from within the Proposed Service Area

Zip Code - City	2010 Population	2013 (YR. 1)	2014 (YR. 2)	2015	2016	2017	Average % of Patient Volume
37174 - Spring Hill	26,693	3,317	3,478	3,639	3,801	3,962	44%
37179 - Thompson Station	11,603	1,323	1,381	1,440	1,498	1,558	16%
38401 - Columbia	58,726	2,551	2,610	2,670	2,729	2,789	31%
37064 - Franklin	46,165	397	406	416	425	435	5%
37046 - College Grove	3,809	228	235	241	248	254	3%
38482 - Santa Fe	1,696	50	51	51	51	51	1%
Total Population	148,692						
All ED Visits		7,866	8,161	8,457	8,752	9,049	10%

Source: CN 1006-023

Spring Hill's health care resources have been growing as well over the past four years. The number of medical practitioners serving the community has doubled, the number of urgent care clinics has quadrupled, an Outpatient Diagnostic Center has been added by Maury Regional Hospital, and a third ambulance service has been added. *Note to Agency Members: In the inventory presented below, references to the Spring Hill's 2006 health care resources are sourced to the HSDA Staff Summary of the Spring Hill Hospital (CN0604-028). Following page 14 of the supplemental response, the applicant has provided an update to the availability of health care resources currently (as of June 28, 2010) serving the community. The degree of growth identified at the beginning of this paragraph is based upon the information in the 2006 HSDA staff summary and the supplemental response in this application. A summary of Spring Hill's health care resources in 2006 and 2010 follows:*

Spring's Hill Medical Coverage: In 2006, the community's medical needs were being attended to by 9 full time primary care practitioners and 2 medical specialists and 11 medical sub-specialists who scheduled office hours in Spring Hill on a half day/week basis. As of June 28, 2010, there were 20 primary care physicians practicing in Spring Hill, representing family practice, pediatricians, obstetrics and gynecology, dermatology, cardiology and pain management. In addition, 17 medical and surgical specialists, representing 11 medical specialties commute to Spring Hill offering office hours at varying times during the week.

Spring's Hill Urgent Care Clinic Coverage: In April 2006, Maury Regional Hospital (MRH) opened an Urgent Care Clinic which had office hours 8AM to 4:30PM, seven days per week. It was staffed by the 3 family practice physicians and a family practice physician's assistant who also practiced in the Family Health Group offices next door. Today, the MRH Urgent Care Clinic is open from 8:00AM-8:00PM Monday-Thursday, and 8AM-7:30 PM, Friday-Sunday. Vanderbilt Medical Group offers a Walk-In clinic from 7:30AM-7:30PM Monday through Friday and from 8AM-5PM on Saturday and Sunday. American's Family Doctors have office hours from 8AM-5:30PM Monday through Thursday, 8AM-5PM on Friday and 9AM-12PM on Saturday and Sunday. A Minute Clinic, staffed by a nurse practitioner, is open at the CVS Pharmacy from 8AM-7PM Monday-Friday, 9AM-5:30PM Saturday, and 10AM-5:30 PM on Sunday.

Spring's Hill Outpatient Diagnostic Center Coverage: When Maury Regional Hospital opened an Outpatient Diagnostic Center in the same building as its Urgent Care Center in September 2006 with scheduled hours from 7AM-6PM, Monday-Friday. It offers the following diagnostic imaging modalities: MRI, CT, diagnostic X-ray, ultrasound and mammography. Laboratory services operate

from 8AM-4:30PM. Centennial Medical Center's Medical Clinic at Spring Hill also offers CT and diagnostic x-ray from 8:00AM-5:00PM Monday-Friday.

Emergency Medical Services are provided by the Spring Hill Fire Department, Rural/Metro EMS, Maury County EMS, and Williamson County EMS. Spring Hill has its own 911 Call Center, which dispatches the Spring Hill Rescue Squads and the respective County's EMS ambulance. All services have first responder agreements with the Spring Hill Fire Department. Both Spring Hill Fire Stations (southwest Beechcroft Rd and northeast Campbell Station Pkwy) have around the clock staffing by Emergency Medical Technicians (EMTs). The applicant states response times for both the Spring Hill Fire Department and the Rural/Metro EMS are within five minutes. The applicant does not include the response times for Williamson EMS and Maury EMS.

The Spring Hill community's hospital-based Emergency Medical Services are primarily served by two hospitals, Maury Regional Hospital, a 255-bed acute care facility, 15.4 miles and 20 minutes to the south in Columbia and Williamson Medical Center, a 185-bed acute care facility, 16.4 miles and 16 minutes to the north-northeast in Franklin. Based on the Joint Annual Reports provided to the Department of Health, the utilization of both facilities over the past four years are as follows:

	2006 ED Patients Presenting	2007 ED Patients Presenting	2008 ED Patients Presenting	2009 (Provisional) ED Patients Presenting
Maury Regional Hospital	43,587	45,697	44,088	42,014
Williamson Medical Center	31,601	33,905	36,331	35,894
Total	75,188	79,602	80,419	77,998

Source: Tennessee Department of Health, Joint Annual Reports 2006, 2007, 2008, 2009 (Provisional)

In order to establish a potential projected volume for the proposed satellite Emergency Department, the applicant utilized the data from the THA database and identified outpatient ED visits (i.e., levels 1-3) to all destinations in each service area zip code. *This description is abbreviated; for a more detailed description see pages 29-31 of the original application.* Using the Scan/USA population projections, the applicant calculated a current service area zip code outpatient ED use rate. Applying the use rate to future population projections, ED usage projections by the service areas residents were calculated. Using HCA's experience in opening other ED's in suburban areas of Middle Tennessee, the applicant applied estimates of ED utilization rates by populations depending upon the distances of their residences from the ED. For example, the applicant estimated that 73% of the Spring Hill and Thompson Station Level 1-3 visits would come to the

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proposed Spring Hill ED because of its proximity to these zip codes. Lesser percentages ranging from 38% down to 6% were assumed for visits from other zip codes not as close.

The applicant projections of utilization for the proposed ED are shown in the table below. The applicant projects receiving a total market share of only 18% of the service area's total outpatient ED visits in 2014.

	2013 (YR. 1)	2014 (YR. 2)	2015	2016	2017
Level 1-3	6,991	7,243	7,496	7,747	8,000
Level 4-5	875	918	961	1,005	1,049
All ED Visits	7,866	8,161	8,457	8,752	9,049
X-rays	3,760	3,901			
CT Scans	608	638			
Ultrasounds	102	106			

Source: CN1006-023

Based upon the above projected utilization numbers, the Projected Data Chart shows the project will be profitable during the first year of operation, showing a 4% margin on \$15,310,000 of Gross Operating Revenues. The Average Gross Charge per Visit is estimated to be \$1,947/visit. The Average Deduction from Operating Revenue will reduce the Average Net Charge to \$464/visit. The Average Margin per Visit after Expenses is estimated to be \$79/visit. The second year Average Gross Charge in year two is calculated to be \$2,050. Deductions from Revenue reduce the Average Net Charge to \$474/visit. The second year's Average Margin per Visit after Expenses calculates to be \$91/visit. CMC projects a staff of 27.8 FTE's in this project in Year Two (CY 2014) (*see the staffing chart following page 50 of the original application*). The applicant indicates the proposed project will serve all area citizens who are clinically appropriate for care in an Emergency Department, regardless of their insurance source or status. CMC will operate this facility under its hospital license; and CMC already contracts with all area TennCare MCO's except AmeriGroup. However, coverage of AmeriGroup patients is not an issue because all TennCare plans reimburse for their enrollee's care in an Emergency Department, regardless of whether the provider is contracted to the plan. Medicare revenues are expected to be \$2,296,500 in year one (15% of Gross Operating Revenues, while TennCare revenues are calculated at \$4,286,800 (28% of the Gross Operating Revenues).

On page 12 of the application, the applicant states judging from statements made by local residents in the 2006 hearings on a hospital in Spring Hill, patients seeking an emergency facility to assess and treat their conditions would doubtless prefer quicker access to that care. "The applicant believes that approximately half of such patients in the Spring Hill and Thompson Station zip

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codes, and approximately one fifth of them in the College Grove zip code, and eleven percent or fewer of them in the other three zip codes, would prefer to use a Spring Hill Emergency Department." The City Council of Spring Hill has adopted a resolution in support of the proposed project. The Chamber of Commerce of Spring Hill has also passed a support resolution. Thompson Station's Town Council has decided to take no action regarding support. The community is served by four urgent care centers staffed by primary care physicians and nurse practitioners which provide coverage for urgent care need (similar to the acuity care levels 1-3) seven days a week from 8AM to 8PM. There appears to be a local time gap in urgent care coverage from 8PM-8AM daily. *On page 17 of the supplemental response, the applicant anticipates from its experience with other Middle Tennessee Emergency Departments that over 15% of its visits will occur within this timeslot.* However, hospital-based Emergency Services coverage is available around the clock within a 16-20 minute commute by private vehicle. Travel times for transport of patients by emergency vehicles were not provided in the application. Emergency Medical Response Services provided by Emergency Medical Technicians and ambulance transportation services are reported to be available within response times of 5 minutes of a call to the Emergency Call number 911. The response times are reported to be faster than the national averages (*see the second page following page 8 of the supplemental response*).

The total estimated project cost is \$9,095,546 of which \$6,957,753 is actual capital cost. Construction costs (with contingency) account for \$2,679,930, while equipment and Information Technology & Support costs are budgeted at \$3,836,893. The Fair Market Value of the leased space is \$1,725,793. The maintenance contract for the CT scanner amounts to \$412,000. The applicant indicates the construction costs will be \$258 per square foot (SF). *The applicant provides comparable construction costs per square foot for other similar hospital projects recently submitted and approved by the Agency which are shown on page 37.*

The applicant states HCA, Inc. will provide all funding required for the project, by a cash transfer from HCA to CMC. A letter from Chief Financial Officer from HCA's TriStar Division indicates HCA will provide financing in the amount of \$7,000,000 to the applicant through the TriStar Division. A review of HCA's 12/31/09 Financial Statements revealed current assets of \$6.577 billion including cash and cash equivalents of \$312 million. HCA's current ratio is 1.52:1.

In summary, based on the sources identified on page 7 of this summary, the population range of the Spring Hill/Thompson Station communities is currently approximately 30,000 - 38,000, the project will be funded by HCA, and based on

the combined current (2009) volume of ER visits at Williamson Medical Center and Maury Regional Hospital, 77,908 visits, and based on the applicant's projected volume of 7,816 in 2013, the applicant is projecting a market share of approximately 10%.

The applicant has submitted the required corporate documents, real estate option to lease agreement, major medical equipment quotations with their FDA approvals and maintenance contract quotations, and service area population demographic data. Staff will have a copy of these documents available for member reference at the meeting. Copies are also available for review at the Health Services and Development Agency office.

Should the Agency vote to approve this project, the CON would expire in three years as requested by the applicant.

CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT:

There are no other Letters of Intent, denied or pending applications for this applicant.

Outstanding Certificate of Need

Centennial Medical Center, CN0710-079A, has an outstanding Certificate of Need which will expire on March 1, 2011. It was approved at the January 23, 2008 Agency meeting for the renovation of 155,022 square feet of space, the addition of 113,416 square feet of newly constructed space (total construction area involved is 268,438 square feet), the addition of fifty-one (51) acute care medical/surgical beds, and acquisition of major medical equipment, including one (1) angiography-equipped operating room and one (1) Cyberknife. The net impact on the hospital's licensed bed complement will be an increase from 606 beds to 657 beds. The estimated project cost is **\$143,026,343.00** *Project Status: A March 30, 2010 Annual Progress Report states the Cyberknife Renovation of the project has been completed and was operational as of June 2009; The Cancer Center is slated to be complete in August 2010; and the drawings are complete and are currently in the review process with the State of Tennessee for the cardiology Expansion and Renovation. The cardiology phase of the project started construction in May 2010 and is proceeding as scheduled.*

HCA has financial interests in this project and the following:

Denied Applications:

Spring Hill Hospital, CN0604-028D, was approved at the July 26, 2006 Agency meeting to establish and develop a fifty-six (56) acute care bed general hospital. The Certificate of Need was set to expire on September 1, 2009. The project also included the acquisition of a magnetic resonance imaging (MRI) unit and a computerized tomography (CT) unit and the initiation of MRI services. Upon licensure approval fifty-six (56) beds were to be de-licensed from two (2) of HCA's Middle Tennessee hospitals. Twenty-eight (28) beds were to be de-licensed from each of Horizon Medical Center in Dickson (Dickson County), TN and Hendersonville Medical Center in Hendersonville (Sumner County), TN. The estimated project cost was **\$105,000,000.00**. *Reason for Denial: The HSDA approved CON application proceeded through several levels of the CON appeals process. In September 2009, the Davidson County Chancery Court denied the CON.*

Spring Hill Hospital, Spring Hill (Maury County), TN, CN0804-031D, was denied at the July 23, 2008 Agency Meeting. The application was for the acquisition of a linear accelerator and the initiation of linear accelerator services at the approved hospital campus site. This project was filed as a simultaneous review of Vanderbilt Maury Radiation Oncology, L.L.C., CN0804-024. The estimated cost was projected to be **\$7,500,614.00**. *Reason for Denial: The approval of Vanderbilt Maury Radiation Oncology, LLC has satisfied the need for additional capacity.*

Stonecrest Medical Center, CN0809-072D, was denied at the December 17, 2008 Agency meeting. The application was for the construction of a six (6) bed neonatal intensive care unit (NICU) and the initiation of Level II-B NICU services. Stonecrest Medical Center is authorized for one hundred one (101) hospital beds. This project was to add another six (6) licensed NICU beds increasing the hospital's authorized bed complement to one hundred seven (107) beds. Estimated project cost was **\$2,774,900**. *Reason for Denial: the application did not meet statutory criteria*

Pending Application:

Parkridge Medical Center, CN1006-025, has a pending application deferred to be heard at the December 2010 Agency meeting for the conversion and re-designation of twenty-five (25) geriatric psychiatric beds to twenty-five (25) acute medical surgical beds. Upon approval/implementation, Parkridge Medical Center will not longer provide adult psychiatric services at this campus. The main campus of Parkridge Medical Center has 275 licensed general hospital beds, and the total number of licensed hospital beds at the main campus will not

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change as a result of this proposed project. **The estimated project cost is \$1,535,948.00.**

Parkridge Medical Center d/b/a Parkridge Valley Adult Services, CN1006-026, has a pending application deferred to be heard at the December 2010 Agency meeting for the conversion and re-designation of thirty-two (32) child and adolescent psychiatric beds and thirty-two (32) residential beds to sixty-four (64) adult psychiatric beds. The facility is currently licensed owned by ABS Lincs TN, Inc. and is licensed as a mental health hospital. After its acquisition by Parkridge Medical Center, Inc. and upon implementation of the proposed certificate of need, the name will be changed to Parkridge Valley Adult Services and it will be licensed as a satellite hospital of Parkridge Medical Center, Inc. This will result in a thirty-two (32) hospital bed increase at Parkridge Valley Adult Services (these 32 beds are currently licensed as residential C & A mental health treatment Beds). If the companion application of Parkridge Valley Hospital, (also a satellite facility of Parkridge Medical Center), CN1006-027, which includes the de-licensure of twenty-two (22) hospital beds is approved, the result will be a net increase of ten (10) hospital beds for Parkridge Medical Center, Inc. The estimated project cost is **\$ 4,748,159.00.**

Parkridge Valley Hospital, CN1006-027, has a pending application scheduled to be heard at the September 22, 2010 Agency meeting for 1) the addition of sixteen (16) child and adolescent psychiatric beds. These beds were previously added to the license of Parkridge Medical Center, Inc. d/b/a, Parkridge Valley Hospital pursuant to Emergency Certificate of Need, CN1001-005AE, which expires on September 26, 2010. The proposed CON would replace the emergency CON and make the sixteen (16) bed addition to the license permanent. The portion of the application that proposed the conversion and re-designation of twenty-six (26) adult psychiatric beds to twenty-six (26) child and adolescent psychiatric beds has been withdrawn. The estimated project cost is **\$135,500.00.**

Outstanding Certificates of Need

Skyline Medical Center (Madison Campus), CN0804-029A, has an outstanding Certificate of Need which will expire on October 1, 2011. It was approved at the August 27, 2008 Agency meeting for the initiation of a hospital based sixteen (16) bed residential alcohol and drug (A & D) treatment service for adolescents with a stay of greater than twenty-eight (28) days, and the re-designation of sixteen (16) acute care beds to adolescent A & D treatment beds. *Project Status: In an Annual Progress Report received on April 14, 2010, the applicant states the project is "currently on hold". According to the applicant, upon completion of the project renovation the contract with the Department of Children's Services would have been less than a year*

CENTENNIAL MEDICAL CENTER EMERGENCY DEPARTMENT

AT SPRING HILL

CN1006-023

SEPTEMBER 22, 2010

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without the assurance of a continuing contractual agreement. State budget dollars had not yet been appropriated for the following fiscal year at the time of negotiations. Skyline Madison was seeking a multi-year contract to support the capital investment of \$600,000. Both parties determined that the optimal window for opening this service has been exceeded. While there is continued interest, there are no immediate plans to move this project forward at this time. The estimated project cost is \$600,000.00

Natchez Trace Surgery Center, CN1002-011A, has an outstanding Certificate of Need which will expire on June 1, 2012. It was approved at the May 26 2010, Agency meeting for the establishment of an ambulatory surgical treatment center (ASTC) with three (3) operating rooms and three (3) procedure rooms. Upon approval, CN0801-001A will be surrendered which is for a similar facility at this site. The intent of the application was to change the project's organizational form to permit physician participation. When the six (6) new surgical rooms are licensed and operational, Horizon Medical Center will cease to staff five (5) of its operating and procedure rooms. The net impact of the project will increase Dickson County's total number of staff operating and procedure rooms by one (1) room, from nine (9) to ten (10) total rooms. The project did not include major medical equipment, initiate or discontinue any health care service; and does not involve any inpatient beds. The estimated project cost is **\$13,073,892.00**. *Progress Status: This project was recently approved.*

CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:

There are no other Letters of Intent, denied or pending applications or outstanding Certificates of Need for other entities proposing this type of service.

PLEASE REFER TO THE REPORT BY THE DEPARTMENT OF HEALTH, DIVISION OF HEALTH STATISTICS, FOR A DETAILED ANALYSIS OF THE STATUTORY CRITERIA OF NEED, ECONOMIC FEASIBILITY, AND CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE IN THE AREA FOR THIS PROJECT. THAT REPORT IS ATTACHED TO THIS SUMMARY IMMEDIATELY FOLLOWING THE COLOR DIVIDER PAGE.

(9/9/10)

LETTER OF INTENT

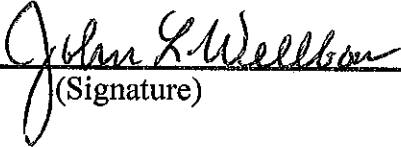
LETTER OF INTENT -- HEALTH SERVICES & DEVELOPMENT AGENCY

The Publication of Intent is to be published in the Tennessean, which is a newspaper of general circulation in Maury County, Tennessee, on or before June 10, 2010, for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. Sections 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Centennial Medical Center Emergency Department at Spring Hill (a proposed satellite emergency department of Centennial Medical Center, a hospital), to be owned and managed by HCA Health Services of Tennessee, Inc. (a Tennessee corporation), intends to file an application for a Certificate of Need for a satellite emergency department facility in the City of Spring Hill, at an estimated cost of \$9,200,000. The project will be located at an unaddressed site in the northeast quadrant of the intersection of Saturn Parkway and Kedron Road, approximately three miles west of I-65 at Exit 53 (the Saturn Parkway exit).

Centennial Medical Center in Nashville is licensed by the Board for Licensing Healthcare Facilities as a 606-bed general hospital. The Spring Hill satellite ED facility will provide emergency diagnostic and treatment services, for which all necessary diagnostic services will be available, including laboratory, X-ray, ultrasound, and CT scanning. It will not contain major medical equipment, or initiate or discontinue any other health service, or affect any facility's licensed bed complements.

The anticipated date of filing the application is on or before June 15, 2010. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 2000 Glen Echo Road, Suite 122, Nashville, TN 37215, (615) 665-2022.

 (Signature) 6-8-10 (Date) jwdsg@comcast.net (E-mail Address)

ORIGINAL
APPLICATION



1. **Name of Facility, Agency, or Institution**

2010 JUN 15 PM 12:56

Centennial Medical Center Emergency Department at Spring Hill

Name Unaddressed site in NE quadrant of the intersection of
Saturn Parkway and Kedron Road Maury

Street or Route
Spring Hill

TN

County
37174

City

State

Zip Code

2. **Contact Person Available for Responses to Questions**

John Wellborn

Name

Title

Development Support Group

jwdsg@comcast.net

Company Name

Email address

2000 Glen Echo Road, Suite 122 Nashville

TN 37215

Street or Route

City

State

Zip Code

Consultant

615-665-2022

615-665-2042

Association with Owner

Phone Number

Fax Number

3. **Owner of the Facility, Agency or Institution**

HCA Health Services of Tennessee, Inc.
c/o Centennial Medical Center

615-342-1040

Name

Phone Number

2300 Patterson Street

Davidson

Street or Route

County

Nashville

TN

37203

City

State

Zip Code

4. **Type of Ownership of Control (Check One)**

A. Sole Proprietorship _____

B. Partnership _____

C. Limited Partnership _____

D. Corporation (For Profit) xx _____

E. Corporation (Not-for-Profit) _____

F. Government (State of TN or
Political Subdivision) _____

G. Joint Venture _____

H. Limited Liability Company _____

I. Other (Specify) _____

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND
REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

5. **Name of Management/Operating Entity (If Applicable)** NA

Name _____

Street or Route _____

County _____

City _____

ST _____

Zip Code _____

ATTACH A COPY OF THE DRAFT CONTRACT FOR NEW FACILITIES OR FINAL CONTRACT FOR EXISTING FACILITIES

6. **Legal Interest in the Site of the Institution (Check One)**

- | | | | |
|-------------------------|-------|--------------------|-----------------|
| A. Ownership | _____ | D. Option to Lease | _____ xx |
| B. Option to Purchase | _____ | E. Other (Specify) | _____ |
| C. Lease of _____ Years | _____ | | |

ATTACH A COPY OF THE TITLE/DEED, OPTION TO PURCHASE AGREEMENT, OPTION TO LEASE AGREEMENT, OR OTHER APPROPRIATE DOCUMENTATION.

7. **Type of Institution (Circle Letter(s) as appropriate--more than one response may apply)**

- | | | | |
|--|-----------------|--|-----------------|
| A. Hospital (Specify) <u>general</u> | _____ xx | G. Nursing Home | _____ |
| B. Ambulatory Surgical Treatment Center (ASTC) | _____ | H. Outpatient Diagnostic Center | _____ |
| C. Home Care Organization | _____ | I. Recuperation Center | _____ |
| D. Mental Health Hospital | _____ | J. Rehabilitation Facility | _____ |
| E. Mental Health Residential Treatment Facility | _____ | K. Residential Hospice | _____ |
| F. Mental Retardation Institutional Habilitation Facility (ICF/MR) | _____ | L. Other Outpatient Facility (Specify) <u>Satellite ED</u> | _____ xx |
| | | M. Other (Specify) _____ | _____ |

8. **Purpose of Review (Circle Letter(s) as appropriate--more than one response may apply)**

- | | | | |
|--|-----------------|---|-----------------|
| A. New Institution | _____ | G. Change in Beds [Please note the type of change by underlining the appropriate response: Increase, Decrease, Designation, Distribution, Conversion, Relocation] | _____ |
| B. Replacement/Existing Facility | _____ | | |
| C. Modification/Existing Facility | _____ | | |
| D. Initiation of Significant Health Care Service (Specify) _____ | | | |
| <u>emergency care</u> | _____ xx | | |
| E. Discontinuance of OB Services | _____ | H. Change of Location | _____ |
| F. Acquisition of Equipment | _____ | I. Other (Specify) <u>Satellite ED</u> | _____ xx |

9. Bed Complement Data

Please indicate current and proposed distribution and certification of facility beds.

	<u>Current Beds Licensed</u>	<u>*CON</u>	<u>Staffed Beds</u>	<u>Beds Proposed</u>	<u>TOTAL Beds at Completion</u>
A. Medical					
B. Surgical	291	27	273		318
C. Long-Term Care Hospital					
D. Obstetrical	57		50		57
E. ICU/CCU	66	24	66		90
F. Neonatal	60		60		60
G. Pediatric					
H. Adult Psychiatric	116		116		116
I. Geriatric Psychiatric	16		16		16
J. Child/Adolescent Psychiatric					
K. Rehabilitation					
L. Nursing Facility (non-Medicaid Certified)					
M. Nursing Facility Level 1 (Medicaid only)					
N. Nursing Facility Level 2 (Medicare only)					
O. Nursing Facility Level 2 (dually certified Medicaid/Medicare)					
P. ICF/MR					
Q. Adult Chemical Dependency					
R. Child and Adolescent Chemical Dependency					
S. Swing Beds					
T. Mental Health Residential Treatment					
U. Residential Hospice					
TOTAL	<u>606</u>	<u>51</u>	<u>581</u>		<u>657</u>

*CON-Beds approved but not yet in service

10. Medicare Provider Number 0440161
Certification Type general hospital

11. Medicaid Provider Number 0440161
Certification Type general hospital

12. If this is a new facility, will certification be sought for Medicare and/or Medicaid? See p. 4

13. Identify all TennCare Managed Care Organizations/Behavioral Health Organizations (MCOs/BHOs) operating in the proposed service area. Will this project involve the treatment of TennCare participants? _____ If the response to this item is yes, please identify all MCOs/BHOs with which the applicant has contracted or plans to contract.
 See p. 4
Discuss any out-of-network relationships in place with MCOs/BHOs in the area.

A.12. IF THIS IS A NEW FACILITY, WILL CERTIFICATION BE SOUGHT FOR MEDICARE AND/OR MEDICAID?

This is a satellite emergency department for an existing hospital that is certified for both Medicare and Medicaid/TennCare. No further certifications are required. The satellite facility will participate in both programs.

A.13. IDENTIFY ALL TENNCARE MANAGED CARE ORGANIZATIONS / BEHAVIORAL HEALTH ORGANIZATIONS (MCO'S/BHO'S) OPERATING IN THE PROPOSED SERVICE AREA. WILL THIS PROJECT INVOLVE THE TREATMENT OF TENNCARE PARTICIPANTS? Yes IF THE RESPONSE TO THIS ITEM IS YES, PLEASE IDENTIFY ALL MCO'S WITH WHICH THE APPLICANT HAS CONTRACTED OR PLANS TO CONTRACT.

DISCUSS ANY OUT-OF-NETWORK RELATIONSHIPS IN PLACE WITH MCO'S/BHO'S IN THE AREA.

<u>Available TennCare MCO's</u>	<u>Applicant's Relationship</u>
Select	contracted
AmeriChoice	contracted
AmeriGroup	not contracted at this time

SECTION B: PROJECT DESCRIPTION

B.I. PROVIDE A BRIEF EXECUTIVE SUMMARY OF THE PROJECT NOT TO EXCEED TWO PAGES. TOPICS TO BE INCLUDED IN THE EXECUTIVE SUMMARY ARE A BRIEF DESCRIPTION OF PROPOSED SERVICES AND EQUIPMENT, OWNERSHIP STRUCTURE, SERVICE AREA, NEED, EXISTING RESOURCES, PROJECT COST, FUNDING, FINANCIAL FEASIBILITY AND STAFFING.

Proposed Services and Equipment

- Centennial Medical Center is an HCA tertiary care facility serving Middle Tennessee. Centennial proposes to develop a satellite Emergency Department (ED) in the City of Spring Hill, on land that was acquired in 2006 for the proposed Spring Hill Hospital. The proposed ED will be developed in leased space in a two-story medical office building that HCA will cause to be constructed there. The property is west of I-65, near the Saturn Parkway exit. It is approximately 15 miles from the ED in Columbia (Maury County) and 18 miles from the ED in Franklin (Williamson County).
- The proposed satellite ED will operate as a Department of Centennial Medical Center. It will be a full-service Emergency Department, operating seven days a week, 24 hours a day. It will be staffed by the same Emergency Physician group that staffs Centennial's main ED and will provide the same clinical competencies as the main ED.
- The proposed 9,601 square foot facility will have 1 oversize treatment room and 7 standard multi-use treatment rooms. Treatment rooms will be fully equipped and supplied to care for adult and pediatric cases. Its ancillary services will include CT, ultrasound, lab, and X-ray to support emergency care.

Ownership Structure

- The facility will be a satellite department of Centennial Medical Center, which is owned by HCA Health Services of Tennessee, Inc., whose ultimate parent company is HCA, Inc.
- Attachment A.4 contains more details, an organization chart, and information on the Tennessee facilities owned by this facility's parent organization.

Service Area

- The projected primary service area consists of six zip codes in Maury and Williamson Counties. Utilization from these zip codes will consist of residents who live close to the project site. That will include all of the Spring Hill and Thompson Station zip codes, and the northern sector of the Columbia zip code. Some additional utilization is anticipated from residents of nearby sectors of the Santa Fe, Franklin (southern sector), and College Grove zip codes.

Need

- The Spring Hill area near I-65 is a high-growth section of Middle Tennessee. It is located south of the Brentwood, Cool Springs, and Franklin areas that have also grown rapidly along I-65. Commercial population sources estimate that in 2010, the Spring Hill and Thompson Station zip codes' have a combined population of 38,296 persons. This closely matches the population of Columbia, and exceeds the populations of more than half of Tennessee 's counties.
- The drive times between Spring Hill and the hospital emergency departments in Columbia and Franklin are significant. As population has increased in this area, drive times have lengthened due to density of housing and commercial development along roads leading to those emergency facilities. A population this large would benefit significantly from having faster access to a full-service Emergency Department.

Existing Resources

- The Emergency Departments closest to Spring Hill area residents are at Williamson Medical Center in Franklin (Williamson County) and at Maury Regional Hospital in Columbia (Maury County). They are approximately 18 and 15 miles away, respectively-- a drive time that can take 20 to 30 minutes by personal vehicle (which is how the great majority of patients are transported to EDs).

Project Cost, Funding, and Financial Feasibility

- The estimated cost of the project for CON purposes is \$9,095,546, of which \$6,957,753 is actual capital cost. The balance represents the market value of the office building space that the project will lease, and the operational expenses for annual maintenance of the CT unit.
- The approximately \$7,000,000 of capital funding required to implement the project will be provided by HCA, Inc., the applicant's parent company, by intercompany cash transfers through TriStar, the division office for HCA in Middle Tennessee.
- The project is projected to operate with a positive margin. It will serve all area citizens who are clinically appropriate for care in an Emergency Department, regardless of their insurance source or status. Centennial will operate this facility under its hospital license; and Centennial already contracts with all area MCO's except AmeriGroup. However, coverage of AmeriGroup patients is not an issue because all TennCare plans reimburse for their enrollee's care in an Emergency Department, regardless of whether the provider is contracted to the plan.

Staffing

- The applicant will staff this satellite department to the same levels of clinical competencies as in its Nashville ED, so that any patient who could be treated at the Centennial Medical Center ED in Nashville could also be treated at the Spring Hill satellite, 24/7.
- The applicant projects a staff of 27.8 FTE's in this project in Year Two (CY2014).

B.II. PROVIDE A DETAILED NARRATIVE OF THE PROJECT BY ADDRESSING THE FOLLOWING ITEMS AS THEY RELATE TO THE PROPOSAL.

B.II.A. DESCRIBE THE CONSTRUCTION, MODIFICATION AND/OR RENOVATION OF THE FACILITY (EXCLUSIVE OF MAJOR MEDICAL EQUIPMENT COVERED BY T.C.A. 68-11-1601 *et seq.*) INCLUDING SQUARE FOOTAGE, MAJOR OPERATIONAL AREAS, ROOM CONFIGURATION, ETC.

Location of the Project

The project will be constructed in leased, ground-floor space, in a two-story, 34,000 square foot medical office building (MOB). This MOB will be developed on property acquired by HCA in 2006, for the construction of the Spring Hill Hospital. The property is 3 miles west of Exit 53 (Saturn Parkway) on I-65, in the northeast quadrant of the intersections of Saturn Parkway and Kedron Road, between Kedron Road and I-65. The property is in the City of Spring Hill, in north Maury County close to the Williamson County line. Location and site maps are in Attachment C, Need--3 at the back of the application.

Design of the Project

The ED design has 6,901 SF of floor space, with separate entrances for patients arriving by personal vehicle ("walk-ins") and those arriving by ambulance. The walk-in entrance leads into a reception and waiting area with bathrooms, and a triage station. Beyond that are the CT, X-ray, and laboratory areas. On the west side of the building, inside the ambulance entry, are eight treatment rooms surrounding a large nursing station. That side also has an EMS room, patient bathrooms, and a nourishment area. Offices and support spaces are provided at several locations.

Operation of the Project

If granted CON approval in 2010, the Centennial Medical Center ED at Spring Hill will open by January 1, 2013. It will offer emergency care to both adult and pediatric patients, 7 days a week, 24 hours a day. It will be operated as a satellite facility

of the Centennial Medical Center Emergency Department, under Centennial's hospital license. It will be supervised medically by Mark T. Byram, M.D., a leader in the emergency physician group that covers the Centennial Medical Center Emergency Department in Nashville.

Project Cost and Financing

The projected cost for CON purposes, which by rules must include operational expenses of the space lease and major equipment maintenance, is \$9,075,127. Of this, the actual capital cost requiring financing is projected to be \$6,957,753. HCA Inc., the applicant's parent company, will provide the applicant with all of the required financing. It will be accomplished by an intercompany cash transfer of approximately \$7,000,000, made through TriStar, HCA's local division office.

Ownership

Centennial Medical Center's owner, the CON applicant for the project, is HCA Health Services of Tennessee, Inc., whose ultimate parent company is HCA Inc. An organization chart in Attachment A.4 shows the chain of ownership and HCA's other owned facilities in Tennessee.

APPLICANTS WITH HOSPITAL PROJECTS (CONSTRUCTION COST IN EXCESS OF \$5 MILLION) AND OTHER FACILITY PROJECTS (CONSTRUCTION COST IN EXCESS OF \$2 MILLION) SHOULD COMPLETE THE SQUARE FOOTAGE AND COSTS PER SQUARE FOOTAGE CHARTS...

See Attachment B.II.A for this chart.

PLEASE ALSO DISCUSS AND JUSTIFY THE COST PER SQUARE FOOT FOR THIS PROJECT.

The construction cost for the project is estimated at \$2,475,000 including certain construction-related fees and expenses. For a 9,601-SF facility this is approximately \$258 PSF. This is consistent with the construction cost for ED expansion projects approved in recent years in Middle Tennessee and elsewhere in the State. Examples include:

<u>CON Number</u>	<u>Project</u>	<u>Construction Cost PSF</u>
CN0808-060	Summit Medical Center ED	\$310 (new area) \$234 (new + renovated areas)
CN0712-095	Crockett Hospital ED	\$341
CN0604-026	Bristol Regional Medical Center ED	\$325 (new + renovated areas)
CN0602-011	Maury Regional Hospital ED	\$335 (new area) \$268 (new + renovated areas)
CN0510-094	Northcrest Medical Center ED	\$290

IF THE PROJECT INVOLVES NONE OF THE ABOVE, DESCRIBE THE DEVELOPMENT OF THE PROPOSAL.

Not applicable.

B.II.B. IDENTIFY THE NUMBER AND TYPE OF BEDS INCREASED, DECREASED, CONVERTED, RELOCATED, DESIGNATED, AND/OR REDISTRIBUTED BY THIS APPLICATION. DESCRIBE THE REASONS FOR CHANGE IN BED ALLOCATIONS AND DESCRIBE THE IMPACT THE BED CHANGE WILL HAVE ON EXISTING SERVICES.

Not applicable; the project provides only outpatient emergency services.

B.II.C. AS THE APPLICANT, DESCRIBE YOUR NEED TO PROVIDE THE FOLLOWING HEALTH CARE SERVICES (IF APPLICABLE TO THIS APPLICATION):

- 1. ADULT PSYCHIATRIC SERVICES**
- 2. ALCOHOL AND DRUG TREATMENT ADOLESCENTS >28 DAYS**
- 3. BIRTHING CENTER**
- 4. BURN UNITS**
- 5. CARDIAC CATHETERIZATION SERVICES**
- 6. CHILD AND ADOLESCENT PSYCHIATRIC SERVICES**
- 7. EXTRACORPOREAL LITHOTRIPSY**
- 8. HOME HEALTH SERVICES**
- 9. HOSPICE SERVICES**
- 10. RESIDENTIAL HOSPICE**
- 11. ICF/MR SERVICES**
- 12. LONG TERM CARE SERVICES**
- 13. MAGNETIC RESONANCE IMAGING (MRI)**
- 14. MENTAL HEALTH RESIDENTIAL TREATMENT**
- 15. NEONATAL INTENSIVE CARE UNIT**
- 16. NON-RESIDENTIAL METHADONE TREATMENT CENTERS**
- 17. OPEN HEART SURGERY**
- 18. POSITIVE EMISSION TOMOGRAPHY**
- 19. RADIATION THERAPY/LINEAR ACCELERATOR**
- 20. REHABILITATION SERVICES**
- 21. SWING BEDS**

Need for Emergency Services in the Spring Hill Area

The service area close to Spring Hill continues to be one of the fastest-growing areas of the State. The need for emergency services in any area depends on the size of the population, and its access to care. A new Emergency services facility in Spring Hill area meets both tests.

a. Size of the Population Served

Section C(I)3 below provides details about the service area and its current and projected population. The six codes whose residents would be served in whole or in part by an Emergency Department in Spring Hill are growing faster, and are already more populous, than many other parts of lower Middle Tennessee. They have attained a size that merits a wide range of ambulatory services. This can be seen by looking at just two service area zip codes that are closest to the project site.

- The closest two zip codes are the Spring Hill and Thompson Station zip codes. Their current (2010) combined population of 38,296 persons is already larger than 54 of Tennessee's 95 counties. Most of those 54 counties have emergency facilities; but the Spring Hill area does not.
- The Spring Hill and Thompson Station zip codes already have a larger population than five nearby counties south of Maury and Williamson Counties: Giles, Lewis, Lincoln, Marshall, and Moore. Three of those five have hospitals with emergency departments.
- The Spring Hill and Thompson Station zip codes are projected to increase in population very rapidly during the next four years. They will reach a population of 46,709 persons in the third year of operation of this proposed ED facility. That population will be larger than the current 2010 population of two-thirds of Tennessee's counties (63 counties).

Access to Care

Over the past few years, acute care providers in Columbia, Franklin, and Nashville have sponsored development of multiple physician offices, a comprehensive Outpatient Diagnostic Center, and Urgent Care services in Spring Hill. It was obviously deemed important to make significant ambulatory services more accessible to the Spring Hill area, by placing ambulatory care resources within that community. The applicant believes that it is even more appropriate to place emergency services there, because the time required to reach the caregiver is so much more important to the emergency patient than to less distressed patients.

The drive times from the project site to existing emergency care in Columbia and Franklin vary by mode of transportation and by time of day. But the applicant's experience in its several Middle Tennessee hospitals is that more than 80% of ED visitors (even those in the most acute conditions) come to ED's in personal vehicles rather than in ambulances. Non-ambulance drive times from the Spring Hill area to the hospitals in Columbia and Franklin were professionally evaluated in 2006, when the area was less developed than today. Drive times were found to take approximately fifteen to thirty

minutes at most times of day. Average drive times can be reduced to a very few minutes, with the availability of full emergency services at this project in the City of Spring Hill.

Patients seeking an emergency facility to assess and treat their conditions would doubtless prefer quicker access to that care, judging from statements made by local residents in the 2006 hearings on a hospital in Spring Hill. The applicant believes that approximately half of such patients in the Spring Hill and Thompson Station zip codes, and approximately one fifth of them in the College Grove zip code, and eleven percent or fewer of them in the other three zip codes, would prefer to use a Spring Hill Emergency Department. This would result in a projected total visit level of 8,161 visits in CY2014, Year Two of the facility. Such utilization would allow operation at financially feasible levels, even with the "open door" service policy that emergency departments must observe for all arriving patients under the EMTALA statute.

Need for Eight Treatment Rooms for the Projected Utilization

Recommended ranges of treatment rooms for various levels of ED visits are published by the American Institute of Architects (AIA) and the American College of Emergency Physicians (ACEP). These standards are widely used in ED design.

Exhibit One-A below shows the Centennial Spring Hill Emergency Department's projected utilization over its first five full calendar years of operation, CY2013 through CY2017. Exhibit One-B on the following page shows the treatment rooms recommended by AIA/ACEP for this range of visits.

**EXHIBIT ONE-A
CENTENNIAL MEDICAL CENTER EMERGENCY DEPARTMENT
AT SPRING HILL
PROJECTED ANNUAL VISITS**

<u>Year</u>	<u>Visits</u>
1--2013	7,866
2--2014	8,161
3--2015	8,457
4--2016	8,752
5--2017	9,049

**EXHIBIT ONE-B
TREATMENT ROOM RECOMMENDATIONS (PARTIAL TABLE)
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS**

<u>Annual Visits</u>	<u>Low Range</u>	<u>High Range</u>
10,000	8	11
20,000	15	19

Source: AIA and ACEP

The Centennial ED at Spring Hill is designed with eight treatment rooms. These include seven multi-use rooms stocked for use for any type of patient, and one oversized room for trauma (required by hospital codes even though few if any trauma patients are expected at this facility). This is consistent with the AIA/ACEP room range in the above table.

Moreover, the room complement reflects HCA's experience with satellite ED facilities in other parts of the country. Eight rooms are well able to meet the needs of the service area population through CY2017 and beyond. The complement provides approximately one room per 1,131 visits in Year Five, which will allow for significant growth in utilization before an expansion is needed.

B.II.D. DESCRIBE THE NEED TO CHANGE LOCATION OR REPLACE AN EXISTING FACILITY.

Not applicable. The project is not for this purpose.

B.II.E. DESCRIBE THE ACQUISITION OF ANY ITEM OF MAJOR MEDICAL EQUIPMENT (AS DEFINED BY THE AGENCY RULES AND THE STATUTE) WHICH EXCEEDS A COST OF \$1.5 MILLION; AND/OR IS A MAGNETIC RESONANCE IMAGING SCANNER (MRI), POSITRON EMISSION TOMOGRAPHY (PET) SCANNER, EXTRACORPOREAL LITHOTRIPTER AND/OR LINEAR ACCELERATOR BY RESPONDING TO THE FOLLOWING:

1. For fixed site major medical equipment (not replacing existing equipment):
 - a. Describe the new equipment, including:
 1. Total Cost (As defined by Agency Rule);
 2. Expected Useful Life;
 3. List of clinical applications to be provided; and
 4. Documentation of FDA approval.
 - b. Provide current and proposed schedule of operations.
2. For mobile major medical equipment:
 - a. List all sites that will be served;
 - b. Provide current and/or proposed schedule of operations;
 - c. Provide the lease or contract cost;
 - d. Provide the fair market value of the equipment; and
 - e. List the owner for the equipment.
3. Indicate applicant's legal interest in equipment (e.g., purchase, lease, etc.) In the case of equipment purchase, include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.

Not applicable. The project contains no major medical equipment as listed in the CON statute and rules; and it contains no items of equipment costing \$2,000,000 or more.

B.III.A. ATTACH A COPY OF THE PLOT PLAN OF THE SITE ON AN 8-1/2" X 11" SHEET OF WHITE PAPER WHICH MUST INCLUDE:

1. SIZE OF SITE (IN ACRES);
2. LOCATION OF STRUCTURE ON THE SITE;
3. LOCATION OF THE PROPOSED CONSTRUCTION; AND
4. NAMES OF STREETS, ROADS OR HIGHWAYS THAT CROSS OR BORDER THE SITE.

PLEASE NOTE THAT THE DRAWINGS DO NOT NEED TO BE DRAWN TO SCALE. PLOT PLANS ARE REQUIRED FOR ALL PROJECTS.

See Attachment B.III.A for the site plan.

B.III.B.1. DESCRIBE THE RELATIONSHIP OF THE SITE TO PUBLIC TRANSPORTATION ROUTES, IF ANY, AND TO ANY HIGHWAY OR MAJOR ROAD DEVELOPMENTS IN THE AREA. DESCRIBE THE ACCESSIBILITY OF THE PROPOSED SITE TO PATIENTS/CLIENTS.

The project site is in an area of rapid commercial and residential growth, along the I-65 corridor. That area is not old or large enough to have developed urban public transportation such as bus lines. But the site is very quickly accessible to the residents of nearby parts of its service area, by private vehicles and ambulances. Access to the site from the north and south will be by U.S. Highway 31/Kedron Road and TN 396/Saturn Parkway/Kedron Road, and access from the east and west will be by TN 396/Saturn Parkway/Kedron Road. The applicant believes that the majority of area residents who will use the Spring Hill ED will also live or work within five to ten minutes' drive of it, by personal vehicle.

B.IV. ATTACH A FLOOR PLAN DRAWING FOR THE FACILITY WHICH INCLUDES PATIENT CARE ROOMS (NOTING PRIVATE OR SEMI-PRIVATE), ANCILLARY AREAS, EQUIPMENT AREAS, ETC.

See attachment B.IV.

IV. FOR A HOME CARE ORGANIZATION, IDENTIFY

- 1. EXISTING SERVICE AREA (BY COUNTY);**
- 2. PROPOSED SERVICE AREA (BY COUNTY);**
- 3. A PARENT OR PRIMARY SERVICE PROVIDER;**
- 4. EXISTING BRANCHES AND/OR SUB-UNITS; AND**
- 5. PROPOSED BRANCHES AND/OR SUBUNITS.**

Not applicable. The application is not for a home care organization.

C(I) NEED

2010 JUN 15 PM 12: 56

C(I).1. DESCRIBE THE RELATIONSHIP OF THIS PROPOSAL TO THE IMPLEMENTATION OF THE STATE HEALTH PLAN AND TENNESSEE'S HEALTH: GUIDELINES FOR GROWTH.

A. PLEASE PROVIDE A RESPONSE TO EACH CRITERION AND STANDARD IN CON CATEGORIES THAT ARE APPLICABLE TO THE PROPOSED PROJECT. DO NOT PROVIDE RESPONSES TO GENERAL CRITERIA AND STANDARDS (PAGES 6-9) HERE.

B. APPLICATIONS THAT INCLUDE A CHANGE OF SITE FOR A HEALTH CARE INSTITUTION, PROVIDE A RESPONSE TO GENERAL CRITERION AND STANDARDS (4)(a-c).

There are no project-specific criteria for a satellite Emergency Department.

Project-Specific Review Criteria: Construction, Renovation, Expansion, and Replacement of Health Care Institutions

1. Any project that includes the addition of beds, services, or medical equipment will be reviewed under the standards for those specific activities.

Not applicable. There are no Project-Specific Review Criteria for Emergency Departments.

2. For relocation or replacement of an existing licensed healthcare institution:

a. The applicant should provide plans which include costs for both renovation and relocation, demonstrating the strengths and weaknesses of each alternative.

b. The applicant should demonstrate that there is an acceptable existing or projected future demand for the proposed project.

Not applicable; this is not a relocation or replacement project.

3. For renovation or expansion of an existing licensed healthcare institution:

a. The applicant should demonstrate that there is an acceptable existing demand for the proposed project.

This is demonstrated in detail in Section C(I)6 below (Utilization Projections).

In CY2014, Year Two of the project's operation, the service area population will exceed 169,000 persons. Almost 47,000 persons will reside in just two of the service area zip codes closest to the project (Spring Hill and Thompson Station zip codes). This is a larger population than in two-thirds of Tennessee counties today.

In CY2014, Year Two of the project's operation, the service area will generate more than 46,538 ED visits, based on current ED visit rates by age cohort for this specific population.

In CY2014, 19,718 visits from this service area--more than 42% of the service area's projected total ED visits-- will be high-acuity Levels 4-5 patients who need to access emergency care as fast as possible. A significant number of those patients will live closer to Spring Hill than to other ED locations in Columbia and Franklin.

In CY2014, the applicant projects a total market share of only 18% of the service area's total ED visits. The applicant projects serving 8,161 patients (visits), of whom approximately 11% will be higher-acuity patients needing immediate diagnosis and intervention.

b. the applicant should demonstrate that the existing physical plant's condition warrants major renovation or expansion.

Not applicable.

C(I).2. DESCRIBE THE RELATIONSHIP OF THIS PROJECT TO THE APPLICANT'S LONG-RANGE DEVELOPMENT PLANS, IF ANY.

The applicant's parent company, HCA, purchased a large tract of land at this location in 2006, with the intention of bringing needed inpatient and outpatient acute care services, and additional physician specialists, into the large and rapidly growing communities around the City of Spring Hill.

HCA's 2006 CON application for a small community hospital on that site (Spring Hill Hospital) had overwhelming community support and was approved by the HSDA Board. However, it was then subjected to years of complex administrative and judicial appeals by Maury Regional Hospital and Williamson Medical Center. In 2009, HCA chose not to move the application through any further appeals.

This project differs greatly from the 2006 proposal. This project is a satellite of a Nashville tertiary hospital, to be constructed within a physician office building. It provides only outpatient emergency services. Emergency care was cited as a strong public need in the 2006 hospital proposal; and that need continues today as the community continues to grow. But this emergency facility is a stand-alone, independent proposal targeting the most immediate need of area residents, which is to be closer to medical help in emergency situations.

C(D).3. IDENTIFY THE PROPOSED SERVICE AREA AND JUSTIFY THE REASONABLENESS OF THAT PROPOSED AREA. SUBMIT A COUNTY-LEVEL MAP INCLUDING THE STATE OF TENNESSEE CLEARLY MARKED TO REFLECT THE SERVICE AREA. PLEASE SUBMIT THE MAP ON A 8-1/2" X 11" SHEET OF WHITE PAPER MARKED ONLY WITH INK DETECTABLE BY A STANDARD PHOTOCOPIER (I.E., NO HIGHLIGHTERS, PENCILS, ETC.).

County-Based Service Area

The project is located on the north edge of Maury County near the Williamson County line. So on a county level, the service area is Maury and Williamson Counties.

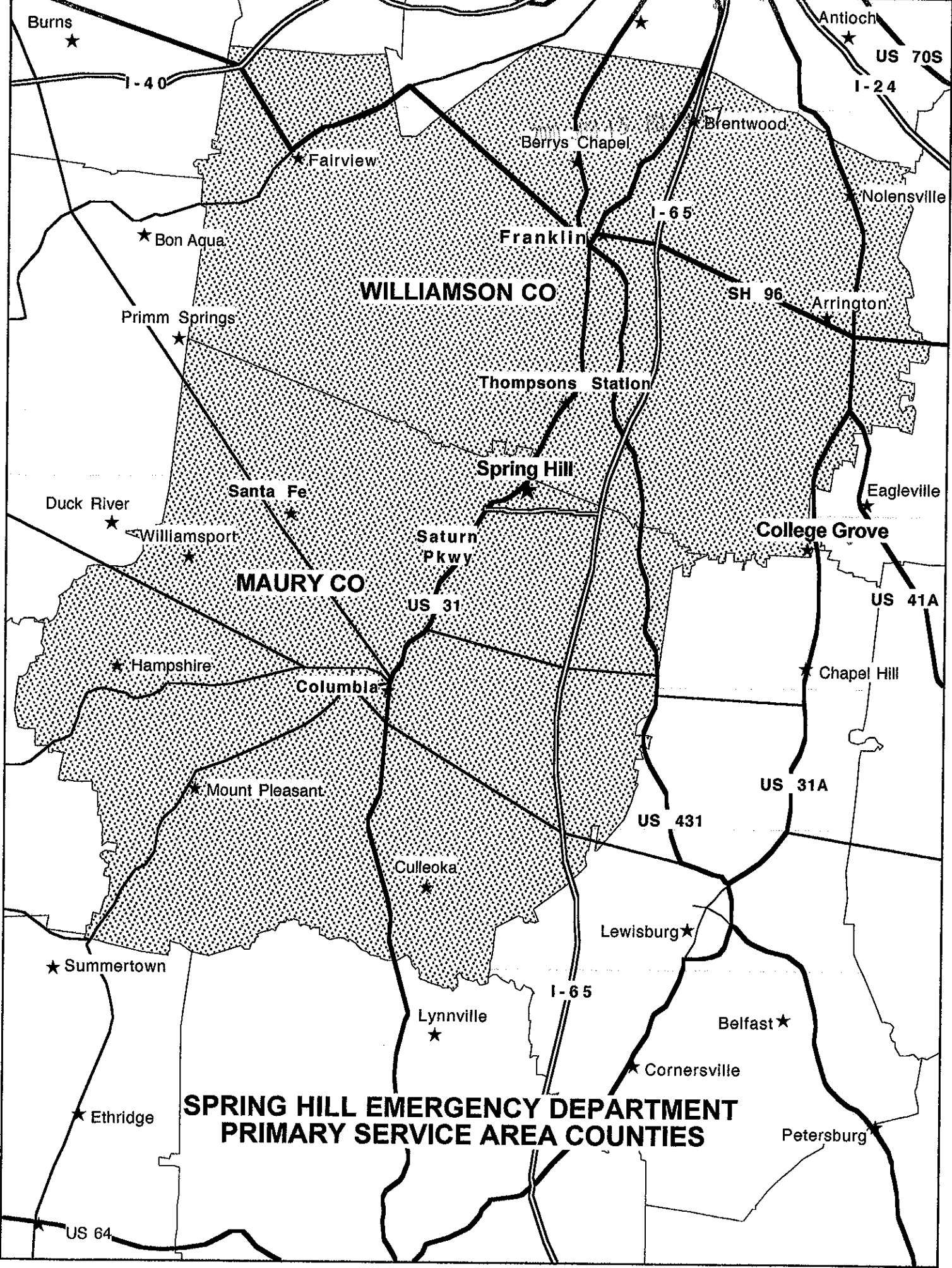
Zip Code-Based Service Area

But the project will not actually serve those entire counties. It will serve areas of those counties that are more accessible (in drive time) to the project site in Spring Hill, than to the hospital-based Emergency Departments in Columbia and Franklin. Those are projected to be the Spring Hill and Thompson Station zip codes, northern parts of the Maury County zip code, southern parts of the Williamson County zip code, and nearby parts of the Santa Fe and College Grove zip codes. The six zip codes projected to contain the actual service area population are:

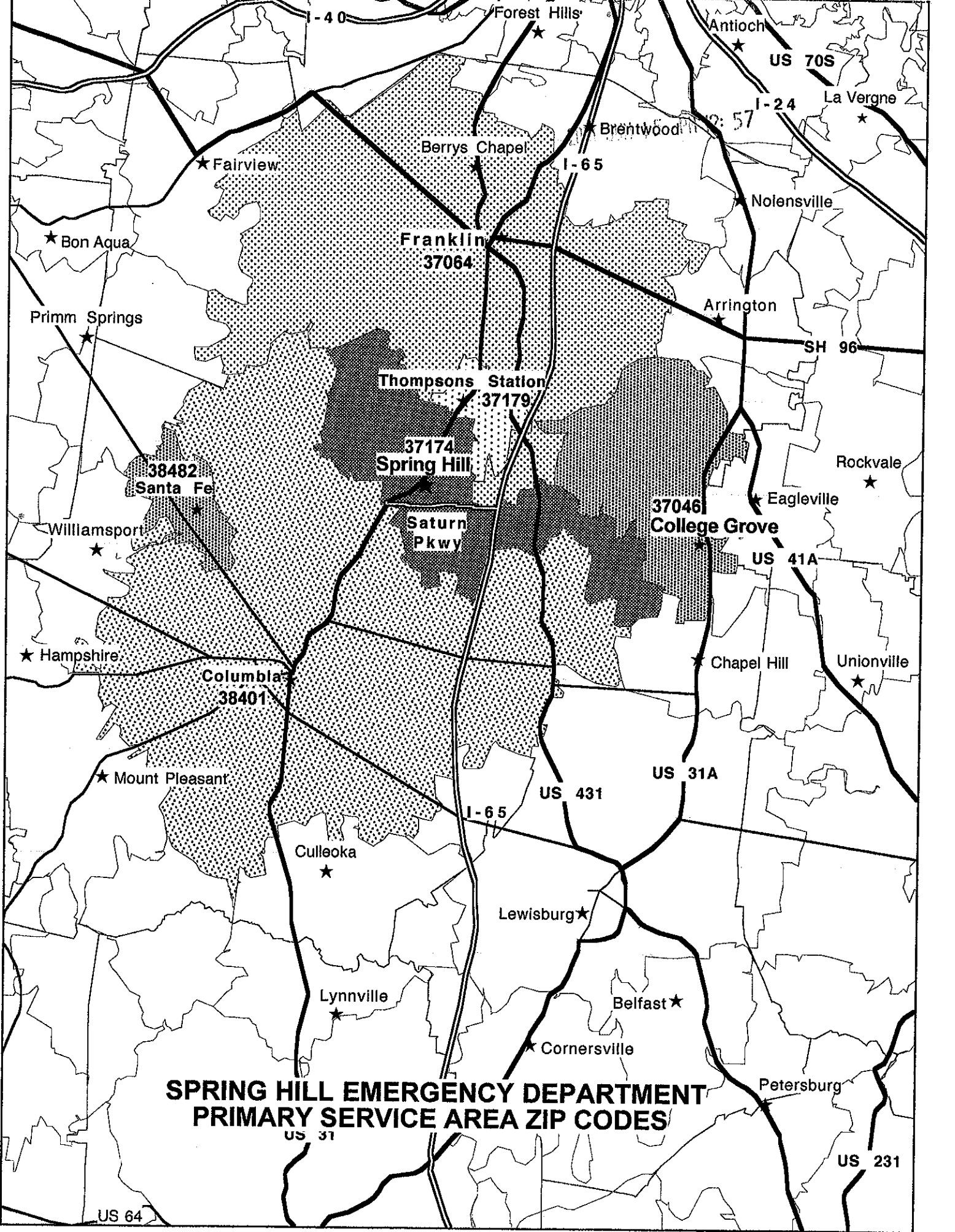
37046	College Grove
37064	Franklin
37174	Spring Hill
37179	Thompson Station
38401	Columbia
38482	Santa Fe

Service Area Maps

Following this page, and also in Attachment C, Need--3 at the back of the application, are maps showing the project service area on a zip code basis. Attachment C, Need-3 also contains a county-level service area map, and a map showing the service area's location of the service area within the State of Tennessee, as required by the HSDA staff.



**SPRING HILL EMERGENCY DEPARTMENT
PRIMARY SERVICE AREA COUNTIES**



**SPRING HILL EMERGENCY DEPARTMENT
PRIMARY SERVICE AREA ZIP CODES**

US 31

US 64

US 231

C(I).4.A DESCRIBE THE DEMOGRAPHICS OF THE POPULATION TO BE SERVED BY THIS PROPOSAL.

ZIP CODE-BASED SERVICE AREA DEMOGRAPHICS

Exhibit Two-A on the next page shows four-year population projections for the six service area zip codes, from 2010 to 2014. Projections are shown by four age cohorts and for the total population. The projections are by a national demographic data vendor, Scan/US. A commercial source was chosen because the Tennessee Department of Health does not project population at zip code levels.

The total service area population is projected to increase by approximately 13.7%, from 148,692 to 169,010 residents.

The two Spring Hill and Thompson Station zip codes are closest to the project. They are projected to grow very rapidly, with a combined population increase of approximately 22% in that four-year period. Their elderly (65+) population is projected to increase by 30%.

The combined population of the Spring Hill and Thompson Station zip codes in 2010 (38,296 persons) already exceeds the 2010 populations of more than half (54) of Tennessee's 95 counties. Together, they are approximately the same population as the City of Columbia.

It should also be noted that the City of Spring Hill, whose city limits include parts of both Maury and Williamson Counties, grew from 17,235 residents in 2005 to 23,462 in 2007, according to two Special Census studies certified by the Tennessee Department of Economic and Community Development. This was an increase of 17% per year over the two-year period, a rate more than twice as fast as Scan/US projects for the total zip code service area.

EXHIBIT TWO-A
CENTENNIAL EMERGENCY DEPARTMENT AT SPRING HILL
Service Area Population 2010-2014

Year	Patient Zip - City	Ages 0 - 19	Ages 20 - 54	Ages 55 - 64	Ages 65+	All Ages
2010	37046- College Grove	866	1,682	615	646	3,809
	37064- Franklin	11,983	22,232	6,313	5,637	46,165
	37174- Spring Hill	8,076	14,467	2,366	1,784	26,693
	37179- Thompsons Station	3,463	6,162	1,025	953	11,603
	38401- Columbia	16,091	27,591	6,934	8,110	58,726
	38482- Santa Fe	461	789	248	198	1,696
Total 2010		40,940	72,923	17,501	17,328	148,692
2011	37046- College Grove	886	1,706	652	711	3,955
	37064- Franklin	12,220	22,470	6,628	6,162	47,480
	37174- Spring Hill	8,561	15,061	2,563	2,013	28,198
	37179- Thompsons Station	3,630	6,387	1,109	1,073	12,199
	38401- Columbia	16,717	27,809	7,224	8,484	60,234
	38482- Santa Fe	466	779	254	206	1,705
Total 2011		42,480	74,212	18,430	18,649	153,771
2012	37046- College Grove	905	1,729	688	775	4,097
	37064- Franklin	12,458	22,708	6,944	6,686	48,796
	37174- Spring Hill	9,046	15,655	2,760	2,243	29,704
	37179- Thompsons Station	3,797	6,613	1,194	1,194	12,798
	38401- Columbia	17,342	28,027	7,514	8,858	61,741
	38482- Santa Fe	472	768	260	215	1,715
Total 2012		44,020	75,500	19,360	19,971	158,851
2013	37046- College Grove	925	1,753	725	840	4,243
	37064- Franklin	12,695	22,947	7,259	7,211	50,112
	37174- Spring Hill	9,531	16,249	2,957	2,472	31,209
	37179- Thompsons Station	3,965	6,838	1,278	1,314	13,395
	38401- Columbia	17,968	28,244	7,803	9,231	63,246
	38482- Santa Fe	477	758	267	223	1,725
Total 2013		45,561	76,789	20,289	21,291	163,930
2014	37046- College Grove	944	1,776	761	904	4,385
	37064- Franklin	12,933	23,185	7,575	7,735	51,428
	37174- Spring Hill	10,016	16,843	3,154	2,702	32,715
	37179- Thompsons Station	4,132	7,064	1,363	1,435	13,994
	38401- Columbia	18,593	28,462	8,093	9,605	64,753
	38482- Santa Fe	483	747	273	232	1,735
Total 2014		47,101	78,077	21,219	22,613	169,010

Source: Scan/US

COUNTY-BASED SERVICE AREA DEMOGRAPHICS

Exhibit Two-B on the next page shows the Tennessee Department of Health's population forecast by service area county, from 2010 to 2014.

The two-county area has a less elderly population than the State of Tennessee. The elderly currently comprise 10% of the population, increasing to 11.1% by 2014. By contrast, the State as a whole averages 13.3% elderly, increasing to 14.4% by 2014. However, the projection is for a 19.5% increase in the service area's elderly population compared to only a 12.3% increase in the Statewide elderly population during the projection period.

The overall county-based service area's population will increase at twice the State rate (7.4% vs. 3.5% Statewide) during this period.

**EXHIBIT TWO-B
CENTENNIAL EMERGENCY DEPARTMENT AT SPRING HILL
SERVICE AREA POPULATION (COUNTY-BASED)
2010-2014**

AREA	2010		2014		PERCENT CHANGE	
	TOTAL	ELDERLY 65+	TOTAL	ELDERLY 65+	TOTAL	ELDERLY 65+
PRIMARY SERVICE AREA COUNTIES						
MAURY	82,238	10,021	86,179	11,370	4.8%	13.5%
WILLIAMSON	177,123	15,888	192,419	19,604	8.6%	23.4%
PRIMARY SERVICE AREA	259,361	25,909	278,598	30,974	7.4%	19.5%
% Elderly 65+		10.0%		11.1%		
STATE OF TENNESSEE	6,254,654	829,907	6,470,546	931,676	3.5%	12.3%
% Elderly 65+		13.3%		14.4%		

SOURCE: TN DEPARTMENT OF HEALTH, FEB 2008

City of Columbia
 707 North Main Street
 Columbia, TN 38401
 (931) 560-1500

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 using text messages
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**East Columbia
 Neighborhood
 Revitalization Plan**
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**Maury County
 Comprehensive Plan**
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**2009-2010
 Budget & Strategic
 Plan**
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**City of Columbia has
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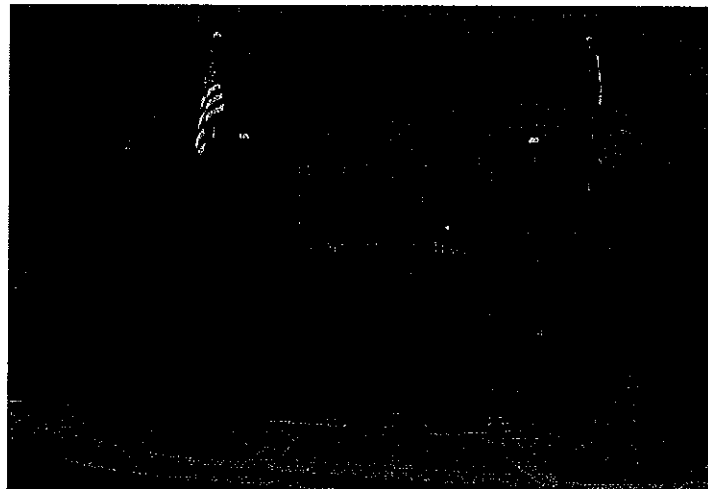
The City of Columbia (population est. 38,224) is located approximately 45 miles south of Nashville in the heart of Maury County. Our city offers something for everyone, whether your interest is historical homes, sports, antiques, shopping, or mules. Did someone say mules?

That's right! A week in April is devoted entirely to the four-legged animal that played such an instrumental role in the settlement of our community. The annual **Mule Day** Parade attracts over two hundred thousand spectators from throughout the United States and abroad.

Columbia is also the ancestral home of the eleventh president of the United States, **James K. Polk**. The Polk home is located just two blocks from the center of town.

We hope you find our website helpful. If you need more information, please call (931) 560-1500, and our friendly staff will be happy to speak with you.

City Hall is located at **707 North Main Street, Columbia, Tennessee 38401**. Office hours are Monday - Friday, 7:30 a.m. until 4:00 p.m.



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73°F

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C(I).4.B. DESCRIBE THE SPECIAL NEEDS OF THE SERVICE AREA POPULATION, INCLUDING HEALTH DISPARITIES, THE ACCESSIBILITY TO CONSUMERS, PARTICULARLY THE ELDERLY, WOMEN, RACIAL AND ETHNIC MINORITIES, AND LOW-INCOME GROUPS. DOCUMENT HOW THE BUSINESS PLANS OF THE FACILITY WILL TAKE INTO CONSIDERATION THE SPECIAL NEEDS OF THE SERVICE AREA POPULATION.

The requested data from the TennCare Bureau and the U.S. Census Quick Facts websites are shown below; the source documents are provided in the Additional Information Attachment at the back of the application. The service area of the project is in two counties that have higher incomes and lower TennCare enrollment percentages than the Statewide averages. The proposed ED at Spring Hill will accept all patients clinically appropriate for ED service, regardless of income or insurance status, age or minority status.

TennCare Enrollment, Primary Service Area

<u>County</u>	<u>2010 Population</u>	<u>TennCare Enrollment (%)</u>
Maury	82,238	15,006 (18.2%)
Williamson	<u>177,123</u>	<u>8,837 (4.9%)</u>
PSA Total	259,361	23,843 (9.2%)
Tennessee	6,254,654	1,188,899 (19.0%)

Source: TennCare Bureau website; dated Feb. 2010

Comparative Income in Service Area

<u>Area</u>	<u>Median Household Income (2009)</u>	<u>Percent Population Below U.S. Poverty Index (2008)</u>
U.S.	\$52,029	13.2%
Tennessee	\$43,610	15.5%
Maury	\$46,942	14.0%
Williamson	\$93,166	5.0%

Source: U.S. Census QuickFacts, 2010

C(I).5. DESCRIBE THE EXISTING OR CERTIFIED SERVICES, INCLUDING APPROVED BUT UNIMPLEMENTED CON'S, OF SIMILAR INSTITUTIONS IN THE SERVICE AREA. INCLUDE UTILIZATION AND/OR OCCUPANCY TRENDS FOR EACH OF THE MOST RECENT THREE YEARS OF DATA AVAILABLE FOR THIS TYPE OF PROJECT. BE CERTAIN TO LIST EACH INSTITUTION AND ITS UTILIZATION AND/OR OCCUPANCY INDIVIDUALLY. INPATIENT BED PROJECTS MUST INCLUDE THE FOLLOWING DATA: ADMISSIONS OR DISCHARGES, PATIENT DAYS, AND OCCUPANCY. OTHER PROJECTS SHOULD USE THE MOST APPROPRIATE MEASURES, E.G., CASES, PROCEDURES, VISITS, ADMISSIONS, ETC.

There are two existing emergency services providers in the service area: Maury Regional Hospital in Columbia (Maury County), and Williamson Medical Center in Franklin (Williamson County). Their historic ED visit statistics are provided below, as listed in their Joint Annual Reports to the Tennessee Department of Health.

<u>ED Visits*</u>	<u>Maury Regional Hospital</u>	<u>Williamson Medical Center</u>	<u>Total</u>
2006	43,587	31,601	75,188
2007	45,697	33,905	79,602
2008	44,088	36,331	80,419
2009 (Provisional)	42,014	35,984	77,998

**patients presenting*

Source: Joint Annual Reports of Hospitals, TDH

C(1).6. PROVIDE APPLICABLE UTILIZATION AND/OR OCCUPANCY STATISTICS FOR YOUR INSTITUTION FOR EACH OF THE PAST THREE (3) YEARS AND THE PROJECTED ANNUAL UTILIZATION FOR EACH OF THE TWO (2) YEARS FOLLOWING COMPLETION OF THE PROJECT. ADDITIONALLY, PROVIDE THE DETAILS REGARDING THE METHODOLOGY USED TO PROJECT UTILIZATION. THE METHODOLOGY MUST INCLUDE DETAILED CALCULATIONS OR DOCUMENTATION FROM REFERRAL SOURCES, AND IDENTIFICATION OF ALL ASSUMPTIONS.

Historical Utilization

This is a proposed new satellite emergency department at a new location. It has no historical visits or historic diagnostic utilization at that location.

Projected Visits

The applicant projected visits to the Spring Hill satellite department from Year One (CY2013) through Year Five (CY2017). Following is a summary of the methodology, after which additional details are provided. The referenced exhibits are provided after the narrative response. Following those charts is a projection of ancillary diagnostic procedures that will be performed for the Spring Hill ED emergency patients. It is based on HCA ratios of procedures to ED visits.

1. Notes on the Methodology

a. Population: Service area population was projected by Scan/US, at a zip code level, and by age cohorts. Scan/US is a national vendor of demographic data. Scan/US provides sophisticated projections, integrating and trending not only all available US Census and US Census Community Surveys data, but also postal delivery data for every zip code.

b. Visit Data: The applicant's experience with its freestanding emergency departments elsewhere in the U.S. is that very few of their visits result in an inpatient admission. The freestanding facilities work with the public and with emergency response teams to divert extremely serious patients (trauma, etc.) to hospitals with appropriate

resources. So for simplicity, the applicant has focused only on "outpatient" emergency visits. By "outpatient", the applicant means ED visits not resulting in an admission. The historic and projected visits presented in this application are for outpatient ED visits, although the term "outpatient" is often omitted in the application narrative for the sake of brevity.

c. Acuity: HCA, like many healthcare organizations, has an internal visit classification system that corresponds to the Medicare CPT procedure codes 99281-99285 for ascending acuity in emergency department patient visits. HCA's Level 1 corresponds to CPT code 99281 (lowest acuity patient); Level 5 corresponds to CPT code 99285 (highest acuity patient). THA visit data does not record patient acuity.

(It should be noted that the Tennessee Licensure program classifies hospital emergency departments in reverse order, which can be the source of confusion in CON reviews. Licensure classifies trauma center EDs as Licensure Level I, and EDs of progressively lower capabilities are Levels 2, 3, etc) In this application, the acuity level of visit is not the same as the licensure classification of the facility.)

2. Steps of the Methodology

Step 1, Exhibit Four-A: From the THA database, the applicant identified the most recent outpatient ED visits to all destinations, by each age cohort in each service area zip code. The most recent data was for the first three quarters of CY2009. It was annualized. It was then applied to 2009 zip code population estimates from Scan/US, a national vendor of demographic data. The 2009 projection was made by zip code and by four major age cohorts, to calculate a current service area zip code outpatient ED use rate (all destinations) for the age cohorts in each zip code.

Step 2, Exhibit Four-B (a two-page exhibit): The facility's first five years of operation will be 2013-2018. For that period, the current outpatient ED use rates from step 1 were applied to those cohorts' projected populations, in each service area zip code. That provided a projection of the outpatient ED visits to all destinations, from residents of each service area zip codes, by age cohort, for five years of the project's operation.

Step 3, Exhibit Four-C: HCA's experience with its eight area Emergency Departments was analyzed in Exhibit Four-C, to identify the percentages of HCA ED visits that were Levels 1-3 in 2009. As described in the notes above, the HCA classification system (Levels 1-5) approximates acuity levels for outpatient ED visits, Levels 1-3 equating to lower-acuity, and Levels 4-5 equating with higher acuity, outpatient visitors.

Step 4, Exhibit Four-D: For each of the years 2013 to 2017, the applicant applied HCA's Nashville area Level 1-3 visit percentages, by age cohort, to the projected ED visits by age cohort in each zip code. That showed what percent of the visits will be Levels 1-3. Then, in every cohort and zip code, the difference between the ED visits projected in Step 2, and the Levels 1-3 visits in this Step 4, were entered as Levels 4-5 visits in Exhibit Four-D.

Step 5, Exhibit Four-E (on five pages, for each of years 2013 through 2017): For each projection year, the applicant listed each zip code's total (all ages) Level 1-3 outpatient ED visits, and its total Level 4-5 outpatient ED visits. A Level 1-3 Spring Hill ED market share, and a lower Level 4-5 Spring Hill ED market share, were then projected, for each zip code. These market share assumptions were not based on an arithmetical methodology. They are professional estimates made by HCA management, based on its experience in opening and operating other suburban ED's in the Middle Tennessee area. For example, it was estimated that 73% of Spring Hill Level 1-3 visits, and 73% of Thompson Station Level 1-3 visits, would come to the new Spring Hill ED because of its very close proximity to Spring Hill and Thompson Station. But lower percentages ranging from 38% down to 6% were assumed for visits from other zip codes not as close. The result of this Step 5 was to provide an annual projection of utilization of the Centennial Emergency Department at Spring Hill. The projection was made for each of the first five years of the Spring Hill ED, CY2013 through CY2017.

Highlights of the Projections

1. In CY2014, Year Two of the project's operation, the service area population will exceed 169,000 persons. More than 46,000 persons will reside in just two of the service area zip codes closest to the project (Spring Hill and Thompson Station zip codes). The

latter is an extremely large population not to have access to an emergency care facility closer than 15 miles away.

2. In CY2014, Year Two of the project's operation, the service area will generate more than 46,538 ED visits, based on current ED visit rates by age cohort for this specific population.

3. In CY2014, The service area will generate 19,718 outpatient ED visits to all destinations. More than 42% of them will be high-acuity Levels 4-5 patients, with a great need to access emergency care as fast as possible. A significant number of those patients will live closer to Spring Hill than to other ED locations in Columbia and Franklin.

4. IN CY2014, the applicant projects receiving a total market share of only 18% of the service area's total outpatient ED visits. The applicant projects serving 8,161 patients (visits), of which 11.2% will be higher-acuity patients needing immediate diagnosis and intervention.

Projected Ancillary Services

Following Exhibit Four-E (visits) is Exhibit Four-F, projecting X-ray, CT, and ultrasound utilization of the proposed facility in its first two years of operation. These were projected based on average modality utilization per thousand visits, in all HCA's area Emergency Departments combined.

EXHIBIT FOUR-A
CENTENNIAL EMERGENCY DEPARTMENT AT SPRING HILL
Current ED Use Rates (All Destinations) By Service Area Age Cohort

Spring Hill Emergency Department Service Area
Outpatient ER Volume by Zip Code and Age Cohorts
Year-to-Date Q3 2009 Annualized

Patient Zip - City	Ages 0 - 19	Ages 20 - 54	Ages 55 - 64	Ages 65+	All Ages
37046- College Grove	215	452	89	151	907
37064- Franklin	2,959	5,039	955	1,579	10,531
37174- Spring Hill	1,705	2,764	331	435	5,235
37179- Thompsons Station	675	1,108	197	197	2,177
38401- Columbia	6,227	11,029	1,496	2,215	20,967
38482- Santa Fe	109	201	44	64	419
Total	11,889	20,593	3,112	4,640	40,235

Spring Hill Emergency Department Service Area
Total Population by Zip Code and Age Cohorts
Full Year 2009

Patient Zip - City	Ages 0 - 19	Ages 20 - 54	Ages 55 - 64	Ages 65+	All Ages
37046- College Grove	807	1,538	525	595	3,465
37064- Franklin	11,911	21,839	5,803	5,354	44,907
37174- Spring Hill	7,985	14,248	2,243	1,654	26,130
37179- Thompsons Station	3,406	5,914	966	958	11,244
38401- Columbia	15,553	27,330	6,807	7,482	57,172
38482- Santa Fe	429	777	241	178	1,625
Total	40,091	71,646	16,585	16,221	144,543

Spring Hill Emergency Department Service Area
Outpatient ER Visits per 1,000 of Total Population
by Zip Code and Age Cohorts
Full Year 2009

Patient Zip - City	Ages 0 - 19	Ages 20 - 54	Ages 55 - 64	Ages 65+
37046- College Grove	266	294	170	254
37064- Franklin	248	231	165	295
37174- Spring Hill	214	194	148	263
37179- Thompsons Station	198	187	204	206
38401- Columbia	400	404	220	296
38482- Santa Fe	254	259	183	360

Sources: 2009 population from Scan/US; visits from THA Database, 2009 Q1-Q3 Annualized

EXHIBIT FOUR-B
CENTENNIAL EMERGENCY DEPARTMENT AT SPRING HILL
Projected Total Outpatient ED Visits by Age Cohort
CY 2013 - CY 2017

Projected Outpatient Emergency Visits by Spring Hill Emergency Department Service Area: 2013

Zip - City	Ages 0 - 19			Ages 20 - 54			Ages 55 - 64			Ages 65+			All Ages		
	Population	Visits / 000	ED Visits	Population	Visits / 000	ED Visits	Population	Visits / 000	ED Visits	Population	Visits / 000	ED Visits	Population	Visits / 000	ED Visits
	2013			2013			2013			2013			2013		
37046- College Grove	925	266	246	1,753	294	515	725	170	123	840	254	213	4,243	1,097	
37064- Franklin	12,695	248	3,148	22,947	231	5,301	7,259	165	1,198	7,211	295	2,127	50,112	11,774	
37174- Spring Hill	9,531	214	2,040	16,249	194	3,152	2,957	148	438	2,472	263	650	31,209	6,280	
37179- Thompsons Station	3,965	198	785	6,838	187	1,279	1,278	204	261	1,314	206	271	13,395	2,596	
38401- Columbia	17,968	400	7,187	28,244	404	11,411	7,803	220	1,717	9,231	296	2,732	63,246	23,047	
38482- Santa Fe	477	254	121	758	259	196	267	183	49	223	360	80	1,725	446	
Community Totals	45,561	-	13,527	76,789	-	21,854	20,289	-	3,786	21,291	-	6,073	163,930	45,240	

Projected Outpatient Emergency Visits by Spring Hill Emergency Department Service Area: 2014

Zip - City	Ages 0 - 19			Ages 20 - 54			Ages 55 - 64			Ages 65+			All Ages		
	Population	Visits / 000	ED Visits	Population	Visits / 000	ED Visits	Population	Visits / 000	ED Visits	Population	Visits / 000	ED Visits	Population	Visits / 000	ED Visits
	2014			2014			2014			2014			2014		
37046- College Grove	944	266	251	1,776	294	522	761	170	129	904	254	230	4,385	1,132	
37064- Franklin	12,933	248	3,207	23,185	231	5,356	7,575	165	1,250	7,735	295	2,282	51,428	12,095	
37174- Spring Hill	10,016	214	2,143	16,843	194	3,268	3,154	148	467	2,702	263	711	32,715	6,589	
37179- Thompsons Station	4,132	198	818	7,064	187	1,321	1,363	204	278	1,435	206	296	13,994	2,713	
38401- Columbia	18,593	400	7,437	28,462	404	11,499	8,093	220	1,780	9,605	296	2,843	64,753	23,559	
38482- Santa Fe	483	254	123	747	259	193	273	183	50	232	360	84	1,735	450	
Community Totals	47,101	-	13,979	78,077	-	22,159	21,219	-	3,954	22,613	-	6,446	169,010	46,538	

Projected Outpatient Emergency Visits by Spring Hill Emergency Department Service Area: 2015

Zip - City	Ages 0 - 19			Ages 20 - 54			Ages 55 - 64			Ages 65+			All Ages		
	Population	Visits / 000	ED Visits	Population	Visits / 000	ED Visits	Population	Visits / 000	ED Visits	Population	Visits / 000	ED Visits	Population	Visits / 000	ED Visits
	2015			2015			2015			2015			2015		
37046- College Grove	964	266	256	1,800	294	529	798	170	136	969	254	246	4,531	1,167	
37064- Franklin	13,170	248	3,266	23,423	231	5,411	7,890	165	1,302	8,260	295	2,437	52,743	12,416	
37174- Spring Hill	10,501	214	2,247	17,437	194	3,383	3,351	148	496	2,931	263	771	34,220	6,897	
37179- Thompsons Station	4,299	198	851	7,289	187	1,363	1,447	204	295	1,555	206	320	14,590	2,829	
38401- Columbia	19,219	400	7,688	28,680	404	11,587	8,383	220	1,844	9,979	296	2,954	66,261	24,073	
38482- Santa Fe	488	254	124	737	259	191	279	183	51	240	360	86	1,744	452	
Community Totals	48,641	-	14,432	79,366	-	22,464	22,148	-	4,124	23,934	-	6,814	174,089	47,834	

Projected Total Outpatient ED Visits by Age Cohort CY 2013 - CY 2017

Projected Outpatient Emergency Visits by Spring Hill Emergency Department Service Area: 2016

Zip - City	Ages 0 - 19			Ages 20 - 54			Ages 55 - 64			Ages 65+			All Ages		
	2016 Population	Visits / 000	ED Visits	2016 Population	Visits / 000	ED Visits	2016 Population	Visits / 000	ED Visits	2016 Population	Visits / 000	ED Visits	2016 Population	Visits / 000	ED Visits
37046- College Grove	984	266	262	1,824	294	536	835	170	142	1,034	254	263	4,677	1,203	
37064- Franklin	13,407	248	3,325	23,661	231	5,466	8,205	165	1,354	8,785	295	2,592	54,058	12,737	
37174- Spring Hill	10,986	214	2,351	18,031	194	3,498	3,548	148	525	3,160	263	831	35,725	7,205	
37179- Thompsons Station	4,466	198	884	7,514	187	1,405	1,531	204	312	1,675	206	345	15,186	2,946	
38401- Columbia	19,845	400	7,938	28,898	404	11,675	8,673	220	1,908	10,353	296	3,064	67,769	24,585	
38482- Santa Fe	493	254	125	727	259	188	285	183	52	248	360	89	1,753	454	
Community Totals	50,181	-	14,885	80,655	-	22,768	23,077	-	4,293	25,255	-	7,184	179,168	49,130	

Projected Outpatient Emergency Visits by Spring Hill Emergency Department Service Area: 2017

Zip - City	Ages 0 - 19			Ages 20 - 54			Ages 55 - 64			Ages 65+			All Ages		
	2017 Population	Visits / 000	ED Visits	2017 Population	Visits / 000	ED Visits	2017 Population	Visits / 000	ED Visits	2017 Population	Visits / 000	ED Visits	2017 Population	Visits / 000	ED Visits
37046- College Grove	1,003	266	267	1,847	294	543	871	170	148	1,098	254	279	4,819	1,237	
37064- Franklin	13,645	248	3,384	23,899	231	5,521	8,521	165	1,406	9,309	295	2,746	55,374	13,057	
37174- Spring Hill	11,471	214	2,455	18,625	194	3,613	3,745	148	554	3,390	263	892	37,231	7,514	
37179- Thompsons Station	4,633	198	917	7,740	187	1,447	1,616	204	330	1,796	206	370	15,785	3,064	
38401- Columbia	20,470	400	8,188	29,116	404	11,763	8,963	220	1,972	10,727	296	3,175	69,276	25,098	
38482- Santa Fe	499	254	127	716	259	185	291	183	53	257	360	93	1,763	458	
Community Totals	51,721	-	15,338	81,943	-	23,072	24,007	-	4,463	26,577	-	7,555	184,248	50,428	

Sources: ED Visits from THA (Tennessee Hospital Association) Database (YTD September 2009 Annualized) Population estimates for 2013 through 2017 derived from Scan/US Data.
 Notes: (1) Outpatient Emergency Room Visits are defined by THA ER Flag patient count, excluding inpatient admissions.
 (2) 2009 ED used rates held constant through 2017. ED visits increase based on population increase.

EXHIBIT FOUR-C
CENTENNIAL EMERGENCY DEPARTMENT AT SPRING HILL
HCA TriStar Levels 1-3 Visits--Percent of Total ED Visits
2009

Hospital	ER Level Group	Ages 0 -19		Ages 20 -54		Ages 55 -64		Ages 65 +		Grand Total	
		OP ER Visits	ER Level 1 - 3 % of Total	OP ER Visits	ER Level 1 - 3 % of Total	OP ER Visits	ER Level 1 - 3 % of Total	OP ER Visits	ER Level 1 - 3 % of Total	OP ER Visits	ER Level 1 - 3 % of Total
Centennial	ER Level 1 - 3	2,864	70%	7,326	42%	999	40%	1,063	35%	12,252	45%
	ER Level not 1 - 3	1,225		10,126		1,472		1,948		14,771	
	Centennial Total	4,089		17,452		2,471		3,011		27,023	
CMC Ashland City	ER Level 1 - 3	2,623	88%	3,669	71%	429	61%	451	52%	7,172	74%
	ER Level not 1 - 3	360		1,517		271		412		2,560	
	CMC Ashland City Total	2,983		5,186		700		863		9,732	
Hendersonville	ER Level 1 - 3	4,779	71%	7,479	51%	789	43%	933	36%	13,980	54%
	ER Level not 1 - 3	1,965		7,302		1,040		1,638		11,945	
	Hendersonville Total	6,744		14,781		1,829		2,571		25,925	
Horizon	ER Level 1 - 3	7,062	77%	9,194	54%	1,036	45%	1,248	42%	18,540	59%
	ER Level not 1 - 3	2,059		7,863		1,285		1,745		12,952	
	Horizon Total	9,121		17,057		2,321		2,993		31,492	
Skyline	ER Level 1 - 3	6,146	81%	10,836	53%	1,364	45%	1,737	39%	20,083	57%
	ER Level not 1 - 3	1,485		9,444		1,668		2,773		15,370	
	Skyline Total	7,631		20,280		3,032		4,510		35,453	
Southern Hills	ER Level 1 - 3	7,482	83%	10,063	57%	902	49%	868	44%	19,315	63%
	ER Level not 1 - 3	1,509		7,682		944		1,127		11,262	
	Southern Hills Total	8,991		17,745		1,846		1,995		30,577	
StoneCrest	ER Level 1 - 3	9,676	78%	11,156	53%	988	46%	951	40%	22,721	60%
	ER Level not 1 - 3	2,735		9,859		1,086		1,452		15,132	
	StoneCrest Total	12,411		21,015		2,074		2,403		37,853	
Summit	ER Level 1 - 3	6,843	76%	11,394	51%	1,400	45%	1,633	40%	21,270	55%
	ER Level not 1 - 3	2,205		11,026		1,699		2,410		17,340	
	Summit Total	9,048		22,420		3,099		4,043		38,610	
TriStar - Nashville	ER Level 1 - 3	47,475	78%	71,117	52%	7,857	45%	8,884	40%	135,333	57%
	ER Level not 1 - 3	13,543		64,819		9,465		13,505		101,332	
	TriStar - Nashville Total	61,018		135,936		17,322		22,389		236,665	
TriStar - Nashville (Excluding CMC)	ER Level 1 - 3	44,611	78%	63,791	54%	6,858	46%	7,821	40%	123,081	59%
	ER Level not 1 - 3	12,318		54,693		7,993		11,557		86,561	
	TriStar - Nashville (Excluding CMC) Total	56,929		118,484		14,851		19,378		209,642	

Source: TriStar records

EXHIBIT FOUR-D
CENTENNIAL EMERGENCY DEPARTMENT AT SPRING HILL
Projected Service Area Outpatient ED Visits To All Destinations, by Age Cohort and Level
CY 2013 - CY 2016

Zip - City	Projected Outpatient Emergency Level 1 - 3 & Level 4 - 5 Visits by Spring Hill Emergency Department Service Area: 2013															
	Ages 0 - 19				Ages 20 - 54				Ages 55 - 64				Ages 65+			
	ED Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits
37046- College Grove	246	191	78%	55	269	52%	246	56	67	213	45%	67	85	1,097	601	456
37064- Franklin	3,148	2,449	78%	699	5,592	52%	2,773	543	655	4,426	45%	844	1,283	11,774	6,609	5,165
37174- Spring Hill	2,040	1,587	78%	453	3,152	52%	1,649	1,99	239	650	45%	258	392	6,250	3,693	2,587
37179- Thompsons Station	785	611	78%	174	1,279	52%	669	118	145	845	45%	108	163	2,596	1,506	1,090
39401- Columbia	1,187	5,892	78%	1,596	5,970	52%	5,441	779	938	1,084	45%	1,648	23,047	13,425	9,622	
39482- Santa Fe	121	94	78%	27	196	52%	103	22	27	80	45%	32	48	446	251	195
Community Totals	13,527	10,574		3,003	21,854		11,433	10,421	2,069	6,073		2,411	3,562	45,240	26,085	19,155

Zip - City	Projected Outpatient Emergency Level 1 - 3 & Level 4 - 5 Visits by Spring Hill Emergency Department Service Area: 2014															
	Ages 0 - 19				Ages 20 - 54				Ages 55 - 64				Ages 65+			
	ED Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits
37046- College Grove	251	195	78%	56	273	52%	249	59	70	230	45%	70	139	1,132	613	514
37064- Franklin	3,207	2,495	78%	712	5,356	52%	2,802	567	683	4,289	45%	906	1,376	12,095	6,770	5,325
37174- Spring Hill	2,143	1,687	78%	456	1,710	52%	1,538	212	255	711	45%	282	429	6,589	3,871	2,718
37179- Thompsons Station	818	636	78%	182	1,321	52%	691	126	152	296	45%	117	179	2,713	1,571	1,142
39401- Columbia	7,437	11,499	78%	1,651	11,499	52%	6,016	807	973	2,843	45%	1,126	1,715	23,559	13,738	9,821
39482- Santa Fe	123	96	78%	27	193	52%	101	23	27	84	45%	33	51	450	253	197
Community Totals	13,979	10,676		3,103	22,159		11,933	10,566	2,161	6,446		2,558	3,888	46,538	26,820	19,178

Zip - City	Projected Outpatient Emergency Level 1 - 3 & Level 4 - 5 Visits by Spring Hill Emergency Department Service Area: 2015															
	Ages 0 - 19				Ages 20 - 54				Ages 55 - 64				Ages 65+			
	ED Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits
37046- College Grove	256	199	78%	57	277	52%	252	62	74	246	45%	74	148	1,167	635	532
37064- Franklin	3,246	2,541	78%	705	5,411	52%	2,831	591	710	4,302	45%	967	1,470	12,416	6,930	5,486
37174- Spring Hill	2,247	1,748	78%	499	1,748	52%	1,613	225	271	771	45%	306	465	6,897	4,049	2,848
37179- Thompsons Station	851	662	78%	189	1,363	52%	650	161	161	320	45%	137	193	2,859	1,636	1,191
39401- Columbia	7,688	11,967	78%	1,706	11,587	52%	6,062	836	1,008	2,944	45%	1,172	1,782	24,073	14,052	10,021
39482- Santa Fe	124	96	78%	28	191	52%	100	23	28	86	45%	34	52	452	254	198
Community Totals	14,452	11,229		3,203	22,464		11,752	10,712	2,253	6,814		2,704	4,110	47,834	27,556	20,276

Zip - City	Projected Outpatient Emergency Level 1 - 3 & Level 4 - 5 Visits by Spring Hill Emergency Department Service Area: 2016															
	Ages 0 - 19				Ages 20 - 54				Ages 55 - 64				Ages 65+			
	ED Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits
37046- College Grove	262	204	78%	58	284	52%	256	64	78	263	45%	78	159	1,203	655	550
37064- Franklin	3,325	2,587	78%	738	5,466	52%	2,840	614	740	2,992	45%	1,029	1,563	12,737	7,089	5,648
37174- Spring Hill	2,351	1,829	78%	522	3,488	52%	1,830	258	287	831	45%	301	427	7,205	4,227	2,978
37179- Thompsons Station	884	688	78%	196	1,405	52%	735	142	170	345	45%	137	208	2,946	1,701	1,245
39401- Columbia	7,938	11,676	78%	1,762	11,675	52%	6,108	865	1,043	3,064	45%	1,216	1,846	24,585	14,365	10,220
39482- Santa Fe	125	97	78%	28	188	52%	98	24	28	89	45%	35	54	454	255	199
Community Totals	14,885	11,581		3,204	22,768		11,911	10,857	2,346	7,184		2,851	4,333	49,190	28,291	20,839

Zip - City	Projected Outpatient Emergency Level 1 - 3 & Level 4 - 5 Visits by Spring Hill Emergency Department Service Area: 2017															
	Ages 0 - 19				Ages 20 - 54				Ages 55 - 64				Ages 65+			
	ED Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits	ER Level 1-3 Visits	ER Level 1-3 % of Total	ER Level 4-5 Visits
37046- College Grove	267	208	78%	59	284	52%	259	67	81	279	45%	81	168	1,297	670	567
37064- Franklin	3,384	2,633	78%	751	5,521	52%	2,888	638	768	3,246	45%	1,090	1,656	13,057	7,249	5,808
37174- Spring Hill	2,455	1,910	78%	545	3,613	52%	1,890	251	303	892	45%	354	538	7,514	4,406	3,108
37179- Thompsons Station	917	713	78%	204	1,447	52%	730	150	180	370	45%	147	223	3,064	1,767	1,297
39401- Columbia	8,188	6,371	78%	1,817	11,763	52%	6,154	884	1,078	3,175	45%	1,260	1,915	25,098	14,679	10,419
39482- Santa Fe	127	99	78%	28	185	52%	97	24	29	95	45%	37	56	438	257	201
Community Totals	15,338	11,934		3,404	23,972		12,070	11,002	2,439	7,555		2,998	4,557	50,428	29,026	21,402

Sources: ED Visits from THA (Tennessee Hospital Association) Database (YTD September 2009 Annualized). Population estimates for 2013 through 2017 derived from Seay/US Data.
 Notes: (1) Outpatient Emergency Room Visits are defined by THA ER Flag patient count, excluding inpatient admissions.
 (2) 2009 ED used rates held constant through 2017. ED visits increase based on population increase.
 (3) ER Level 1-3 % of Total based in TriStar - Nashville's Outpatient ER used rate. 2009 ED used rates held constant through 2017. ED visits increase based on population increase.

EXHIBIT FOUR-E
CENTENNIAL EMERGENCY DEPARTMENT AT SPRING HILL
Year 1 of Operations (2013)

Zip - City	PSA Total Level 1-3 Outpatient ER Visits	ER Level 1 - 3	
		Market Share	Level 1-3 Outpatient ER Visits
37046- College Grove	601	38%	228
37064- Franklin	6,609	6%	397
37174- Spring Hill	3,693	73%	2,696
37179- Thompsons Station	1,506	71%	1,069
38401- Columbia	13,425	19%	2,551
38482- Santa Fe	251	20%	50
Community Totals	26,085	27%	6,991

Zip - City	PSA Total Level 4 - 5 Outpatient ER Visits	ER Level 4 - 5	
		Market Share	Level 4-5 Outpatient ER Visits
37046- College Grove	496		-
37064- Franklin	5,165		-
37174- Spring Hill	2,587	24%	621
37179- Thompsons Station	1,090	23%	254
38401- Columbia	9,622		-
38482- Santa Fe	195		-
Community Totals	19,155	5%	875

Zip - City	PSA Total All Level Outpatient ER Visits	Total	
		Market Share	All Level Outpatient ER Visits
37046- College Grove	1,097	21%	228
37064- Franklin	11,774	3%	397
37174- Spring Hill	6,280	53%	3,317
37179- Thompsons Station	2,596	51%	1,323
38401- Columbia	23,047	11%	2,551
38482- Santa Fe	446	11%	50
Community Totals	45,240	17%	7,866

EXHIBIT FOUR-E
CENTENNIAL EMERGENCY DEPARTMENT AT SPRING HILL
Year 2 of Operations (2014)

Zip - City	PSA Total Level 1-3 Outpatient ER Visits	ER Level 1 - 3	
		Market Share	Level 1-3 Outpatient ER Visits
37046- College Grove	618	38%	235
37064- Franklin	6,770	6%	406
37174- Spring Hill	3,871	73%	2,826
37179- Thompsons Station	1,571	71%	1,115
38401- Columbia	13,738	19%	2,610
38482- Santa Fe	253	20%	51
Community Totals	26,820	27%	7,243

Zip - City	PSA Total Level 4 - 5 Outpatient ER Visits	ER Level 4 - 5	
		Market Share	Level 4-5 Outpatient ER Visits
37046- College Grove	514		-
37064- Franklin	5,325		-
37174- Spring Hill	2,718	24%	652
37179- Thompsons Station	1,142	23%	266
38401- Columbia	9,821		-
38482- Santa Fe	197		-
Community Totals	19,718	5%	918

Zip - City	PSA Total All Level Outpatient ER Visits	Total	
		Market Share	All Level Outpatient ER Visits
37046- College Grove	1,132	21%	235
37064- Franklin	12,095	3%	406
37174- Spring Hill	6,589	53%	3,478
37179- Thompsons Station	2,713	51%	1,381
38401- Columbia	23,559	11%	2,610
38482- Santa Fe	450	11%	51
Community Totals	46,538	18%	8,161

EXHIBIT FOUR-E
CENTENNIAL EMERGENCY DEPARTMENT AT SPRING HILL
Year 3 of Operations (2015)

Zip - City	PSA Total Level 1-3 Outpatient ER Visits	ER Level 1 - 3	
		Market Share	Level 1-3 Outpatient ER Visits
37046- College Grove	635	38%	241
37064- Franklin	6,930	6%	416
37174- Spring Hill	4,049	73%	2,956
37179- Thompsons Station	1,636	71%	1,162
38401- Columbia	14,052	19%	2,670
38482- Santa Fe	254	20%	51
Community Totals	27,556	27%	7,496

Zip - City	PSA Total Level 4 - 5 Outpatient ER Visits	ER Level 4 - 5	
		Market Share	Level 4-5 Outpatient ER Visits
37046- College Grove	532		-
37064- Franklin	5,486		-
37174- Spring Hill	2,848	24%	683
37179- Thompsons Station	1,193	23%	278
38401- Columbia	10,021		-
38482- Santa Fe	198		-
Community Totals	20,278	5%	961

Zip - City	PSA Total All Level Outpatient ER Visits	Total	
		Market Share	All Level Outpatient ER Visits
37046- College Grove	1,167	21%	241
37064- Franklin	12,416	3%	416
37174- Spring Hill	6,897	53%	3,639
37179- Thompsons Station	2,829	51%	1,440
38401- Columbia	24,073	11%	2,670
38482- Santa Fe	452	11%	51
Community Totals	47,834	18%	8,457

60
32%

EXHIBIT FOUR-E
CENTENNIAL EMERGENCY DEPARTMENT AT SPRING HILL
Year 4 of Operations (2016)

Zip - City	PSA Total Level 1-3 Outpatient ER Visits	ER Level 1 - 3	
		Market Share	Level 1-3 Outpatient ER Visits
37046- College Grove	653	38%	248
37064- Franklin	7,089	6%	425
37174- Spring Hill	4,227	73%	3,086
37179- Thompsons Station	1,701	71%	1,208
38401- Columbia	14,365	19%	2,729
38482- Santa Fe	255	20%	51
Community Totals	28,291	27%	7,747

Zip - City	PSA Total Level 4 - 5 Outpatient ER Visits	ER Level 4 - 5	
		Market Share	Level 4-5 Outpatient ER Visits
37046- College Grove	550		-
37064- Franklin	5,648		-
37174- Spring Hill	2,978	24%	715
37179- Thompsons Station	1,245	23%	290
38401- Columbia	10,220		-
38482- Santa Fe	199		-
Community Totals	20,839	5%	1,005

Zip - City	PSA Total All Level Outpatient ER Visits	Total	
		Market Share	All Level Outpatient ER Visits
37046- College Grove	1,203	21%	248
37064- Franklin	12,737	3%	425
37174- Spring Hill	7,205	53%	3,801
37179- Thompsons Station	2,946	51%	1,498
38401- Columbia	24,585	11%	2,729
38482- Santa Fe	454	11%	51
Community Totals	49,130	18%	8,752

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EXHIBIT FOUR-E
CENTENNIAL EMERGENCY DEPARTMENT AT SPRING HILL
Year 5 of Operations (2017)

Zip - City	PSA Total Level 1-3 Outpatient ER Visits	ER Level 1 - 3	
		Market Share	Level 1-3 Outpatient ER Visits
37046- College Grove	670	38%	254
37064- Franklin	7,249	6%	435
37174- Spring Hill	4,406	73%	3,216
37179- Thompsons Station	1,767	71%	1,255
38401- Columbia	14,679	19%	2,789
38482- Santa Fe	257	20%	51
Community Totals	29,026	28%	8,000

Zip - City	PSA Total Level 4 - 5 Outpatient ER Visits	ER Level 4 - 5	
		Market Share	Level 4-5 Outpatient ER Visits
37046- College Grove	567		-
37064- Franklin	5,808		-
37174- Spring Hill	3,108	24%	746
37179- Thompsons Station	1,297	23%	303
38401- Columbia	10,419		-
38482- Santa Fe	201		-
Community Totals	21,402	5%	1,049

Zip - City	PSA Total All Level Outpatient ER Visits	Total	
		Market Share	All Level Outpatient ER Visits
37046- College Grove	1,237	21%	254
37064- Franklin	13,057	3%	435
37174- Spring Hill	7,514	53%	3,962
37179- Thompsons Station	3,064	51%	1,558
38401- Columbia	25,098	11%	2,789
38482- Santa Fe	458	11%	51
Community Totals	50,428	18%	9,049

**EXHIBIT FOUR-F
CENTENNIAL EMERGENCY DEPARTMENT AT SPRING HILL
Year 1 of Operations (2013)**

ER Level Groups	Projected Outpatient ER Visits	X-rays	CTs	Ultrasounds
ER Level 1 - 3	6,991	Use Rate per 1000 477	Use Rate per 1000 7	Use Rate per 1000 1
ER Level 4 - 5	875	486	639	108
Total	-	-	-	-
		Projected Volume 3,335	Projected Volume 49	Projected Volume 7
		425	559	95
		3,760	608	102

**CENTENNIAL EMERGENCY DEPARTMENT AT SPRING HILL
Year 2 of Operations (2014)**

ER Level Groups	Projected Outpatient ER Visits	X-rays	CTs	Ultrasounds
ER Level 1 - 3	7,243	Use Rate per 1000 477	Use Rate per 1000 7	Use Rate per 1000 1
ER Level 4 - 5	918	486	639	108
Total	-	-	-	-
		Projected Volume 3,455	Projected Volume 51	Projected Volume 7
		446	587	99
		3,901	638	106

C(II)1. PROVIDE THE COST OF THE PROJECT BY COMPLETING THE PROJECT COSTS CHART ON THE FOLLOWING PAGE. JUSTIFY THE COST OF THE PROJECT.

• ALL PROJECTS SHOULD HAVE A PROJECT COST OF AT LEAST \$3,000 ON LINE F (MINIMUM CON FILING FEE). CON FILING FEE SHOULD BE CALCULATED ON LINE D.

• THE COST OF ANY LEASE (BUILDING, LAND, AND/OR EQUIPMENT) SHOULD BE BASED ON FAIR MARKET VALUE OR THE TOTAL AMOUNT OF THE LEASE PAYMENTS OVER THE INITIAL TERM OF THE LEASE, WHICHEVER IS GREATER. NOTE: THIS APPLIES TO ALL EQUIPMENT LEASES INCLUDING BY PROCEDURE OR "PER CLICK" ARRANGEMENTS. THE METHODOLOGY USED TO DETERMINE THE TOTAL LEASE COST FOR A "PER CLICK" ARRANGEMENT MUST INCLUDE, AT A MINIMUM, THE PROJECTED PROCEDURES, THE "PER CLICK" RATE AND THE TERM OF THE LEASE.

• THE COST FOR FIXED AND MOVEABLE EQUIPMENT INCLUDES, BUT IS NOT NECESSARILY LIMITED TO, MAINTENANCE AGREEMENTS COVERING THE EXPECTED USEFUL LIFE OF THE EQUIPMENT; FEDERAL, STATE, AND LOCAL TAXES AND OTHER GOVERNMENT ASSESSMENTS; AND INSTALLATION CHARGES, EXCLUDING CAPITAL EXPENDITURES FOR PHYSICAL PLANT RENOVATION OR IN-WALL SHIELDING, WHICH SHOULD BE INCLUDED UNDER CONSTRUCTION COSTS OR INCORPORATED IN A FACILITY LEASE.

• FOR PROJECTS THAT INCLUDE NEW CONSTRUCTION, MODIFICATION, AND/OR RENOVATION; DOCUMENTATION MUST BE PROVIDED FROM A CONTRACTOR AND/OR ARCHITECT THAT SUPPORT THE ESTIMATED CONSTRUCTION COSTS.

The architect's letter supporting the construction cost estimate is provided in Attachment C, Economic Feasibility--1.

On the Project Costs Chart, following this response:

Line A.1, A&E fees, were estimated by the project architect.

Line A.2, legal, administrative, and consultant fees, were estimated by HCA's corporate Design and Construction staff, and they include a contingency for expenses of an administrative appeals hearing.

Line A.3, site acquisition cost, and line A.4, site preparation cost, are zero because the project will occupy leased space in a medical office building; and the land related costs for that building are taken into account into line B1, the lease outlay.

Line A.5, construction cost, was calculated by HCA's Design and Construction staff. It represents a cost of approximately \$258 PSF.

Line A.6, contingency, was estimated by HCA at 8.28% of construction costs in line A.5.

Line A.8 includes both fixed and moveable clinical equipment costs, estimated by HCA.

Line A.9 includes such costs as miscellaneous minor equipment and furnishings and information and telephone systems.

Line B.1 is the fair market value of the facility being leased, calculated as follows:

Building Value Method: HCA Realty projects that the MOB will be a 34,000 SF building developed at a cost of \$4,760,000 including the appraised value of 3 acres of land, and required site work. The value of the shell space being leased is \$140 PRSF (\$4,760,000 / 34,000). The ED lease will be for 10,753 rentable SF, X \$140 PRSF = \$1,505,420 fair market value of the leased space.

Lease Outlay Method: The ED will occupy 9,601 SF, which with a 12% "gross-up" for common areas is 10,753 RSF. Leased at \$14 PRSF, escalated at 3% annually, the total lease payments during the first term of 10 years will be \$1,725,793. This is a higher amount than the building value method, so under HSDA rules it was used in line B.1.

Line B.5 is the cost of the CT maintenance contract in Years 2-5 (\$103,000 per year).

PROJECT COSTS CHART -- CENTENNIAL SPRING HILL EMERGENCY DEPARTMENT

A. Construction and equipment acquired by purchase:

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1. Architectural and Engineering Fees	\$	<u>163,944</u>
2. Legal, Administrative, Consultant Fees (Excl CON Filing)		<u>151,479</u>
3. Acquisition of Site		<u>0</u>
4. Preparation of Site		<u>0</u>
5. Construction Cost		<u>2,475,000</u>
6. Contingency Fund		<u>204,930</u>
7. Fixed Equipment (Not included in Construction Contract)		
8. Moveable Equipment (List all equipment over \$50,000)		<u>2,446,893</u>
9. Other (Specify) <u>IT&S Costs</u>		<u>1,390,000</u>

B. Acquisition by gift, donation, or lease:

1. Facility (inclusive of building and land)	FMV of lease	<u>1,725,793</u>
2. Building only		
3. Land only		
4. Equipment (Specify)		
5. Other (Specify) <u>CT maintenance contract Yrs 2-5</u>		<u>412,000</u>

C. Financing Costs and Fees:

1. Interim Financing	<u>105,088</u>
2. Underwriting Costs	
3. Reserve for One Year's Debt Service	
4. Other (Specify) _____	

D. Estimated Project Cost (A+B+C)

9,075,127

E. CON Filing Fee

20,419

F. Total Estimated Project Cost (D+E)

TOTAL \$ 9,095,546

Actual Capital Cost	6,957,753
Section B FMV	2,137,793

HCA - The Healthcare Company
\$50,000 and Greater Items On General Equipment List

DCEE PROJECTS

1000000RB - A03026 - ED Free Standing - 12 Bed All Private Rooms

Item #	Item Description	Class	Vendor	Dept	Space	Qty	Cost
691632	#XRF119; R&F: PRECISION 500D	M0	GE HEALTHCARE	260	8320	1	\$301,367.59
722800	#M80501FL; CT WORKSTATION AW 4.2	M0	GE HEALTHCARE	260	9739	1	\$79,300.00
RB0447	GOLDSEAL LIGHTSPEED 16 PRO 100	M0	GE HEALTHCARE	260	9739	1	\$455,000.00
724020	#765000.911; XPANDHM PLUS; CHEMISTRY	M0	SIEMENS	110	2540	1	\$105,000.00

C(ID).2. IDENTIFY THE FUNDING SOURCES FOR THIS PROJECT.

a. PLEASE CHECK THE APPLICABLE ITEM(S) BELOW AND BRIEFLY SUMMARIZE HOW THE PROJECT WILL BE FINANCED. (DOCUMENTATION FOR THE TYPE OF FUNDING MUST BE INSERTED AT THE END OF THE APPLICATION, IN THE CORRECT ALPHANUMERIC ORDER AND IDENTIFIED AS ATTACHMENT C, ECONOMIC FEASIBILITY--2).

 A. Commercial Loan--Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;

 B. Tax-Exempt Bonds--copy of preliminary resolution or a letter from the issuing authority, stating favorable contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;

 C. General Obligation Bonds--Copy of resolution from issuing authority or minutes from the appropriate meeting;

 D. Grants--Notification of Intent form for grant application or notice of grant award;

 x **E. Cash Reserves--Appropriate documentation from Chief Financial Officer; or**

 F. Other--Identify and document funding from all sources.

The project will be funded entirely by a 100% cash transfer to the applicant from HCA, Inc., through its TriStar division office. Documentation of financing is provided in Attachment C, Economic Feasibility--2.

C(II).3. DISCUSS AND DOCUMENT THE REASONABLENESS OF THE PROPOSED PROJECT COSTS. IF APPLICABLE, COMPARE THE COST PER SQUARE FOOT OF CONSTRUCTION TO SIMILAR PROJECTS RECENTLY APPROVED BY THE HSDA.

The construction cost for the project is estimated at \$2,475,000 including certain construction-related fees and expenses. For a 9,601-SF facility this is approximately \$258 PSF. This is consistent with the construction cost for ED expansion projects approved in recent years in Middle Tennessee and elsewhere in the State. Examples include:

<u>CON Number</u>	<u>Project</u>	<u>Construction Cost PSF</u>
CN0808-060	Summit Medical Center ED	\$310 (new area) \$234 (new + renovated areas)
CN0712-095	Crockett Hospital ED	\$341
CN0604-026	Bristol Regional Medical Center ED	\$325 (new + renovated areas)
CN0602-011	Maury Regional Hospital ED	\$335 (new area) \$268 (new + renovated areas)
CN0510-094	Northcrest Medical Center ED	\$290

C(II).4. COMPLETE HISTORICAL AND PROJECTED DATA CHARTS ON THE FOLLOWING TWO PAGES--DO NOT MODIFY THE CHARTS PROVIDED OR SUBMIT CHART SUBSTITUTIONS. HISTORICAL DATA CHART REPRESENTS REVENUE AND EXPENSE INFORMATION FOR THE LAST THREE (3) YEARS FOR WHICH COMPLETE DATA IS AVAILABLE FOR THE INSTITUTION. PROJECTED DATA CHART REQUESTS INFORMATION FOR THE TWO YEARS FOLLOWING COMPLETION OF THIS PROPOSAL. PROJECTED DATA CHART SHOULD INCLUDE REVENUE AND EXPENSE PROJECTIONS FOR THE PROPOSAL ONLY (I.E., IF THE APPLICATION IS FOR ADDITIONAL BEDS, INCLUDE ANTICIPATED REVENUE FROM THE PROPOSED BEDS ONLY, NOT FROM ALL BEDS IN THE FACILITY).

See the following pages for these charts, with notes where applicable.

HISTORICAL DATA CHART -- CENTENNIAL MEDICAL CENTER

Give information for the last three (3) years for which complete data are available for the facility or agency. JUN 15 PM 12: 57
 The fiscal year begins in January (Month).

	Year 2007	Year 2008	Year 2009
A. Utilization Data (JAR discharge days)	29,887	32,953	33,494
B. Revenue from Services to Patients			
1. Inpatient Services	\$ 184,785,532	236,962,291	244,486,551
2. Outpatient Services	43,964,330	52,701,223	60,828,921
3. Emergency Services	11,544,899	12,831,841	27,504,425
4. Other Operating Revenue	0	0	0
(Specify) <u>See notes</u>			
Gross Operating Revenue	\$ 240,294,761	\$ 302,495,355	\$ 332,819,896
C. Deductions for Operating Revenue			
1. Contractual Adjustments	\$ 176,893,587	229,121,428	252,237,019
2. Provision for Charity Care	1,026,059	901,436	1,664,099
3. Provisions for Bad Debt	4,685,748	3,902,190	4,526,351
Total Deductions	\$ 182,605,394	\$ 233,925,054	\$ 258,427,469
NET OPERATING REVENUE	\$ 57,689,367	\$ 68,570,301	\$ 74,392,427
D. Operating Expenses			
1. Salaries and Wages	\$ 19,575,901	19,642,151	19,787,184
2. Physicians Salaries and Wages	0	0	0
3. Supplies	9,047,585	9,901,117	11,352,674
4. Taxes	519,204	617,133	669,532
5. Depreciation	2,659,480	3,161,091	3,429,491
6. Rent	1,207,237	1,112,177	1,146,053
7. Interest, other than Capital	917,686	1,155,230	1,271,039
8. Other Expenses (Specify) <u>See notes</u>	8,768,132	8,671,726	10,325,979
Total Operating Expenses	\$ 42,695,225	44,260,624	47,981,952
E. Other Revenue (Expenses) -- Net (Specify)	\$	\$	\$
NET OPERATING INCOME (LOSS)	\$ 14,994,142	\$ 24,309,677	\$ 26,410,475
F. Capital Expenditures			
1. Retirement of Principal	\$	\$	\$
2. Interest	\$	\$	\$
Total Capital Expenditures	\$ 0	\$ 0	\$ 0
NET OPERATING INCOME (LOSS)			
LESS CAPITAL EXPENDITURES	\$ 14,994,142	\$ 24,309,677	\$ 26,410,475

Total

**Centennial Medical Center
Other Category Breakdown**

Other Operating Revenue

	<u>Year 2007</u>	<u>Year 2008</u>	<u>Year 2009</u>
N/A	0	\$0	\$0
Total	\$0	\$0	\$0

Other Expenses

	<u>Year 2007</u>	<u>Year 2008</u>	<u>Year 2009</u>
Professional Fees	\$130,346	\$253,392	\$128,230
Contract Services	\$1,737,030	\$2,687,158	\$3,237,072
Utilities	\$646,121	\$767,987	\$781,120
Repairs	\$834,302	\$368,899	\$1,034,116
Insurance	\$345,201	\$220,186	\$325,057
Other Expenses	\$1,492,622	\$115,888	\$89,026
Corporate Management Fees/Alloc.	<u>\$3,582,510</u>	<u>\$4,258,216</u>	<u>\$4,731,358</u>
Total	\$8,768,132	\$8,671,726	\$10,325,979

PROJECTED DATA CHART

SUPPLEMENTAL

Give information for the two (2) years following the completion of this proposal.

The fiscal year begins in January (Month).

	<u>Year 2013</u>	<u>Year 2014</u>
A. Utilization Data (Visits)	7,866	8,161
B. Revenue from Services to Patients		
1. Inpatient Services	\$ 0	\$ 0
2. Outpatient Services	0	0
3. Emergency Services	15,310,000	16,729,000
4. Other Operating Revenue (Specify)		
Gross Operating Revenue	\$ 15,310,000	\$ 16,729,000
C. Deductions for Operating Revenue		
1. Contractual Adjustments	\$ 11,377,234	\$ 12,548,841
2. Provision for Charity Care	76,550	83,645
3. Provisions for Bad Debt	208,216	227,514
Total Deductions	\$ 11,662,000	\$ 12,860,000
NET OPERATING REVENUE	\$ 3,648,000	\$ 3,869,000
D. Operating Expenses		
1. Salaries and Wages	\$ 1,425,000	\$ 1,470,000
2. Physicians Salaries and Wages	0	0
3. Supplies	248,000	266,000
4. Taxes	81,000	81,000
5. Depreciation	570,000	570,000
6. Rent	150,000	155,000
7. Interest, other than Capital	58,469	63,888
8. Other Expenses (Specify) <small>See notes</small>	495,000	519,000
Total Operating Expenses	\$ 3,027,469	\$ 3,124,888
E. Other Revenue (Expenses) -- Net (Specify)	\$	\$
NET OPERATING INCOME (LOSS)	\$ 620,531	\$ 744,112
F. Capital Expenditures		
1. Retirement of Principal	\$	\$
2. Interest		
Total Capital Expenditures	\$ 0	\$ 0
NET OPERATING INCOME (LOSS)		
LESS CAPITAL EXPENDITURES	\$ 620,531	\$ 744,112

**Centennial Emergency Department at Spring Hill
Other Category Breakdown**

Other Operating Revenue

	<u>Year 2013</u>	<u>Year 2014</u>
N/A	\$0	\$0
Total	\$0	\$0

Other Expenses

	<u>Year 2013</u>	<u>Year 2014</u>
Professional Fees	\$3,000	\$3,000
Contract Services	\$129,000	\$138,000
Utilities	\$38,000	\$41,000
Repairs	\$2,000	\$2,000
Insurance	\$4,000	\$4,000
Transportation	\$37,000	\$38,000
Marketing	\$100,000	\$100,000
Corporate Management Fees/Alloc.	<u>\$182,000</u>	<u>\$193,000</u>
Total	\$495,000	\$519,000

C(II).5. PLEASE IDENTIFY THE PROJECT'S AVERAGE GROSS CHARGE, AVERAGE DEDUCTION FROM OPERATING REVENUE, AND AVERAGE NET CHARGE.

	<u>2013</u>	<u>2014</u>
Emergency Visits	7,866	8,161
Average Gross Charge	\$1,947	\$2,050
Average Deduction from Operating Revenue	\$1,483	\$1,576
Average Net Charge (Net Operating Revenue)	\$464	\$474
Average Margin Per Visit, After Expenses	\$79	\$91

C(II).6.A. PLEASE PROVIDE THE CURRENT AND PROPOSED CHARGE SCHEDULES FOR THE PROPOSAL. DISCUSS ANY ADJUSTMENT TO CURRENT CHARGES THAT WILL RESULT FROM THE IMPLEMENTATION OF THE PROPOSAL. ADDITIONALLY, DESCRIBE THE ANTICIPATED REVENUE FROM THE PROPOSED PROJECT AND THE IMPACT ON EXISTING PATIENT CHARGES.

The chart following question C(II) 6.B below provides Centennial Medical Center's current gross charges by level of care (5 = highest acuity and most resource-intensive patients). It provides current Medicare reimbursement by level of care. It projects the Years One and Two charges by level of care, for the proposed Centennial Emergency Department at Spring Hill.

This project is expected to operate with a positive margin; so it is not projected to have a negative adverse financial impact on Centennial Medical Center.

C(II).6.B. COMPARE THE PROPOSED CHARGES TO THOSE OF SIMILAR FACILITIES IN THE SERVICE AREA/ADJOINING SERVICE AREAS, OR TO PROPOSED CHARGES OF PROJECTS RECENTLY APPROVED BY THE HSDA. IF APPLICABLE, COMPARE THE PROJECTED CHARGES OF THE PROJECT TO THE CURRENT MEDICARE ALLOWABLE FEE SCHEDULE BY COMMON PROCEDURE TERMINOLOGY (CPT) CODE(S).

The projected average gross charge for this project is comparable to the average gross charges for similar projects approved by the Agency. Following is a comparison to a similar project (hospital-based) recently approved in the southern Middle Tennessee area.

<u>Project</u>	<u>Average Gross Charge</u>
Centennial ED at Spring Hill Spring Hill (This Project)	\$2,050 (Year Two)
ED Expansion, Crockett Hospital Lawrenceburg	\$2,302 (Year Two)

The following page contains a chart showing the most frequent procedures to be performed, with their current Medicare reimbursement, and their projected Years One and Two utilization and average gross charges.

**CENTENNIAL MEDICAL CENTER
EMERGENCY DEPARTMENT CHARGE DATA**

SERVICE LEVEL	CPT CODE	MAIN ED 2010 CURRENT CHARGE	SPRING HILL ED 2013 PROJECTED CHARGE	SPRING HILL ED 2014 PROJECTED CHARGE	CURRENT 2010 MEDICARE REIMBURSEMENT
LEVEL ONE	99281	\$142.50	\$165.50	\$174.00	\$54.44
LEVEL TWO	99282	\$233.00	\$270.00	\$283.50	\$89.97
LEVEL THREE	99283	\$463.50	\$537.50	\$564.50	\$143.56
LEVEL FOUR	99284	\$888.50	\$1,029.00	\$1,080.50	\$228.55
LEVEL FIVE	99285	\$1,155.00	\$1,337.50	\$1,404.50	\$337.68

Note: Charge increase projected at 5% per year.

C(II).9. DISCUSS THE PROJECT'S PARTICIPATION IN STATE AND FEDERAL REVENUE PROGRAMS, INCLUDING A DESCRIPTION OF THE EXTENT TO WHICH MEDICARE, TENNCARE/MEDICAID, AND MEDICALLY INDIGENT PATIENTS WILL BE SERVED BY THE PROJECT. IN ADDITION, REPORT THE ESTIMATED DOLLAR AMOUNT OF REVENUE AND PERCENTAGE OF TOTAL PROJECT REVENUE ANTICIPATED FROM EACH OF TENNCARE, MEDICARE, OR OTHER STATE AND FEDERAL SOURCES FOR THE PROPOSAL'S FIRST YEAR OF OPERATION.

This project is a satellite emergency department. Such facilities by law must accept and treat all emergent patients. As a practical matter they must serve all patients who arrive, regardless of insurance issues. This facility will operate under the license of Centennial Medical Center, which is a major Medicare and TennCare provider in the Nashville area.

In Year One, this project has the following projected revenues from Medicare and Medicaid patients. The applicant anticipates a 15% uninsured payor mix.

	<u>Medicare Program</u>	<u>Medicaid Program</u>
Gross Revenues	\$2,296,500	\$4,286,800
% of Total Gross Revenues	15%	28%

C(II).10. PROVIDE COPIES OF THE BALANCE SHEET AND INCOME STATEMENT FROM THE MOST RECENT REPORTING PERIOD OF THE INSTITUTION, AND THE MOST RECENT AUDITED FINANCIAL STATEMENTS WITH ACCOMPANYING NOTES, IF APPLICABLE. FOR NEW PROJECTS, PROVIDE FINANCIAL INFORMATION FOR THE CORPORATION, PARTNERSHIP, OR PRINCIPAL PARTIES INVOLVED WITH THE PROJECT. COPIES MUST BE INSERTED AT THE END OF THE APPLICATION, IN THE CORRECT ALPHANUMERIC ORDER AND LABELED AS ATTACHMENT C, ECONOMIC FEASIBILITY--10.

These are provided as Attachment C, Economic Feasibility--10.

C(II)11. DESCRIBE ALL ALTERNATIVES TO THIS PROJECT WHICH WERE CONSIDERED AND DISCUSS THE ADVANTAGES AND DISADVANTAGES OF EACH ALTERNATIVE, INCLUDING BUT NOT LIMITED TO:

A. A DISCUSSION REGARDING THE AVAILABILITY OF LESS COSTLY, MORE EFFECTIVE, AND/OR MORE EFFICIENT ALTERNATIVE METHODS OF PROVIDING THE BENEFITS INTENDED BY THE PROPOSAL. IF DEVELOPMENT OF SUCH ALTERNATIVES IS NOT PRACTICABLE, THE APPLICANT SHOULD JUSTIFY WHY NOT, INCLUDING REASONS AS TO WHY THEY WERE REJECTED.

B. THE APPLICANT SHOULD DOCUMENT THAT CONSIDERATION HAS BEEN GIVEN TO ALTERNATIVES TO NEW CONSTRUCTION, E.G., MODERNIZATION OR SHARING ARRANGEMENTS. IT SHOULD BE DOCUMENTED THAT SUPERIOR ALTERNATIVES HAVE BEEN IMPLEMENTED TO THE MAXIMUM EXTENT PRACTICABLE.

Building a larger ED was rejected because HCA's internal ED planning standards, as well as the AIA/ACEP ED design standards, recommend that eight treatment rooms can accommodate the projected number of annual visits. Building at another location was rejected because this site in the City of Spring Hill is in the heart of the highest-growth sector of the entire service area. The option of expanding Centennial's main Emergency Department in central Nashville was not considered, because Centennial does not receive significant numbers of emergency visits from this Spring Hill project's service area. The proposed facility is to more conveniently meet the needs of emergency patients in the large, and growing, Spring Hill area.

C(III).1. LIST ALL EXISTING HEALTH CARE PROVIDERS (I.E., HOSPITALS, NURSING HOMES, HOME CARE ORGANIZATIONS, ETC.) MANAGED CARE ORGANIZATIONS, ALLIANCES, AND/OR NETWORKS WITH WHICH THE APPLICANT CURRENTLY HAS OR PLANS TO HAVE CONTRACTUAL AGREEMENTS FOR HEALTH SERVICES.

Centennial has numerous relationships with area nursing homes, home health agencies, and other acute care providers.

CMC discharges patients to intermediate or skilled beds in many other area nursing homes--examples being NHC of Nashville, Bethany, Trevecca, West Meade Place, Belcourt, Good Samaritan, Imperial Manor, Lakeshore, and Mariner.

Home health services utilized by CMC in the past include Amedysis, Willowbrook, Baptist Home Health, Gentiva, HomeCare Solutions, Home Technology, Matria, and Elk Valley.

Rehabilitation programs have included CMC's own unit, the unit at Tennessee Christian Medical Center, the Vanderbilt Stallworth Rehabilitation Hospital, Nashville Rehabilitation Hospital, and Skyline Medical Center.

The most frequently used Hospice is Alive Hospice.

C(III).2. DESCRIBE THE POSITIVE AND/OR NEGATIVE EFFECTS OF THE PROPOSAL ON THE HEALTH CARE SYSTEM. PLEASE BE SURE TO DISCUSS ANY INSTANCES OF DUPLICATION OR COMPETITION ARISING FROM YOUR PROPOSAL, INCLUDING A DESCRIPTION OF THE EFFECT THE PROPOSAL WILL HAVE ON THE UTILIZATION RATES OF EXISTING PROVIDERS IN THE SERVICE AREA OF THE PROJECT.

Each year, the project will have a very positive impact for more than 8,000 persons residing close to it, in parts of five zip codes. It will reduce their travel time to emergency care. It will provide access to those services around the clock, every day. It will provide the same level of clinical competencies that the ED at Centennial Medical Center in Nashville provides, being staffed by the same Emergency Physician group and by the same hospital managers in Nashville. It will expand the scope of acute care available in the Spring Hill area, which in turn will support the continuing addition of new residents and employers to that area.

It will have some initial adverse impact on ED visits at both Williamson Medical Center and Maury Regional Hospital. But the impact will be small, and temporary. Those two hospitals in 2009 reported 77,998 combined ED visits in their Joint Annual Reports. Williamson Medical Center has averaged approximately 3% annual growth in ED volumes since 2006; Maury Regional Hospital in 2006 forecast growth of 2.5% annually once its expanded ED was opened (which it did open recently). If both hospitals' combined ED visits increase at an average of only 2% per year between 2009 and 2014, their ED utilization would exceed 86,000 visits by 2014, Year Two of the Spring Hill ED:

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
ED Visits:	77,998	79,558	81,149	82,772	84,428	86,116

In that year (2014), the Spring Hill ED projects attracting 8,161 visits, less than 10% of the combined ED visits of these two hospitals. Even if all Spring Hill's visits came out of those two hospitals' ED volumes, that would not constitute a very adverse, or a permanent, impact. And some of the impact of this project might be spread among more than just Maury and Williamson hospitals. For example, Q1-Q2 2009 THA data indicates that a dozen hospitals north of Maury County, other than Williamson Medical Center, serve some Maury county residents' ED needs. A small part of Spring Hill ED's utilization likely will come from those hospitals.

**CENTENNIAL MEDICAL CENTER EMERGENCY DEPARTMENT AT SPRING HILL
STAFFING REQUIREMENTS 2013-2014
(CMC MAIN HOSPITAL EMERGENCY DEPARTMENT SHOWN AS COMPARISON)**

Position Type (RN, etc.)	Current FTE's	Yr. 1 FTE's CY2013	Yr. 2 FTE's CY2014	Salary Range (Hourly)
SPRING HILL ED (SATELLITE)				
RN	0	9.4	9.4	19.74 - 33.73
Radiology Tech	0	4.6	4.6	16.71 - 25.19
Environmental Services Tech	0	4.6	4.6	8.70 - 12.51
Security Guard (Armed)	0	4.6	4.6	10.57 - 16.56
Registration Clerk	0	4.6	4.6	10.86 - 17.70
Total FTE's	0	27.8	27.8	
CENTENNIAL ED, MAIN CAMPUS				
RN	30	32.2	33.7	19.74 - 33.73
Nurse Tech	4.6	4.6	4.6	9.18 - 14.38
Radiology Tech	4.6	4.6	4.6	16.71 - 25.19
Environmental Services Tech	4.6	4.6	4.6	8.70 - 12.51
Security Guard	4.6	4.6	4.6	10.57 - 16.56
Registration Clerk	4.6	4.6	4.6	10.86 - 17.70
Total FTE's	53	55.2	56.7	

Source:

C(III).3. PROVIDE THE CURRENT AND/OR ANTICIPATED STAFFING PATTERN FOR ALL EMPLOYEES PROVIDING PATIENT CARE FOR THE PROJECT. THIS CAN BE REPORTED USING FTE'S FOR THESE POSITIONS. IN ADDITION, PLEASE COMPARE THE CLINICAL STAFF SALARIES IN THE PROPOSAL TO PREVAILING WAGE PATTERNS IN THE SERVICE AREA AS PUBLISHED BY THE TENNESSEE DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT AND/OR OTHER DOCUMENTED SOURCES.

Please see the following page for a chart of projected FTE's and salary ranges.

The Department of Labor and Workforce Development website indicates the following Mid-Central region (includes Maury County) hourly wage information for clinical employees of this project:

<u>Position</u>	<u>Entry Level</u>	<u>Mean</u>	<u>Median</u>	<u>Experienced</u>
RN	\$17.10	\$21.95	\$21.20	\$24.35
Radiology Tech	\$14.50	\$20.30	\$20.40	\$23.20

C(III).4. DISCUSS THE AVAILABILITY OF AND ACCESSIBILITY TO HUMAN RESOURCES REQUIRED BY THE PROPOSAL, INCLUDING ADEQUATE PROFESSIONAL STAFF, AS PER THE DEPARTMENT OF HEALTH, THE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES, AND/OR THE DIVISION OF MENTAL RETARDATION SERVICES LICENSING REQUIREMENTS.

The applicant can recruit all needed staff for the project. The applicant and its owner operate multiple Middle Tennessee hospitals and are knowledgeable of, and comply with, all public requirements pertaining to numbers and types of professional staff in acute care departments.

C(III).5. VERIFY THAT THE APPLICANT HAS REVIEWED AND UNDERSTANDS THE LICENSING CERTIFICATION AS REQUIRED BY THE STATE OF TENNESSEE FOR MEDICAL/CLINICAL STAFF. THESE INCLUDE, WITHOUT LIMITATION, REGULATIONS CONCERNING PHYSICIAN SUPERVISION, CREDENTIALING, ADMISSIONS PRIVILEGES, QUALITY ASSURANCE POLICIES AND PROGRAMS, UTILIZATION REVIEW POLICIES AND PROGRAMS, RECORD KEEPING, AND STAFF EDUCATION.

The applicant so verifies.

C(III).6. DISCUSS YOUR HEALTH CARE INSTITUTION'S PARTICIPATION IN THE TRAINING OF STUDENTS IN THE AREAS OF MEDICINE, NURSING, SOCIAL WORK, ETC. (I.E., INTERNSHIPS, RESIDENCIES, ETC.).

Centennial and its parent company HCA anticipate being able to staff this project using newly hired clinical staff, and the same contracted Emergency Physicians group that provides physician staffing for Centennial currently. HCA is heavily involved in the funding and staff support of expanded nursing programs at Nashville institutions such as those of Lipscomb and Belmont, and has been successful in meeting its local hospitals' nurse recruitment needs. As a long-time acute care provider in Nashville, and a tertiary referral center facility, Centennial is familiar with, and in compliance with, applicable State and professional staffing guidelines and requirements.

Centennial itself is a major training site for numerous health professional training programs. Centennial currently has contracts with more than 20 Tennessee and Kentucky colleges and universities, to serve as a clinical rotation site for students in multiple fields of study, including: RN, BSN, Nurse Anesthetist, Occupational Therapist, Physical Therapist, Speech and Hearing Therapist, Radiology Tech, Surgical Tech, Phlebotomist, Information Systems, Cardiopulmonary Tech, Dietitian, Laboratory Tech, Respiratory Tech, and Emergency Medical Tech training programs.

C(III).7(a). PLEASE VERIFY, AS APPLICABLE, THAT THE APPLICANT HAS REVIEWED AND UNDERSTANDS THE LICENSURE REQUIREMENTS OF THE DEPARTMENT OF HEALTH, THE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES, THE DIVISION OF MENTAL RETARDATION SERVICES, AND/OR ANY APPLICABLE MEDICARE REQUIREMENTS.

The applicant so verifies.

C(III).7(b). PROVIDE THE NAME OF THE ENTITY FROM WHICH THE APPLICANT HAS RECEIVED OR WILL RECEIVE LICENSURE, CERTIFICATION, AND/OR ACCREDITATION

LICENSURE: Board for Licensure of Healthcare Facilities
Tennessee Department of Health

CERTIFICATION: Medicare Certification from HCFA
TennCare Certification from TDH

ACCREDITATION: Joint Commission on Accreditation of
Healthcare Organizations

C(III).7(c). IF AN EXISTING INSTITUTION, PLEASE DESCRIBE THE CURRENT STANDING WITH ANY LICENSING, CERTIFYING, OR ACCREDITING AGENCY OR AGENCY.

The applicant is currently licensed in good standing by the Board for Licensing Health Care Facilities, certified for participation in Medicare and Medicaid/TennCare, and fully accredited by the Joint Commission on Accreditation of Healthcare Organizations.

C(III).7(d). FOR EXISTING LICENSED PROVIDERS, DOCUMENT THAT ALL DEFICIENCIES (IF ANY) CITED IN THE LAST LICENSURE CERTIFICATION AND INSPECTION HAVE BEEN ADDRESSED THROUGH AN APPROVED PLAN OF CORRECTION. PLEASE INCLUDE A COPY OF THE MOST RECENT LICENSURE/CERTIFICATION INSPECTION WITH AN APPROVED PLAN OF CORRECTION.

They have been addressed. A copy of the most recent licensure inspection and plan of correction, and/or the most recent accreditation inspection, are provided in Attachment C, Orderly Development--7(C).

C(III)8. DOCUMENT AND EXPLAIN ANY FINAL ORDERS OR JUDGMENTS ENTERED IN ANY STATE OR COUNTRY BY A LICENSING AGENCY OR COURT AGAINST PROFESSIONAL LICENSES HELD BY THE APPLICANT OR ANY ENTITIES OR PERSONS WITH MORE THAN A 5% OWNERSHIP INTEREST IN THE APPLICANT. SUCH INFORMATION IS TO BE PROVIDED FOR LICENSES REGARDLESS OF WHETHER SUCH LICENSE IS CURRENTLY HELD.

None.

C(III)9. IDENTIFY AND EXPLAIN ANY FINAL CIVIL OR CRIMINAL JUDGMENTS FOR FRAUD OR THEFT AGAINST ANY PERSON OR ENTITY WITH MORE THAN A 5% OWNERSHIP INTEREST IN THE PROJECT.

None.

C(III)10. IF THE PROPOSAL IS APPROVED, PLEASE DISCUSS WHETHER THE APPLICANT WILL PROVIDE THE THSDA AND/OR THE REVIEWING AGENCY INFORMATION CONCERNING THE NUMBER OF PATIENTS TREATED, THE NUMBER AND TYPE OF PROCEDURES PERFORMED, AND OTHER DATA AS REQUIRED.

Yes. The applicant will provide the requested data consistent with Federal HIPAA requirements.

PROOF OF PUBLICATION

Attached.

DEVELOPMENT SCHEDULE

1. PLEASE COMPLETE THE PROJECT COMPLETION FORECAST CHART ON THE NEXT PAGE. IF THE PROJECT WILL BE COMPLETED IN MULTIPLE PHASES, PLEASE IDENTIFY THE ANTICIPATED COMPLETION DATE FOR EACH PHASE.

The Project Completion Forecast Chart is provided after this page.

2. IF THE RESPONSE TO THE PRECEDING QUESTION INDICATES THAT THE APPLICANT DOES NOT ANTICIPATE COMPLETING THE PROJECT WITHIN THE PERIOD OF VALIDITY AS DEFINED IN THE PRECEDING PARAGRAPH, PLEASE STATE BELOW ANY REQUEST FOR AN EXTENDED SCHEDULE AND DOCUMENT THE "GOOD CAUSE" FOR SUCH AN EXTENSION.

The applicant requests a three-year period of validity for opening the project. The ED itself will not take more than 5 months to construct; but it cannot start construction until an MOB is developed to the shell stage, and HCA constructs an access road and drives on the property. That will take extra time. Centennial Medical Center projects beginning build-out of the ED space by May 1, 2012, and completing it five months later, by October 1, 2012. That completion schedule will be 24 months after an approval that could be granted by late September of 2010.



eration of the application by the Agency.

**Ad. No. 0101302731
NOTIFICATION OF INTENT
TO APPLY FOR A CERTIFICATE OF NEED**

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. Sections 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Centennial Medical Center Emergency Department at Spring Hill (a proposed satellite emergency department of Centennial Medical Center, a hospital), to be owned and managed by HCA Health Services of Tennessee, Inc. (a Tennessee corporation), intends to file an application for a Certificate of Need for a satellite emergency department facility in the City of Spring Hill, at an estimated cost of \$9,200,000. The project will be located at an unaddressed site in the northeast quadrant of the intersection of Saturn Parkway and Kedron Road, approximately three miles west of I-65 at Exit 53 (the Saturn Parkway exit).

Centennial Medical Center in Nashville is licensed by the Board for Licensing Healthcare Facilities as a 606-bed general hospital. The Spring Hill satellite ED facility will provide emergency, diagnostic and treatment services, for which all necessary diagnostic services will be available, including laboratory, X-ray, ultrasound, and CT scanning. It will not contain major medical equipment, or initiate or discontinue any other health service, or affect any facility's licensed bed complements.

The anticipated date of filing the application is on or before June 15, 2010. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 2000 Glen Echo Road, Suite 122, Nashville, TN 37215, (615) 665-2022.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency

**Andrew Jackson Building
500 Deaderick Street, Suite 850
Nashville, Tennessee 37243**

Pursuant to TCA Sec. 68-11-1607(c)(1), (A) any health care institution wishing to oppose a Certificate of Need application must file a written objection with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled, and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

expressly waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute

Continued to next column

Davidson County, Tennessee, will be sold to the highest bidder subject to all unpaid taxes, prior liens and encumbrances of record:

Continued to next column

**Ad. No. 0101302409
NOTIFICATION OF INTENT
TO APPLY FOR A CERTIFICATE OF NEED**

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. Sections 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Hillside Hospital (a hospital), owned and managed by Hillside Hospital, LLC (a limited liability company), intends to file an application for a Certificate of Need to acquire a fixed lithotripter and to initiate full-time lithotripsy services, at its facility at 1265 East College Street, Pulaski, TN 38478, at a capital cost estimated at \$565,000. This will replace the hospital's mobile lithotripsy service currently provided under GN0302-011, which will be discontinued upon implementation of the fixed service.

Hillside Hospital is licensed by the Board for Licensing Health Care Facilities as a 95-bed general hospital. The project does not contain any other major medical equipment or initiate or discontinue any other health service; and it will not affect the facility's licensed bed complements.

The anticipated date of filing the application is on or before June 15, 2010. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 2000 Glen Echo Road, Suite 122, Nashville, TN 37215, (615) 665-2022.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

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within twenty-four (24) hours of the sale, the next highest bidder, at their highest bid, will be deemed the successful bidder.

This property is being sold with the express reservation that the sale is subject to confirmation by the lender or trustee. This sale may be rescinded at any time.

This office is a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.

Shapiro & Kirsch, LLP
Trustee
www.kirschattorney.com

Law Office of Shapiro & Kirsch, LLP
6055 Primacy Parkway, Suite 410
Memphis, TN 38110
Phone 901-767-5566
Fax 901-767-8890
File No. 10-002946

**Ad. No. 0101303277
SUBSTITUTE
TRUSTEE'S SALE**

Sale at public auction will be on July 2, 2010 at 1:00PM local time; at the Davidson County Courthouse, South Main door, One Public Square, Nashville, Tennessee pursuant to Deed of Trust executed by Ronnie P. Cantrell and Wife, Celestine Cantrell, to NLC, Inc., Trustee, on June 23, 2006 at Instrument No. 20060703-0079118; conducted by Shapiro & Kirsch, LLP Substitute Trustee, all of record in the Davidson County Register's Office.

Owner of Debt: HSBC Bank USA, National Association, as Trustee, for the registered holders of Nomura Home Equity Home Loan, Inc. Asset-Backed Certificates, Series 2007-2. The following real estate located in Davidson County, Tennessee, will be sold to the highest call

Deutsche Bank National Trust Company as Trustee for the registered holders of Saxon Asset Securities Trust 2007-3 Mortgage Loan Asset Backed Certificates, Series 2007-3. The following real estate located in Davidson County, Tennessee, will be sold to the highest call bidder subject to all unpaid taxes, prior liens and encumbrances of record: Described property located in Davidson County, Tennessee, to wit:

Lot Number 91 on the Plan of Cherry Hills, Section 10B, of record in Plat Book 5210, Page 139, Registrar's Office, Davidson County, Tennessee, to which reference is hereby made for a more complete description.

Street Address: 3057 Fieldstone Drive, Antioch, TN 37013

Current Owner(s) of Property: Juan Pedro Guerrero
The street address of the above described property is believed to be 3057 Fieldstone Drive, Antioch, TN 37013, but such address is not part of the legal description of the property sold herein and in the event of any discrepancy, the legal description herein shall control.

SALE IS SUBJECT TO TENANT(S) RIGHTS IN POSSESSION.

All right of equity of redemption, statutory and otherwise, and homestead are expressly waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee.

The right is reserved, to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set

the point of beginning. Street Address: 1014 New Providence Pass, Madison, TN 37115

Current Owner(s) of Property: Troy Jernigan, married Other Interested parties: Sebring Capital Partner, Limited Partnership, Mortgage Electronic Registration Systems, Inc., America's Servicing Company and America's Servicing Co.

The street address of the above described property is believed to be 1014 New Providence Pass, Madison, TN 37115, but such address is not part of the legal description of the property sold herein and in the event of any discrepancy, the legal description herein shall control.

SALE IS SUBJECT TO TENANT(S) RIGHTS IN POSSESSION.

All right of equity of redemption, statutory and otherwise, and homestead are expressly waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee.

The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above.

If the highest bidder cannot pay the bid within twenty-four (24) hours of the sale, the next highest bidder, at their highest bid, will be deemed the successful bidder.

This property is being sold with the express reservation that the sale is subject to confirmation by the lender or trustee. This sale may be rescinded at any time.

981 murressboro
Unfurnished eff
apartment, \$397
\$100 dep OAC, A
paid. Call 615-474

Arts Unfun
DAVIDSON

Brighten your
Brinkhaven

GOODLETT'S
800-555-5555

1 Bdrm, 1 B/
fridge, w/d hook
private quiet
hood, \$800 mo.
dep. Call 615-495

HAMPTON T
In Madis
1BR \$395 2B
1 Month F
SEC 8 ACCE
Call 865-5

House for Rent
renovated, 3B
1909 Meadow C
\$950/mo \$800
Call 244-0

HUGE SAV
2810 M

MADIS
1 bdrm, 1 ba,
dryer, & water
small quiet con
MOVE IN SP
\$130/wk. 615-8

MADIS
1 BR Apt.
\$435/mo, \$130
481-59
Sec 8 WC

MADISON 2 p
carget, appl
hookups, b
crete drive.
Credit check.
\$300 dep. 615

MADISON LI
MOVES IN
FREE W
\$400 dep

PROJECT COMPLETION FORECAST CHART

Enter the Agency projected Initial Decision date, as published in Rule 68-11-1609(c): 9-22-10

Assuming the CON approval becomes the final agency action on that date; indicate the number of days from the above agency decision date to each phase of the completion forecast.

<u>Phase</u>	From 10-1-10 DAYS REQUIRED	Anticipated Date (MONTH/YEAR)
1. Architectural and engineering contract signed	60	1-11
2. Construction documents approved by the Tennessee Department of Health	420-	1-12
3. Construction contract signed	480	3-12
4. Building permit secured	510	4-12
5. Site preparation completed	na	na
6. Building construction commenced	540	5-12
7. Construction 40% complete	600	7-12
8. Construction 80% complete	660	9-12
9. Construction 100% complete (approved for occupancy)	690	10-12
10. *Issuance of license	na	na
11. *Initiation of service	730	1-13
12. Final Architectural Certification of Payment	810	4-13
13. Final Project Report Form (HF0055)	870	6-13

* For projects that do NOT involve construction or renovation: Please complete items 10 and 11 only.

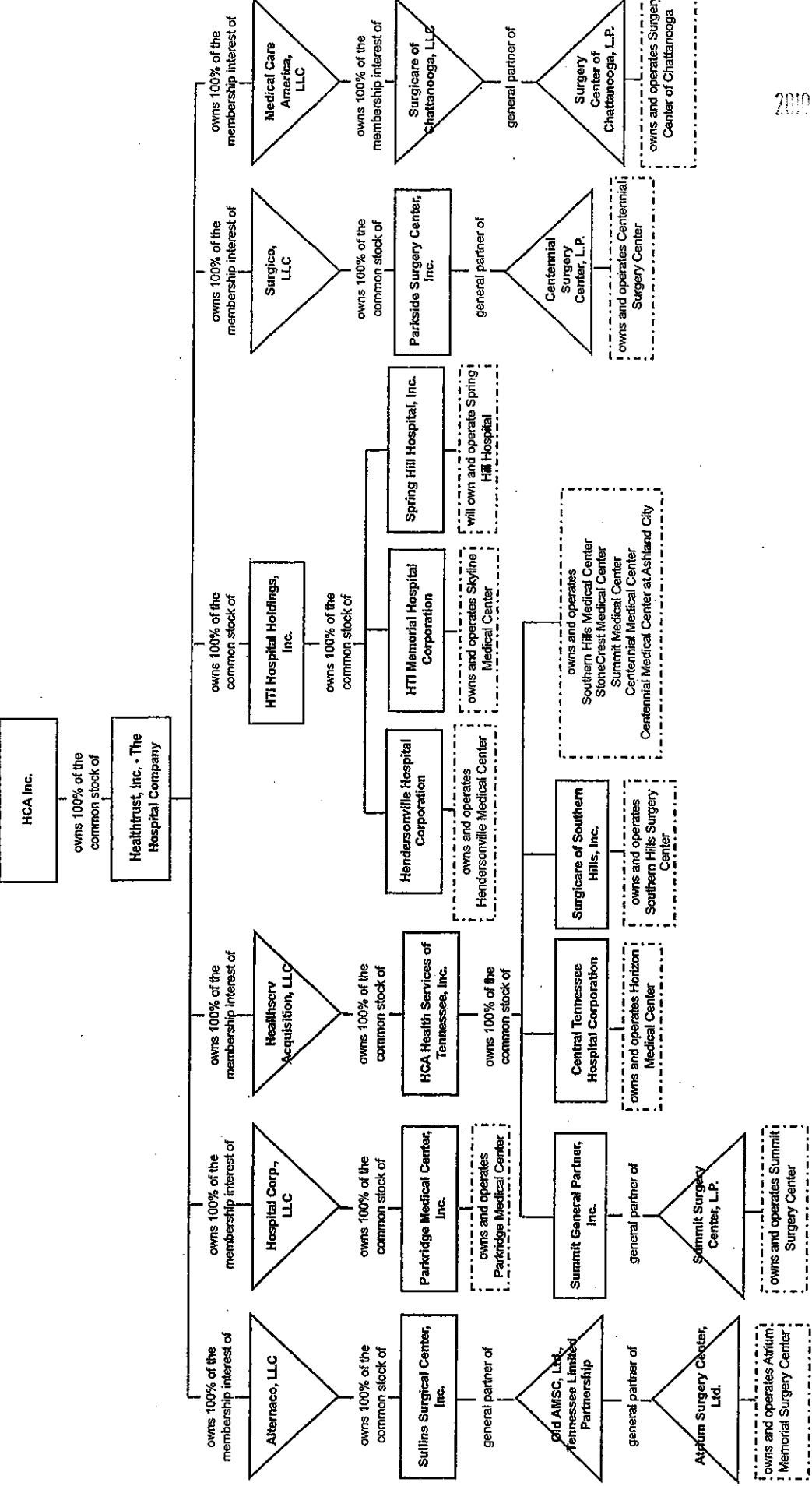
Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

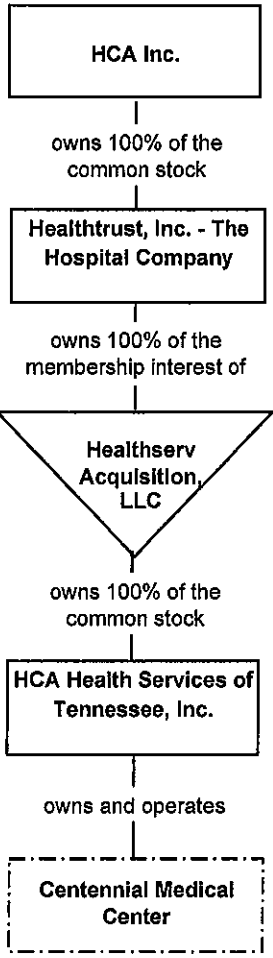
INDEX OF ATTACHMENTS

A.4	Ownership--Legal Entity and Organization Chart (if applicable)
A.6	Site Control
B.II.A.	Square Footage and Costs Per Square Footage Chart
B.III.	Plot Plan
B.IV.	Floor Plan
C, Need--1.A.3.	Letters of Intent & Qualifications
C, Need--3	Service Area Maps
C, Economic Feasibility--1	Documentation of Construction Cost Estimate
C, Economic Feasibility--2	Documentation of Availability of Funding
C, Economic Feasibility--10	Financial Statements
C, Orderly Development--7(C)	TDH Inspection & Plan of Correction
Additional Information	Excerpts from 2005 and 2007 Special Censuses of the City of Spring Hill
	Sources for Income Data & TennCare
	Excerpts from 2006 Travel Time Study for Spring Hill Hospital
Support Letters	

A.4--Ownership
Legal Entity and Organization Chart

2009 JUN 15 PM 12: 58





HCA Inc.

owns 100% of the common stock of

Healthtrust, Inc. - The Hospital Company

owns 100% of the membership interest of

Alternaco, LLC

owns 100% of the common stock of

Sulfins Surgical Center, Inc.

94.05% general partner of

Atrium Memorial Surgical Center, Ltd.

60% general partner of

Atrium Memorial Surgery Center Joint Venture

owns and operates Atrium Memorial Surgery Center

owns 100% of the membership interest of

Hospital Corp., LLC

owns 100% of the common stock of

Partridge Medical Center, Inc.

owns and operates Partridge Medical Center

owns 100% of the membership interest of

Healthserv Acquisition, LLC

owns 100% of the common stock of

HCA Health Services of Tennessee, Inc.

owns 100% of the common stock of

Central Tennessee Hospital Corporation

owns and operates Horizon Medical Center

owns 100% of the common stock of

HTI Hospital Holdings, Inc.

owns 100% of the common stock of

SP Acquisition Corp.

owns and operates Grandview Medical Center

owns and operates:

Southern Hills Medical Center
StoneCrest Medical Center
Summit Medical Center
Centennial Medical Center
Proposed - CMC at Ashland City

owns and operates River Park Hospital

River Park Hospital, Inc.

owns and operates Skyline Medical Center

HTI Memorial Hospital Corporation

owns and operates Hendersonville Medical Center

Hendersonville Hospital Corporation

owns 100% of the common stock of

Surgicare of Southern Hills, Inc.

99% general partner

1% limited partner

Southern Hills Surgery Center, L.P.

owns and operates Summit Surgery Center

51% general partner and 7% limited partner of

Summit Surgery Center, L.P.

owns and operates Summit Surgery Center

**B.II.A.--Square Footage and Costs Per Square
Footage Chart**

SQUARE FOOTAGE AND COST PER SQUARE FOOTAGE CHART

A. Unit / Department	Exist. Location	Exist. SF	Temp. Locat.	Proposed Final Location	Proposed Final Square Footage			Proposed Final Cost/ SF			
					Renov.	New	Total	Renov.	New	Total	
Emergency (Freestanding)											
Emergency Services			-	Freestanding Emergency Department	0	6,949	6,949				
	-	-	-								
	-	-	-								
Canopies						751	751				
B. Unit/Dept. GSF Sub-Total						7,700	7,700				
C. Mechanical/ Electrical GSF											
D. Circulation /Structure GSF					0	1,901	1,901				
E. Total GSF					0	9,601	9,601	\$257.81			\$2,475,216

B.III.--Plot Plan

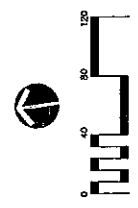
SUPPLEMENTS

DATE:	June 9, 2010
DESIGNER:	A. R. Smith
PROJECT NO.:	08-123
REVISED:	08/12/10

HCA SPRING HILL M.O.B. SPRING HILL, TENNESSEE

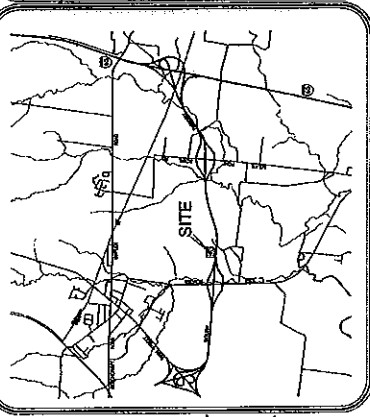
CITY OF SPRING HILL, MAURY COUNTY, TENNESSEE

RACAN-SMITH
LAND PLANNERS - CIVIL ENGINEERS
LANDSCAPE ARCHITECTS - SURVEYORS
RACAN-SMITH-ASSOCIATES, INC.
113 WOODLAND BLVD. # 100 SPRING HILL, TN 37174
615-891-1111 FAX 615-891-1112 WWW.RACANSMITH.COM

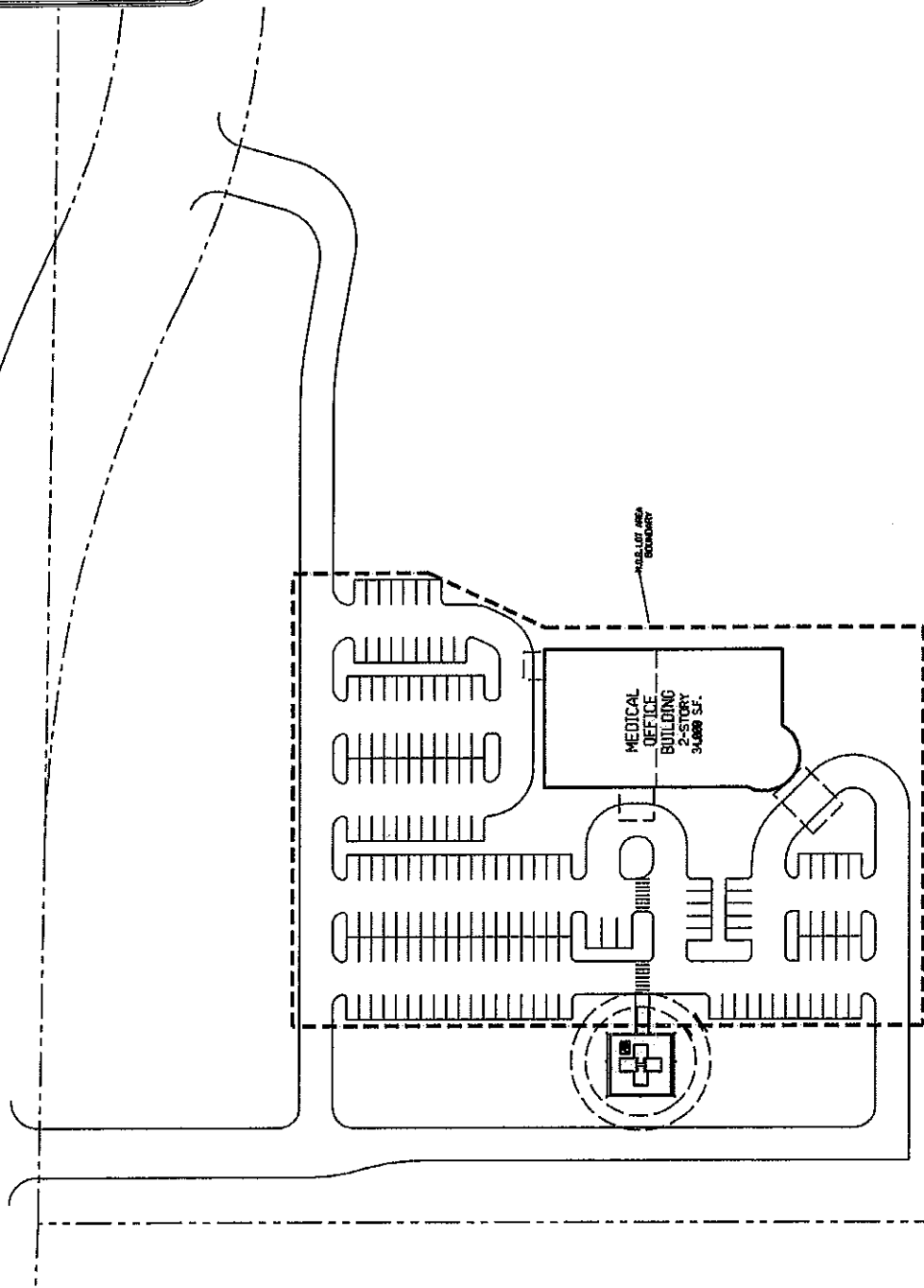


SITE DATA:
M.O.B. LOT AREA: 174,000 SF.
M.O.B. BUILDING: 174,000 SF.
M.O.B. DRIVE: 174,000 SF.

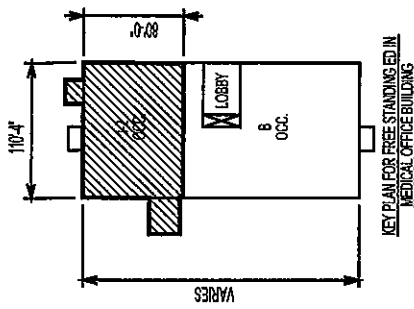
LOCATION MAP
NOT TO SCALE



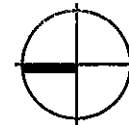
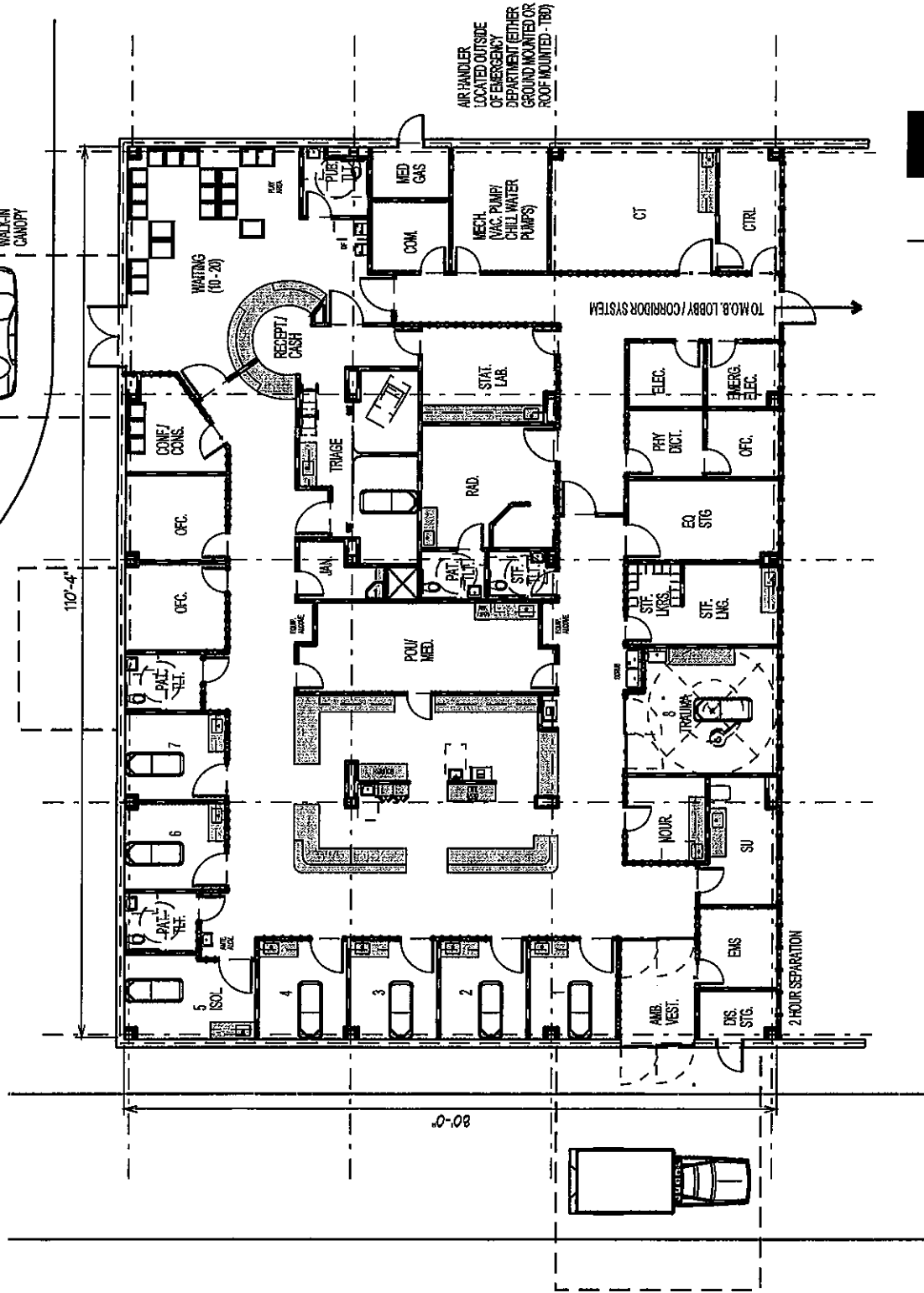
PUBLIC ROADWAY EXTENSION (UNDER CONSTRUCTION)



B.IV.--Floor Plan



POTENTIAL LOCATION OF EGRESS STAIR FOR MEDICAL OFFICE BUILDING



2010 JUN 15 PM 12: 58

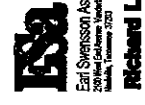
PROGRAMMING AND PLANNING STUDY
MAY 10, 2010

A1.01

SPRINGHILL FREE STANDING EMERGENCY DEPARTMENT

CON SUBMITTAL

SPRINGHILL, TENNESSEE



Richard L. Miller, Architect

Space Allocation Program

Spring Hill
 Free Standing Emergency Department
 June 1, 2010
 CON Package

DEPARTMENT	DESIGN SQUARE FOOTAGE per program				BUILDING GROSS SQUARE FOOTAGE per program			
	NEW	MAJOR	MINOR	TOTAL	NEW	MAJOR	MINOR	TOTAL
	DGSF	DGSF	DGSF	DGSF	BGSF	BGSF	BGSF	PROJECT BGSF
EMERGENCY SERVICES								
Emergency Services	8,850	-	-	8,850	8,850	-	-	8,850
CENTRAL SUPPORT								
Biomedical Engineering	-	-	-	-	-	-	-	-
Maintenance and Engineering	-	-	-	-	-	-	-	-
Food / Dietary Service	-	-	-	-	-	-	-	-
Housekeeping and Environmental services	-	-	-	-	-	-	-	-
Materials Management	-	-	-	-	-	-	-	-
Powerhouse	-	-	-	-	-	-	-	-
TOTAL DGSF:	8,850	-	-	8,850				
BGSF Conversion Factor (.20 - .30)	-	-	-	-				
BGSF:	8,850	-	-	8,850				
Canopies (at 100%)	751	-	-	751	751	-	-	751
Overhangs and Soffits (at 100%)	-	-	-	-	-	-	-	-
Penthouses (at 100%)	-	-	-	-	-	-	-	-
TOTAL BGSF:	9,601	-	-	9,601				
Program Contingency (.015 - .025)	-	-	-	-	9,601	-	-	9,601
PROJECT BGSF:	9,601	-	-	9,601	9,601	-	-	9,601

NOTE:

1. Canopy square footage reflects ambulance drop-off and Emergency Department walk-in canopies.
2. Mechanical included in departmental footage with the exception of an air handler unit that will be located outside of the ED (See MPE Narrative for more detail).

C, Need--1.A.3.e.
Letters of Intent & Qualifications

Curriculum Vitae

Legal Name: MARK T. BYRAM, MD
NPI: 1124065302 **UPIN:** E42705
Birth Date: 01/15/1961
Address: 1420 BEDDINGTON PARK
 NASHVILLE, TN 37215

Education:

UNDERGRADUATE	09/1979 - 05/1983	VANDERBILT UNIVERSITY 2201 WEST END AVENUE NASHVILLE, TN 37235	
MEDICAL SCHOOL	09/1983 - 12/1987	UNIVERSITY OF TENNESSEE COLLEGE OF MEDICINE 790 MADISON AVENUE #307 MEMPHIS, TN 38163	FAMILY PRACTICE
INTERNSHIP	12/1987 - 09/1988	UNIVERSITY OF ALABAMA (HUNTSVILLE) MEDICAL SCHOOL 201 GOVERNORS DRIVE HUNTSVILLE, AL 35801	FAMILY PRACTICE
RESIDENCY	11/1988 - 02/1992	UNIVERSITY OF ALABAMA (HUNTSVILLE) MEDICAL SCHOOL 201 GOVERNORS DRIVE HUNTSVILLE, AL 35801	FAMILY PRACTICE

Licensure:

01/1998 - 12/2010	AL	CS	15179
08/1995 - 07/1998	AL	DEA	BB 1853109
05/1990 - 12/2010	AL	MD	15179
08/1996 - 07/2010	TN	DEA	BB 1853109
08/1996 - 01/2011	TN	MD	028482
02/1992 - 06/2010	WY	MD	4698A

Board Certifications:

04/2008 - 12/2016	AAPS - EM	AMERICAN ASSOCIATION OF PHYSICIAN SPECIALIST - EMERGENCY MEDICINE
07/2002 - 12/2016	ABFM	AMERICAN BOARD OF FAMILY MEDICINE

Affiliation:

STONECREST MEDICAL CENTER
 200 STONECREST BLVD
 SMYRNA, TN 37167-6810
 Professional
 01/2006 - 01/2011

CENTENNIAL MEDICAL CENTER - ASHLAND CITY
 313 NORTH MAIN STREET
 ASHLAND CITY, TN 37015-1358
 Courtesy
 11/2005 - 12/2011

SKYLINE MEDICAL CENTER
 3441 DICKERSON PIKE
 NASHVILLE, TN 37207-2539
 Professional
 09/1997 - 08/1998

EMERALD - HODGSON HOSPITAL
 1260 UNIVERSITY AVE
 SEWANEE, TN 37375-2303
 Courtesy
 08/1997 - 10/1999

SOUTHERN TENNESSEE MEDICAL CENTER
 185 HOSPITAL ROAD
 WINCHESTER, TN 37398-2404
 Courtesy
 08/1997 - 10/1999

BAPTIST MEDICAL CENTER - DOWNTOWN
 301 S RIPLEY STREET
 MONTGOMERY, AL 36104-4495
 Courtesy
 07/1997 - 09/1998

SKYLINE MEDICAL CENTER
 3441 DICKERSON PIKE
 NASHVILLE, TN 37207-2539
 Professional
 07/1997 - 09/1997

EMERALD - HODGSON HOSPITAL
 1260 UNIVERSITY AVE
 SEWANEE, TN 37375-2303
 Courtesy
 05/1997 - 08/1997

Curriculum Vitae

Affiliation:

HORIZON MEDICAL CENTER
111 HWY 70 E
DICKSON, TN 37055-2080
Courtesy
05/1997 - 03/1999

SOUTHERN TENNESSEE MEDICAL CENTER
185 HOSPITAL ROAD
WINCHESTER, TN 37398-2404
Courtesy
05/1997 - 08/1997

CENTENNIAL MEDICAL CENTER
2300 PATTERSON STREET
NASHVILLE, TN 37203-1538
Active
05/1997 - 12/2011

COLUMBIA HEALTHCARE CORPORATION DBA COLUMBIA SMYRNA MEDICAL CENTER
400 ENON SPRINGS ROAD EAST
SMYRNA, TN 37167
Courtesy
04/1997 - 10/1999

SOUTHERN HILLS MEDICAL CENTER
391 WALLACE ROAD
NASHVILLE, TN 37211-4851
Courtesy
04/1997 - 10/1999

PRATTVILLE BAPTIST HOSPITAL
124 S MEMORIAL DRIVE
PRATTVILLE, AL 36067-3619
Professional
03/1997 - 09/1998

HORIZON MEDICAL CENTER
111 HWY 70 E
DICKSON, TN 37055-2080
Courtesy
02/1997 - 05/1997

BAPTIST MEDICAL CENTER - EAST
400 TAYLOR ROAD
MONTGOMERY, AL 36124-1267
Courtesy
02/1997 - 10/1997

NORTHCREST MEDICAL CENTER
100 NORTHCREST DR
SPRINGFIELD, TN 37172-3961
Courtesy
02/1997 - 02/2004

GRANDVIEW MEDICAL CENTER
1000 HWY 28
JASPER, TN 37347-3638
Courtesy
12/1996 - 03/1999

RIVER PARK HOSPITAL
1559 SPARTA ROAD
MCMINNVILLE, TN 37110-1316
Professional
12/1996 - 04/1997

PRATTVILLE BAPTIST HOSPITAL
124 S MEMORIAL DRIVE
PRATTVILLE, AL 36067-3619
Professional
11/1996 - 03/1997

CENTENNIAL MEDICAL CENTER
2300 PATTERSON STREET
NASHVILLE, TN 37203-1538
Active
10/1996 - 05/1997

BAPTIST MEDICAL CENTER - DOWNTOWN
301 S RIPLEY STREET
MONTGOMERY, AL 36104-4495
Courtesy
09/1996 - 07/1997

GRANDVIEW MEDICAL CENTER
1000 HWY 28
JASPER, TN 37347-3638
Courtesy
09/1996 - 12/1996

Curriculum Vitae

Affiliation:

RIVER PARK HOSPITAL
1559 SPARTA ROAD
MCMINNVILLE, TN 37110-1316
Professional
09/1996 - 12/1996

GADSDEN REGIONAL MEDICAL CENTER
1007 GOODYEAR AVE
P O BOX 8366
GADSDEN, AL 35999-1100
07/1993 - 08/1996

ST JOHN'S HOSPITAL
625 E BROADWAY, PO BOX 428
JACKSON, WY 83001
02/1992 - 06/1994

CLINICAL CENTER-NATIONAL INSTITUTES OF HEALTH
9000 ROCKVILLE PIKE, BLDG 10, RM 1C255
BETHESDA, MD 20892-0001
06/1982 - 08/1992

VANDERBILT UNIVERSITY HOSPITAL & CLINIC
1212 21ST AVE S
PO BOX 7700, STATION B
NASHVILLE, TN 37232-5283
06/1981 - 08/1981

CME:

MFN 2009 EM SHIFT 1-6, 8-10
ONLINE
01/2010 -

2009 ANNUAL COMPLIANCE TRAINING FOR TH AFFILIATED
ONLINE
02/2009 -

TH MIDSO 2008 SPRING PHYS LEADERSHIP CONF
KNOXVILLE, TN
04/2008 -

2008 ANNUAL COMPLIANCE TRAINING FOR CLINICAL ASSOC
03/2008 -

17TH ANNUAL UPDATE IN MEDICINE
BEAVER CREEK, CO
01/2008 - 01/2008

TH MIDSO 17TH ANNUAL FALL LEADERSHIP CONF
AMELIA ISLAND, FL
09/2007 -

MFN WOUND CARE AND INFECTIONS MODULE 2007
ONLINE
09/2007 -

MFN MEDICAL ERRORS/PATIENT SAFETY MODULE 2007
ONLINE
09/2007 -

MFN 2007 WELLNESS MODULE
ONLINE
09/2007 -

MFN DOCUMENTATION MODULE 2007
ONLINE
09/2007 -

MFN CNS MODULE 2007
ONLINE
09/2007 -

MFN PSYCHIATRY MODULE 2007
ONLINE
09/2007 -

MFN PEDIATRICS MODULE 2007
ONLINE
09/2007 -

MFN ABDOMEN MODULE 2007
ONLINE
09/2007 -

MFN CARDIAC MODULE 2007
ONLINE
09/2007 -

MFN NON-CARDIAC CHEST PAIN MODULE 2007
ONLINE
09/2007 -

Curriculum Vitae

CME:

MFN OB-GYN / GU MODULE 2007
ONLINE
09/2007 -

MFN OPHTHALMOLOGY MODULE 2007
ONLINE
09/2007 -

MFN ORTHOPEDICS AND BURN MODULE
ONLINE
09/2007 -

TH MIDSO SPRING PHYS LEADERSHIP CONF
KNOXVILLE, TN
04/2007 -

2007 ANNUAL COMPLIANCE TRAINING FOR CLINICAL ASSOC
ONLINE
01/2007 -

TEAMHEALTH MIDSO CUSTOMER SERVICE SEMINAR
SMYRNA, TN
12/2006 -

TH MIDSO 16TH ANNUAL FALL LEADERSHIP CONF
HILTON HEAD, SC
09/2006 -

TH MIDSO 4TH ANNUAL HOSPITALIST FALL LEADERSHIP
HILTON HEAD SC
09/2006 -

EMERG MED ORAL BOARD REVIEW COURSE
08/2006 - 08/2006

TH MIDSO 2006 SPRING PHYS LEADERSHIP CONF
FT LAUDERDALE FL
04/2006 -

SEDMED II FT LAUDERDALE FL
FT LAUDERDALE FL
01/2006 -

2005 COMPLIANCE AND HIPAA UPDATE
FT LAUDERDALE FL
12/2005 -

TH MIDSO 15TH ANNUAL FALL LEADERSHIP CONF
FT LAUDERDALE FL
11/2005 -

TH MIDSO 3RD ANNUAL HOSPITALISTS LEADERSHIP CONF
FT LAUDERDALE FL
11/2005 -

SEDMED 1
LOS ANGELES, CA
07/2005 -

EMTALA 2005 REVIEW
06/2005 -

SEP SPRING 2005 PHYS LEADERSHIP CONF
KNOXVILLE, TN
05/2005 -

ATLS RENEWAL
04/2005 -

ATLS RENEWAL COURSE
04/2005 - 04/2005

CLIENTS FOR LIFE
FT LAUDERDALE FL
04/2005 -

CLINICAL MEDICINE UPDATE
01/2005 -

RMEI -DOC RISK MANAGEMENT ED
12/2004 -

14TH ANNUAL MEDICAL DIR LEADERSHIP CONF
KIAWAH ISLAND, FL
10/2004 -

THE SULLIVAN GRP ONLINE COURSES
04/2004 -

PALS RENEWAL
02/2004 -

ECTOPIC PREGNANCY MEDICAL ERROR & RISK REDUCTION
SELF STUDY
12/2003 -

ACLS RENEWAL
12/2003 -

Curriculum Vitae

CME:

THROMBOLYSIS MEDICAL ERROR AND RISK REDUCTION
11/2003 -
CASE 2 15 YO MALE ABDOMINAL PAIN
11/2003 -
APPENDICITIS MEDICAL ERROR AND RISK REDUCTION
11/2003 -
ABDOMINAL AORTIC ANEURYSM
11/2003 -
SEP/ECC RISK MGMT CONF
FT LAUDERDATE FL
09/2003 -
EMTALA 2003
09/2003 -
C&I TEAM HEALTH COMPLIANCE & INTEGRITY
05/2003 -
CONGESTIVE HEART FAILURE IN HOSPITALIST MODEL
03/2002 -
MANAGING CHEST PAIN AND SUSPECTIVE ACUTE CORONARY
03/2002 -
PALS RENEWAL
02/2002 -
CME 2002
01/2002 - 12/2002
ACLS RENEWAL
12/2001 -
ACLS
NASHVILLE, TN- CENTENNIAL MEDICAL CENTER
12/1999 - 12/1999
TO TAKE OR NOT TO TAKE? COMPLIANCE IN THE '90S
VIDEO QUIZ
08/1998 - 08/1998
PULMONARY CRITICAL CARE EMERGENCY MEDICINE
NASHVILLE, TN
08/1998 - 08/1998
NEW ADVANCES IN THE TREATMENT OF HEART FAILURE
AUDIOCONFERENCE
03/1998 - 03/1998
ATLS
DALLAS, TX
11/1996 - 11/1996

References:

Jeff Livingston, MD
CENTENNIAL MEDICAL CENTER
2300 PATTERSON STREET
NASHVILLE, TN 37203
Terry Wayne Cain MD
TEAM HEALTH
1900 WINSTON RD, STE 300
KNOXVILLE, TN 37919
Gary Singer DO
2300 PATTERSON STREET
EMERG DEPARTMENT
NASHVILLE, TN 37203-1605
Andy Maddux MD
PEER
GADSDEN MEDICAL CENTER
1007 GOODYEAR AVE.
GADSDEN, AL 35902
Holly Hillman MD
PEER
GADSDEN MEDICAL CENTER
1007 GOODYEAR AVE.
GADSDEN, AL 35902
Jan Finley MD
PEER
GADSDEN MEDICAL CENTER
1007 GOODYEAR AVE.
GADSDEN, AL 35902
Brian Berger MD
2300 PATTERSON STREET
DEPT OF RADIOLOGY
NASHVILLE, TN 37203-1605

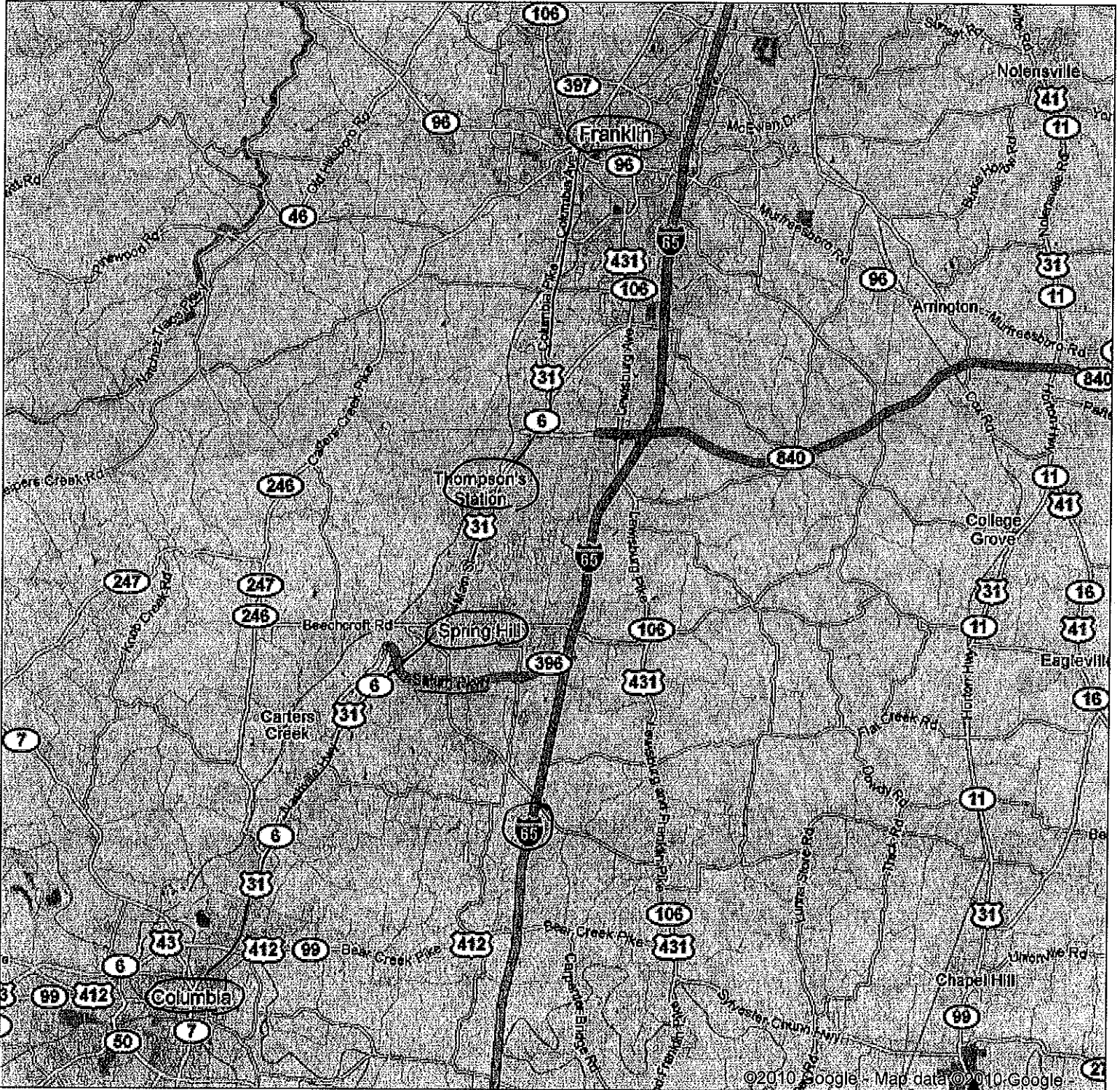
C, Need--3
Service Area Maps

Google maps

To see all the details that are visible on the screen, use the "Print" link next to the map.

[Get Directions](#) [My Maps](#)

[Print](#) [Send](#) [Link](#)

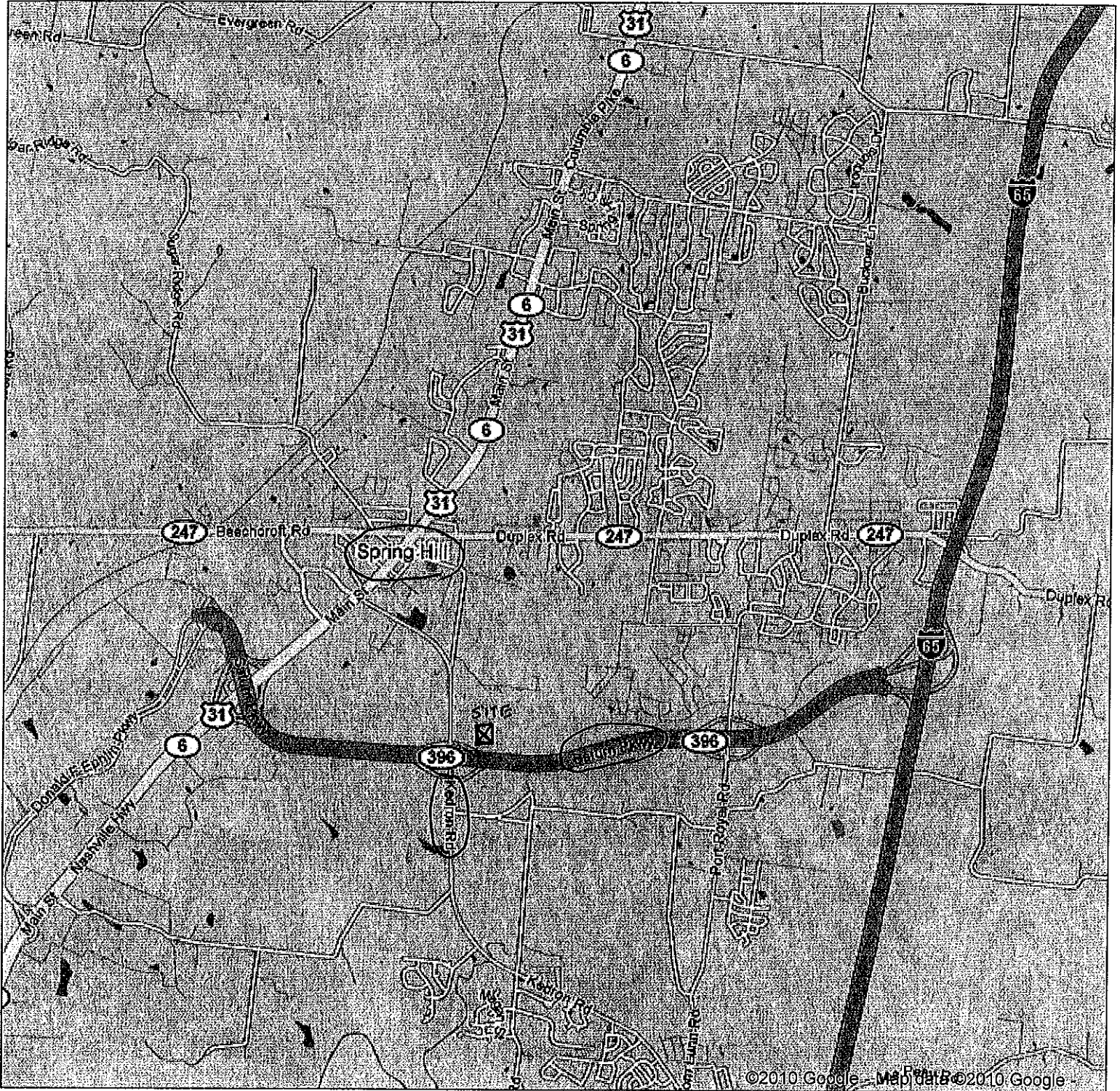


Google maps

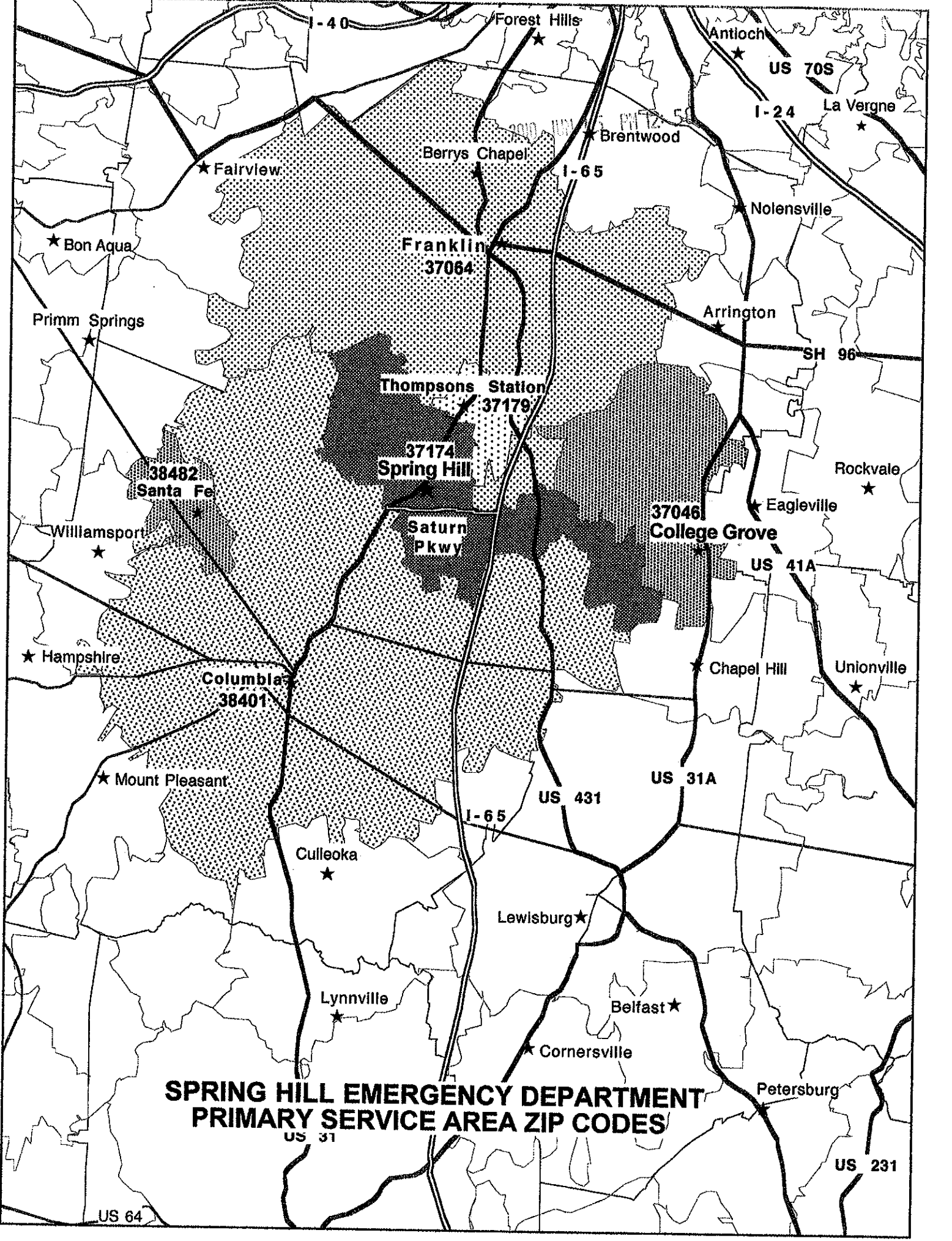
To see all the details that are visible on the screen, use the "Print" link next to the map.

[Get Directions](#) [My Maps](#)

[Print](#) [Send](#) [Link](#)



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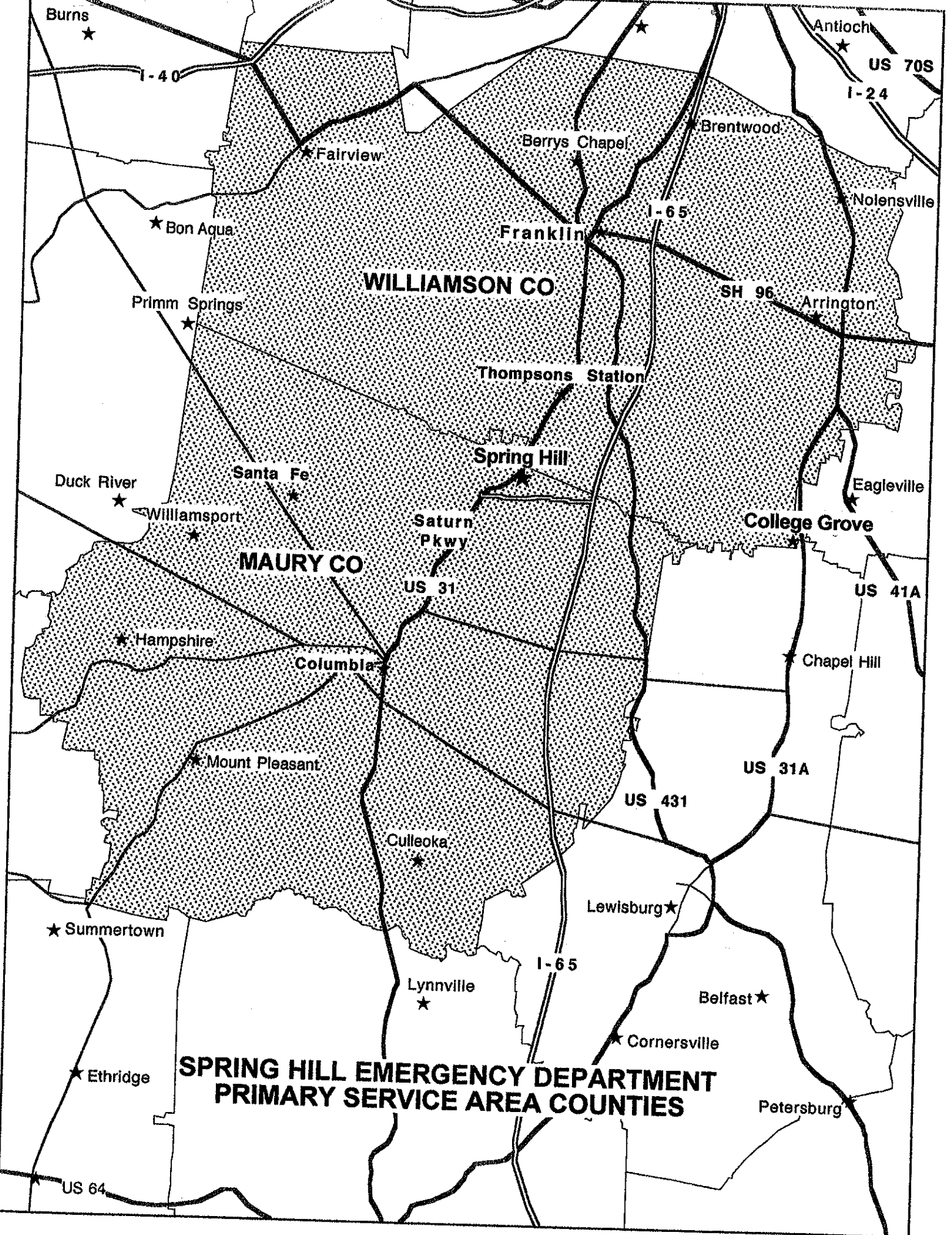


**SPRING HILL EMERGENCY DEPARTMENT
PRIMARY SERVICE AREA ZIP CODES**

US 31

US 231

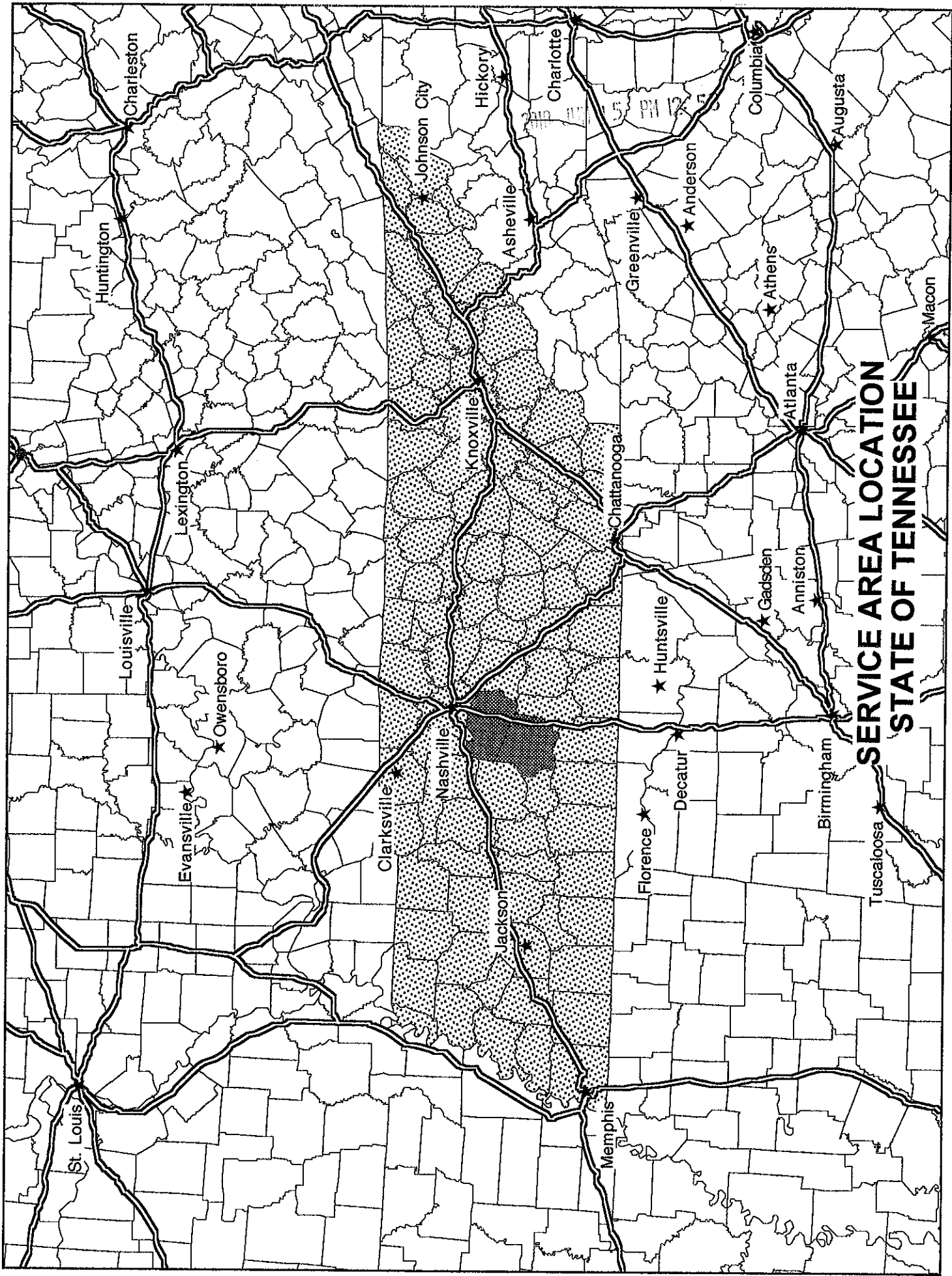
US 64



WILLIAMSON CO

MAURY CO

**SPRING HILL EMERGENCY DEPARTMENT
PRIMARY SERVICE AREA COUNTIES**



**SERVICE AREA LOCATION
STATE OF TENNESSEE**

St. Louis

Louisville

Huntington

Charleston

Evansville

Lexington

Owensboro

Clarksville

Nashville

Jackson

Knoxville

Johnson City

Hickory

Asheville

Memphis

Memphis

Florence

Decatur

Huntsville

Chattanooga

Greenville

Anderson

Gadsden

Anniston

Birmingham

Athens

Atlanta

Tuscaloosa

Augusta

Columbia

Macon

C, Economic Feasibility--1
Documentation of Construction Cost Estimate

2010 JUN 15 PM 12: 58

June 14, 2010

Ms. Melanie Hill
Executive Director
Tennessee Health Services and Development Agency
8th Floor – Andrew Jackson Building
Nashville, TN 37291

**RE: CENTENNIAL EMERGENCY DEPARTMENT AT SPRING HILL
SPRING HILL, TN**

Dear Ms. Hill,

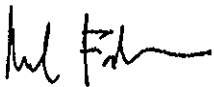
Earl Swensson Associates, Inc. has reviewed the construction cost estimate provided by HCA Construction Management. Based on our experience and knowledge of the current healthcare market, it is our opinion that the projected cost of \$2,475,000 at \$258 / S.F. appears to be reasonable for this project type and size.

Below is a summary of the current building codes enforced for this project. This listing may not be entirely inclusive, but the intent is for all applicable codes and standards, State and Local, to be addressed during the design process. The codes in effect at the time of submittal of plans and specifications shall be the codes to be used throughout the project.

- Guidelines for the Design and Construction of Health Care Facilities
- Rules of Tennessee Department of Health Board for Licensing Health Care Facilities
- International Building Code
- International Fire Code
- National Electrical Code
- National Fire Protection Association (NFPA)
- Americans with Disabilities Act (ADA)

Sincerely,

EARL SWENSSON ASSOCIATES, INC.



Randel Forkum, AIA

C, Economic Feasibility--2
Documentation of Availability of Funding

June 9, 2010

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson State Office Building, Suite 850
500 Deaderick Street
Nashville, Tennessee 37243

RE: Centennial Medical Center Emergency Department at Spring Hill

Dear Mrs. Hill:

Centennial Medical Center is applying for a Certificate of Need to develop a satellite Emergency Department at Spring Hill. It will operate under Centennial's hospital license.

As Chief Financial Officer of the TriStar Health System, the HCA Division Office to which Centennial Medical Center belongs, I am writing to confirm that HCA, Inc. will provide through TriStar the approximately \$7,000,000 in capital funds required to implement this project. HCA, Inc.'s financial statements are provided in the application.

Sincerely,



Chris Taylor
CFO

C, Economic Feasibility--10
Financial Statements



INCOME STATEMENT
34222 - CENTENNIAL MEDICAL CENTER

CENTRAL GROUP
TRISTAR DIVISION
NASHVILLE MARKET

	CURRENT MONTH			MED/SURG			YEAR-TO-DATE						
	ACTUAL	BUDGET	PCT%	December 2009	ACTUAL	BUDGET	ACTUAL	BUDGET	PCT%	LAST YEAR	\$Dollar	PCT%	
20,162,592	20,627,202	(464,610)	-2.25%	18,519,843	1,642,749	8.87%	234,417,993	237,851,261	(3,433,268)	-1.44%	218,206,495	16,211,498	7.43%
84,595,529	88,345,153	(3,749,624)	-4.24%	81,683,502	2,912,027	3.57%	989,232,464	1,068,581,344	(69,348,880)	-6.55%	940,517,710	48,714,764	5.18%
104,758,121	108,972,355	(4,214,234)	-3.87%	100,203,345	4,554,776	4.55%	1,223,650,457	1,296,432,605	(72,782,148)	-5.61%	1,158,724,205	64,926,252	5.60%
47,213,157	41,184,695	6,028,462	14.64%	41,117,253	6,095,904	14.83%	516,323,728	496,371,548	19,952,180	4.02%	611,351,172	54,972,556	11.92%
151,971,278	150,157,050	1,814,228	1.21%	141,320,598	10,650,680	7.54%	1,739,974,185	1,792,804,153	(52,829,968)	-2.95%	1,620,075,377	119,898,808	7.40%
252,546	310,760	(58,214)	-18.73%	261,877	(9,331)	-3.56%	3,420,802	3,355,523	65,279	1.95%	3,284,701	136,101	4.14%
152,223,824	150,467,810	1,756,014	1.17%	141,582,475	10,641,349	7.52%	1,743,394,987	1,796,159,676	(52,764,689)	-2.94%	1,623,360,078	120,034,909	7.39%
40,629,149	42,807,775	(2,178,626)	-5.09%	37,171,698	3,457,451	9.30%	463,990,010	503,128,271	(39,138,261)	-7.78%	441,556,084	22,433,926	5.08%
398,960	158,382	240,578	151.90%	181,540	217,420	119.76%	3,183,472	1,847,390	1,336,082	72.32%	1,323,218	1,860,254	140.59%
2,032,566	1,695,910	336,656	19.85%	1,850,128	182,438	9.86%	20,763,112	19,870,935	892,177	4.49%	18,590,570	2,172,542	11.69%
(27,503)	0	(27,503)	0.00%	0	(27,503)	0.00%	(4,400,988)	(1,442,240)	(2,958,748)	205.15%	(1,874,140)	(2,526,848)	134.83%
57,803,432	59,738,687	(1,935,255)	-3.24%	56,797,017	1,006,415	1.77%	686,932,572	703,072,663	(16,140,091)	-2.30%	629,000,732	57,931,840	9.21%
494,864	562,719	(67,855)	-12.06%	273,586	221,278	80.88%	8,728,683	6,718,603	2,010,080	29.92%	4,840,151	3,888,532	80.34%
4,823,780	6,031,580	(1,207,800)	-20.02%	5,389,873	(566,693)	-10.50%	67,573,981	71,120,059	(3,546,078)	-4.99%	60,730,064	6,843,917	11.27%
106,155,248	110,995,053	(4,839,805)	-4.36%	101,663,842	4,491,406	4.42%	1,246,770,842	1,304,315,681	(57,544,839)	-4.41%	1,154,166,679	92,604,163	8.02%
46,068,576	39,472,757	6,595,819	16.71%	39,918,633	6,149,943	15.41%	496,624,145	491,843,995	4,780,150	0.97%	469,193,389	27,430,746	5.85%
10,973,587	10,807,799	165,788	1.53%	10,518,271	455,316	4.33%	128,879,003	127,902,687	976,316	0.76%	127,025,175	1,853,828	1.46%
35,583	253,619	(218,036)	-85.97%	207,707	(172,124)	-82.87%	1,823,706	3,176,350	(1,352,644)	-42.59%	3,734,496	(1,910,790)	-51.17%
2,570,128	2,755,759	(185,631)	-6.74%	2,305,447	264,681	11.48%	31,842,468	31,483,762	358,706	1.14%	31,300,131	542,337	1.73%
8,529,941	8,699,328	(169,387)	-1.95%	8,200,077	329,864	4.02%	105,099,590	108,217,518	(3,117,928)	-2.88%	99,251,188	5,848,402	5.89%
207,392	244,610	(37,218)	-15.22%	175,888	31,504	17.91%	3,120,957	3,075,091	45,866	1.49%	2,633,027	487,930	18.53%
3,357,965	3,176,020	181,945	5.73%	3,382,056	(24,091)	-0.71%	40,159,505	39,615,268	544,237	1.37%	35,617,743	4,541,762	12.75%
1,496,780	738,458	758,322	102.69%	801,769	695,011	86.68%	9,475,588	8,943,365	532,223	5.95%	8,506,421	969,167	11.39%
579,275	500,412	78,863	15.76%	430,819	148,456	34.46%	6,176,063	6,004,944	171,119	2.85%	5,387,488	788,575	14.84%
387,312	478,983	(91,671)	-19.14%	394,575	(7,263)	-1.84%	5,212,089	6,040,641	(828,552)	-13.72%	5,614,503	(402,414)	-7.17%
(279,008)	(230,355)	(48,653)	21.12%	(124,871)	(154,137)	-123.44%	2,069,254	2,126,637	(57,383)	-2.70%	1,796,709	272,545	15.17%
4,776,448	1,922,248	2,854,200	148.48%	2,113,445	2,663,003	126.00%	23,694,571	22,950,730	743,841	3.24%	20,908,038	2,786,533	13.33%
0	0	0	0.00%	0	0	0.00%	0	0	0	0.00%	0	0	0.00%
(216,332)	385,489	(601,821)	-156.12%	554,080	(770,412)	-139.04%	4,465,869	4,625,868	(159,999)	-3.46%	4,597,782	(131,913)	-2.87%
143,862	570,289	(426,427)	-74.77%	513,097	(369,235)	-71.96%	5,878,940	6,797,435	(918,495)	-13.51%	6,845,217	(966,277)	-14.12%
32,562,933	30,302,659	2,260,274	7.46%	29,472,360	3,090,573	10.49%	367,897,603	370,960,496	(3,062,893)	-0.83%	353,217,918	14,679,685	4.16%
13,505,643	9,170,098	4,335,545	47.28%	10,446,273	3,059,370	29.29%	128,726,542	120,883,489	7,843,043	6.49%	115,975,481	12,751,061	10.99%
1,845,361	1,716,975	128,386	7.48%	2,002,072	(156,711)	-7.83%	22,913,875	21,435,879	1,477,996	6.89%	22,547,791	365,884	1.62%
0	0	0	0.00%	0	0	0.00%	0	0	0	0.00%	0	0	0.00%
(2,066,727)	(1,218,276)	(848,451)	69.84%	(1,487,623)	(579,104)	38.93%	(20,095,186)	(14,619,257)	(5,475,931)	37.46%	(15,276,132)	(4,819,056)	31.55%
(1,786,057)	3,033,535	(4,819,592)	-158.88%	2,904,222	(4,690,279)	-161.50%	31,582,828	36,402,420	(4,819,592)	-13.24%	29,148,136	2,434,692	8.35%
0	0	0	0.00%	0	0	0.00%	0	0	0	0.00%	0	0	0.00%
(2,007,423)	3,532,234	(5,539,657)	-156.83%	3,418,671	(5,426,094)	-158.72%	34,986,260	43,219,042	(8,232,782)	-19.05%	36,419,795	(1,433,535)	-3.94%
15,513,066	5,637,864	9,875,202	175.16%	7,027,602	8,485,464	120.74%	93,740,282	77,664,457	16,075,825	20.70%	79,555,686	14,184,596	17.83%
0	0	0	0.00%	0	0	0.00%	0	0	0	0.00%	0	0	0.00%
0	0	0	0.00%	0	0	0.00%	0	0	0	0.00%	0	0	0.00%
0	0	0	0.00%	0	0	0.00%	0	0	0	0.00%	0	0	0.00%
15,513,066	5,637,864	9,875,202	175.16%	7,027,602	8,485,464	120.74%	93,740,282	77,664,457	16,075,825	20.70%	79,555,686	14,184,596	17.83%

December 2009

BEGIN CURRENT MONTH CHANGE ENDING

BEGIN YEAR-TO-DATE CHANGE ENDING

	BEGIN	CURRENT MONTH CHANGE	ENDING	BEGIN	YEAR-TO-DATE CHANGE	ENDING
Current Assets						
CASH & CASH EQUIVALENTS	23,641	10,229	33,870	36,076	-2,206	33,870
MARKETABLE SECURITIES	0	0	0	0	0	0
Patient Accounts Receivables	99,967,791	-2,202,405	97,765,386	107,325,760	-9,560,374	97,765,386
PATIENT RECEIVABLES	0	0	0	0	0	0
LESS ALLOW FOR GOVT RECEIVABLE	-40,151,149	1,413,762	-38,737,387	-43,546,460	4,809,073	-38,737,387
LESS ALLOWS - BAD DEBT	59,816,642	-788,643	59,027,999	63,779,300	-4,751,301	59,027,999
NET PATIENT RECEIVABLES						
Final Settlements						
DUE TO/FROM GOVT PROGRAMS	99,749	-10,016	89,733	-72,349	162,082	89,733
ALLOWS DUE GOVT PROGRAMS	0	0	0	0	0	0
NET FINAL SETTLEMENTS	99,749	-10,016	89,733	-72,349	162,082	89,733
NET ACCOUNTS RECEIVABLE	59,916,391	-798,659	59,117,732	63,706,951	-4,589,219	59,117,732
INVENTORIES	13,920,621	385,174	14,305,795	12,357,049	1,948,746	14,305,795
PREPAID EXPENSES	985,465	-24,299	961,166	738,153	223,013	961,166
OTHER RECEIVABLES	365,554	70,327	425,881	94,537	331,344	425,881
TOTAL CURRENT ASSETS	75,201,672	-357,228	74,844,444	76,932,766	-2,088,322	74,844,444
Property, Plant, Equipment						
LAND	25,257,480	0	25,257,480	25,165,388	92,092	25,257,480
BLDGs AND IMPROVEMENT	157,339,854	262,110	157,601,964	152,430,660	5,171,304	157,601,964
EQUIPMENT OWNED	176,023,209	62,695	176,085,904	175,967,099	118,805	176,085,904
EQUIPMENT CAPITAL LEASES	0	0	0	0	0	0
CONSTRUCTION IN PROGRESS	483,695	0	483,695	8,075,350	-7,591,655	483,695
GROSS PP&E	359,104,238	324,805	359,429,043	361,638,497	-2,209,454	359,429,043
LESS ACCUMULATED DEPRECIATION	-187,605,161	-1,651,572	-189,256,733	-181,111,466	-8,145,267	-189,256,733
NET PP&E	171,499,077	-1,326,767	170,172,310	180,527,031	-10,354,721	170,172,310
Other Assets						
INVESTMENTS	0	0	0	0	0	0
NOTES RECEIVABLES	23,575	0	23,575	26,640	-3,065	23,575
INTANGIBLE ASSETS - NET	45,813,544	0	45,813,544	45,813,544	0	45,813,544
INVESTMENT IN SUBSIDIARIES	0	0	0	0	0	0
OTHER ASSETS	0	0	0	0	0	0
TOTAL OTHER ASSETS	45,837,119	0	45,837,119	45,840,184	-3,065	45,837,119
GRAND TOTAL ASSETS	292,537,868	-1,683,995	290,853,873	303,299,981	-12,446,108	290,853,873

2010 JUN 15 PM 12: 58

		December 2009		YEAR-TO-DATE	
		Liabilities & Equity		CHANGE	
BEGIN	ENDING	BEGIN	ENDING	BEGIN	ENDING
		CURRENT MONTH			
		CHANGE	ENDING		
12,840,349	13,103,388	263,039	13,103,388	10,756,765	13,103,388
10,048,926	10,995,996	947,070	10,995,996	9,665,197	10,995,996
5,849,583	4,985,853	-863,730	4,985,853	6,638,744	4,985,853
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
13,316	91,173	77,857	91,173	-31,779	91,173
-2,657	-2,657	0	-2,657	-1,015	-2,657
28,749,517	29,173,753	424,236	29,173,753	27,027,912	29,173,753
Long Term Debt					
0	0	0	0	0	0
-260,814,784	-278,466,999	-17,652,215	-278,466,999	-199,334,115	-278,466,999
15,319,891	15,319,891	0	15,319,891	15,319,891	15,319,891
-245,494,893	-263,147,108	-17,652,215	-263,147,108	-184,014,224	-263,147,108
Deferred Credits and Other Liabilities					
0	0	0	0	0	0
0	0	0	0	0	0
416,154	447,072	30,918	447,072	239,368	447,072
416,154	447,072	30,918	447,072	239,368	447,072
Equity					
0	0	0	0	0	0
142,871,513	142,871,513	0	142,871,513	142,871,513	142,871,513
287,768,361	287,768,361	0	287,768,361	317,175,412	287,768,361
78,227,216	93,740,282	15,513,066	93,740,282	0	93,740,282
0	0	0	0	0	0
0	0	0	0	0	0
508,867,090	524,380,156	15,513,066	524,380,156	460,046,925	524,380,156
292,537,868	290,853,873	-1,683,995	290,853,873	303,299,981	290,853,873
TOTAL LIABILITIES AND EQUITY					
-12,446,108					

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

2010 JUN 15 PM 12: 58

Form 10-K

(Mark One)

- ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**
For the fiscal year ended December 31, 2009
- OR**
- TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**
For the transition period from _____ to _____

Commission File Number 1-11239

HCA INC.

(Exact Name of Registrant as Specified in its Charter)

Delaware
(State or Other Jurisdiction of
Incorporation or Organization)
One Park Plaza
Nashville, Tennessee
(Address of Principal Executive Offices)

75-2497104
(I.R.S. Employer Identification No.)

37203
(Zip Code)

Registrant's telephone number, including area code: **(615) 344-9551**

Securities Registered Pursuant to Section 12(b) of the Act: None

Securities Registered Pursuant to Section 12(g) of the Act: Common Stock, \$0.01 Par Value

Indicate by check mark if the Registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes No

Indicate by check mark if the Registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes No

Indicate by check mark whether the Registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the Registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes No

Indicate by check mark whether the Registrant has submitted electronically and posted on its corporate Web site, if any, every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the Registrant was required to submit and post such files). Yes No

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K (§ 229.405 of this chapter) is not contained herein, and will not be contained, to the best of Registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K.

Indicate by check mark whether the Registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer Accelerated filer Non-accelerated filer Smaller reporting company
(Do not check if a smaller reporting company)

Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes No

HCA INC.
CONSOLIDATED INCOME STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2009, 2008 AND 2007
(Dollars in millions)

	<u>2009</u>	<u>2008</u>	<u>2007</u>
Revenues	\$ 30,052	\$ 28,374	\$ 26,858
Salaries and benefits	11,958	11,440	10,714
Supplies	4,868	4,620	4,395
Other operating expenses	4,724	4,554	4,233
Provision for doubtful accounts	3,276	3,409	3,130
Equity in earnings of affiliates	(246)	(223)	(206)
Depreciation and amortization	1,425	1,416	1,426
Interest expense	1,987	2,021	2,215
Losses (gains) on sales of facilities	15	(97)	(471)
Impairment of long-lived assets	43	64	24
	<u>28,050</u>	<u>27,204</u>	<u>25,460</u>
Income before income taxes	2,002	1,170	1,398
Provision for income taxes	627	268	316
Net income	1,375	902	1,082
Net income attributable to noncontrolling interests	321	229	208
Net income attributable to HCA Inc.	<u>\$ 1,054</u>	<u>\$ 673</u>	<u>\$ 874</u>

The accompanying notes are an integral part of the consolidated financial statements.

HCA INC.
CONSOLIDATED BALANCE SHEETS
DECEMBER 31, 2009 AND 2008
(Dollars in millions)

	2009	2008
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 312	\$ 465
Accounts receivable, less allowance for doubtful accounts of \$4,860 and \$4,741	3,692	3,780
Inventories	802	737
Deferred income taxes	1,192	914
Other	579	405
	<u>6,577</u>	<u>6,301</u>
Property and equipment, at cost:		
Land	1,202	1,189
Buildings	9,108	8,670
Equipment	13,575	12,833
Construction in progress	784	1,022
	<u>24,669</u>	<u>23,714</u>
Accumulated depreciation	(13,242)	(12,185)
	<u>11,427</u>	<u>11,529</u>
Investments of insurance subsidiary	1,166	1,422
Investments in and advances to affiliates	853	842
Goodwill	2,577	2,580
Deferred loan costs	418	458
Other	1,113	1,148
	<u>\$ 24,131</u>	<u>\$ 24,280</u>
LIABILITIES AND STOCKHOLDERS' DEFICIT		
Current liabilities:		
Accounts payable	\$ 1,460	\$ 1,370
Accrued salaries	849	854
Other accrued expenses	1,158	1,282
Long-term debt due within one year	846	404
	<u>4,313</u>	<u>3,910</u>
Long-term debt	24,824	26,585
Professional liability risks	1,057	1,108
Income taxes and other liabilities	1,768	1,782
Equity securities with contingent redemption rights	147	155
Stockholders' deficit:		
Common stock, \$0.01 par, authorized 125,000,000 shares — 2009 and 2008 outstanding 94,637,400 shares — 2009 and 94,367,500 shares — 2008	1	1
Capital in excess of par value	226	165
Accumulated other comprehensive loss	(450)	(604)
Retained deficit	(8,763)	(9,817)
Stockholders' deficit attributable to HCA Inc	<u>(8,986)</u>	<u>(10,255)</u>
Noncontrolling interests	1,008	995
	<u>(7,978)</u>	<u>(9,260)</u>
	<u>\$ 24,131</u>	<u>\$ 24,280</u>

The accompanying notes are an integral part of the consolidated financial statements.

**C, Orderly Development--7(C)
TDH Inspection & Plan of Correction**

Board for Licensing Health Care Facilities



State of Tennessee

000000136

No. of Beds 0808

DEPARTMENT OF HEALTH

This is to certify that a license is hereby granted by the State Department of Health to

HCA HEALTH SERVICES OF TENNESSEE, INC.

to conduct and maintain a

Facility

CENTENNIAL MEDICAL CENTER

Located at

200 PATTERSON STREET, NASHVILLE

County of

DAVIDSON

Tennessee

This license shall expire

JUNE 30

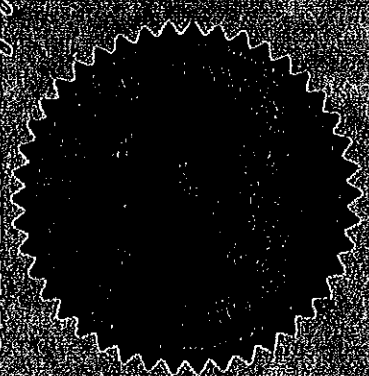
2010

and is subject

to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable, and shall be subject to revocation at any time by the State Department of Health, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.

In Witness Whereof, we have hereunto set our hand and seal of the State this 1ST *day of* JULY, 2009

In the District (County/ies) of GENERAL HOSPITAL
PEDIATRIC BASIC HOSPITAL



[Signature]

DIRECTOR, DIVISION OF HEALTH CARE FACILITIES

[Signature]

COMMISSIONER

Board for Licensing Health Care Facilities



State of Tennessee

No. of Beds 0606
0000000136

DEPARTMENT OF HEALTH

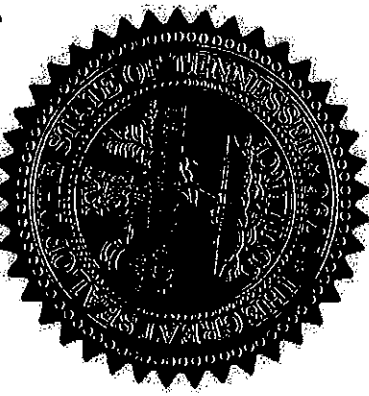
This is to certify, that a license is hereby granted by the State Department of Health to
HCA HEALTH SERVICES OF TENNESSEE, INC. *to conduct and maintain a*

Hospital CENTENNIAL MEDICAL CENTER
Located at 2300 PATTERSON STREET, NASHVILLE
County of DAVIDSON, Tennessee.

This license shall expire JUNE 30, 2011, *and is subject*
to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable,
and shall be subject to revocation at any time by the State Department of Health, for failure to comply with the
laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.

In Witness Whereof, we have hereunto set our hand and seal of the State this 1ST *day of* JULY, 2010.

In the Distinct Category(ies) of: GENERAL HOSPITAL
PEDIATRIC BASIC HOSPITAL



By [Signature]
DIRECTOR, DIVISION OF HEALTH CARE FACILITIES

By [Signature]
COMMISSIONER

2010 JUL 15 PM 12:57

Centennial Medical Center

Nashville, TN

has been Accredited by



The Joint Commission

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

September 1, 2007

Accreditation is customarily valid for up to 39 months.

A handwritten signature in black ink that reads "David L. Nahrwold".

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

7868
Organization ID #

A handwritten signature in black ink that reads "Dennis S. O'Leary".

Dennis S. O'Leary, M.D.
President

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



Additional Information



City of
SPRING HILL
T E N N E S S E E
est. 1809

2007 SPECIAL CITY-WIDE CENSUS

SUMMARY RESULTS MAY 14, 2007

COMPILED BY:



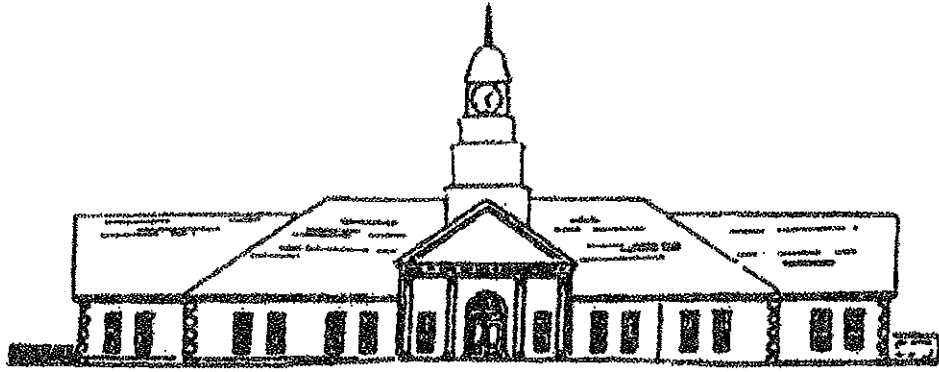
DEMPSEY, DILLING & ASSOCIATES, P.C.
ENGINEERING CONSULTANTS

502 HAZELWOOD DRIVE
SMYRNA, TENNESSEE 37167
PH (615) 220-5800 FAX (615) 220-5888
WWW.DEMPSEYDILLING.COM
DDA@DEMPSEYDILLING.COM

**CITY OF SPRING HILL, TENNESSEE
2007 SPECIAL CITY CENSUS**

	People	Homes	Average people/house
Total Population	23,462	7,933	2.96
Maury County	4,767	1,887	2.53
Williamson County	18,695	6,046	3.09

Data taken: May 14, 2007



CITY OF SPRING HILL

**2005 SPECIAL
CITY-WIDE CENSUS**

SUMMARY RESULTS

MAY 10, 2005

COMPILED BY:

DEMPSEY, DILLING & ASSOCIATES, PC.

Engineering Consultants

429 Nissan Drive, Suite 100

Smyrna, TN 37167 615.220.5800



CITY OF SPRING HILL, TENNESSEE

2005 SPECIAL CITYWIDE CENSUS

2005 JUN 15 PM 12: 58

INDEX OF RESULTS

DATA TAKEN MAY 10, 2005

POPULATION COUNTS

ENTIRE CITY/WILLIAMSON COUNTY/MAURY COUNTY

BY SUBDIVISION

BY WARD DISTRICTS (WITH CHARTS)

HISTORICAL POPULATION COUNTS

POPULATION BY AGE

AGE RESULTS ENTIRE CITY (COUNTED AND PROJECTED)

BY 10 YEAR RANGE

BY 5 YEAR RANGE

BY INDIVIDUAL AGE

AGE RESULTS WILLIAMSON COUNTY (COUNTED AND PROJECTED)

BY 10 YEAR RANGE

BY 5 YEAR RANGE

BY INDIVIDUAL AGE

AGE RESULTS MAURY COUNTY (COUNTED AND PROJECTED)

BY 10 YEAR RANGE

BY 5 YEAR RANGE

BY INDIVIDUAL AGE

**CITY OF SPRING HILL, TENNESSEE
2005 SPECIAL CITY CENSUS**

	People	Homes	Average people/house
Total Population	17,325	5,994	2.89
Maury County	2,936	1,191	2.47
Williamson County	14,389	4,803	3.00

Data taken: May 10, 2005

SUPPLEMENTAL

2010 JUN 28 PM 1:45

June 28, 2010

Philip M. Wells, FACHE, Health Planner III
Health Services and Development Agency
Andrew Jackson State Office Building, Suite 850
500 Deaderick Street
Nashville, Tennessee 37243

RE: CON Application CN1006-023
Centennial Medical Center Satellite Emergency Department at Spring Hill

Dear Mr. Wells:

This letter responds to your request for additional information on this application, received on the afternoon of June 22. The items below are numbered to correspond to your questions. They are provided in triplicate, with affidavit.

1. Section A., Item 6 (Site Control and Development)

It is noted that Spring Hill Hospital, Inc. has developed the option to lease with the applicant, Centennial Medical Center. It is also noted that the financing for the freestanding, satellite Emergency Department will come from HCA. What could not be found was a description of the intent and financial capability of Spring Hill Hospital, Inc. to develop the medical office building shell into which the built-out Emergency Room could be placed. Please discuss the mechanism and financial capacity (with corporate official attestation) for Spring Hill Hospital, Inc. to develop the medical office building.

HCA, Inc. develops numerous medical office buildings on a continuous basis, both directly through its corporate Real Estate staff, and indirectly through contracts with third-party developers. Attached following this page is a letter from the responsible corporate officer attesting to HCA's intention to develop the building and indicating that HCA, Inc. will provide the necessary funding for that. As explained in the application, HCA, Inc. is the ultimate parent company of both Spring Hill Hospital, Inc. and Centennial Medical Center.

June 25, 2010

Philip M. Wells, FACHE
Health Planner III
Tennessee Health Services and Development Agency
Andrew Jackson State Office Building, Suite 850
500 Deaderick Street
Nashville, Tennessee 37243

RE: Medical Office Building in Spring Hill, Tennessee

Dear Mr. Wells:

This letter responds to question #1 of your June 23, 2010 letter concerning availability of a medical office building for the Centennial Medical Center Emergency Department project in Spring Hill.

HCA has its own in-house Real Estate Department and Design & Construction Departments. These departments manage, contract and build all Medical Office Buildings that HCA elects to build on balance sheet.

I am writing to confirm that HCA, Inc. and its wholly owned subsidiary Spring Hill Hospital, Inc. intend to cause a medical office building to be developed on the Spring Hill property, as described in the Certificate of Need application for the Emergency Department. At this time, we plan for this building to be developed by HCA for Spring Hill Hospital, Inc., rather than by a third-party developer. The current design is a two-story building of approximately 34,000 GSF, costing approximately \$4,760,000, to include the shell building cost, land cost and site work cost.

The CON application contains HCA, Inc. financial statements. HCA intends to provide all the funds required for this MOB through cash transfers to Spring Hill Hospital, Inc.

Respectfully,



Mark Kimbrough
Vice President, Corporate Real Estate
HCA, Inc.

Page Two
June 28, 2010

2. Section A. Item 9. (Bed Complement Data Chart)

Your response is noted. Please recheck your calculation on the "CON" and the "Total Beds at Completion" columns and resubmit a corrected Bed Complement Data Chart.

The corrected chart, revised page 3R, is attached following this page.

Page Three
June 28, 2010

2010 JUN 28 PM 1:48

3. Section B. I. (Project Description)

The applicant indicates "the proposed satellite ED will operate as a Department of Centennial Medical Center. It will be a full service Emergency Department, operating seven days per week, 24 hours a day. It will be staffed by the same Emergency Physician group that staffs Centennial's main ED and will provide the same clinical competencies as the main ED." This description raises several questions as outlined below. Please respond to each of them individually.

Applicant's preliminary response: Satellite EDs are not a new concept in Tennessee, or for HCA. For more than 15 years, a satellite ED was operated in Smyrna, north Rutherford County, under the license of HCA Southern Hills Medical Center in southern Davidson County. It provided 24/7 care by physicians and nurses trained in emergency medicine, and provided vital service to the area until replaced by an HCA community hospital. HCA also draws on its significant national experience in operating 15 satellite ED facilities in Florida, South Carolina, Texas, Missouri, Kansas, Colorado, and Utah.

A) Centennial Medical Center's Emergency Department is within a tertiary care medical facility. As such, the Emergency Department personnel and physicians have immediate access to medical specialists, who are required by Centennial's Medical Staff Bylaws to be "on-call" in the event that the Emergency Department's physicians/personnel require their consultation or immediate presence to handle a medical life endangering emergency. How does the applicant intend to handle this type of situation? What kind of clinical protocols will be developed to address the immediate need for medical specialist expertise?

As a satellite department, the ED at Spring Hill is required to use Centennial Medical Center's same daily on-call list of specialists, all of whom must be members of the Centennial Medical Center medical staff.

As your question implies, on-call specialists provide either consultation, or personal presence. However, telephone consultation is the norm. The on-call specialist is seldom involved in stabilizing the patient in a "medical life-endangering emergency". The ED physician does that, typically consulting with the specialist after stabilization, to guide decisions on whether to transfer the stabilized patient to a hospital, or to schedule

Page Four
June 28, 2010

follow-up care in the specialist's practice office, or to simply discharge the patient to home.

Patients so serious as to require immediate specialist care are usually transferred to a hospital, where they are met by needed specialists and admitted or held for observation.

With respect to protocols governing on-call procedures, the Spring Hill satellite ED medical staff will be members of the same Emergency Physician group that supervises care at the Centennial Medical Center's main ED. They follow best practices of the American College of Emergency Physicians, as they are trained and Board-certified to do. The applicant does not need to develop care-specific new protocols for consulting other medical specialists during patient care at the satellite ED. That occurs automatically as needed, in the judgment of the Emergency Physician responsible for the emergency care of the patient.

1) Will the proposed medical office building house medical subspecialists offices upon whom the ED personnel can rely if medical subspecialty expertise is required?

No. As explained above, the ED will rely only on an on-call list of specialists who are on the medical staff of Centennial Medical Center in Nashville. There will be no relationship between the ED operation and physician practices who lease space in the MOB.

B) The applicant anticipates that the majority of the persons seeking care at the proposed facility will be brought to the facility by personal vehicular conveyance and that they will require care at the lower acuity levels I, II and III. This implies that the decision of when and where to seek care will be left in the hands of consuming public. What type of information will be distributed in the community to assist the care-seeking-decision-makers that the applicant's ED is the appropriate location for their level of injury, illness or discomfort?

The great majority of patients coming to any community ED arrive by personal vehicle, at their own initiative.

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Recognizing this, the Spring Hill satellite ED will be staffed to the same high clinical competencies as is the main Centennial ED. It will be able to meet the emergency stabilization and care needs of any patient who presents. Patients treated at the Spring Hill ED who require further care will have full access to all services of Centennial's main campus and will be referred where appropriate to the corresponding inpatient or outpatient department, unless the patient or the patient's representative requests transfer to a different hospital. HCA maintains two contracts for ambulance transport service in Middle Tennessee with Rural Metro and First Call, to ensure that transfers are swiftly accomplished.

With regard to informing the public about the services of the satellite ED, the applicant intends to hold open houses and to provide information through media, and to meet with local physicians in person, to describe the services available at this facility.

C) What type of information will be distributed in the Emergency Medical and ambulance conveyance community to assist these paramedical caregivers that the applicant's ED is the appropriate location for the level of injury, illness or discomfort of the person they are conveying?

The applicant intends to provide continual education to EMS services in the two county area regarding the services and capabilities of the Spring Hill ED just as it does throughout middle Tennessee regarding the services at each of its facilities. In addition to marketing and communication support, HCA TriStar has a full time EMT-IV on its staff whose responsibility is to educate and identify opportunities to improve our service to each of the EMS agencies in the mid-state area. These groups will also be invited to tour the facility and to discuss care with the medical staff of the facility, and their representatives.

This continual education aids EMS agencies as they triage patients in the field and then transport them to the most appropriate facility based upon the services available and the protocols of the EMS agency. For example, EMS agencies often have specific protocols relating to the transfer of stroke patients or STEMI patients. The EMS/paramedic audience is knowledgeable about clinical classifications and needs of patients, and can be relied on to make decisions (and to advise patients) concerning the best emergency care destination for the patient.

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D) Will the freestanding, satellite Emergency Department have transfer agreements with:

- **Centennial Medical Center (35.7 miles & 38 min. from site)**
- **Maury Regional Hospital (15.4 miles & 20 min. from site)**
- **Williamson Medical Center (16.4 miles & 16 min. from site)**
- **Vanderbilt University Medical Center (Trauma Center)
(34 miles & 35 min. from site)**
- **Saint Thomas Hospital (35.9 miles & 37 min. from site)**

Federal rules for recognizing this facility as a satellite ED require that its transfers to hospital-level care at other locations be made to the satellite's main campus at Centennial, unless (a) the patient or patient's representative requests transfer to a different hospital, or (b) the transfer is for a higher level of care than is available at Centennial.

With respect to Williamson Medical Center, Maury Regional Hospital, and Saint Thomas Hospital, the applicant will seek transfer agreements from them that will be compliant with Federal regulations that apply to a satellite ED Department such as this (especially EMTALA §489.24).

No transfer agreement with the parent hospital (Centennial) is needed because the Spring Hill facility is already a department of Centennial.

Centennial Medical Center already has a transfer agreement with Vanderbilt University Medical Center for critically ill and/or injured pediatric patient care, which is available there at a higher level than at any other Middle Tennessee Hospital. The Vanderbilt transfer agreement already covers the Spring Hill satellite ED, as a department of Centennial.

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E) It is noted that the immediate Spring Hill service area is served by four Emergency Medical Services response services: the Spring Hill Fire Department, Maury County Emergency Services, Williamson County Emergency Services, and the ambulance service provided by HCA TriStar to the city of Spring Hill.

Please provide a map showing the locations of the proposed freestanding, satellite Emergency Department in Spring Hill and the base stations from which the paramedic and ambulance services respond to calls for emergency service.

The requested maps are attached following this page. They show the applicant's best information on locations of those services in Maury and Williamson Counties, and (enlarged) within the Spring Hill/Thompson Station areas. Station addresses are also provided.

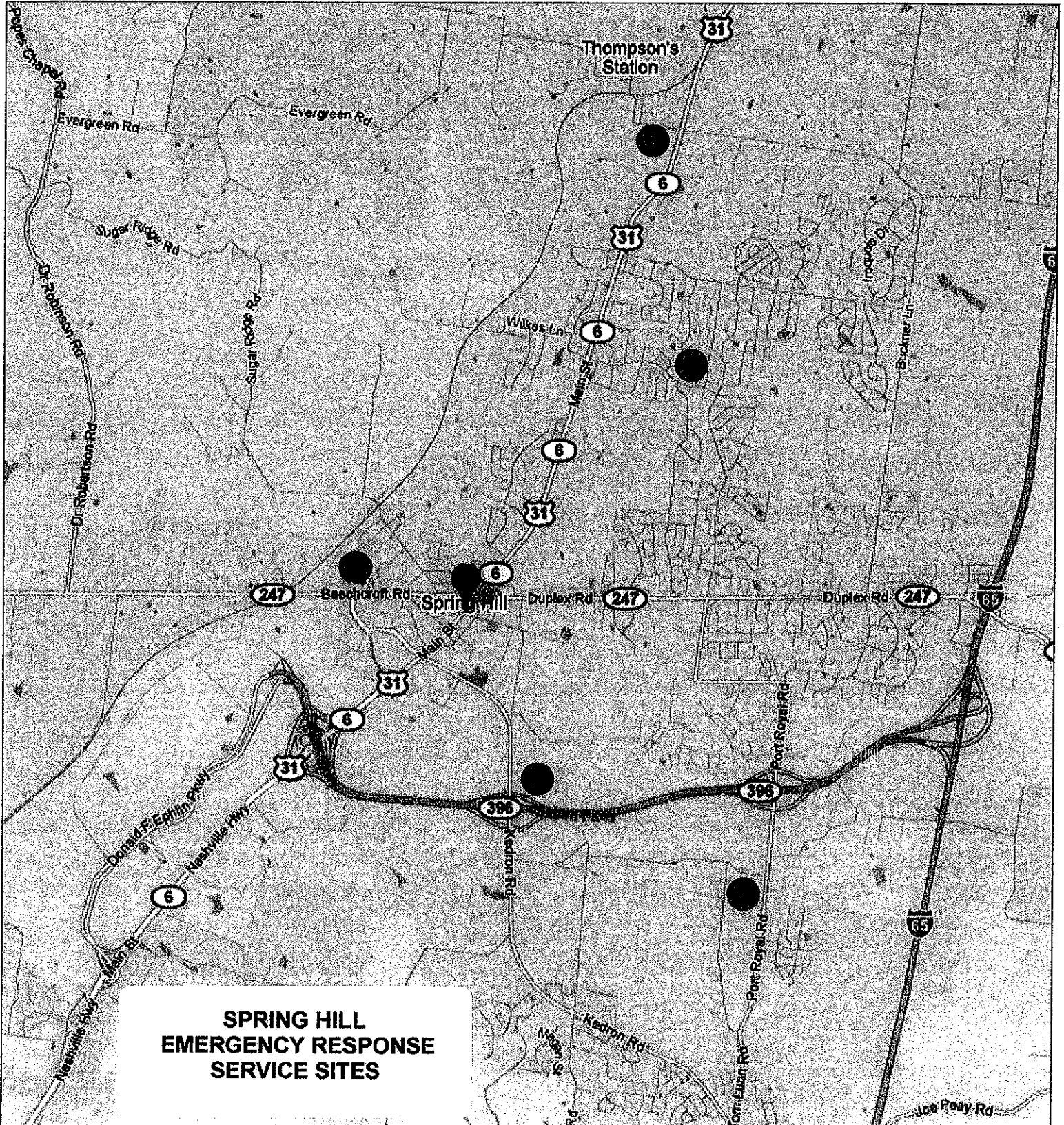
Google maps Address

SUPPLEMENTAL-1

To see all the details that are visible on the screen, use the "Print" link next to the map
June 28, 2010 1:50+ pm

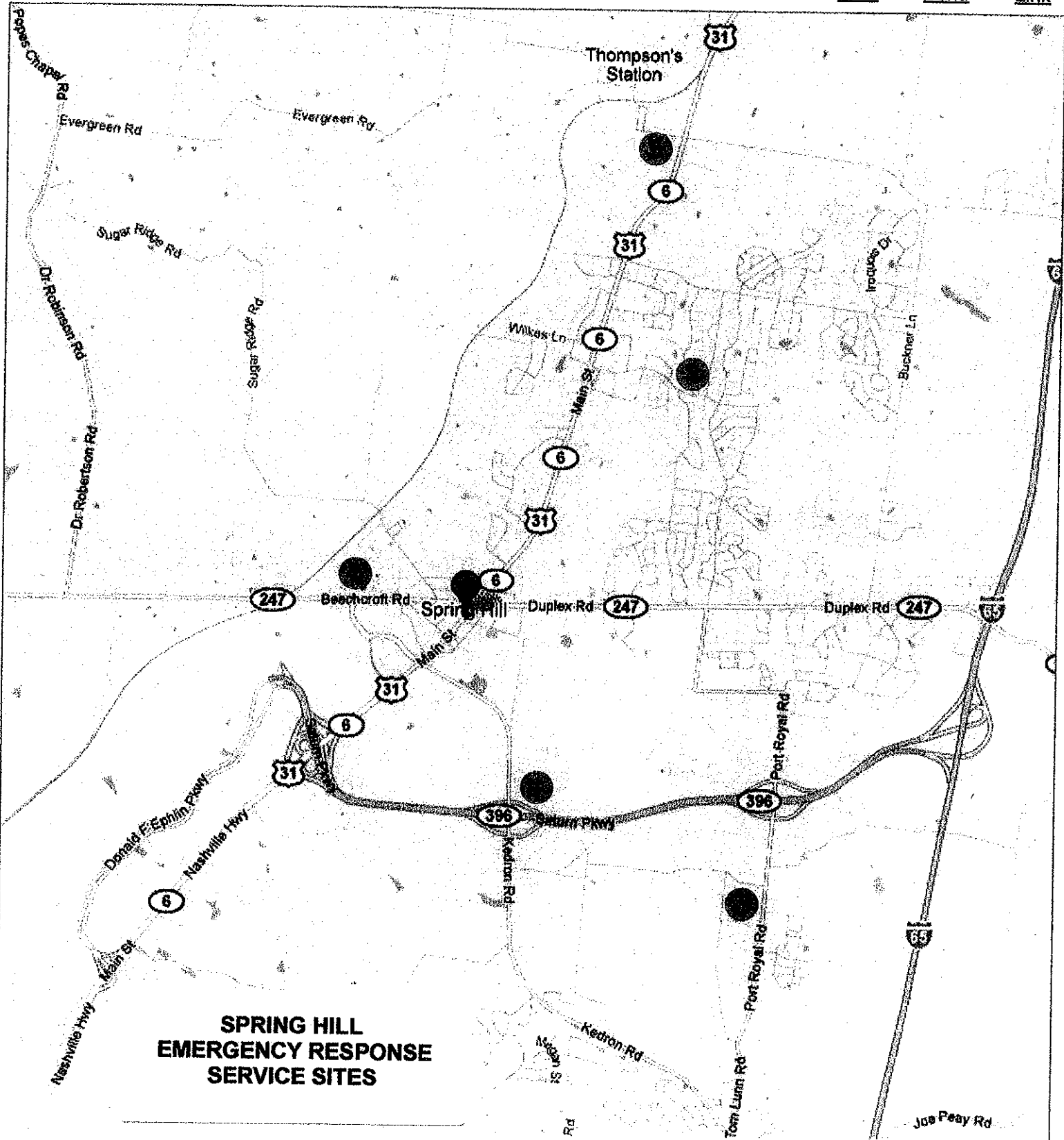
[Get Directions](#) [My Maps](#)

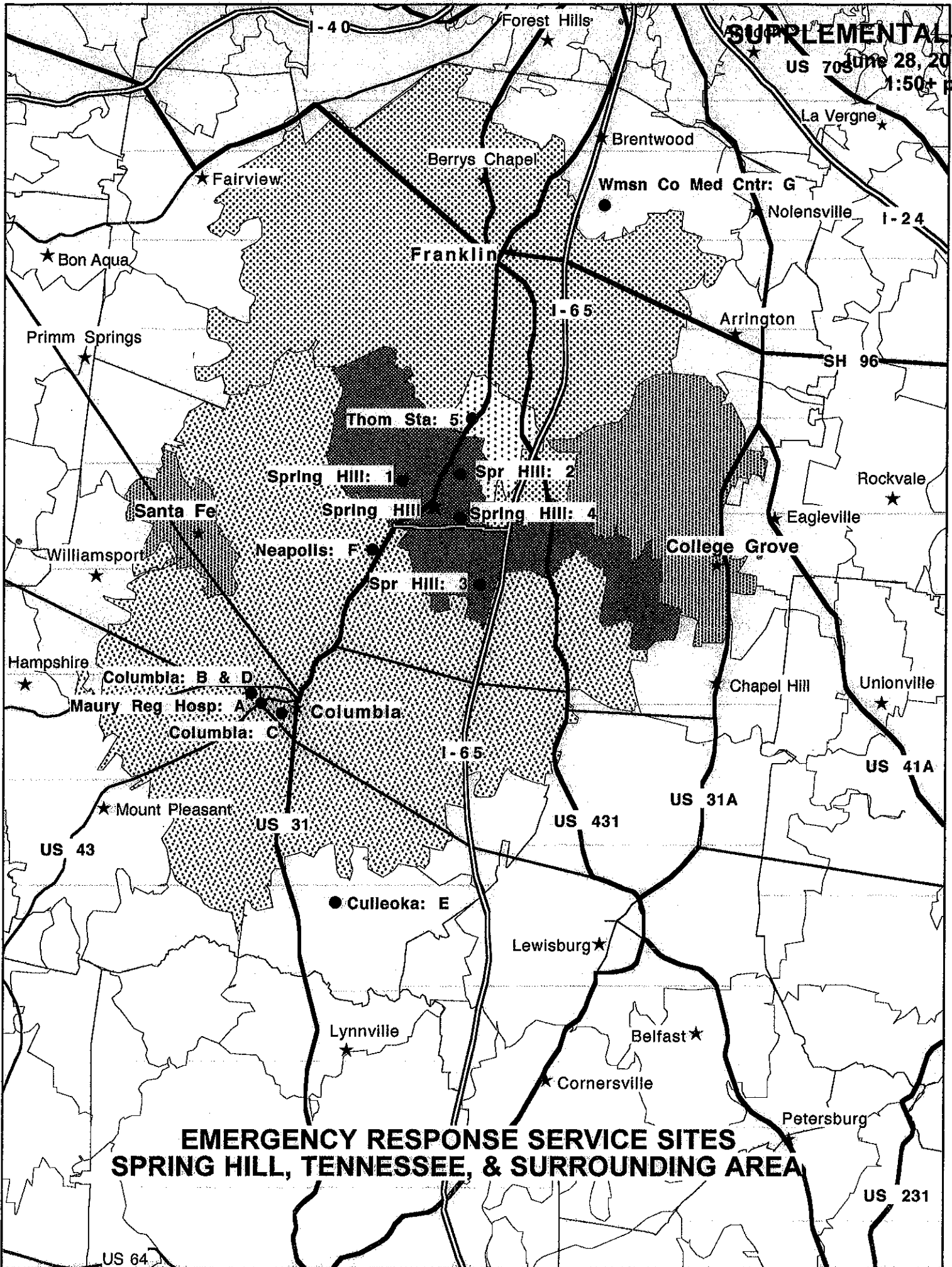
[Print](#) [Send](#) [Link](#)



Get Directions My Maps

Print Send Link





**EMERGENCY RESPONSE SERVICE SITES
SPRING HILL, TENNESSEE, & SURROUNDING AREA**

**EMERGENCY RESPONSE SERVICE SITES
SPRING HILL, TENNESSEE, & SURROUNDING AREA**

MAP KEY

Spring Hill Area

1. Spring Hill Fire Department Station 1, 440 Beechcroft Rd., Spring Hill
2. Spring Hill Fire Department Station 3, 4000 Campbell Station Pkwy., Spring Hill
3. Spring Hill Fire Station 2, 4237 Port Royal Rd., Spring Hill
4. Proposed CMC Satellite ED, Saturn Pkwy. & Kendron Rd., Spring Hill
5. Williamson County Rescue Squad Station 23, 1515 Thompson's Station Rd. West,
Thompson's Station

Outlying Areas

- A. Maury Regional Hospital, 1224 Trotwood Ave., Columbia
- B. Maury Regional EMS (Main Station), 1212 Tradewinds Dr., Columbia
- C. Maury Co. Ambulance Service, 854 W James M. Campbell Blvd, Columbia
- D. Maury Co. Ambulance Service, 1207 Tradewinds Dr., Columbia
(Civil Defense Offices & Switchboard)
- E. Maury Regional EMS, Culleoka Vol. Fire Department, 2410 Valley Creek Rd,
Culleoka
- F. Maury Regional EMS, US 31 at Carters Creek, Neapolis
- G. Williamson Medical Center, 4321 Caruthers Pkwy., Franklin

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Please provide the average response times which the emergency services state they can respond to any emergency call within their service area.

The stated response time for Rural/Metro EMS--which contracts with The City of Spring Hill, and operates within that City's municipal boundaries -- is less than five minutes. Rural Metro provides almost all the EMS responses within Spring Hill (whose municipal boundaries include parts of both Williamson and Maury Counties).

The Spring Hill Fire Department also responds to emergency calls within five minutes, typically. The Rural/Metro service in Spring Hill was established with the support of HCA in 2006, to improve response times experienced by Spring Hill residents who had been relying on Maury Regional Hospital's and Williamson Medical Center's hospital-owned ambulance services. HCA has contributed more than \$1.6 million to Rural/Metro's Spring Hill service, since 2006.

Recent response times have been requested by phone and/or email from Maury and Williamson Counties' emergency services offices. Neither office has provided the data. The Williamson County office has responded by email that the HSDA staff itself must ask Williamson Medical Center for that information, in writing.

The applicant did find that Williamson Medical Center's EMS Department stated in a May 19, 2010 press release that it had "response times equal to or better than the national average".

Current NEMSIS (National EMS Information System) data shows in the table on the following page that the Average National Response Time in 2009 was 8 minutes and 18 seconds. The Average Response Time in an Urban area was slightly better at 7 minutes 55 seconds. In Suburban and Rural areas, the Average Response Times were 9 minutes and 6 seconds and 9 minutes and 38 seconds, respectively.

Elapsed Patient Care Times By Urbanicity* SUPPLEMENTAL-1

June 28, 2010

1:50+ pm

A National EMS Database Report

States Submitting Data: AK 0%, AL 8%, AR 3%, CO 6%, FL 17%, HI 2%, IA 2%, ID 1%, KS 0%, ME 2%, MI 1%, MN 6%, MO 2%, MS 3%, NC 22%, ND 1%, NE 1%, NH 2%, NJ 7%, NM 1%, NV 1%, OK 4%, SC 4%, SD 0%, UT 3%, WV 2% †

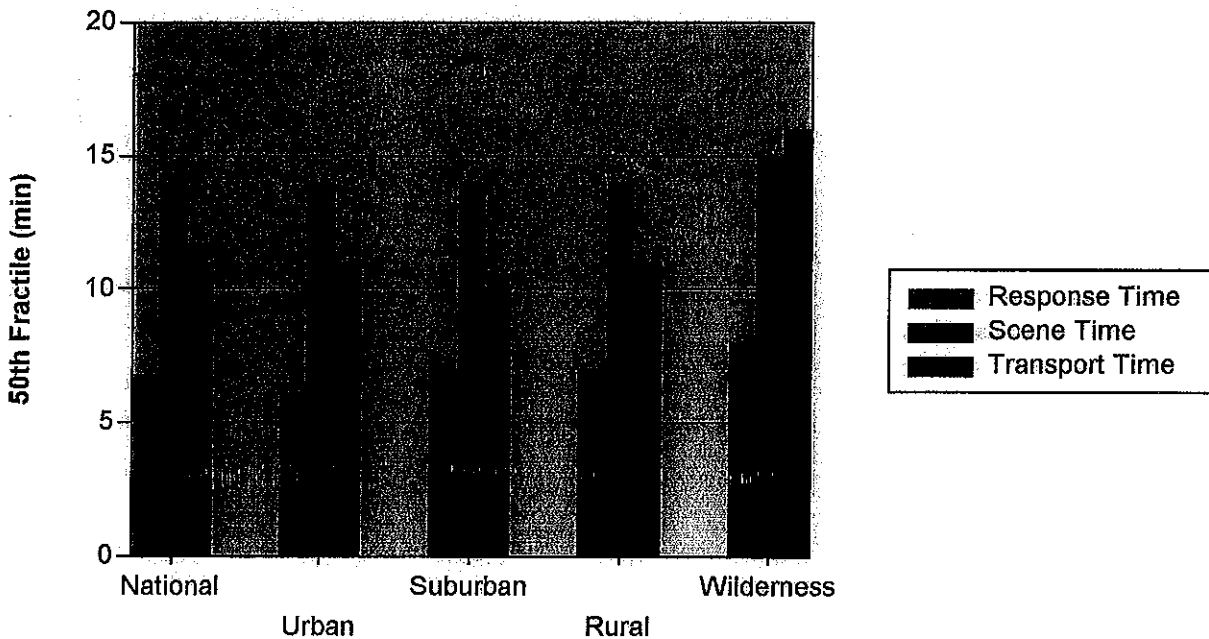
Date Range: Quarter: 1,2,3,4 Year: 2009

Record Selection: 911 Response Time (Unit Notified by Dispatch Time until Unit Arrives at Scene Time) using Lights and Sirens

Total Chart Sample: 5,486,434 of 10,066,03 (total database population)

6

50th Fractile Elapsed Time By Urbanicity of EMS Service Area



The following table provides added statistical descriptions of the information used to create the chart labeled: National Elapsed EMS Patient Care Times By Urbanicity.

EMS Organization	Total Events †	Patient Care Times	Average	50th Fractile (Median)
National				
	2,294,189	Response Time	00:08:18	00:06:50
	1,829,126	Scene Time	00:15:24	00:14:00
	1,774,943	Transport Time	00:13:27	00:11:00
Urban				
	1,742,263	Response Time	00:07:55	00:06:09
	1,347,273	Scene Time	00:15:05	00:14:00
	1,322,381	Transport Time	00:12:51	00:11:00
Suburban				
	256,310	Response Time	00:09:06	00:07:00
	213,967	Scene Time	00:16:23	00:14:00
	201,631	Transport Time	00:13:23	00:10:00
Rural				
	241,606	Response Time	00:09:38	00:07:00
	217,331	Scene Time	00:15:58	00:14:00
	205,217	Transport Time	00:15:32	00:11:00
Wilderness				
	54,010	Response Time	00:11:00	00:08:00
	50,555	Scene Time	00:17:29	00:15:00
	45,714	Transport Time	00:21:30	00:16:00

Footnotes:

* Refer to the linked document for detailed specifications associated with this report:

[National Elapsed Patient Care Times by Urbanicity report specifications](#)

† States vary in the inclusion criteria used to populate EMS Data Sets. Please see the NEMSIS website for a description of differences in state EMS database composition.

<http://www.nemsis.org/nemsisReporting/nationalEMSDatabaseDescription.html>

‡ For the purposes of charting, all elapsed patient care times that were negative, zero, or greater than 24 hours were removed. Overall, the following % of records were excluded from the analysis:

- 0.2% Response Time records
- 0.2% Scene Time records
- 0.2% Transport Time records

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F) The applicant indicates the major public interest in locating a hospital in Spring Hill in the 2006 CON application process was the need for emergency services. Has the applicant conducted a more updated public survey regarding the need for medical services in Spring Hill in the four years since the original survey?

The applicant has been in continuous conversation with local government bodies in Spring Hill, who convey the intense desire of area residents for improved access to emergency care, as illustrated in the attached Tennessean article of June 20, 2010. HCA has determined to commission a professional firm to conduct an updated public survey during the next two months. Its results will be provided to HSDA staff.

G) The applicant indicates “the service area close to Spring Hill continues to be one of the fastest growing areas in the State. The need for emergency services in any area depends on the size of the population, and its access to care. A new Emergency services facility in Spring Hill area meets both tests.” Does the applicant have any quantitative planning benchmarks to shed a more objective light on these topic, or is this a more subjective assessment of the local situation?

The quoted statement from the application was the introduction to the project needs analysis of B.II.C.--which objectively quantified the area population and its access times to existing emergency rooms.

The State Health Plan does not currently contain planning benchmarks or criteria for what size of population needs an ED, or what the drive time should be to an ED. In the absence of specific criteria, the HSDA Board presumably will evaluate need based on statutory general review criteria, applied in light of objective population and drive time data, and public testimony.

4. Section B. II.A. (Square Footage Chart)

Your response is noted. Your response indicates someone was supposed to complete the chart, but did not. Please provide a completed chart.

Attached following this page.

YOUR VOICES

SUPPLEMENTAL-1

June 28, 2010

1:50+ pm

Is HCA emergency room plan valid, needed?

HCA Health Services of Tennessee has renewed plans to locate a facility in Spring Hill.

The company originally wanted to build a 56-bed hospital. The new plan is to create a satellite emergency room facility associated with Centennial Hospital in Nashville.

Williamson Medical Center officials maintain that the new plan is still a duplication of services. Williamson Medical Center's emergency room is 17 miles from Longview Recreation Center (roughly the middle of town). Maury Regional Medical Center's is 16 miles away. That puts both about 20 minutes away.

How do you feel about the HCA proposal? Will it weaken the county-owned hospitals?

Both proposals have been good

I feel the latest proposal for an emergency room in Spring Hill would be an asset to the community. I also felt that the hospital that was rejected was a good idea also. Maybe I just don't fully understand all the factors involved.

Ron Barrett
Thompson's Station

Double standard?

Here is the real question on the whole matter of HCA or whomever building in Spring Hill: If Williamson and Maury were privately owned hospitals, would the political powers that be that are making the decisions take the same look at matters as they do now?

I will go out on the limb and say no. The hospitals are getting preferential treatment because they are run by the local governments.

Note, I do not care one way or the other if something is built.
Half Sallowin
Franklin

Upgrade existing walk-in centers

I'm fine with Williamson Medical Center.

We have multiple "walk-in" care facilities in Spring Hill already. Why not expand those hours to 24/7 instead of building a new one and upgrade a few of their services? That makes so much more sense to me.

Debby Kidd
Spring Hill

Revenue or saving lives?

It is a shame that these two hospitals are putting their own



Spring Hill Mayor Michael Dinwiddie on Tuesday announced plans for a Centennial Medical Center satellite emergency department on the TriStar Health System property on Kedron Road at Saturn Parkway. JEANNE REASON/COVER / FILE / THE TENNESSEAN

NEXT WEEK'S TOPIC: As the Williamson County Commission struggled again with allowing permitted gun owners to carry their weapons in parks, the biggest issue was the conflict with the state's school safety law. Commissioner Jason Pava suggested a compromise, echoing language in the school safety law that allowed guns to be stored in cars on school property if they were not handled. But the guns-in-parks law, according to county legal counsel, allows only to opt in or to opt out. No compromise. Should the state correct this law to allow middle ground? Was the state law, in your opinion, passed this way to force a fitness test on local officials? **>> SEND YOUR THOUGHTS TO YOURVOICES@TENNESSEAN.COM BY NOON THURSDAY WITH YOUR NAME, ADDRESS AND PHONE NUMBER FOR VERIFICATION. >>**

profits over a more localized care center such as the facility that HCA wants to build.

The HCA facility will give residents a closer locale to go to that will provide them with quicker, quality care instead of driving 20-30 minutes farther. I can't imagine that Williamson Medical Center and Maury Regional Medical Center would have a beef with this proposal unless they are thinking only of revenues.

In an emergency, the closeness of a medical facility saves lives. It should be the only criteria, not how much profit a facility is going to lose. The residents of Spring Hill should provide the answer as to whether or not they want another emergency facility in their area.

I would venture to guess that Lowe's doesn't want Home Depot to build in the same area either because of competition and revenue loss. Building another emergency medical center should be no different; in fact, it should be just the opposite. The more the better for the residents of that area.

David Ballantyne
Franklin 37069

Would you want to wait?

If I were a resident of Spring Hill or Thompson's Station, I think I might sue the two big hospitals in Franklin and Columbia for threatening my health.

It may be only 16-17 miles away, but have you seen the traffic in rush hour? Remember, Highway 31 is only two lanes through most of both towns. Also, an ambulance might have to get there, turn around, and then head back to where they came from. That 20 minutes could easily be an hour at the wrong time of day. If you were having an emergency medical situation would you want to wait an hour for treatment?

Also, as a Williamson and Franklin resident, I am incensed with all the money the WMC has spent fighting these politicians to get local emergency care — dollars that could have been better spent elsewhere!
Buddy Peden
Franklin

Care about care

This is a must for Spring Hill. If Williamson Medical and Maury Regional are upset about Spring Hill having its own ER, then that is pitiful on their part. It's all about the money to them — no care whatsoever for Spring Hill residents health care.
Glenn Barber
Spring Hill

Spring Hill has been neglected

The citizens of Spring Hill have been neglected long enough by their neighbors north and south — Franklin and Columbia — with

regards to quick and nearby medical care. HCA's plans to build a satellite emergency room in Spring Hill are long overdue. In a city approaching 20,000, with 21 percent of that population being 10 and under.

I hope Williamson and Maury counties will not play politics again and will allow the citizens of Spring Hill to determine the nature, quality and proximity of their medical facilities.

David Husbner
Spring Hill

Proximity would make you glad

If you have ever had an emergency, you would be glad there is someplace close to go to.

When you say it might weaken county-owned hospitals, are you saying all we care about is how much money we can make or are you thinking about how quick we can help save a life?

I, for one, would hope you would be thinking about the life.
Margie Treay
Franklin

Health care seen as commodity

Ask any health care professional and they will tell you without hesitation that the first 30 minutes in an emergent care situation is the most important in terms of success for the health of

a patient. With a population approaching 30,000 (which is larger than over half of the 95 counties in the state of Tennessee, most of which have their own hospitals or emergency care facilities), Spring Hill residents in a life-or-death situation need emergency services that are less than 30 minutes away.

If this was a question based on need, the answer would be simple. In a life-or-death situation, life is more important than the economics of providing the health care. It's only when medical professionals treat patients' health care needs as a business "commodity" that a question of economic effect can even come into play.

Williamson Medical Center CEO Dennis Miller was quoted in an article last week as saying that there is no sound factual basis for additional hospital services in Spring Hill. Clearly, Mr. Miller is putting the medical service "commodity" ahead of the actual need.

Fighting a full service hospital is one thing, fighting against health care services in a life or death situation is another. If Williamson Medical Center or Maury Regional Hospital choose to fight this facility, Spring Hill residents need to treat their personal health care needs as a business commodity and boycott these facilities.

As for whether this facility will weaken other hospitals, I truly don't think so because there's plenty of growth in this area to support all of these facilities.

George Smith
Spring Hill

Growth has been fact of life here

We moved to Williamson County over 14 years ago. Since that time we have seen the growth of almost every business in town.

We used to have one Target and now we have three. We used to have one YMCA and now we have five. It seems crazy that we are only allowed one hospital.

As a mother of five, one of my biggest concerns is the safety of my children. Every time we have an emergency we must drive almost an hour to Nashville for health care provided under our insurance. This is America. Let the free market reign. If a hospital wants to come in and can improve our quality of life, let's gladly let them in.

What if Baskin Robbins got together with Ben & Jerry's and decided not to allow any other ice cream shops in our county? We would all miss out on the uniqueness of Sweet CeCes, Coldstone, Marble Slab, Maggie Moos, & Dippin Dots.

So why allow the county hospitals to decide what other health systems we can have? If another hospital wants to come into our great county and can improve our health care why should we prohibit it? A little competition makes all the companies strive harder for our business and in the end we all receive the benefits. A diverse health care system is the best for us all!

Sarah M. Critchlow
Franklin

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2010 JUN 28 PM 1:48

5. Section B. II.C. (Applicant's Need for Providing Health Care Services) and Section C. Item 4

The applicant defines the service area as six zip codes surrounding the City of Spring Hill, which the applicant projects on page 22 of the application, will have 148,000 residents in 2010 and 169,010 residents by 2014. The applicant states the two zip codes of Spring Hill and Thompson Station will grow from 38,296 residents in 2010 to 46,709, a 22% increase in four years. These numbers represent a significant decrease from the projections provided by RPC in the former Spring Hill Hospital application. There was significant differences of opinion about the validity of rate of growth which RPC (the applicant's last consultant) used in the Spring Hill Hospital application. This reviewer is not familiar with Scan/US as opposed to Claritas and Solucient.

1) Please provide some background information on Scan/US and their qualifications and capabilities to perform valid and reliable population demographics projections.

Information on the professional background of the Scan/US management team and its methodology are attached following this page.

Scan/US was chosen specifically to avoid the population controversies that arose with the 2006 hospital application. Scan/US is a national vendor of population data. Its projections and software are routinely purchased by the HCA TriStar division in Tennessee, to prepare business plans and strategic studies. HCA finds that Scan/US zip code level projections are as reliable as those of other vendors, and very comparable to them.

Scan/USA projections in this market are almost identical to those of the vendors whom HSDA should recognize. Response 2) below provides a reassuring comparison for Scan/US, Claritas, and the highly regarded ESRI company (materials on ESRI are attached after the chart). Solucient data is not available to the applicant without a subscription.

Briefly, there is no substantial difference between the projections of the vendors. See 2) below.

Scan/US® Demographic Update Methodology

Census 2000 provided the most detailed demographic picture of the United States ever released by the Census Bureau. Census geographies from States down to Census Blocks carry thousands of demographic data items for each unit of geography. A continually enhanced and enriched set of update methodologies applied annually to this rich data set has allowed Scan/US, Inc. to provide an ever improving set of estimated and projected residential demographics annually. The following is a discussion of how Scan/US, Inc. brings the past, present and future of your markets to you in living color on your desktop.

Applying the power of Census 2000 to the Update Process:

First some historical facts: Scan/US, Inc. was the first desktop market mapping system provider to transition to the Census 2000 geography base; the first to deliver Census 2000 data integrated into their market mapping system; and the first to base its annual Demographic Update series on the Census 2000 data. Scan/US, Inc.'s 2001/2006 Demographic Updates were the first to be based on the Census Bureau's SF1 100% Survey data released in late Spring 2001. Scan/US, Inc.'s 2002/2007 Demographic Updates were the first to incorporate the Census 2000 SF3 Sample data released in Fall 2002. The all important household income estimates and projections in the 2002/2007 update series were anchored to the detailed 2000 household income data made available for the first time in that Census 2000 SF3 release. Scan/US, Inc. was the first to incorporate the Census Bureau's American Community Survey detailed core tables as county-level controls starting with our 2005/2010 update series. The estimates and projections continue to build on this solid foundation by annually integrating extensive public and private data that point the way to the future.

Scan/US's display cartography is drawn from the Census Bureau's TIGER/Line files and updated with each new release of TIGER. And most important: the small area demographic data that allows you to review the past, study the present and speculate on the future of your custom market areas are built on the foundation of Census demographics using Scan/US, Inc.'s proprietary data linking and modeling technologies.

The contribution of the TIGER/Line files:

The term TIGER comes from the acronym **T**opologically **I**ntegrated **G**eographic **E**ncoding and **R**eferencing which is the name for the system and digital database developed at the U.S. Census Bureau to support its mapping needs for the Decennial Census and other Bureau programs. The TIGER/Line files are the digital database of geographic features, such as roads, railroads, rivers, lakes, legal boundaries, census statistical boundaries, etc. covering the entire United States. All cartography in Scan/US, from the Landmass layer to the Detailed Streets layer to the multiple layers of Census geographies, are extracted from the TIGER/Line files and integrated into the Scan/US market mapping system to provide a detailed and accurate visual rendering of the United States. As this digital picture of the United States changes with each improved release of the TIGER/Line files, Scan/US, Inc. is the first to incorporate it into their desktop market mapping system.

Linking the 2000 Census Data to the all important past:

The TIGER system was first used in support of the 1990 decennial census. Therefore, the TIGER/Line files provide a digital history of United States cartography—roads, political boundaries, and census population geography—captured by *date-encoded* linear features from 1990 to the current day. This date sensitive digital map facilitated translation of the 1990 Census geographies with their demographic data into the Census 2000 geographies electronically with unerring accuracy. Even performing this transition at the smallest census geography, 1990 census blocks to 2000 census blocks, can be accomplished accurately by using the date of a street's development to correctly weight the redistribution of 1990

households. Those 2000 blocks that do not contain street segments built in 1990 or before had no population in 1990. The accuracy of assignment of 1990 demographics to the 2000 census geographies at the block level is essential to maintaining data integrity when summing up to the block groups. This 1990-to-2000 demographic trend is used to inform the models that will estimate and project the demographic change for the 2000 block groups during the first decade of the 21st century.

Tracking household change down to the street segment:

The TIGER/Line files have also allowed Scan/US, Inc. to implement a process by which household change can be assigned to the street segment in the block where it occurs. The process utilizes the TIGER segment address ranges, the United States Postal Service (USPS) carrier route drop counts, the ADVO ZIP+4 deliverable household counts, and the USPS ZIP+4 inventory for the same time period. The integration of these source files through geocoding results in a derived household count for census blocks for the current time period. In 2000, Scan/US, Inc. generated these block-level derived household counts and benchmarked them against the Census 2000 block household counts. Now, annually, Scan/US, Inc. goes through the same process to generate block derived household counts for the current year. The change between the 2000 baseline derived household counts and the current derived counts can then be translated into household change at the census block level. Now by combining the 1990 to 2000 household change data with the 2000 to current year estimate of household change, an appropriate rate of change for the projection year can be calculated. These block level estimates and projections then get rolled up into base estimates and projections of population and household change for the parent block groups and Scan/US MicroGrids.

The American Community Survey (ACS) starts to show its muscle:

The testing and evaluation phase of the Census Bureau's American Community Survey (ACS) are now in the past. In January of 2005, full implementation of the ACS began with the first *monthly* mailing of 250,000 detailed census questionnaires to a geographic sample of households throughout all counties in the U.S. The rich set of household demographics captured by the ACS will replace the data that is traditionally gathered by the Census Bureau's long form Sample Survey. As the 2010 Census draws nearer, the ACS monthly sample surveys will result in a survey sample size approximating that achieved by the long form questionnaire distribution on April 1 in the Census year. The release of the ACS 2005 core data tables built from the survey results for the first 2005 calendar year occurred in the fall of 2006. In this first official release of the ACS data, the sample size had grown to the point where it could statistically support the release of detail demographics for 775 of the most populated counties. This was significant coverage improvement over 2003 detail tables release in 2005 for 241 counties when Scan/US, Inc. started incorporating ACS controls into its update process. The 241 counties from the 2003 ACS data did account for a surprising 60% of the households in the U. S., but the 775 counties for which 2005 detail tables were released in fall of 2006 covered 82% of the U.S. households. The ACS will continue to improve as a primary source of demographic update controls until 2010 when it will provide the sample data that, combined with the April 1, 2010 100% survey, will be the 2010 Census.

Adding Demographic Detail to the Base Estimates and Projections:

Now, to these base estimate and projections of population and households for block groups, Scan/US, Inc. applies the detailed demographic profile that turns the plain vanilla households into fully configured consuming units. Determining the age, sex and race of the population and how those characteristics vary among households of different types (families and non-families, big and small, rich and poor) is the other essential ingredient of the demographic update process. Scan/US, Inc. uses a top down, bottom up approach in this portion of the update process.

First, Scan/US, Inc. develops an extensive profile of demographic characteristics for each county relying heavily on the most recent release for the ACS detailed demographic tables for states, counties and sub county geographies and other information resources of the Census Bureau, Bureau of Labor Statistics and Bureau of Economic Analysis. The county level household income profile is based on our model of structural change in household money income, utilizing the most current “Money Income in the United States” data series in concert with structural change measured by the ACS data.

Second, Scan/US, Inc. estimates for each block group its share of the demographic profile of the county of which it is a part. A block group’s profile is derived using a series of life cycle models to merge the initial block group population and household estimates with the base-reference, detailed 2000 demographic profiles. These life cycle models age the population, adjust the characteristics of the base households, estimate the characteristics of new households, and roll the household income distribution forward, consistent with measured and projected infrastructure change.

The third and final step of reconciling county level control demographics with the component block group distributions is performed with the aid of a proprietary matrix balancing routine, which preserves the control marginals while maximally maintaining the underlying block group profiles. The result is a robust set of block group estimates that preserves the unique character of each block group, but at the same time, reflect the impact of demographic trends and specific county change.

Scan/US, Inc.’s demographic update methodology has evolved and has been continually refined over the last three decades. The architects of the current update were the owners and founders of Urban Decision Systems, Inc. when in 1978 they published their first small area updates for the United States. Scan/US, Inc. is committed to continue to improve its small area demographic update.

Note to Users of Scan/US, Inc.’s Demographic Estimates and Projections:

Every year the annual estimates and projections use the 2000 Census as their starting point. This means that the statement of change being made for the estimate year is our best effort to measure change from 2000 to the current year using the resources discussed above. *This is not a time-series moving from the previous year’s estimates to the current year.* We know how tempting it is to look at the annual updates as a time-series, but you must keep in mind that the underlying assumptions that feed the update model constantly change—because new data sources become available, and improvements in old data sources continually clarify the picture of change from 2000 to the current year—and it is this constantly changing nature of the model’s assumptions that prevent it from being a year-to-year annual time series.

MANAGEMENT BIOS
Scan/US

Scan/US Management Bios

Vladimir V. Almendinger

Founder and CEO of Scan/US, Inc., 1992-present
Principal Designer/Developer of Scan/US software.

Prior to founding Scan/US, Inc., Almendinger was founder and CEO of Urban Decision Systems, Inc. (1972 - 1991), which was sold to Blackburn Marketing Services in 1991. Urban Decision Systems (UDS) was a pioneer in supplying census data and other marketing databases to some of the nation's largest businesses at a crucial time when marketers were scrambling to find better ways to market their products and services after the end of the baby boom. Some of UDS' past clients have included Bank of America, Chase Manhattan Bank, McDonald's Corp., Kentucky Fried Chicken, AT&T, Exxon, the American Medical Association and Walgreen's.

Clients use UDS' mainframe-based systems and databases for a wide variety of applications, including: market segmentation, shopping center or store site evaluations, ATM network analysis and other location-related market research and analysis. One unique application was a system developed for the Baltimore Gas & Electric which was used to identify low population density sites for nuclear power stations.

As UDS' chief system designer and developer, Almendinger introduced many innovations such as CENSAC(1972), the nation's first on-line census data access system and ONSITE (1974), the Online Site Evaluation system. Over the years, he has been responsible for pioneering such other innovations as: geometric study area retrieval, small-area income estimates, consumer spending potential estimates, household estimates based on postal delivery unit counts, density grid thematic mapping, and a land-use classification system for business establishments.

Almendinger decided to develop a PC-based market analysis system in order to deliver a more affordable and easier-to-use tool to a wider audience of business users.

Prior to founding UDS, Almendinger was Director of Urban Systems at Becker & Hayes, a subsidiary of John Wiley & Sons; headed the Urban Systems Program in the Research Directorate at System Development Corporation (a RAND Corp. spinoff); and was a research associate at the Joint Center for Urban Studies of MIT and Harvard.

He holds a BA from UCLA and did his graduate work at Harvard University.

Ken Needham

Cofounder and President of Scan/US, Inc., 1992-present
Chief developer of Scan/US data products. Responsible for demographic updates, retail potential modeling and business database. Also responsible for day-to-day operations of the company.

Prior to founding Scan/US, Inc., Needham was cofounder and president of Urban Decision Systems, Inc. (1972 - 1991). He was responsible for maintaining and updating UDS' data products and overseeing the day-to-day operations.

A recognized system designer in his own right, Needham designed and implemented the ONPASS system for online assignment of pupils to schools, which was subsequently licensed to Educational Data Systems of Campbell, California, where it is still being used successfully for master planning school districts.

In addition to running UDS, Needham was a lecturer in the Graduate School of Urban Planning at Cal. Poly, Pomona from 1970 - '74. Originally from Worcester, MA, Needham worked with Almendinger at both Becker & Hayes and System Development Corporation. Prior to that, he served as a Lieutenant with U.S. Army Intelligence at the Pentagon. He received his B.A. from the University of Massachusetts and his M.A. in City Planning from the University of California, Berkeley.

Community Sourcebook of ZIP Code Demographics

22nd Edition

2008



Introduction

ESRI provides customer and market intelligence solutions to help businesses, government agencies, and nonprofit organizations with

- Customer profiling and segmentation analysis
- Site evaluation and selection
- Market evaluation and selection
- Custom target analysis
- Direct mail campaign implementation
- Media planning
- Merchandise mix analysis
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2) Please discuss this consultant's (Scan/US) population projection methodology (including base year's population numbers and assumptions regarding rates of growth).

The application's population projections for CY2010 and CY2015 were obtained through HCA's pre-existing subscription to Scan/US, a national data vendor. Intervening years were interpolated by HCA statistical staff on a simple straight-line basis. So the controlling projections (for 2010 and 2015) were not "custom"; Scan/US made them prior to the initiation of this application. They were not modified by the applicant. The vendor's specific base data and complete projection methodologies are proprietary and are not available to the applicant, although Scan/US, like all major vendors, bases its projections on official U.S. Census data, trended by proprietary methodologies incorporating U.S. postal delivery data, as described in their attached methodology overview.

The reliability of Scan/US projections can be demonstrated by comparing them to projections of other national data vendors. Attached after this page is a chart that compares Scan/US service area population projections to those of Claritas and ESRI, two of the most widely known vendors. The comparison shows how similar they are.

For all six service area zip codes combined, the Scan/US CY2010 projection was more conservative than either Claritas or ESRI. For CY2013 (the project's Year One), the Scan/US projection was only 0.3% higher than Claritas, and only 2% higher than ESRI.

For just the two Spring Hill and Thompson Station zip codes, which will most heavily utilize the proposed ED, the Scan/US CY2010 projection was only 2.4% higher than Claritas, and 1.6% higher than ESRI. The Scan/US CY2013 projection was only 1.8% higher than Claritas and 2.3% higher than ESRI.

Differences this small--a range of 0.3% to 2.4% variance--are negligible in terms of how they could impact ED visit projections. So Scan/US is entitled to acceptance on the same terms as Claritas and ESRI.

PSA Total Population Comparison

Year	Scary/US All Ages	Claritas All Ages	ESRI All Ages
PSA Total 2008	-	-	142,778
PSA Total 2009	-	145,990	147,659
PSA Total 2010	148,692	150,349	152,540
PSA Total 2011	153,771	154,708	157,422
PSA Total 2012	158,851	159,066	162,303
PSA Total 2013	163,930	163,425	167,184
PSA Total 2014	169,010	167,784	-
PSA Total 2015	174,089	-	-

Note: Vendors provided projections shown in grey cells; applicant interpolated between vendor projections on a straight-line basis.

Thompsons Station & Spring Hill Population Comparison

Year	Scary/US All Ages	Claritas All Ages	ESRI All Ages
Thompsons Station & Spring Hill Total 2008	-	-	33,774
Thompsons Station & Spring Hill Total 2009	-	35,249	35,743
Thompsons Station & Spring Hill Total 2010	38,296	37,390	37,711
Thompsons Station & Spring Hill Total 2011	40,399	39,531	39,680
Thompsons Station & Spring Hill Total 2012	42,502	41,672	41,648
Thompsons Station & Spring Hill Total 2013	44,604	43,813	43,617
Thompsons Station & Spring Hill Total 2014	46,707	45,954	-
Thompsons Station & Spring Hill Total 2015	48,810	-	-

Note: Vendors provided projections shown in grey cells; applicant interpolated between vendor projections on a straight-line basis.

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3) Please visit the Williamson County Planning and Zoning Department's website at www.williamsoncounty-tn.gov and review their Population and Demand Analysis (through 2030) under their "comments and files" section. Please compare and comment on the Scan/US consultant's methodology and results with the local county planning commission's projections.

The applicant has chosen to utilize a high-quality commercial population data source, for zip-code level projections, and does not think it is appropriate to vary from these projections by picking and choosing among local perceptions.

Nonetheless, after discussion of this question with the reviewer, the applicant visited that website to identify Williamson County's own projections, and to assess its Land Use Plan's potential impact on the zip code projections for Williamson County areas of the project service area. The applicant also talked with planning staff about the Land Use Plan.

Population: The applicant did not find zip code level projections on the county site and therefore cannot compare them to the commercial sources like Scan/US, ESRI, and Claritas, all of whom project strong growth in the zip codes around Spring Hill. This project anticipates serving only the southernmost parts of Williamson County; so county-wide forecasts are not relevant. However, the website shows that Williamson County's own projections for its countywide population in both CY2010 and CY2015 (179,360 and 206,880 persons, respectively) are higher than projections of the Tennessee Department of Health in those years (177,123 and 196,824 persons, respectively).

Growth Restrictions: The applicant found that although there is a county zoning ordinance and a Land use Plan, these do not appear to potentially reduce the population projections used in this application.

The Comprehensive Land Use Plan and County Zoning Ordinance apply only outside municipalities' "growth boundaries". For example, they do not govern development within the City of Spring Hill. Also, the Plan sets up six land use categories for the areas outside those municipalities. Only one of them (the "Rural Preservation Area") contains the building restriction (1 residence per 5 acres) you mentioned by telephone. And the Plan's Land Use Element Map indicates that this rural preservation category is confined to a large tract west of this project's service area. It does not include any of the "municipal growth boundaries" of Spring Hill or Thompson Station or any other part of the I-65 corridor, from north to south in the county.

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4) In regard to recent economic trend in the Spring Hill/Thompson Station/northern Maury County area, including the GM plant downsizing, adjustments to Spring Hill's budgets and property tax structure, the news media reports would give rise to believing that Spring Hill has shown very little, if any, population growth. Please comment on how the demographers estimate a growth pattern in the area when the news reports (both journal and broadcast media) portray a retrenchment picture.

The CON program has consistently required use of reliable population projections from known public and commercial sources. The three vendors whose projections were reviewed by the applicant all project continued population growth.

The applicant does not agree that local events portray a retrenchment picture. Moreover, the applicant feels bound to rely on professional demographers working with long-term population trends, rather than rely on anecdotal media pieces speculating about short-term events. Area residents are better sources of information about local growth on a short-term basis; their input will be provided at the public hearing.

Additionally, people continue to move to Spring Hill for affordable housing and access to good schools. An additional elementary school (Allensdale) and two middle schools (Spring Hill Middle and Spring Station Middle) are scheduled to open this fall and a new high school is scheduled to open in the fall of 2011 (Spring Station High School).

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6. Section B. II.C. (Applicant's Need for Providing Health Care Services) and Section C Item 5.

A) The application's major premise for development of a freestanding, satellite Emergency Department in Spring Hill is the service area's current population size and projected growth. There is no mention in the application of doctors in the area, another essential resource in developing the need.

1) Please discuss the present availability of physicians by medical specialty of medical practitioners in the Spring Hill/Thompson Station community. What are their current office hours? Please include both week-day and week-end hours.

Attached following this page are HCA's updates of physicians with office addresses in these two zip codes. Available office hour information is included.

2) What is the ratio of primary care physicians to residents in the service area?

The attachment indicates 17 primary care physicians in these two zip codes currently (11 in Family & General Practice; 3 in OB/Gyn; 3 in Pediatrics. The 2010 population of the two combined zip codes is 38,296. This indicates a ratio of approximately 0.44 primary care physicians per thousand residents.

3) What are the types and numbers of primary care practitioners which the applicant intends to recruit to the community?

None.

4) What are the types and numbers of medical specialists which the applicant intends to recruit to the community?

This ED project will not recruit any specialist other than Board-certified Emergency Medicine specialists to this community; and they will not work in the community at any other location. On average, one such specialist will be in the ED at all times.

SPRING HILL/THOMPSON STATION PHYSICIAN SUPPLY			
Physician Specialty	Existing Community Physicians	Physician Commuters	TOTAL
Allergy and Immunology		2	2
Cardiology	1	1	2
Dermatology	1	2	3
Endocrinology	0		0
Total General/Family Practice	11		11
Gastroenterology	0		0
General Surgery	0		0
Hematology-Oncology	0		0
Infectious Disease	0		0
General Internal Medicine	0		0
Nephrology	0		0
Neurology		1	1
Neurosurgery	0	1	1
Ob-Gyn	2	1	3
Ophthalmology	0	2	2
Orthopedic Surgery	0	1	1
Other Specialty	0		0
Otolaryngology	0	2	2
Pain Management	2		2
Psychiatry (general)	0		0
Total Pediatrics	3		3
Plastic Surgery	0		0
Podiatry	0	2	2
Pulmonary Disease	0		0
Rheumatology	0		0
Thoracic Surgery	0		0
Urology	0	2	2
Anatomic/Clinical Pathology	0		0
Anesthesiology			0
Emergency Medicine			0
Radiology			0
TOTAL	20	17	37

Practice Name	First Name	Last Name	Address	City	State	Zip	Phone	Specialty	Office Hours	Comments
Full Time Physicians										
America's Family Doctors	Ila	Patel	5073 Columbia Pike	Spring Hill	TN	37174	615-302-2980	MD	M-Thurs, 8:50, Friday, 8-5, Sat, 9-12	
America's Family Doctors	Allison	Simon	5073 Columbia Pike	Spring Hill	TN	37174	615-302-2980	FNP	-5, Sat, 9-12	
America's Family Doctors	Skyhawk	Fudigan	5073 Columbia Pike	Spring Hill	TN	37174	615-302-2980	MD	M-Thurs, 8:50, Friday, 8-5, Sat, 9-12	
America's Family Doctors	Amanda	Baker	5073 Columbia Pike	Spring Hill	TN	37174	615-302-2980	PA-C	M-Thurs, 8:50, Friday, 8-5, Sat, 9-12	
America's Family Doctors	S. Steve	Samudrala	5073 Columbia Pike	Spring Hill	TN	37174	615-302-2980	MD	M-Thurs, 8:50, Friday, 8-5, Sat, 9-12	
Spring Hill Physicians	Scott	Jobe	5006 Spedale Court	Spring Hill	TN	37174	615-302-0701	FP/ Peds	M-F, 8 - 5	HCA Employed
Spring Hill Physicians	Jennifer	Broyles	5006 Spedale Court	Spring Hill	TN	37174	615-302-0701	FP/ Peds	M-F, 8-5	HCA Employed
Campbell Station Cardiology	John A.	Malcof	4847 Columbia Pike	Spring Hill	TN	37174	615-589-9908	Cardiology	M-Thurs, 9 - 4:30	
Family Health Group	J. Rand	Hayes	5421 Main Street	Spring Hill	TN	37174	931-486-2500	FP	W-Sat, 8 - 8	
Family Health Group	Nathan	Laritty	5421 Main Street	Spring Hill	TN	37174	931-486-2500	FP	W-Sat, 8 - 8	
Family Health Group	Meghan	Gannon	5421 Main Street	Spring Hill	TN	37174	931-486-2500	FP/Peds	W-Sat, 8 - 8	
Family Health Group	Teresa	Pleani	5421 Main Street	Spring Hill	TN	37174	931-486-2500	PA - C	W-Sat, 8 - 8	
Family Health Group	Anna	Herring	5421 Main Street	Spring Hill	TN	37174	931-486-2500	PA - C	W-Sat, 8 - 8	
Spring Hill Urgent Care	Johnny	Nowan	5421 Main Street	Spring Hill	TN	37174	931-486-2500	PA - C	W-Sat, 8 - 8	
Mid Tin Pain Mgmt	Elizabeth	Smolenski	5225 Main Street	Spring Hill	TN	37174	615-302-3637	MD	M-Thurs, 7-5	
	Anna Louis	Mollette	5225 Main Street	Spring Hill	TN	37174	615-302-3637	MD	M-Thurs, 7-5	
Harpeth OB/GYN	Aaron	Dodier	5073 Columbia Pike	Spring Hill	TN	37174	615-591-0050	MD	M-Thurs, 8-4:30, Friday 8-12	
	Christopher	Stemore	5073 Columbia Pike	Spring Hill	TN	37174	615-591-0050	MD	M-Thurs, 8-4:30, Friday 8-12	
Vanderbilt Med. Group	Philip	Harvelson	3098 Campbell Station Parkway	Spring Hill	TN	37174	615-302-1111	MD, Fam Med	M-Friday, 7:30 - 7:30, Saturday and Sunday, 8-5	
Vanderbilt Med. Group	William P.	Titus	3098 Campbell Station Parkway	Spring Hill	TN	37174	615-302-1111	MD, Fam Med	M-Friday, 7:30 - 7:30, Saturday and Sunday, 8-5	
Vanderbilt Med. Group	Keren	Holmes	3098 Campbell Station Parkway	Spring Hill	TN	37174	615-302-1111	MD, Fam Med	M-Friday, 7:30 - 7:30, Saturday and Sunday, 8-5	
Tennessee Pediatrics	Terr	White	2205 Spedale Court, #1	Spring Hill	TN	37174	615-302-1279	Peds	M-F, 8-5, Sat 8-12	
Centennial Pediatrics	Christina M.	Loise	5073 Columbia Pike, Ste 150	Spring Hill	TN	37174	615-302-2990	Peds	M-F, 8:30-2:15	
Centennial Pediatrics	Jennifer L.	Ray	5073 Columbia Pike, Ste 150	Spring Hill	TN	37174	615-302-2990	Peds	M-F, 8:30-2:15	
Dermatology	Jeff	Hayes	3098 Campbell Station Parkway	Spring Hill	TN	37174	615-302-5000	MD	M-W, 8:30-5, Thurs, 10-5, Fri, 8:50-12	These MDs rotate every other week, so 1 MD is there during these times
Physician Commuters										
Neurosurgeon	Michael	Schlosser	5006 Spedale Ct	Spring Hill	TN	37174	615-986-1256	MD	1st & 4th Thursday, 8 - 12	
Centennial heart	David	Honeycutt	5006 Spedale Ct	Spring Hill	TN	37174	615-515-1900	MD	2nd & 4th Thursday, 8 - 5	
Podiatry	James	Chadburn	404 McLemore Ave	Spring Hill	TN	37174	931-486-1661	DRM	Tues & Thursday, 8 - 5	
Podiatry	Alan	Stoberry	5073 Columbia Pike	Spring Hill	TN	37174	615-220-2882	DRM	Mondays, 8 AM - 5 PM	

Neurology	Bruce	Rubinowitz	5073 Columbia Pike	Spring Hill	TN	37174	615-771-6000	MD	Wednesdays, 8 - 5
Seven Springs Ortho	Jeffrey	Lawrence	5073 Columbia Pike	Spring Hill	TN	37174	615-961-4444	MD	Tuesdays, 3 - 5 p.m.
Allergy & Asthma	John	Overholt	5073 Columbia Pike	Spring Hill	TN	37174	615-595-6673	MD	Wednesdays, 8-12:30 some Thursdays, but no set schedule
	J Michael	Norvell	5073 Columbia Pike	Spring Hill	TN	37174	615-595-6673	MD	
	Chris	Robb	3098 Campbell Station Parkway	Spring Hill	TN	37174	615-302-5000	MD	
	Jeff	B							
Vanderbilt Ophthalmology	Mark	Kroll	3098 Campbell Station Parkway	Spring Hill	TN	37174	615-791-0060	MD	M-W, 8-4, Friday 8-4
	Daniel	Weikert	3098 Campbell Station Parkway	Spring Hill	TN	37174	615-791-0060	MD	Th-F, 8-4
Urology	J Matthew	Hessen	5073 Columbia Pike	Spring Hill	TN	37174		MD	Thursdays, 8 - 5
Dermatology	Brent	Moody	3098 Campbell Station Parkway	Spring Hill	TN	37174	615-322-1221	MD	M-Friday, 7:30-4
Middle TN ENT Specialists -Meury	Shaun	Corbin	5421 Main Street	Spring Hill	TN	37174		MD	Thursdays, 1-5
	Stephen	Parey	5421 Main Street	Spring Hill	TN	37174		MD	These MDs rotate every other week, so 1 MD is there during these times
Urology	Anthony D.	Khim	2206 Spedale Court, #1	Spring Hill	TN	37174		MD	Thursdays, 8 - 5
OB/GYN	Lisa	Phillips	5421 Main Street	Spring Hill	TN	37174	981-381-3030	MD	Thursdays, 9-4:30

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5) Please describe the numbers and types of Diagnostic and Treatment Health Care and Urgent Care Center resources in Spring Hill and the declared service area? What are their current hours of operation available for service to the community? Please include both week-day and week-end hours.

Attached following this page is information gathered by site visits to such providers, by HCA representatives. It includes all known providers of this type in those parts of the declared service area that would utilize the project, in nearby parts of the declared service area zip codes.

**URGENT CARE RESOURCES IN SPRING HILL AREA
JUNE 2010**

The following providers and hours of operation were identified during site visits by HCA representatives.

**America's Family Doctors
5073 Columbia Pike (in front of Lowe's)**

Hours are Monday – Friday 8-5:30pm, Saturday and Sunday 9am – 12 pm (except for summer, when it is not open on Sunday). You can be seen by an MD or NP, depending on who is scheduled to work.

**Family Health Group – Spring Hill Urgent Care
Located at 5421 Main Street (in front of Home Depot)**

Urgent care is staffed with physicians Monday – Thursday and NP's Friday, Saturday and Sunday. Their hours are 8a-8p Monday-Thursday and 8a-7:30p Friday – Sunday for the Urgent Care.

This group is affiliated with Maury Regional Medical Center, which operates a lab and Imaging Center with Mammo, X-ray, CT and MR on site. (Imaging 7a-6p M-F and Lab is open 8-4:30p. Weekend hours not known.

The site also has a Specialty Clinic offering Urology, ENT, GI, Cardiology, Ortho and OB/Gyn. See physician listing for office hours.

**Vanderbilt Medical Group and Walk-in Clinic
3098 Campbell Station Pkwy (behind the old Kroger location)**

The hours of operation are M-F 7:30a – 7:30p, S-S 8a-5p. They offer both MD availability and NP depending on who is scheduled to work.

CVS Minute Clinic – Located on right as you come into Spring Hill from Franklin

Pharmacy chain with a convenience clinic. Staffed by NP's. Hours are M-F 8a-7p, Sat. 9-5:30p, Sun. 10-5:30p.

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6) What is their latest three years of utilization by medical modality, as reported through the HSDA Medical Equipment Registry, the TN Department of Health's Joint Annual Report and other sources available to the applicant.

As agreed with the reviewer by telephone, utilization of modalities within ODC's and Urgent Care Centers in the service area need not be provided here, because this supplemental response has clarified that the ED's ancillary services will be used only in support of emergency patients, and not as an ODC that provides general diagnostic resources for the community.

7. Section B. III (Plot Plan)

Your response is noted.

A) Where within the proposed medical office building will the proposed Emergency Department be located?

On the north side of the ground level, as shown on the key drawing in the corner of the floor plan drawing originally submitted.

B) The design of the plot plan and the design of the floor plan do not match. Your porticos are in different locations and don't match up with the parking and roadways. Please provide matching drawings.

The plot plan had been done assuming an earlier MOB design. Attached after this page is a revised site plan showing a building footprint consistent with the submitted floor plan and design narrative.

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8. Section B. IV (Floor Plan)

Your response is noted. The drawing includes a room designed as "Trauma." How does the applicant intend to utilize this room versus the other treatment rooms in light of the freestanding nature of this proposed facility?

The Licensing Board requires a treatment room for "trauma" in every ED; the project designers felt unable to omit it from this project. The room label, size, and design all conform to hospital licensing criteria. However, the room will be used interchangeably with the other treatment rooms, except in the rare instance when a trauma visit might occur.

9. Section C Item 6

Your response is noted. Based on the applicant's experience and knowledge of the demographics of the service area, please provide your best estimate regarding the time distribution of patients coming to the ED.

The following distribution was chosen after considering the very similar distribution seen at Centennial Medical Center Nashville, Centennial Medical Center Ashland City, and Southern Hills Medical Center.

	41%	44.5%	14.5%	
Year	7am-3pm	3pm-11pm	11pm-7am	Total
2013	3225	3501	1140	7,866
2014	3346	3632	1183	8,161
2015	3467	3764	1226	8,457
2016	3588	3895	1269	8,752
2017	3710	4027	1312	9,049

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10. Section C Economic Feasibility Item 4 (Projected Data Chart)

Your response is noted.

A) Please explain why charges for Inpatient Services are listed when the applicant has indicated this project is intended to be an “outpatient emergency service” meaning the service is intended to draw and serve very few patients who whose ED visit would result in a hospital admission. If this entry is in error, please correct it, and submit a revised Projected Data Chart.

A revised Projected Data Chart is attached following this page. The revision combines all revenue lines. The original submittal was not in error*; but this revision is simpler and equally accurate.

**The originally submitted chart's "inpatient" revenues were those to be incurred in the Spring Hill ED, by patients who would subsequently be transferred to a hospital for inpatient care. There will be few such patients. But their charges will be disproportionately large, because their conditions will be more critical when they arrive, requiring greater resources for stabilization and transfer. The originally submitted chart's "outpatient" revenues reflected only ancillary services provided in the context of emergency care.*

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2010 JUN 28 PM 1:46

B) Please explain why Outpatient Services charges are listed as opposed to just Emergency Services charges? Will the ancillary services be providing diagnostic ancillary services to the patients of the physicians' offices in the medical office building? If this entry is in error please correct it, and submit a revised Projected Data Chart.

As explained in the previous response, this chart has been amended for simplification and all revenues are combined on the "Emergency" revenues line of the chart. "Outpatient" revenues in the original submittal had reflected ancillary service charges (X-ray, CT, etc) done in support of emergency care. No ancillaries will be provided to the community other than during emergency care; this project is not an ODC.

C) Please explain "Professional Fees" and "Contract Services" costs.

Professional fees represent Medical Director compensation. Contract Services means the standard allocation from HCA, Inc. to Centennial for operations support of the project (administration, billing, reimbursement, medical records, accounting, and other centralized support).

11. Section C Economic Feasibility Item 6 (Charges)

Please provide definitions of each of the five Levels of Acuity upon which the CPT codes are differentiated.

Attached following this page.

12. Section C (Contribution to the Orderly Development of Health Care) Item 3

Please discuss the staffing plan for the physicians who will be staffing the CMC satellite ED. How many physicians will be required to staff the project's ED 24/7, 365? Will they all be Board Certified in Emergency Medicine?

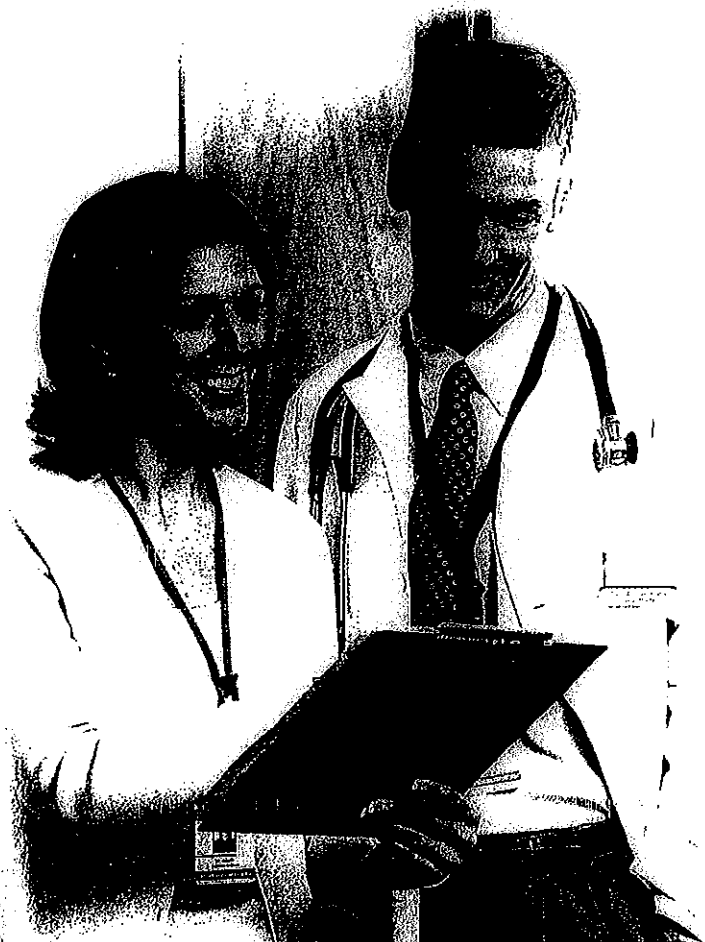
One physician will be present, 24/7. Every physician working in the ED will be Board-certified in Emergency Medicine. They will be in the same group that supervises care at the Centennial Medical Center ED in Nashville (30,000+ visits annually).

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99281-99288 Emergency Department Visits

- CMS 100-1,570 Definition of Physician
- CMS 100-2,15,30 Physician Services
- CMS 100-3,70.1 Consultations with a Beneficiary's Family and Associates
- CMS 100-4,12,30.6.11 Emergency Department Visits

[INCLUDES] Any amount of time spent with the patient, which usually involves a series of encounters while the patient is in the emergency department

Care provided to new and established patients

[EXCLUDES] Critical care services (99291-99292)
Observation services (99217-99220, 99234-99236)

99281 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. [V] [] [] []

☛ 0.60 ☞ 0.60 Global Days XXX

AMA: 2009, Jan, 11-31; 2009, Jul, 7; 2008, Jan, 10-25; 2007, Dec, 10-17; 2007, March, 9-11; 2007, January, 13-27; 2007, Jul, 1-4; 2006, December, 14-15; 2006, February, 16-18; 2005, February, 1-6; 2005, May, 1-2; 2005, November, 10-13

99282 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. [V] [] [] []

☛ 1.16 ☞ 1.16 Global Days XXX

AMA: 2009, Jan, 11-31; 2009, Jul, 7; 2008, Jan, 10-25; 2007, Dec, 10-17; 2007, January, 13-27; 2007, March, 9-11; 2007, Jul, 1-4; 2006, December, 14-15; 2006, February, 16-18; 2005, February, 1-6; 2005, November, 10-13; 2005, May, 1-2

99283 An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. [V] [] [] []

☛ 1.75 ☞ 1.75 Global Days XXX

AMA: 2009, Jul, 7; 2009, Jan, 11-31; 2008, Jan, 10-25; 2007, January, 13-27; 2007, Dec, 10-17; 2007, March, 9-11; 2007, Jul, 1-4; 2006, February, 16-18; 2006, December, 14-15; 2005, March, 11-15; 2005, February, 1-6; 2005, May, 1-2; 2005, November, 10-13

99284 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function. [] [] [] []

☛ 3.27 ☞ 3.27 Global Days XXX

AMA: 2009, Jan, 11-31; 2009, Jul, 7; 2008, Jan, 10-25; 2007, Dec, 10-17; 2007, March, 9-11; 2007, January, 13-27; 2007, Jul, 1-4; 2006, December, 14-15; 2006, February, 16-18; 2005, May, 1-2; 2005, February, 1-6; 2005, March, 11-15; 2005, November, 10-13

99285 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function. [] [] [] []

☛ 4.78 ☞ 4.78 Global Days XXX

AMA: 2009, Jan, 11-31; 2009, Jul, 7; 2008, Jan, 10-25; 2007, Dec, 10-17; 2007, Jul, 1-4; 2007, March, 9-11; 2007, January, 13-27; 2006, December, 14-15; 2006, February, 16-18; 2005, May, 1-2; 2005, March, 11-15; 2005, February, 1-6; 2005, November, 10-13

99286 Physician direction of emergency medical systems (EMS) emergency care, advanced life support []

[INCLUDES] Management provided by an emergency/intensive care based physician via voice contact to ambulance/rescue staff for services such as heart monitoring and drug administration

☛ 0.00 ☞ 0.00 Global Days XXX

AMA: 2009, Jul, 7; 2007, Jul, 1-4; 2007, March, 9-11; 2005, May, 1-2; 2005, February, 1-6

SUPPLEMENTAL
June 28, 2010
150+ pp

Page Twenty
June 28, 2010

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**13. Section C (Contribution to the Orderly Development of Health Care)
Item 7**

Please provide the results of the latest State licensure survey for CMC with the applicant's response and latest Joint Commission survey for CMC with the applicant's response.

Attached at the end of this response letter, before the supplemental affidavit.

14. Drive Time Study Report

Excerpts from the 2006 Drive Time study from 5 different sites within the proposed service area to the three closest ED facilities are noted.

A) Is the report still valid? Various news reports indicate that certain routes remain extremely congested, particularly during "rush hour" drive time, i.e., morning and after work commuting hours.

The study was performed in 2006 by an engineering team from a nationally recognized architectural and engineering firm, Gresham Smith and Partners (GS&P). The team leader was familiar with the Spring Hill area. For the reviewer's convenience, the entire study is attached at the end of this response--both the original study and additional maps prepared for the supplemental responses in 2006.

Drive times cited in the study may have lengthened in the past four years, as residences and businesses increased along local roadways. But the applicant believes that the report is still sufficiently valid to support the application's contention that an Emergency facility in Spring Hill will significantly increase local residents' access to Emergency services. The applicant has not yet performed an updated drive time study.

Page Twenty-One
June 28, 2010

B) Please discuss the meaningfulness of the drive time study and how it should be viewed in relationship to the proposal? Several of the study's findings remain unclear as they relate to the study's purpose.

The study identifies the average drive times required for service area residents near Spring Hill to drive to the two closest existing hospitals with Emergency Departments, in Columbia and Franklin.

The specific questions below were also asked about the drive time study in 2006, in a supplemental information request from the HSDA staff reviewer. The responses below (in quotation marks) reflect the accepted 2006 responses to those questions, to the extent they are still valid. The applicant has added remarks as indicated.

For Example:

A) The applicant has chosen to provide drive times to and from the two existing and one proposed service area hospitals from five different sites within a five mile radius of the proposed hospital site. Please discuss the rationale for choosing the five sites. Were they in areas of high population density or projected future sites of high population density?

2006 Response: "In the travel time study conducted by Gresham, Smith and Partners for the proposed Spring Hill Hospital, five representative sites were selected within a six mile radius of the proposed hospital site. These sites were dispersed evenly through the service area to capture the likely travel patterns of the existing and potential developments in Spring Hill. The following is a list of the sites and region defined within the service area:

- Site 1 – Northeast
- Site 2 – Northwest
- Site 3 – West
- Site 4 – South
- Site 5 – Southeast

All directions surrounding the proposed hospital site were incorporated into these site locations. As shown on Figure 2 of the original study, the sites are well dispersed along the perimeter throughout the service area. If the sites were located closer to the proposed hospital site, the travel time savings would be greater than those documented in the study.

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Some of these sites were selected in current high density areas as well as in the likely future growth areas in Spring Hill... However, efforts were also made to incorporate the areas away from the primary roadway network that might have the most difficult time reaching a hospital. Therefore, high, medium and low density areas were represented by this study.

Site 1, for example, represents much of the development along Buckner Road. Developments along Buckner Road, based on the 2005 census, represented over 30% of the current Spring Hill population. The neighborhoods along Buckner would all likely use a similar route to the one determined for Site 1. This site is representative of a currently high density area.

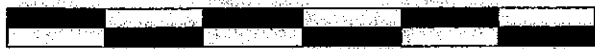
Site 4 however is in a remote area that must travel several miles in any direction to get to a state route. Most of the homes in this area would need to travel a less than direct route to any of the proposed or existing hospital locations.

Sites 2, 3 and 5 are located in areas that will likely develop over the next several years. According to the city, these areas are currently being considered by developers. While the density is relatively low currently, it is anticipated that growth in these areas will be substantial."

B) Please show these five sites on a map. If possible, please show the population density of area around these sites.

Please see figure 3, attached following this page. The applicant does not have current 2010 density data for these sites.

0 12000 24000 36000



LEGEND:

- (A) PROPOSED SPRING HILL HOSPITAL
- (B) WILLIAMSON MEDICAL CENTER
- (C) MAURY REGIONAL HOSPITAL
- (1-5) TRAVEL SITES

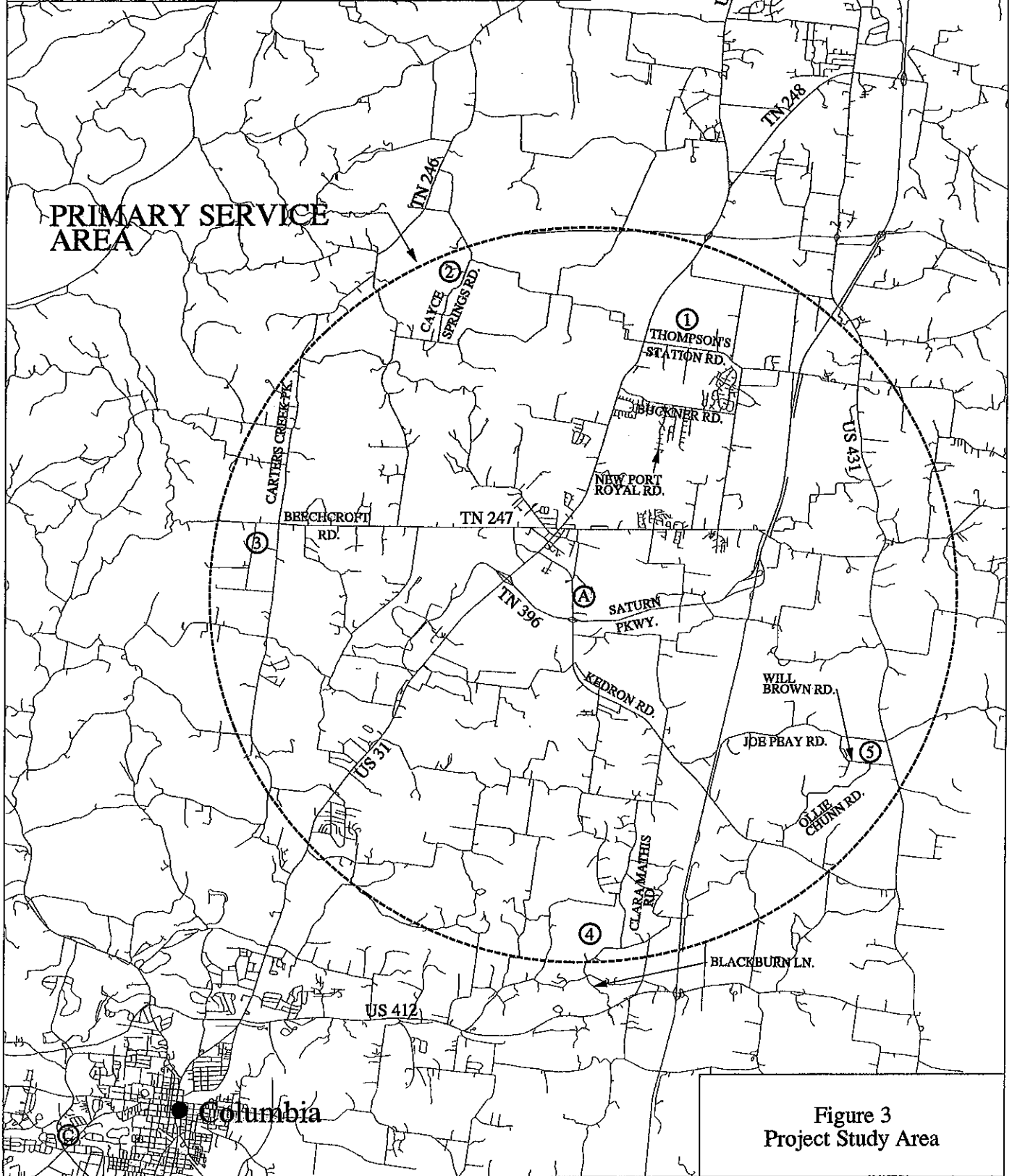


Figure 3
Project Study Area

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June 28, 2010

C) Please outline on the map the routes described in the text of the study.

1) Please discuss the rationale for choosing these routes.

2) Are they the shortest distance from all three hospital locations?

3) Are they the fastest drive times from the sites to the hospital locations?

2006 Response: "The travel routes (shown in attached Figures 4A, 4B, 4C, 4D and 4E) taken by the study were determined by a three-step process with one overriding philosophy. First and foremost, GS&P considered the most likely route that an ambulance would travel. This would avoid any poorly maintained roads, and attempt to access the State Road system as soon as possible.

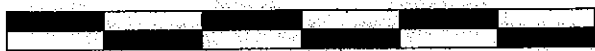
The route between any two points was selected by first utilizing recommendations from MapQuest.com, an internet mapping service that prioritizes fastest time and shortest distance. These routes were then reviewed by personnel familiar with the area that would recognize the likely travel patterns of those in these areas. Finally, a field check was conducted by a lead traffic engineer to determine the roadway safety, driver comfort, likely route adjustments and final route selection.

For the most part the route with the fastest travel time was selected. Even though the fastest travel time routes were mostly selected, it should be noted that all speed limits were adhered to during the data collection. "

4) Are they the routes which a person needing emergency medical services would take to the hospital locations?

The applicant believes that the routes selected in 2006 remain valid routes for persons driving to existing and proposed emergency facilities. Obviously there are thousands of potential residential starting points for such routes within the service area. Starting points must simply be representative. The applicant believes that the 2006 study's design did result in identifying valid drive time averages and ranges applicable to the majority of persons in the study area.

0 12000 24000 36000



LEGEND:

- (A) PROPOSED SPRING HILL HOSPITAL
- (B) WILLIAMSON MEDICAL CENTER
- (C) MAURY REGIONAL HOSPITAL
- (1)-(5) TRAVEL SITES
- PROPOSED SPRING HILL HOSPITAL
- ▲ WILLIAMSON COUNTY MEDICAL CENTER
- ◆ MURAY REGIONAL

PRIMARY SERVICE AREA

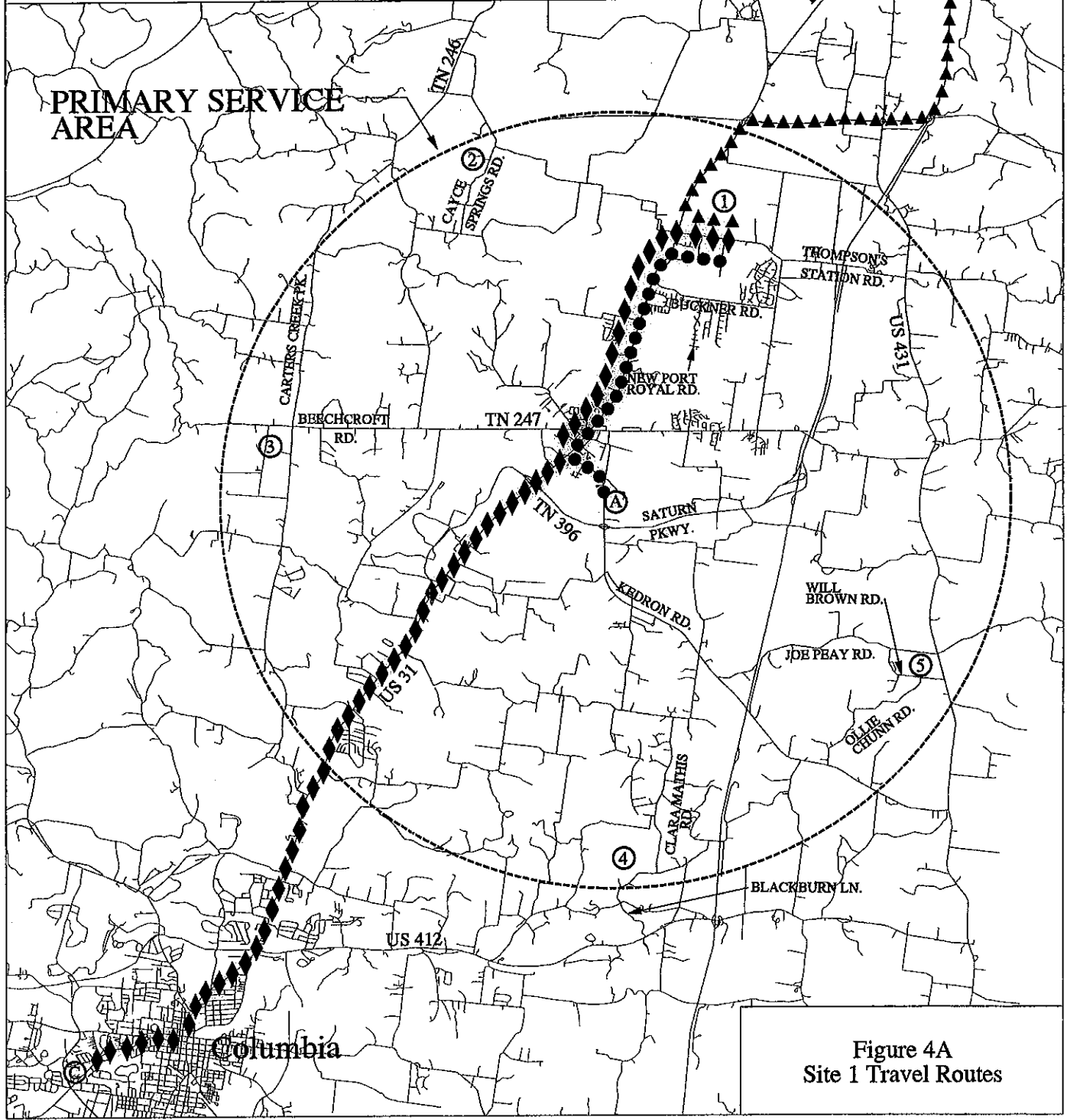


Figure 4A
Site 1 Travel Routes



LEGEND:

- Ⓐ PROPOSED SPRING HILL HOSPITAL
- Ⓑ WILLIAMSON MEDICAL CENTER
- Ⓒ MAURY REGIONAL HOSPITAL
- ①-⑤ TRAVEL SITES
- PROPOSED SPRING HILL HOSPITAL
- ▲ WILLIAMSON COUNTY MEDICAL CENTER
- ◆ MURAY REGIONAL

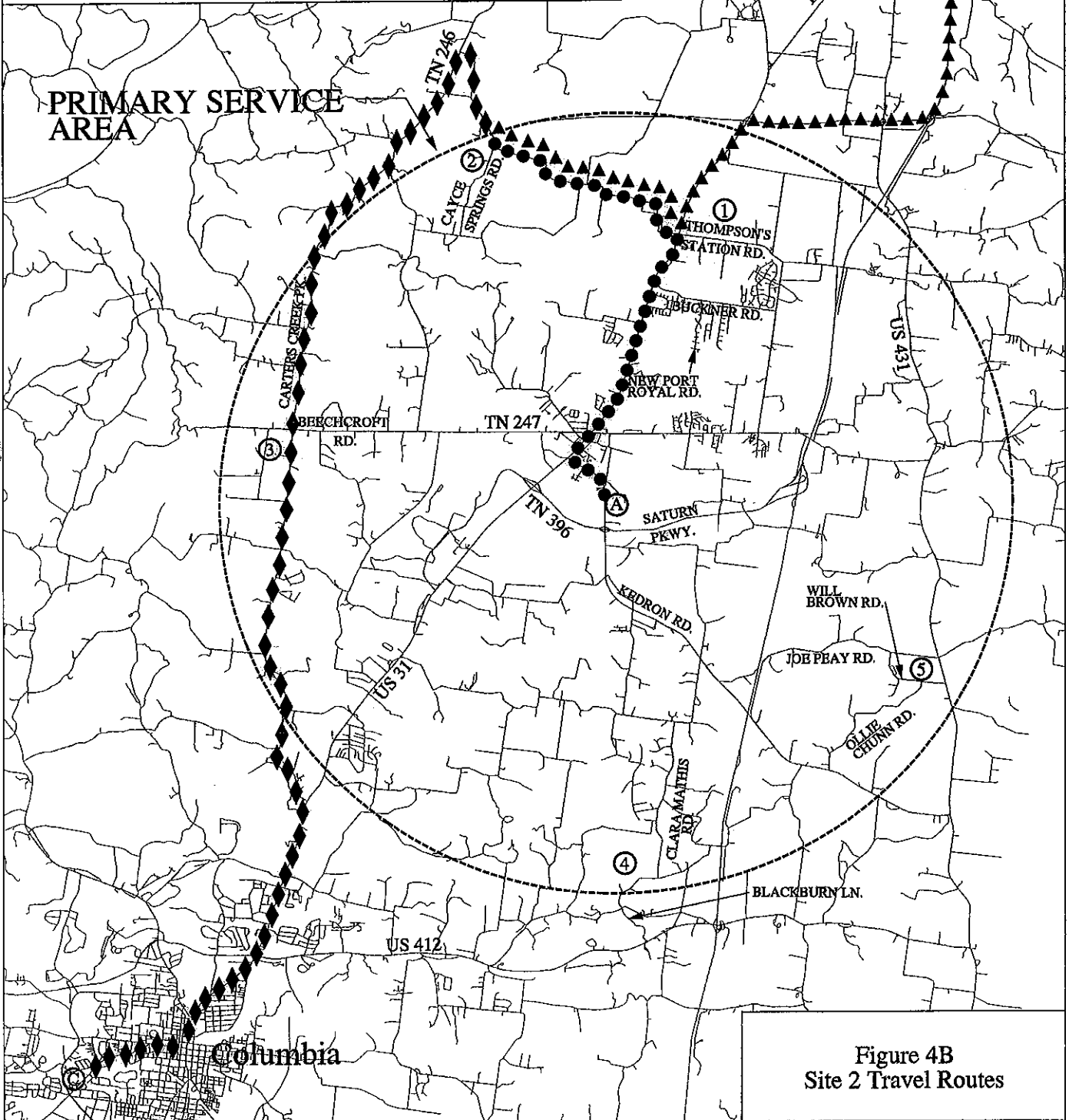


Figure 4B
 Site 2 Travel Routes



LEGEND:

- (A) PROPOSED SPRING HILL HOSPITAL
- (B) WILLIAMSON MEDICAL CENTER
- (C) MAURY REGIONAL HOSPITAL
- ①-⑤ TRAVEL SITES
- PROPOSED SPRING HILL HOSPITAL
- ▲ WILLIAMSON COUNTY MEDICAL CENTER
- ◆ MURAY REGIONAL

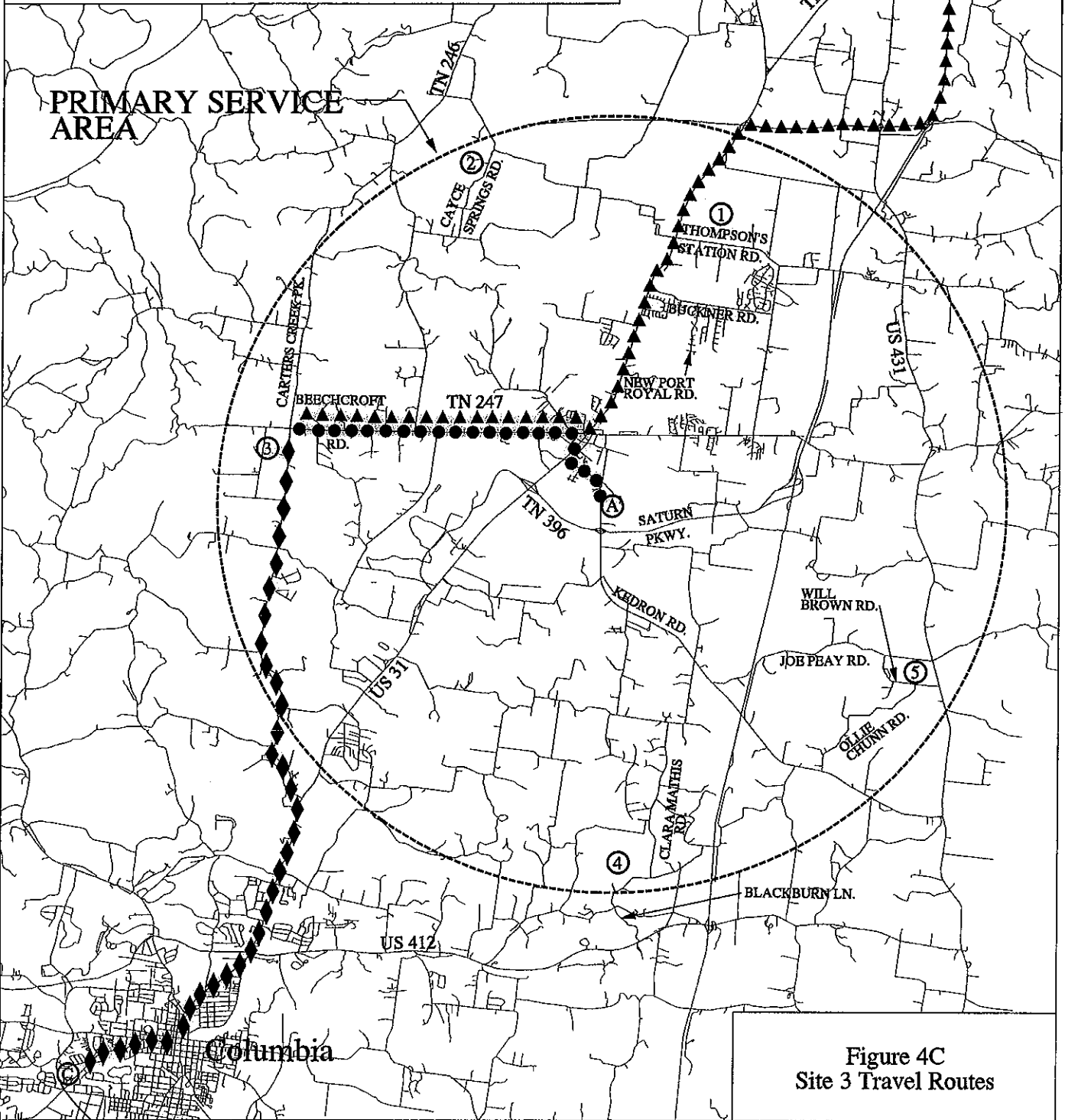
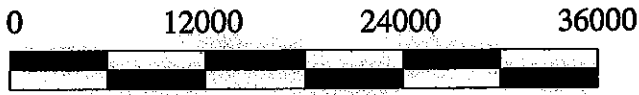
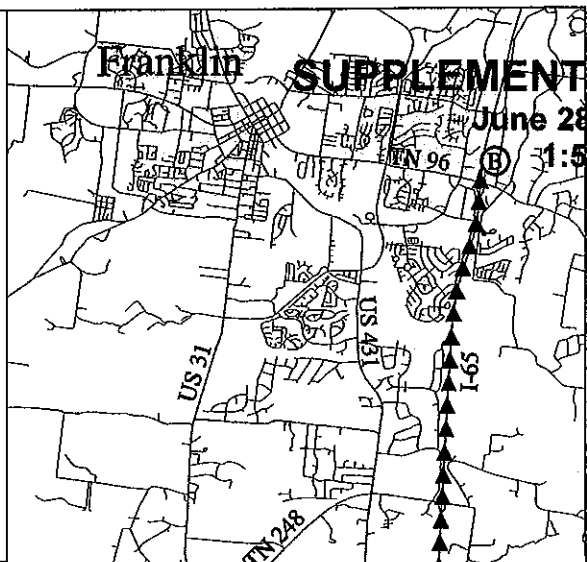


Figure 4C
 Site 3 Travel Routes



LEGEND:

- Ⓐ PROPOSED SPRING HILL HOSPITAL
- Ⓑ WILLIAMSON MEDICAL CENTER
- Ⓒ MAURY REGIONAL HOSPITAL
- ①-⑤ TRAVEL SITES
- PROPOSED SPRING HILL HOSPITAL
- ▲ WILLIAMSON COUNTY MEDICAL CENTER
- ◆ MURAY REGIONAL



PRIMARY SERVICE AREA

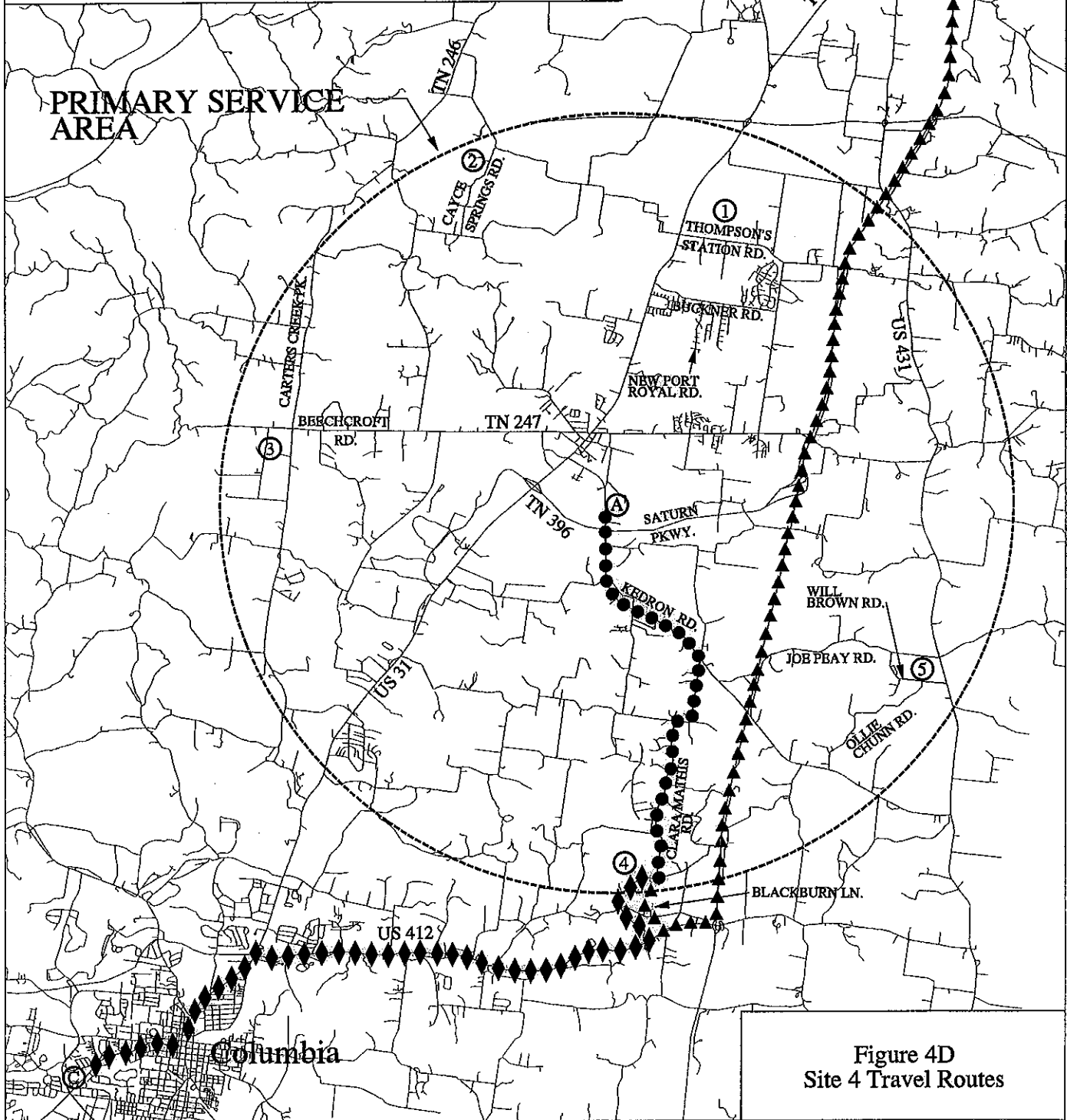


Figure 4D
Site 4 Travel Routes

0 12000 24000 36000



LEGEND:

- (A) PROPOSED SPRING HILL HOSPITAL
- (B) WILLIAMSON MEDICAL CENTER
- (C) MAURY REGIONAL HOSPITAL
- ①-⑤ TRAVEL SITES
- PROPOSED SPRING HILL HOSPITAL
- ▲ WILLIAMSON COUNTY MEDICAL CENTER
- ◆ MURAY REGIONAL

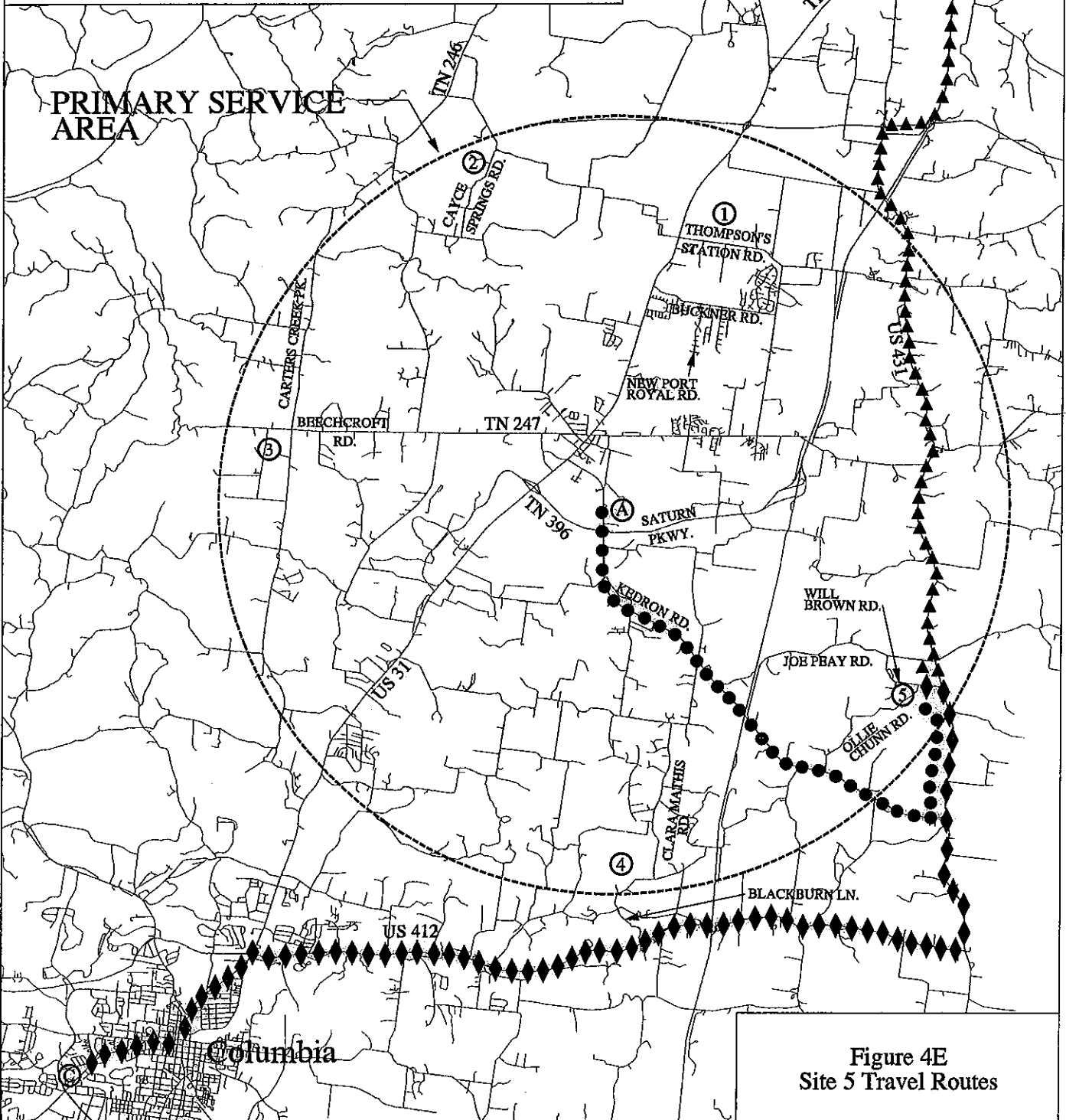


Figure 4E
Site 5 Travel Routes

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June 28, 2010

15. Proof of Publication

The copy of the Publication did not have a masthead showing the publication or date of publication. Please submit a full copy of the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact, or submit a publication affidavit which is supplied by the newspaper as proof of the publication of the letter of intent.


This has been provided under separate cover prior to this letter.

Additional Item

Attached after this page is the architect's letter verifying the construction cost estimate, which should be placed in Attachment; C, Need--3.

Thank you for your assistance. We hope this provides the information needed to accept the application into the next review cycle. If more is needed please FAX or telephone me so that we can respond in time to be deemed complete.

Respectfully,


John Wellborn
Consultant

Continued from last column

ee, on May 31, 1995 Davidson County, Tennessee, will be sold at Book 9692, Page 598, conducted by Shapiro & Kirsch, LLP Substituted Trustee, all of record in the Davidson County Public Records Office, Vol. No. 0101302409.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. Sections 68-11-1601 et seq. and the Rules of the Health Services and Development Agency, that Centennial Medical Center Emergency Department at Spring Hill (a proposed satellite emergency department of Centennial Medical Center, a hospital), to be owned and managed by HCA Health Services of Tennessee, Inc. (a Tennessee corporation), intends to file an application for a Certificate of Need for a satellite emergency department facility in the City of Spring Hill, at an estimated cost of \$6,200,000. The project will be located at an unaddressed site in the northeast quadrant of the intersection of Saturn Parkway and Kedron road, approximately three miles west of I-65 at Exit 53 (the Saturn Parkway exit).

Centennial Medical Center in Nashville is licensed by the Board for Licensing Healthcare Facilities as a 606-bed general hospital. The Spring Hill satellite EDA facility will provide emergency diagnostic and treatment services, for which all necessary diagnostic services will be available, including laboratory, x-ray, ultrasound, and CT scanning. It will not contain major medical equipment, or imitate or discontinue any other health service, or affect any facility's licensed bed complement.

The anticipated date of filing the application is on or before June 15, 2010. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 2000 Glen Echo Road, Suite 122, Nashville, TN 37215, (615) 665-2022.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building
500 Deaderick Street, Suite 850
Nashville, Tennessee 37243
Pursuant to TCA Sec. 68-11-1607(c)(1), (A) any health care institution wishing to oppose a Certificate of Need application must file a written objection with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled, and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

Continued from last column

Subdivision, Section 4, a plat of which is reserved to adjourn the day of record in Book 6900, Page 481, Register's Office for Davidson County, Tennessee, shall be sold by the highest bidder, subject to all unpaid taxes, prior liens and encumbrances of record, only as Substituted Trustee.

Continued from last column

Described property located in Davidson County, Tennessee, Lot Number 77 and the westerly 2 feet of the next highest bidder, shall be sold by the highest bidder, subject to all unpaid taxes, prior liens and encumbrances of record. This property is being sold with the express reservation that the sale is subject to confirmation by the lender or trust. This sale may be rescinded at any time. This is a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED
This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. Sections 68-11-1601 et seq. and the Rules of the Health Services and Development Agency, that Hillside Hospital (a hospital) owned and managed by Hillside Hospital, LLC (a limited liability company), intends to file an application for a Certificate of Need to acquire a fixed lithotripsy service, at its facility, at 1265 East College Street, Pulaski, TN 38478, at a capital cost estimated at \$565,000. This will replace the hospital's mobile lithotripsy service currently provided under CNO302-011, which will be discontinued upon implementation of the fixed service.

Hillside Hospital is licensed by the Board for Licensing Health Care Facilities as a 95-bed general hospital. The project does not contain any other major medical equipment or imitate or discontinue any other health service, and it will not affect the facility's licensed bed complement.

The anticipated date of filing the application is on or before June 15, 2010. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 2000 Glen Echo Road, Suite 122, Nashville, TN 37215, (615) 665-2022. Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

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BELEUVE 3 BDRM, 1.5 BATH, W/D, DISH, RANGE, S/W, CALL NOW! 615-452-0709

1-24/24 HARDING PL. ARE Newly renovated duplex 2 bedroom, 1.5 bath, W/D, hood, no smoking, \$750/mo. No smoking, \$750/mo. No smoking, \$750/mo. Call 615-230-1771

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Ingleswood UrbanTech Duplex 2br, 1.5 bath, W/D, hood, no smoking, \$750/mo. No smoking, \$750/mo. No smoking, \$750/mo. Call 615-230-1771

LOCKLEAND SPRING Beautiful 1.5 bath, full kitchen, 2nd floor, 2 bedrooms, W/D, hood, no smoking, \$750/mo. No smoking, \$750/mo. No smoking, \$750/mo. Call 615-230-1771

MADISON 409 Quaint 3 BDRM, 1 Bath, W/D, hood, no smoking, \$750/mo. No smoking, \$750/mo. No smoking, \$750/mo. Call 615-442-9587

OLD HICKORY VILLA 3 BDRM, 2 BA, central air, tile floors, W/D, hood, no smoking, \$750/mo. No smoking, \$750/mo. No smoking, \$750/mo. Call 615-442-9587

PRIEST LAKE 2 Bdr, 2 1/2 BA, New carpet & tile, W/D, hood, no smoking, \$750/mo. No smoking, \$750/mo. No smoking, \$750/mo. Call 615-442-9587

1/2/2 Bdrms Avail! Central H/A, W/D, Appl, S/W, 8 well furnished, \$750/mo. Call 615-442-9587

1-5 BDRM Available! Prices \$300-\$400. Call 615-442-9587

866 CARROLL ST. R. 1387/2 BA, 1.5 BDRM, FF, Deck, Pool, W/D, hood, no smoking, \$750/mo. No smoking, \$750/mo. No smoking, \$750/mo. Call 615-442-9587

HENDERSONVILLE 2 BDRM, 1.5 BATH, W/D, hood, no smoking, \$750/mo. No smoking, \$750/mo. No smoking, \$750/mo. Call 615-442-9587

1 BR Apt. \$350/mo. Call 615-442-9587

MADISON 409 Quaint 3 BDRM, 1 Bath, W/D, hood, no smoking, \$750/mo. No smoking, \$750/mo. No smoking, \$750/mo. Call 615-442-9587

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1/2/2 Bdrms Avail! Central H/A, W/D, Appl, S/W, 8 well furnished, \$750/mo. Call 615-442-9587

1-5 BDRM Available! Prices \$300-\$400. Call 615-442-9587

866 CARROLL ST. R. 1387/2 BA, 1.5 BDRM, FF, Deck, Pool, W/D, hood, no smoking, \$750/mo. No smoking, \$750/mo. No smoking, \$750/mo. Call 615-442-9587

HENDERSONVILLE 2 BDRM, 1.5 BATH, W/D, hood, no smoking, \$750/mo. No smoking, \$750/mo. No smoking, \$750/mo. Call 615-442-9587

1 BR Apt. \$350/mo. Call 615-442-9587

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June 28, 2010

1:50+ pm

June 14, 2010

Ms. Melanie Hill
Executive Director
Tennessee Health Services and Development Agency
8th Floor – Andrew Jackson Building
Nashville, TN 37291

**RE: CENTENNIAL EMERGENCY DEPARTMENT AT SPRING HILL
SPRING HILL, TN**

Dear Ms. Hill,

Earl Swensson Associates, Inc. has reviewed the construction cost estimate provided by HCA Construction Management. Based on our experience and knowledge of the current healthcare market, it is our opinion that the projected cost of \$2,475,000 at \$258 / S.F. appears to be reasonable for this project type and size.

Below is a summary of the current building codes enforced for this project. This listing may not be entirely inclusive, but the intent is for all applicable codes and standards, State and Local, to be addressed during the design process. The codes in effect at the time of submittal of plans and specifications shall be the codes to be used throughout the project.

- Guidelines for the Design and Construction of Health Care Facilities
- Rules of Tennessee Department of Health Board for Licensing Health Care Facilities
- International Building Code
- International Fire Code
- National Electrical Code
- Nation Fire Protection Association (NFPA)
- Americans with Disabilities Act (ADA)

Sincerely,

EARL SWENSSON ASSOCIATES, INC.

Randel Forkum, AIA

Travel Time Study

for the

Proposed Spring Hill Hospital

in

Spring Hill, Tennessee

PREPARED FOR:

HCA Healthcare

April 17, 2006

PREPARED BY:



Gresham, Smith and Partners
1400 Nashville City Center
511 Union Street
Nashville, TN 37219

G R E S H A M
S M I T H A N D
P A R T N E R S

SHH 14399

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SHH 14401

EXECUTIVE SUMMARY

This report contains the results of a travel time study for the proposed hospital site in Spring Hill, Tennessee. This study consisted of collecting travel time run data from five (5) selected sites within and near the perimeter of the primary service area surrounding the site of the proposed Spring Hill Hospital. Travel time run data was collected to/from each site to/from the following three (3) area hospitals:

- Proposed Spring Hill Hospital located in Spring Hill, Tennessee
- Williamson Medical Center located in Franklin, Tennessee
- Maury Regional Hospital located in Columbia, Tennessee

The travel time data was collected during the morning, noon, and afternoon peak hours to evaluate the worst travel conditions during the day. The following peak hours were selected:

- Morning Peak Hour – 7:00 AM to 9:00 AM
- Noon Peak Hour – 11:00 AM to 1:00 PM
- Afternoon Peak Hour – 4:00 PM to 6:00 PM

A summary of the travel time results and travel time differences (i.e. travel time savings) are shown in Table 1 and Table 2, respectively.

Table 1
Summary of Travel Time Results

Travel Time (minutes)	Hospital to Site*	Site* to Hospital	Two-Way Average
Morning Peak Hour			
Proposed Spring Hill Hospital	13.6	13.4	13.5
Williamson Medical Center	25.4	31.8	28.6
Maury Regional Hospital	27.4	27.8	27.6
Noon Peak Hour			
Proposed Spring Hill Hospital	12.8	13.2	13.0
Williamson Medical Center	23.8	24.4	24.1
Maury Regional Hospital	28.4	27.0	27.7

**Table 1 (Cont.)
 Summary of Travel Time Results**

Travel Time (minutes)	Hospital to Site*	Site* to Hospital	Two-Way Average
Afternoon Peak Hour			
Proposed Spring Hill Hospital	13.4	13.4	13.4
Williamson Medical Center	27.6	23.6	25.6
Maury Regional Hospital	28.2	27.2	27.7

*Site represents the average travel times of the five (5) selected sites.

**Table 2
 Summary of Travel Time Differences [i.e. Travel Time Savings]
 (via comparison to Spring Hill Hospital Travel Time Runs)**

Travel Time (minutes)	Hospital to Site*	Site* to Hospital	Two-Way Average
Morning Peak Hour			
Williamson Medical Center	11.8	18.4	15.1
Maury Regional Hospital	13.8	14.4	14.1
Noon Peak Hour			
Williamson Medical Center	11.0	11.2	11.1
Maury Regional Hospital	15.6	13.8	14.7
Afternoon Peak Hour			
Williamson Medical Center	14.2	10.2	12.2
Maury Regional Hospital	14.8	13.8	14.3
Overall Peak Hour Average			
Williamson Medical Center	12.3	13.3	12.8
Maury Regional Hospital	14.7	14.0	14.4

*Site represents the average travel times of the five (5) selected sites.

As shown in Table 1, the travel times to the proposed Spring Hill Hospital were the lowest, ranging from 12.8 minutes to 13.6 minutes. This was expected since the proposed Spring Hill Hospital was the closest hospital to each travel time site. For the other two hospitals in this study, the travel times to Williamson Medical Center ranged from 23.6 minutes to 31.8 minutes and the travel times to Maury Regional Hospital ranged from 27.0 minutes to 28.4 minutes.

As shown in Table 2, the travel time saved to/from the Williamson Medical Center ranged from 10.2 minutes to 18.4 minutes and produced an overall peak hour average travel time savings of 12.8 minutes. In addition, the travel time saved to/from the Maury Regional Hospital ranged from 13.8 minutes to 15.6 minutes and produced an overall peak hour average travel time savings of 14.4 minutes.

In conclusion, a vehicle traveling from within the primary service area to the proposed Spring Hill Hospital, instead of Williamson Medical Center or Maury Regional Hospital, can expect to save approximately 13 to 14 minutes of travel time per trip. These travel time savings were measured from sites located near the perimeter of the primary service area. If the travel times were measured closer to the proposed Spring Hill Hospital, the travel time savings would be greater.

000196

1.0 INTRODUCTION

This report contains the results of a travel time study for the proposed Spring Hill Hospital located near the intersection of Saturn Parkway (TN 396) and Kedron Road in Spring Hill, Tennessee. The project study area is shown in Figure 1.

1.1 Scope of Traffic Analysis

The scope of the traffic analysis was to determine, compare, and evaluate travel times between selected representative sites within the primary service area surrounding the proposed Spring Hill Hospital and the following two hospitals:

- Williamson Medical Center located in Franklin, Tennessee
- Maury Regional Hospital located in Columbia, Tennessee

After the traffic analysis was completed, the results of the traffic analysis was summarized and documented in this report.

1.2 Traffic Analysis Methodology

The traffic analysis methodology included the following:

- Identify the proposed Spring Hill Hospital primary service area
- Determine representative travel time sites around the perimeter of the proposed Spring Hill Hospital primary service area
- Determine travel routes from each representative travel time site to each hospital
- Conduct travel time runs between each representative travel time site to each hospital
- Compare and evaluate the travel time run data collected
- Determine the relationship between each hospital included in this study

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2.0 TRAFFIC ANALYSIS

The traffic analysis consisted of determining the proposed Spring Hill Hospital primary service area, the travel time site locations, the travel routes between each site and each hospital, and the travel relationship (distance and travel time) between each hospital.

2.1 Proposed Spring Hill Hospital Primary Service Area

The proposed Spring Hill Hospital primary service area for this study, shown in Figure 2, was defined by a six (6) mile radius from the proposed site near the intersection of Saturn Parkway (TN 396) and Kedron Road in Spring Hill, Tennessee.

2.2 Travel Time Site Locations

The travel time site locations for this study were selected from within the proposed Spring Hill Hospital primary service area shown in Figure 2. A total of five (5) travel time sites were selected for this study. These five sites were determined as representative sites to analyze and were located around the perimeter of the primary service area with consideration given to pockets of populated areas. The following locations were the five (5) selected sites for this study:

- Site #1: Located in the northeastern zone of the proposed Spring Hill Hospital primary service area at the intersection of New Port Royal Road and Buckner Road.
- Site #2: Located in the northwestern zone of the proposed Spring Hill Hospital primary service area at the intersection of Thompson's Station Road and Cayce Springs Road.
- Site #3: Located in the west zone of the proposed Spring Hill Hospital primary service area at the intersection of Carter Creek Pike and Beechcroft Road.
- Site #4: Located in the south zone of the proposed Spring Hill Hospital primary service area at the intersection of Clara Mathis Road and Blackburn Lane.
- Site #5: Located in the southeastern zone of the proposed Spring Hill Hospital primary service area at the intersection of Will Brown Road and Ollie Chunn Road.

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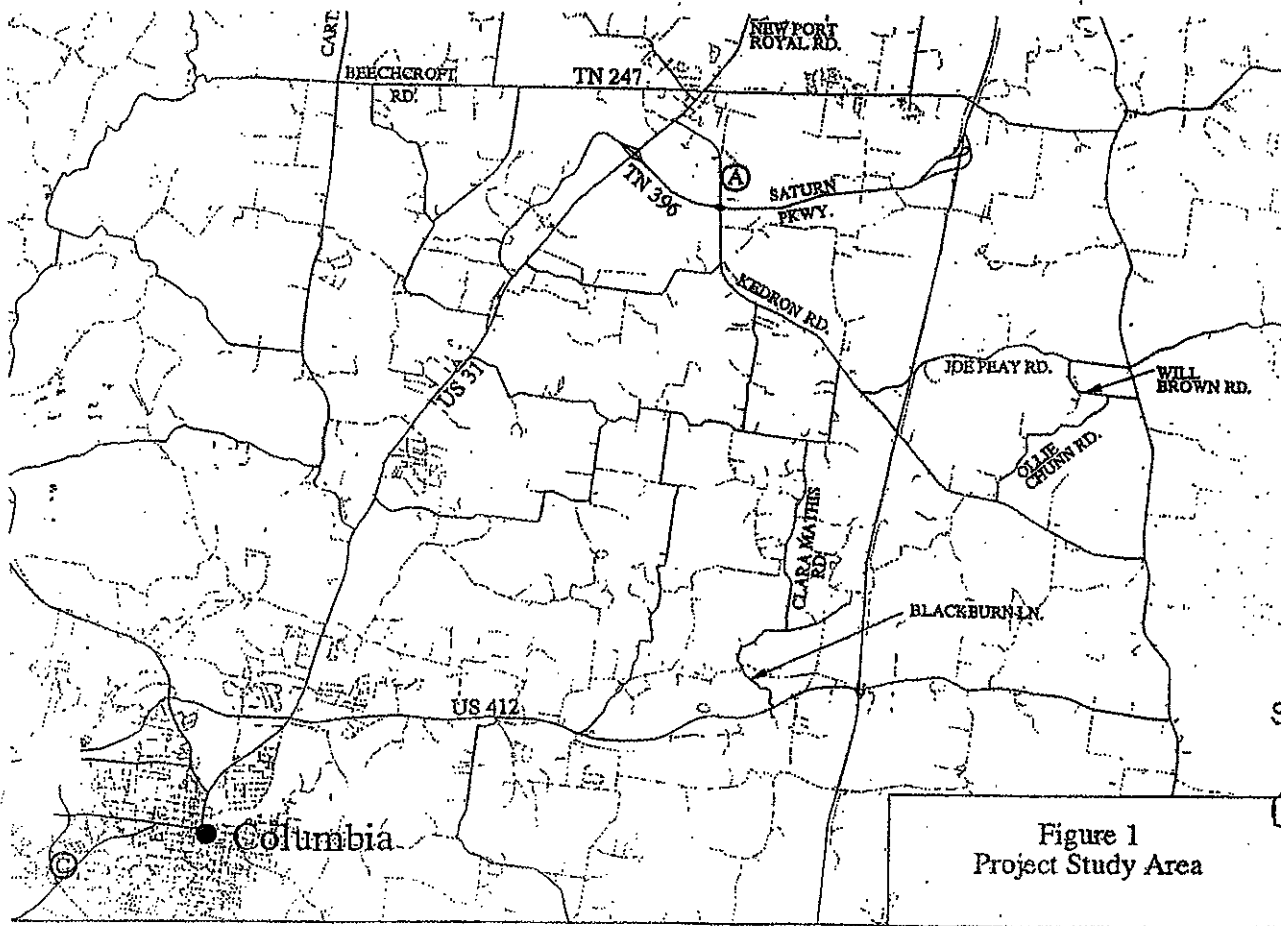
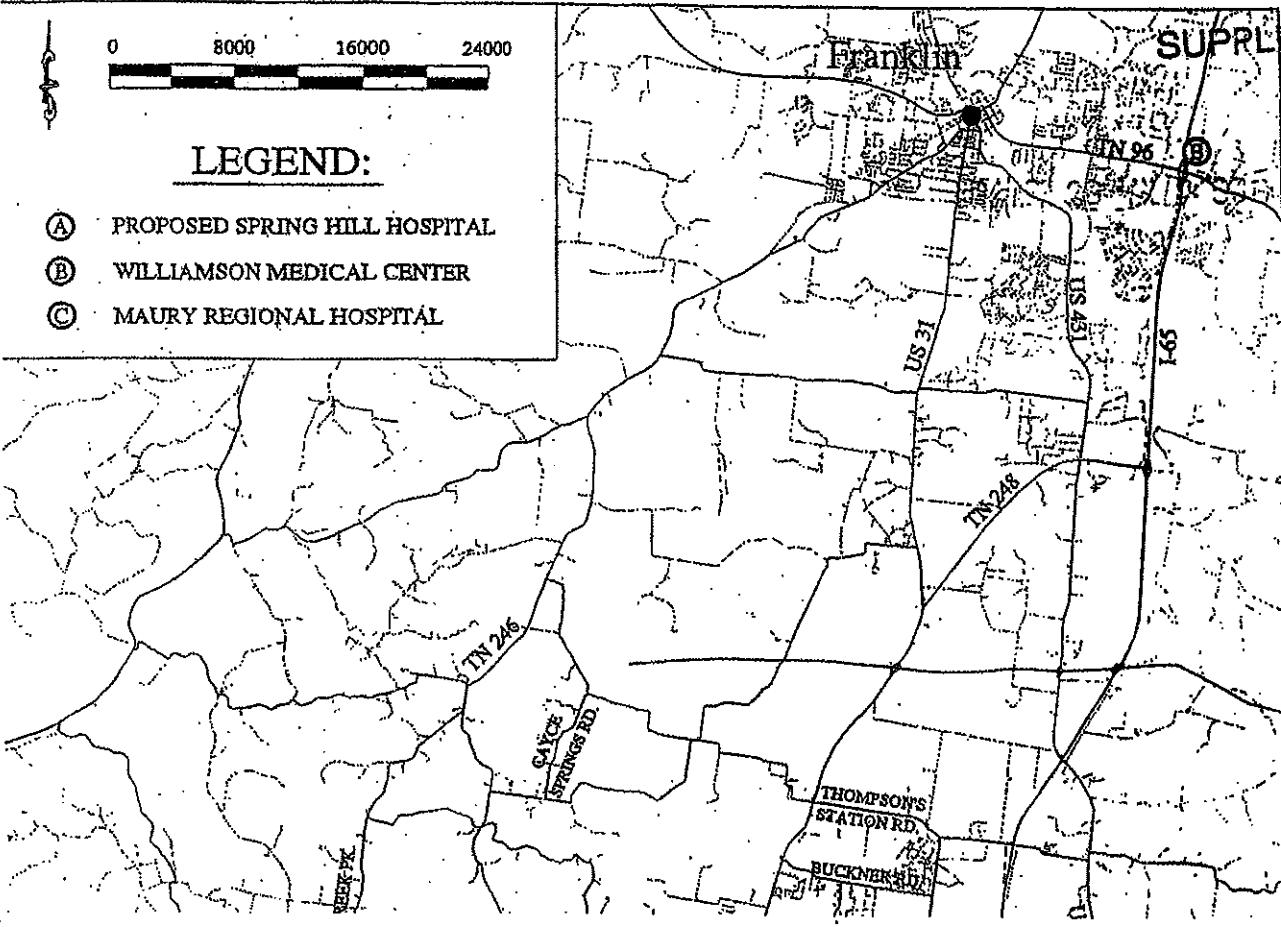
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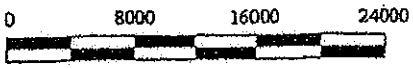
- (A) PROPOSED SPRING HILL HOSPITAL
- (B) WILLIAMSON MEDICAL CENTER
- (C) MAURY REGIONAL HOSPITAL



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Figure 1
Project Study Area



LEGEND:

- (A) PROPOSED SPRING HILL HOSPITAL
- (B) WILLIAMSON MEDICAL CENTER
- (C) MAURY REGIONAL HOSPITAL
- (D) TRAVEL SITES

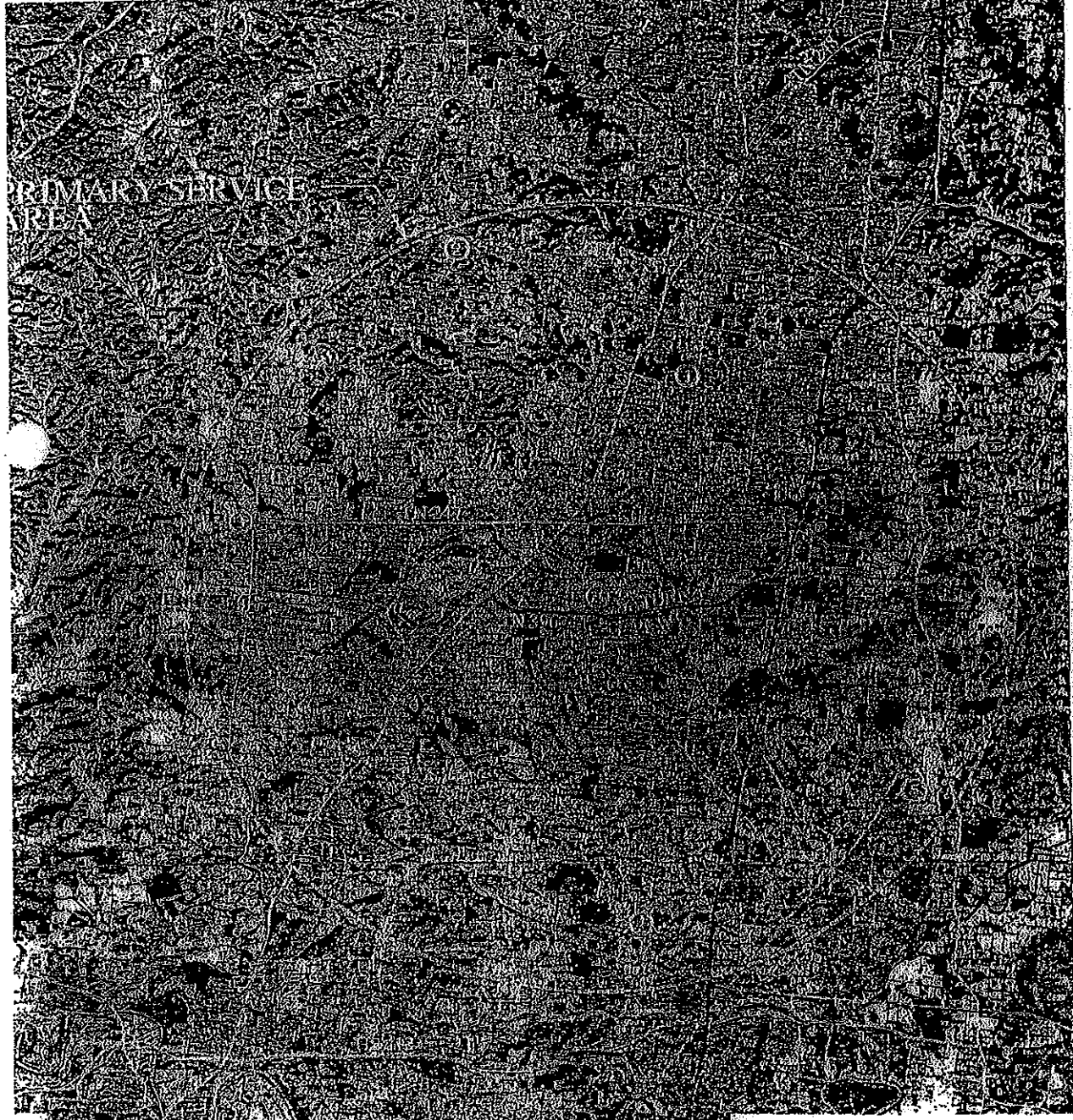


Figure 2
Proposed Spring Hill Hospital
Primary Service Area

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2.3 Travel Routes to Each Hospital

The travel routes for this study were selected from collecting the following data:

- Tennessee Department of Transportation (TDOT) Planning Division Maps
- Aerial photograph
- Route information from an internet travel site (MapQuest.com)

Once the proposed travel routes were selected, each travel route was driven in advance of the data collection phase to determine if the selected travel routes are the most likely routes that would be driven to each hospital. If engineering field judgment dictated so, adjustments were made to a travel route. The following travel routes were the five (5) selected routes for this study:

Note: The travel route directions provided in this study are to each hospital and the reverse directions from each hospital are not shown unless it varied from the provided directions.

Site #1:

To Spring Hill Hospital:

Site #1 is located 5.7 miles from the proposed Spring Hill Hospital. The travel route selected was west on Buckner Road, left on US 31, left on Kedron Road, and end at Saturn Parkway (SR 396).

To Williamson Medical Center:

Site #1 is located 13.7 miles from the Williamson Medical Center. The travel route selected was west on Buckner Road, right on US 31, take SR 840 east, take I-65 north, exit right on SR 96, and end at the hospital (left side).

To Maury Regional Hospital:

Site #1 is located 16.5 miles from the Maury Regional Hospital. The travel route was west on Buckner Road, left on US 31, right on West 7th Street, left on Trotwood Road, and end at the hospital (right side).

Site #2:

To Spring Hill Hospital:

Site #2 is located 9.6 miles from the proposed Spring Hill Hospital. The travel route was east on Thompson's Station Road, right on US 31, left on Kedron Road, and end at Saturn Parkway (SR 396).

To Williamson Medical Center:

Site #2 is located 16.9 miles from the Williamson Medical Center. The travel route was east on Thompson's Station Road, left on US 31, take SR 840 east, take I-65 north, exit right on SR 96, and end at the hospital (left side).

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To Maury Regional Hospital:

Site #2 is located 21.6 miles from the Maury Regional Hospital. The travel route was south on Carters Creek Pike, right on US 31, right on West 7th Street, left on Trotwood Road, and end at the hospital (right side).

Site #3:

To Spring Hill Hospital:

Site #3 is located 7.2 miles from the proposed Spring Hill Hospital. The travel route was east on Beechcroft Road (SR 247), right on US 31, left on Kedron Road, and end at Saturn Parkway (SR 396).

To Williamson Medical Center:

Site #3 is located 21.2 miles from the Williamson Medical Center. The travel route was east on Beechcroft Road (SR 247), left on US 31, take SR 840 east, take I-65 north, exit right on SR 96, and end at the hospital (left side).

To Maury Regional Hospital:

Site #3 is located 13.6 miles from the Maury Regional Hospital. The travel route was south on Carters Creek Pike, right on US 31, right on West 7th Street, left on Trotwood Road, and end at the hospital (right side).

Site #4:

To Spring Hill Hospital:

Site #4 is located 10.0 miles from the proposed Spring Hill Hospital. The travel route was north on Clara Mathis Road, right on Green Mills Road, left on Kedron Road, and end at Saturn Parkway (SR 396).

To Williamson Medical Center:

Site #4 is located 17.5 miles from the Williamson Medical Center. The travel route was west on Blackburn Lane, left on US 412, take I-65 north, exit right on SR 96, and end at the hospital (left side).

To Maury Regional Hospital:

Site #4 is located 20.0 miles from the Maury Regional Hospital. The travel route was west on Blackburn Lane, right on US 412, left on US 31, right on West 7th Street, left on Trotwood Road, and end at the hospital (right side).

Site #5:

To Spring Hill Hospital:

Site #5 is located 7.8 miles from the proposed Spring Hill Hospital. The travel route was east on Will Brown Road, south on US 431, right on Kedron Road, and end at Saturn Parkway (SR 396).

TRAVEL TIME STUDY
PROPOSED SPRING HILL HOSPITAL
SPRING HILL, TENNESSEE

To Williamson Medical Center:

Site #5 is located 18.4 miles from the Williamson Medical Center. The travel route was east on Will Brown Road, north on US 431, take SR 840 east, take I-65 north, exit right on SR 96, and end at the hospital (left side).

To Maury Regional Hospital:

Site #5 is located 16.7 miles from the Maury Regional Hospital. The travel route was east on Will Brown Road, south on US 431, right on US 412, left on US 31, right on West 7th Street, left on Trotwood Road, and end at the hospital (right side).

2.4 Proposed Spring Hill Hospital Travel Routes to the Existing Study Hospitals

The relationship, in regards to distance and travel time, of the proposed Spring Hill Hospital to Williamson Medical Center and Maury Regional Hospital was included in this study as follows:

Proposed Spring Hill Hospital to Williamson Medical Center: The distance between the proposed Spring Hill Hospital and Williamson Medical Center is 18.0 miles. The travel route beginning at Kedron Road was east on Saturn Parkway (SR 396), take I-65 north, exit right on SR 96, and end at the hospital (left side). An off-peak travel time run between the two locations yielded 18.0 minutes.

Proposed Spring Hill Hospital to Maury Regional Hospital: The distance between the proposed Spring Hill Hospital and Maury Regional Hospital is 15.0 miles. The travel route beginning at Kedron Road was west on Saturn Parkway (SR 396), left on US 31, right on West 7th Street, left on Trotwood Road, and end at the hospital (right side). An off-peak travel time run between the two locations yielded 20.0 minutes.

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000203

3.0 MORNING PEAK HOUR CONDITIONS

The travel time runs were conducted between 7:00 AM and 9:00 AM for the morning peak hour conditions. A total of 30 travel runs were conducted and their results are presented in this report according to each hospital destination and then evaluated collectively. The morning peak hour travel time field data sheets are contained in Appendix A.

3.1 Proposed Spring Hill Hospital Results

The morning peak hour travel time results to/from each of the (5) selected sites and the proposed Spring Hill Hospital are shown in Table 3.

Table 3
Morning Peak Hour Travel Time Results
for the proposed Spring Hill Hospital

Travel Time (minutes)	Hospital to Site	Site to Hospital	Two-Way Average
Site #1	12.0	11.0	11.5
Site #2	18.0	18.0	18.0
Site #3	14.0	14.0	14.0
Site #4	10.0	11.0	10.5
Site #5	14.0	13.0	13.5
Average	13.6	13.4	13.5

As shown, the travel time runs to/from each of the (5) selected sites and the proposed Spring Hill Hospital ranged from 10.0 minutes to 18.0 minutes. In addition, the average from the five (5) selected sites to the proposed Spring Hill Hospital was 13.4 minutes and 13.6 minutes in the reverse direction, producing an overall average travel time of 13.5 minutes per trip during the morning peak hour.

3.2 Williamson Medical Center Results

The morning peak hour travel time results to/from each of the (5) selected sites and the Williamson Medical Center are shown in Table 4.

000204

Table 4
Morning Peak Hour Travel Time Results
for the Williamson Medical Center

Travel Time (minutes)	Hospital to Site	Site to Hospital	Two-Way Average
Site #1	22.0	30.0	26.0
Site #2	24.0	28.0	26.0
Site #3	36.0	50.0	43.0
Site #4	24.0	29.0	26.5
Site #5	21.0	22.0	21.5
Average	25.4	31.8	28.6

As shown, the travel time runs to/from each of the (5) selected sites and the Williamson Medical Center ranged from 21.0 minutes to 50.0 minutes. In addition, the average from the five (5) selected sites to the Williamson Medical Center was 31.8 minutes and 25.4 minutes in the reverse direction, producing an overall average travel time of 28.6 minutes per trip during the morning peak hour.

3.3 Maury Regional Hospital Results

The morning peak hour travel time results to/from each of the (5) selected sites and the Maury Regional Hospital are shown in Table 5.

Table 5
Morning Peak Hour Travel Time Results
for the Maury Regional Hospital

Travel Time (minutes)	Hospital to Site	Site to Hospital	Two-Way Average
Site #1	30.0	29.0	29.5
Site #2	32.0	33.0	32.5
Site #3	21.0	21.0	21.0
Site #4	19.0	21.0	20.0
Site #5	35.0	35.0	35.0
Average	27.4	27.8	27.6

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As shown, the travel time runs to/from each of the (5) selected sites and the proposed Maury Regional Hospital ranged from 19.0 minutes to 35.0 minutes. In addition, the average from the five (5) selected sites to the Maury Regional Hospital was 27.8 minutes and 27.4 minutes in the reverse direction, producing an overall average travel time of 27.6 minutes per trip during the morning peak hour.

3.4 Morning Peak Hour Travel Time Evaluation

The morning peak hour travel time runs to the Spring Hill Hospital were the lowest as expected. The comparison of those travel time runs to the other two hospitals for each of the (5) selected sites are shown in Table 6.

Table 6
Morning Peak Hour Travel Time Difference [i.e. Travel Time Savings]
(via comparison to Spring Hill Hospital Travel Time Runs)

Travel Time Difference (minutes)	Hospital Destination	Hospital to Site	Site to Hospital	Two-Way Average
Site #1	WMC	10.0	19.0	14.5
	MRH	18.0	18.0	18.0
Site #2	WMC	6.0	10.0	8.0
	MRH	14.0	15.0	14.5
Site #3	WMC	22.0	36.0	29.0
	MRH	7.0	7.0	7.0
Site #4	WMC	14.0	18.0	16.0
	MRH	9.0	10.0	9.5
Site #5	WMC	7.0	9.0	8.0
	MRH	21.0	22.0	21.5
Average	WMC	11.8	18.4	15.1
	MRH	13.8	14.4	14.1

WMC = Williamson Medical Center
 MRH = Maury Regional Hospital

As shown, the morning peak hour travel time savings difference to/from each of the (5) selected sites and the Williamson Medical Center ranged from 6.0 minutes to 36.0 minutes. In addition, the morning peak hour travel time savings difference to/from each of the (5) selected sites and the Maury Regional Hospital ranged from 7.0 minutes to 22.0

minutes. When compared to the Spring Hill Hospital, the average morning peak hour travel time savings difference from the five (5) selected sites to the Williamson Medical Center was 18.4 minutes and 11.8 minutes in the reverse direction. In addition, the morning peak hour travel time savings difference from the five (5) selected sites to the Maury Regional Hospital was 14.4 minutes and 13.8 minutes in the reverse direction.

In summary, the morning peak hour produced an overall average travel time savings of 15.1 minutes per trip when comparing Spring Hill Hospital vs. Williamson Medical Center and 14.1 minutes per trip when comparing Spring Hill Hospital vs. Maury Regional Hospital.

SHH 14415

4.0 NOON PEAK HOUR CONDITIONS

The travel time runs were conducted between 11:00 AM and 1:00 PM for the noon peak hour conditions. A total of 30 travel runs were conducted and their results are presented in this report according to each hospital destination and then evaluated collectively. The noon peak hour travel time field data sheets are contained in Appendix B.

4.1 Proposed Spring Hill Hospital Results

The noon peak hour travel time results to/from each of the (5) selected sites and the proposed Spring Hill Hospital are shown in Table 7.

Table 7
Noon Peak Hour Travel Time Results
for the proposed Spring Hill Hospital

Travel Time (minutes)	Hospital to Site	Site to Hospital	Two-Way Average
Site #1	11.0	12.0	11.5
Site #2	18.0	17.0	17.5
Site #3	12.0	13.0	12.5
Site #4	10.0	10.0	10.0
Site #5	13.0	14.0	13.5
Average	12.8	13.2	13.0

As shown, the travel time runs to/from each of the (5) selected sites and the proposed Spring Hill Hospital ranged from 10.0 minutes to 18.0 minutes. In addition, the average from the five (5) selected sites to the proposed Spring Hill Hospital was 13.2 minutes and 12.8 minutes in the reverse direction, producing an overall average travel time of 13.0 minutes per trip during the noon peak hour.

4.2 Williamson Medical Center Results

The noon peak hour travel time results to/from each of the (5) selected sites and the Williamson Medical Center are shown in Table 8.

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Table 8
Noon Peak Hour Travel Time Results
for the Williamson Medical Center

Travel Time (minutes)	Hospital to Site	Site to Hospital	Two-Way Average
Site #1	19.0	18.0	18.5
Site #2	23.0	24.0	23.5
Site #3	32.0	33.0	32.5
Site #4	25.0	27.0	26.0
Site #5	20.0	20.0	20.0
Average	23.8	24.4	24.1

As shown, the travel time runs to/from each of the (5) selected sites and the Williamson Medical Center ranged from 18.0 minutes to 33.0 minutes. In addition, the average from the five (5) selected sites to the Williamson Medical Center was 24.4 minutes and 23.8 minutes in the reverse direction, producing an overall average travel time of 24.1 minutes per trip during the noon peak hour.

4.3 Maury Regional Hospital Results

The noon peak hour travel time results to/from each of the (5) selected sites and the Maury Regional Hospital are shown in Table 9.

Table 9
Noon Peak Hour Travel Time Results
for the Maury Regional Hospital

Travel Time (minutes)	Hospital to Site	Site to Hospital	Two-Way Average
Site #1	28.0	28.0	28.0
Site #2	35.0	34.0	34.5
Site #3	23.0	23.0	23.0
Site #4	27.0	21.0	24.0
Site #5	29.0	29.0	29.0
Average	28.4	27.0	27.7

SHH 14417

As shown, the travel time runs to/from each of the (5) selected sites and the proposed Maury Regional Hospital ranged from 21.0 minutes to 35.0 minutes. In addition, the average from the five (5) selected sites to the Maury Regional Hospital was 27.0 minutes and 28.4 minutes in the reverse direction, producing an overall average travel time of 27.7 minutes per trip during the noon peak hour.

4.4 Noon Peak Hour Travel Time Evaluation

The morning peak hour travel time runs to the Spring Hill Hospital were the lowest as expected. The comparison of those travel time runs to the other two hospitals for each of the (5) selected sites are shown in Table 10.

Table 10
Noon Peak Hour Travel Time Difference [i.e. Travel Time Savings]
(via comparison to Spring Hill Hospital Travel Time Runs)

Travel Time Difference (minutes)	Hospital Destination	Hospital to Site	Site to Hospital	Two-Way Average
Site #1	WMC	8.0	6.0	7.0
	MRH	17.0	16.0	16.5
Site #2	WMC	5.0	7.0	6.0
	MRH	17.0	17.0	17.0
Site #3	WMC	20.0	20.0	20.0
	MRH	11.0	10.0	10.5
Site #4	WMC	15.0	17.0	16.0
	MRH	17.0	11.0	14.0
Site #5	WMC	7.0	6.0	6.5
	MRH	16.0	15.0	15.5
Average	WMC	11.0	11.2	11.1
	MRH	15.6	13.8	14.7

WMC = Williamson Medical Center
 MRH = Maury Regional Hospital

As shown, the noon peak hour travel time savings difference to/from each of the (5) selected sites and the Williamson Medical Center ranged from 5.0 minutes to 20.0 minutes. In addition, the morning peak hour travel time savings difference to/from each of the (5) selected sites and the Maury Regional Hospital ranged from 10.0 minutes to 17.0

minutes. When compared to the Spring Hill Hospital, the average noon peak hour travel time savings difference from the five (5) selected sites to the Williamson Medical Center was 11.2 minutes and 11.0 minutes in the reverse direction. In addition, the noon peak hour travel time savings difference from the five (5) selected sites to the Maury Regional Hospital was 13.8 minutes and 15.6 minutes in the reverse direction.

In summary, the morning peak hour produced an overall average travel time savings of 11.1 minutes per trip when comparing Spring Hill Hospital vs. Williamson Medical Center and 14.7 minutes per trip when comparing Spring Hill Hospital vs. Maury Regional Hospital.

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5.0 AFTERNOON PEAK HOUR CONDITIONS

The travel time runs were conducted between 4:00 PM and 6:00 PM for the afternoon peak hour conditions. A total of 30 travel runs were conducted and their results are presented in this report according to each hospital destination and then evaluated collectively. The afternoon peak hour travel time field data sheets are contained in Appendix C.

5.1 Proposed Spring Hill Hospital Results

The afternoon peak hour travel time results to/from each of the (5) selected sites and the proposed Spring Hill Hospital are shown in Table 11.

Table 11
Afternoon Peak Hour Travel Time Results
for the proposed Spring Hill Hospital

Travel Time (minutes)	Hospital to Site	Site to Hospital	Two-Way Average
Site #1	11.0	11.0	11.0
Site #2	16.0	17.0	16.5
Site #3	13.0	15.0	14.0
Site #4	10.0	9.0	9.5
Site #5	17.0	15.0	16.0
Average	13.4	13.4	13.4

As shown, the travel time runs to/from each of the (5) selected sites and the proposed Spring Hill Hospital ranged from 9.0 minutes to 17.0 minutes. In addition, the average from the five (5) selected sites to the proposed Spring Hill Hospital was 13.4 minutes and 13.4 minutes in the reverse direction, producing an overall average travel time of 13.4 minutes per trip during the afternoon peak hour.

5.2 Williamson Medical Center Results

The afternoon peak hour travel time results to/from each of the (5) selected sites and the Williamson Medical Center are shown in Table 12.

000212

Table 12
Afternoon Peak Hour Travel Time Results
for the Williamson Medical Center **09:20 AM 9:09**

Travel Time (minutes)	Hospital to Site	Site to Hospital	Two-Way Average
Site #1	23.0	17.0	20.0
Site #2	27.0	22.0	24.5
Site #3	37.0	33.0	35.0
Site #4	29.0	26.0	27.5
Site #5	22.0	20.0	21.0
Average	27.6	23.6	25.6

As shown, the travel time runs to/from each of the (5) selected sites and the Williamson Medical Center ranged from 17.0 minutes to 37.0 minutes. In addition, the average from the five (5) selected sites to the Williamson Medical Center was 23.6 minutes and 27.6 minutes in the reverse direction, producing an overall average travel time of 25.6 minutes per trip during the afternoon peak hour.

5.3 Maury Regional Hospital Results

The afternoon peak hour travel time results to/from each of the (5) selected sites and the Maury Regional Hospital are shown in Table 13.

Table 13
Afternoon Peak Hour Travel Time Results
for the Maury Regional Hospital

Travel Time (minutes)	Hospital to Site	Site to Hospital	Two-Way Average
Site #1	35.0	35.0	35.0
Site #2	35.0	34.0	34.5
Site #3	23.0	22.0	22.5
Site #4	21.0	20.0	20.5
Site #5	27.0	25.0	26.0
Average	28.2	27.2	27.7

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As shown, the travel time runs to/from each of the (5) selected sites and the proposed Maury Regional Hospital ranged from 20.0 minutes to 35.0 minutes. In addition, the average from the five (5) selected sites to the Maury Regional Hospital was 27.2 minutes and 28.2 minutes in the reverse direction, producing an overall average travel time of 27.7 minutes per trip during the afternoon peak hour.

5.4 Afternoon Peak Hour Travel Time Evaluation

The afternoon peak hour travel time runs to the Spring Hill Hospital were the lowest as expected. The comparison of those travel time runs to the other two hospitals for each of the (5) selected sites are shown in Table 14.

Table 14
Afternoon Peak Hour Travel Time Difference [i.e. Travel Time Savings]
(via comparison to Spring Hill Hospital Travel Time Runs)

Travel Time Difference (minutes)	Hospital Destination	Hospital to Site	Site to Hospital	Two-Way Average
Site #1	WMC	12.0	6.0	9.0
	MRH	24.0	24.0	24.0
Site #2	WMC	11.0	5.0	8.0
	MRH	19.0	17.0	18.0
Site #3	WMC	24.0	18.0	21.0
	MRH	10.0	7.0	8.5
Site #4	WMC	19.0	17.0	18.0
	MRH	11.0	11.0	11.0
Site #5	WMC	5.0	5.0	5.0
	MRH	10.0	10.0	10.0
Average	WMC	14.2	10.2	12.2
	MRH	14.8	13.8	14.3

WMC = Williamson Medical Center
 MRH = Maury Regional Hospital

As shown, the afternoon peak hour travel time savings difference to/from each of the (5) selected sites and the Williamson Medical Center ranged from 5.0 minutes to 24.0 minutes. In addition, the afternoon peak hour travel time savings difference to/from each of the (5) selected sites and the Maury Regional Hospital ranged from 7.0 minutes to 24.0

minutes. When compared to the Spring Hill Hospital, the average afternoon peak hour travel time savings difference from the five (5) selected sites to the Williamson Medical Center was 10.2 minutes and 14.2 minutes in the reverse direction. In addition, the afternoon peak hour travel time savings difference from the five (5) selected sites to the Maury Regional Hospital was 13.8 minutes and 14.8 minutes in the reverse direction.

In summary, the afternoon peak hour produced an overall average travel time savings of 12.2 minutes per trip when comparing Spring Hill Hospital vs. Williamson Medical Center and 14.3 minutes per trip when comparing Spring Hill Hospital vs. Maury Regional Hospital.

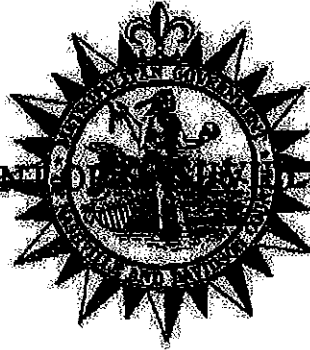
SHH 14423

000215

SUPPLEMENTAL-1

June 28, 2010

1:50+ pm

STEPHEN D. HALFORD
DIRECTOR CHIEF, FIREKARL F. DEAN
MAYOR**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**NASHVILLE FIRE DEPARTMENT
P.O. BOX 196332
NASHVILLE, TN 37219-6332
(615) 862-5421

June 16, 2010

Mr. Mike Rhea, Chief Engineer
Centennial Medical Center
2300 Patterson Street
Nashville, TN 37203RE: Life Safety Inspections
Centennial Medical Center

Dear Mr. Rhea;

On March 1st, 2nd, and 4th, 2010, I conducted a Life Safety Inspection at all Campus Hospitals. During my re-inspection all violations had been corrected, except for Data Cable Placement issues above ceiling. State Health and the Nashville Fire Department Fire Marshal's Office have agreed to the submitted plan of corrective action.

If you have any questions you may reach me at 862-5230.

Sincerely,

Richard Perkins,
Fire Inspector



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
MIDDLE TENNESSEE REGIONAL OFFICE
710 HART LANE, 1ST FLOOR
NASHVILLE, TENNESSEE 37247-0530
PHONE (615) 650-7100
FAX (615) 650-7101

March 19, 2007

Thomas Herron, Administrator
Centennial Medical Center
2300 Patterson Street
Nashville, TN 37203

Dear Mr. Herron:

On March 13, 2007 a surveyor from our office completed a revisit to verify that your facility had achieved and maintained compliance. Based on our revisit, we found that your facility had demonstrated compliance with deficiencies cited on the annual licensure survey completed on October 26, 2006.

If this office may be of any assistance to you, please do not hesitate to call.

Sincerely,

Nina Monroe, Regional Administrator
Middle Tennessee Regional Office

NM: dv

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDERS/SUPPLIERS/CLIA IDENTIFICATION NUMBER: 440161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) Date Survey Completed 10/25/2006
NAME OF PROVIDER OR SUPPLIER CENTENNIAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 PATTERSON STREET NASHVILLE, TN 37203	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
H 901	<p>1200-8-1-.09 (1) Life Safety</p> <p>(1) Any hospital which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirement of the new codes or regulations.</p> <p>This Statute is not met as evidenced by: Surveyor: 13846 Based on observation and inspection, it was determined the facility failed to comply with the life safety codes and the electrical codes.</p> <p>The findings included:</p> <p>On 10/25/06 at approximately 7:00 AM, inspection of the Tower's ninth floor, the eight floor south corridor by the stairwell, and the third floor surgery nurses' station revealed the pull stations were blocked with equipment NFPA, 72, 5.12.5</p> <p>Inspection of the Tower's floors one through eight revealed the vent covers were dirty throughout. NFPA 101, 19-5.2.1</p> <p>Inspection of the Tower's ninth floor area by the elevator, the Nurses' stations on floors one through seven, the seep room by room three on sixth floor, the fifth floor closet by the clean utility room, and by the fourth floor staff restroom revealed cylinders of oxygen stored and no precautionary sign posted. NFPA 99, 9.6.3.2.1</p> <p>Inspection of the Tower's ninth floor elevator room and the sixth floor west stairwell revealed the lights were out. NFPA 70, 110-12</p>	H 901	<p>All items have been moved. See attached email Per Mike Rhea</p> <p>See Attached schedule/e-mail Per Housekeeping Dean Miller</p> <p>Signs Installed Per Mike Rhea</p> <p>Maintenance has repaired Per Mike Rhea</p>	<p>11/26/06</p> <p>11/8/06</p> <p>11/10/06</p> <p>11/7/06</p>
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of corrective is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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June 28, 2010

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Department of Health and Human Services
Centers for Medicare and Medicaid Services

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OMB NO. 0938-01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDERS/SUPPLIERS/CLIA IDENTIFICATION NUMBER: 440161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) Date Survey Completed C 10/25/2006
NAME OF PROVIDER OR SUPPLIER CENTENNIAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 PATTERSON STREET NASHVILLE, TN 37203	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
H 901	Continued From page 1	H 901		
	Inspection of the Tower's seventh floor electrical room and the first floor cath lab electrical room revealed the electrical panels were blocked with equipment. NFPA 70, 110-26(a)		Items have been removed Per Mike Rhea	10/26/06
	Inspection of the Tower's storage rooms by rooms 6117 and 8113 revealed supplies were stored within the 18-inch rule. NFPA 13, 8.5.6.1		Items have been moved. See attached email. Per Mike Rhea	10/26/06
	Inspection of the Tower's seventh floor electrical rooms by rooms 6107, 6129, 7129, the communication room by room 7100, the ICU electrical room on fourth floor, the fourth floor communication room, the third floor tube room, the first floor control room in MRI and the robot air supply room revealed escutcheon plates missing. NFPA 13, 3.2.7.2		Escutcheons have been ordered and will be installed Per Mike Rhea	12/15/06
	Inspection of the Tower's communication room by room 7100 revealed a hole in the ceiling tile. TDOH 1200--1-.08		Maintenance to replace ceiling tile Per JD Garrett	12/1/06
	Inspection of the Tower's sixth floor janitor's closet by room 6122, the hall by room 6127, the break room in the sleep center on sixth floor, the elevator room by room 6107, the janitor's closet by room 5122, the electrical room by room 4119, and the fourth floor staff lounge revealed stained ceiling tiles. TDOH 1200-8-1-.08		Maintenance to replace ceiling tile Per JD Garrett	12/1/06
	At approximately 10:00 AM, inspection of the Tower's sixth floor elevator room and the cath lab area revealed the electrical panels had open spaces. NFPA 70, 240-4		Electricians to fill slots Per Mike Rhea	12/1/06
	Inspection of the sixth floor sleep file room and the sixth floor elevator lobby revealed the smoke detectors were too close to the air diffusers. NFPA 72, 5.7.4.1		Electricians will move smoke heads Per Mike Rhea	12/1/06

SUPPLEMENTAL-1

June 28, 2010

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDERS/SUPPLIERS/CLIA IDENTIFICATION NUMBER: 440161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	
NAME OF PROVIDER OR SUPPLIER CENTENNIAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2300 PATTERSON STREET NASHVILLE, TN 37203	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
H 901	Continued From page 2	H 901		
	Inspection of the corridor by room 5123, the cardiac recovery area, the third floor medical records copy room, the kitchen area, and the third floor doctor's lounge revealed the fire extinguishers were blocked with equipment. NFPA-10, 1.5.6		All items have been moved Per Mike Rhea	11/8/06
	Inspection of the fourth floor corridors by the elevator and staff lounge revealed the corridors were blocked with equipment. NFPA 101, 7.1.10.1		All items have been moved Per Mike Rhea	10/26/06
	Inspection of the fifth floor CCU unit, the fourth floor ICU area, and the third floor medical record hall revealed the fire extinguishers were hidden from view. NFPA 10, 1.5.6		Signs to be installed Per Mike Rhea	11/15/06
	Inspection of the CCU nurses' station revealed a cylinder of oxygen not secured. NFPA 55, 7.1.3.4		Bottle removed Per Mike Rhea	10/26/06
	Inspection of the fifth floor CCU, the fourth floor ICU area, and the second and third floor surgery areas revealed the emergency outlets were not labeled with the electrical panels. NFPA 70, 210-8(a)(7)		Electricians will label outlets Per Mike Rhea	12/30/06
	Inspection of the fourth floor waiting room revealed the electrical outlet next to the sink was not a ground fault circuit interrupter (GFCI). NFPA 70, 210-8(a)(7)		Electricians will replace outlets Per Mike Rhea	12/1/06
	Inspection of the fourth floor electrical rooms revealed the smoke detectors were too close to the air return vents. NFPA 72, 5.7.4.1		Electricians to move smoke detectors Per Mike Rhea	12/1/06
	Inspection of the third floor pharmacy area, the third floor ethics office, the kitchen office, and the surgery center on first floor revealed power strips were piggy-back. NFPA 70, 240-4		Electricians will add outlets Per Mike Rhea	12/20/06
	Inspection of the third floor pharmacy revealed the fire extinguisher was mounted above the sixty-inch rule. NFPA 10, 1.6.10		Maintenance will move down Per Mike Rhea	12/1/06

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June 28, 2010

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDERS/SUPPLIERS/CLIA IDENTIFICATION NUMBER: 440161		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____
NAME OF PROVIDER OR SUPPLIER CENTENNIAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2300 PATTERSON STREET NASHVILLE, TN 37203		
H 901	Continued from page 3	H 901		
	Inspection of the third floor kitchen supply room, the third floor medical records, the third floor surgery area revealed the doors were being held open with pegs. NFPA 101, 7.2.1.8.1		Removed Pegs Per Mike Rhea	10/26/06
	Inspection of the third floor kitchen storage room and the third floor surgery corridor revealed mops and buckets stored. NFPA 101, 19.5.2.1		Moved all items Per Mike Rhea	10/26/06
	Inspection of the third floor tube room, the garage, and the scanning room on first floor revealed ceiling tiles were missing. TDOH 1200-8-1-.08		Maintenance to replace ceiling tile Per Mike Rhea	12/1/06
	Inspection of the third floor housekeeping closet revealed a broken ceiling tile. TDOH 1200-8-1-.08		Maintenance will replace tile Per JD Garrett	12/1/06
	Inspection of the housekeeping room, the corridor by the staff elevator, and the first floor MRI break room revealed fire extinguishers were not mounted. NFPA 10, 1.5.7		Maintenance to remount Fire Extinguisher Per JD Garrett	11/7/06
	Inspection of the third floor pharmacy area, the first floor cath lab, and the sixth floor storage closet in the east corridor revealed holes in the walls. TDOH 1200-8-1-.08		Maintenance will repair holes Per JD Garrett	12/1/06
	Inspection of the third floor ethics office and the third floor pharmacy revealed extension cords were being used. NFPA 70, 240-4		Remove cords, add outlets. See email. Per Mike Rhea	12/15/06
	Inspection of the first floor clinical area revealed the smoke doors between ER and CDU, the fifth floor coronary unit, and the second floor kitchen area smoke doors did not close with-in the time frames. NFPA 101, 8.5.3.4		Maintenance has repaired door Per Mike Rhea	10/26/06
	Inspection of the Angio surgery area and the first floor X-Ray area revealed electrical outlets next to the sinks did not work. NFPA 70, 110-12		Electricians will replace outlets Per Mike Rhea	12/1/06

SUPPLEMENTAL-1

June 28, 2010

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H 901	Continued from page 4	H 901		
	Inspection of the areas above the ceiling in the sixth floor sleep disorder area, the fifth floor west corridor above the patient rooms, the north wing by the men's locker room, the north wing stairwell, the fourth floor ICU area, the fourth floor east corridor, the second floor corridor by ICU, and the ER corridor by CDU above the smoke doors revealed penetrations in the walls. NFPA 101, 8.5.5.2		Maintenance will fill penetrations Per JD Garrett	12/1/06
	Inspection of the second floor hall electrical panel 2-LBA revealed the lock was missing. NFPA 70, 110-12		Installed lock Per Mike Rhea	11/7/06
	Inspection of the fifth floor east stairwell and the second floor east stairwell revealed the stand pipe caps were missing. NFPA 25		Facilities Engineering will install caps Per Mike Rhea	12/30/06
	At approximately 1:00-PM, section of the Women's one through eight floors revealed the exhaust fan vent covers were dirty. NFPA 101, 19-5.2.1		Housekeeping cleaning complete per attachment/e-mail from Dean Miller	11/8/06
	Inspection of the corridor by room 8210, the second floor kitchen electrical room, the second floor, and the prenatal research area revealed cylinders of oxygen not secured. NFPA 55, 7.1.3.4		Maintenance will secure bottles Per Mike Rhea	12/1/06
	Inspection of the corridors by room 8217, the eighth floor nurses' station, the fifth floor environmental closet revealed stained ceiling tiles. TDOH 1200-8-1-08		Maintenance will replace tile Per JD Garrett	11/15/06
	Inspection of the corridor by room 8210 and the second floor corridor by the surgery lounge revealed the smoke detectors were too close to the air diffusers. NFPA 72, 5.7.4.1		Electricians will move smoke detectors Per Mike Rhea	12/15/06
	Inspection of the eighth floor nurses' station revealed a sprinkler head was blocked by the ceiling tile. NFPA 13, 8.5.5.3		TN/KY sprinkler will replace heads Per Mike Rhea	12/15/06
	Inspection of the eighth floor OR delivery room revealed the fire extinguisher was mounted above the sixty-inch rule. NFPA 10, 1.6.10.		Maintenance will lower extinguishers Per Mike Rhea	12/15/06

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June 28, 2010

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H-901	<p>Continued from page 5</p> <p>Inspection of the eighth floor OR delivery room, the seventh floor NICU area, the fifth and fourth floor delivery rooms, and the second floor kitchen manager's office revealed the fire extinguishers were blocked with equipment. NFPA 10, 1.3.6</p> <p>Inspection of the eighth floor OR delivery room, the seventh floor NICU area, and on second floor 1 through 16 OR rooms revealed the emergency outlets were not labeled with the electrical panels NFPA 70, 517-19(a)</p> <p>Inspection of the eighth floor mechanical room and the soiled linen room, the second floor surgery corridor revealed the electrical panels were blocked throughout the corridor. NFPA 70, 110-26(a)</p> <p>Inspection of the eighth floor education room, the nurses' station on floors three throughout five revealed cylinders of oxygen stored and no precautionary signs posted. NFPA 99, 9.6.3.2.1</p> <p>Inspection of the eighth floor women's locker bathroom, the sixth floor soiled utility room, the environmental closets by rooms 4211 and 6211 revealed the exhaust fans were off. NFPA 101, 19-5.2.1</p> <p>Inspection of the eighth floor corridor by room 8204, the third floor conference room revealed lights were out. NFPA 70, 110-12</p> <p>At approximately 2:30 PM, inspection of the seventh floor NICU area, the mechanical room in NICU, the second floor recovery area, the corridor back of surgery, the surgery holding area the corridor by sub-sterile room revealed the pull stations were blocked with equipment. NFPA 72, 5.12.5</p>		<p>Equipment has been moved Per Mike Rhea</p> <p>Electricians will label outlets Per Mike Rhea</p> <p>Maintenance has moved items Per Mike Rhea</p> <p>Signs to be installed Per Mike Rhea</p> <p>Facilities to check and repair exhaust Per Mike Rhea</p> <p>Repaired Light Per Mike Rhea</p> <p>Facilities to have pull station relocated Per Mike Rhea</p>	<p>11/1/06</p> <p>12/30/06</p> <p>11/7/06</p> <p>12/1/06</p> <p>12/15/06</p> <p>11/1/06</p> <p>12/15/06</p>

SUPPLEMENTAL-1

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Centers for Medicare and Medicaid Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDERS/SUPPLIERS/CLIA IDENTIFICATION NUMBER: 440161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) Date Survey Completed
NAME OF PROVIDER OR SUPPLIER CENTENNIAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2300 PATTERSON STREET NASHVILLE, TN 37203	
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			(X5) COMPLETION DATE
H901	Continued from page 6	H 901	
	Inspection of the third and seventh floors electrical rooms, the second floor electrical room by the waiting room, the second floor electrical room, IS department the first floor HR electrical room revealed the electrical panels had open spaces in the panels. NFPA 70, 373-4		Electricians to fill all open slots Per Mike Rhea 12/15/06
	Inspection of the HR electrical room on first floor central revealed a penetration in the wall. NFPA 101, 8.5.5.2		Fill penetration Per Mike Rhea 12/5/06
	Inspection of the seventh floor electrical room and the telephone room, the sixth floor environmental closet by room 6211, and the first floor HR electrical room revealed ceiling tiles were missing. TDQH 1220-8-1-08		Maintenance to replace ceiling tiles Per JD Garrett 12/1/06
	Inspection of the fourth floor and sixth floor handicapped bathrooms revealed the door hardware were not handicapped accessible. B1106.9		Replace signs Per JD Garrett 12/15/06
	Inspection of the third and sixth floor handicapped bathrooms revealed no strobe lights. ADA I		Replace sign Per Mike Rhea 12/15/06
	Inspection of the fourth floor corridor by the mechanical room revealed the corridor was blocked with equipment. NFPA 101, 7.5.1.1		Items Removed Per Mike Rhea 10/27/06
	Inspection of the fourth floor communication room, the second floor surgery soiled utility room, and in the corridor by the soiled utility room revealed escutcheon plates were missing. NFPA 13, 3.2.7.2.		Facilities to replace Per Mike Rhea 12/1/06
	Inspection of the third floor Mammogram area, the second floor surgery break room, and the second floor recovery area revealed the fire extinguishers were blocked with equipment. NFPA 10, 1.5.6.		Moved items Per Mike Rhea 10/27/06
	Inspection of the Mammogram area revealed dead bolt lock on the entrance door. NFPA 101, 7.2.1.5.1		Change Lock Per JD Garrett 12/1/06

SUPPLEMENTAL-1

June 28, 2010

1:50+ pm

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10/25/2006

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H 901	Continued from Page 7	H 901		
	Inspection of the second floor recovery area revealed the fire extinguisher was hidden from view. NFPA 10, 1.5.6		Will add sign Per Mike Rhea	12/1/06
	Inspection of the first floor mechanical room revealed the J box cover was missing. NFPA 70, 300-15		Cover installed Per Mike Rhea	11/7/06
	Inspection of the admitting workers lounge revealed an electrical outlet next to the sink was not a ground fault circuit interrupter (GFCI). NFPA 70, 210-8(a)(5)		GFI installed Per Mike Rhea	11/7/06
	Inspection of the admitting room revealed an extension cord being used. NFPA 70, 240-4		Removed extension cord, replace GFI Per Mike Rhea	12/1/06
	Inspection of the central sterile area revealed the GFCI outlet was not working. NFPA 70, 110-12		Facilities to replace GFI Per Mike Rhea	11/30/06
	Inspection of the first floor mechanical room 10 revealed a penetration in the wall. NFPA 101, 19.3.2.1		Maintenance to fill Per JD Garrett	12/1/06
	Inspection of the second floor kitchen area revealed not all of the electrical outlets were ground fault circuit interrupters (GFCI). NFPA 70, 210-8(A)(6)		Electrician to install GFI receptacle Per Mike Rhea	12/1/06
	Inspection of the second floor kitchen electrical room revealed the room was used for storage. 90A		Remove all items Per Mike Rhea	12/1/06
	Inspection of the IS department area revealed power strips were piggy-backed. NFPA 70, 240-4		Facilities Engineering to work with IS on issue Per Mike Rhea	12/30/06
	Inspection of the second floor women's lab revealed an outlet next to the sink was not a ground fault circuit interrupter (GFCI). NFPA 70, 210-8(a)(7)		Facilities to replace GFI Per Mike Rhea	11/30/06
	Inspection of the women's lab revealed a stained ceiling tile. TDH 1200-8-1-.08		Maintenance to replace ceiling tile Per Mike Rhea	11/30/06

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Centers for Medicare and Medicaid Services

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Form Approved
OMB NO. 0938-0399

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDERS/SUPPLIERS/CLIA IDENTIFICATION NUMBER: 440161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) Date Survey Completed C 10/25/2006
NAME OF PROVIDER OR SUPPLIER CENTENNIAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 PATTERSON STREET NASHVILLE, TN 37203	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
H 901	Continued from Page 8 Inspection of the eighth floor west and east end stairwells revealed the stand pipe caps were missing. NFPA 25 Inspection of the areas above the ceilings on the eighth floor by the supply room, seventh floor west wing corridor by the nurses' office, the north wing surgery corridor, the sixth floor east corridor by room 6226, the fifth floor west corridor by room 205, the north wing corridor by the doctor's lounge, the fourth floor corridor by the nurses' office, above the second floor smoke doors by admitting, and throughout the first floor service hallway revealed penetrations in the walls: NFPA 101, 8.5.5.2 Inspection of the eighth floor east end corridor revealed electrical wires uncovered above the ceiling. NFPA 70, 11012 Inspection of the fifth floor corridor by room 5212 revealed a damaged sprinkler head. NFPA 13, 4.1 Inspection of the fifth floor corridor by the elevator revealed a fire extinguisher was mounted above the sixty-inch rule. NFPA 10, 1.6.10 At approximately 2:30 PM, inspection of the Pavilion's fourth floor adm. office bathroom revealed no exhaust fan. NFPA 101, 19.5.2.1 Inspection of the adm. office, the corridor by room 401, the fourth floor activity room, the third floor laundry room revealed escutcheon plates were missing. NFPA 13, 3.2.7.2 Inspection of the nurses' station on two, three and four revealed oxygen stored and no precautionary sign posted. NFPA 99, 9.6.3.2.1	H-901	Facilities Engineering to install Per Mike Rhea Maintenance to fill all penetrations Per JD Garrett Electricians to cover wiring Per Mike Rhea Facilities Engineering will replace sprinkler head Per Mike Rhea Lowered fire extinguisher Per Mike Rhea Facilities to check and repair exhaust fans Per Mike Rhea Maintenance to replace escutcheon plates Per JD Garrett Signs have been installed Per Mike Rhea	12/30/06 12/30/06 12/15/06 12/15/06 11/8/06 12/15/06 12/15/06 11/8/06

SUPPLEMENTAL-1

June 28, 2010

1:50+ pm

Department of Health and Human Services
Centers for Medicare and Medicaid Services

Printed: 6/30/2
Form Approved
OMB NO. 0938-03
(X3) Date Survey Completed
10/25/2006

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDERS/SUPPLIERS/CLIA IDENTIFICATION NUMBER: 440161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) Date Survey Completed 10/25/2006
NAME OF PROVIDER OR SUPPLIER CENTENNIAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 PATTERSON STREET NASHVILLE, TN 37203	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
H 901	Continued from page 9	H 901		
	Inspection of resident room 416 revealed an oxygen concentrator being used and no precautionary sign posted. NFPA 99, 9.6.3.2.1		Concentrator is gone Per Mike Rhea	11/8/06
	Inspection of the corridor by room 418 revealed a stained ceiling tile. TDOH 1200-8-1-.08		Maintenance has replaced tile Per JD Garrett	11/8/06
	Inspection of the fourth floor janitor's closet revealed the exhaust fan did not work. NFPA 101, 19-5.2.1		Facilities Engineering to repair exhaust fan Per Mike Rhea	12/15/06
	Inspection of the second, third and fourth floor nurses' stations revealed the pull stations were blocked with equipment. NFPA 72, 5.12.5		Pavilion Administration to assist in moving items Per Mike Rhea	12/30/06
	Inspection of the second and third floor corridors by rooms 222, and 321 revealed the fire extinguishers were blocked. NFPA 10, 1.5.6		All items moved Per Mike Rhea	11/8/06
	Inspection of the housekeeping closet on all four floors and the first floor area revealed the exhaust fans were not working. NFPA 101, 19-5.2.1		Facilities Engineering to repair fans Per Mike Rhea	12/15/06
	Inspection of the third floor classroom revealed the outside door needed a not an exit sign posted. NFPA 101, 7.10.8.3.1		Sign installed Per Mike Rhea	11/6/06
	Inspection of the second floor electrical rooms by rooms 203 and 215 revealed the electrical panels were blocked with equipment. NFPA 70, 110-26(a)		Pavilion administration to assist in getting items moved Per Mike Rhea	12/15/06
	Inspection of the first floor corridor by the kitchen and the second floor corridor by pharmacy revealed smoke detectors were too close to the air diffusers. NFPA 72, 5.7.4.1		Electricians to move smoke detectors Per Mike Rhea	12/30/06
	Inspection of the first floor kitchen revealed not all of the electrical outlets were ground fault circuit interrupter (GFCI). NFPA 70, 210-8(a)(6)		Electricians to replace outlets Per Mike Rhea	12/30/06

Department of Health and Human Services
Centers for Medicare and Medicaid Services

Printed: 6/30/20
Form Approved
OMB NO. 0938-035

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDERS/SUPPLIERS/CLIA IDENTIFICATION NUMBER: 440161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) Date Survey Completed C 10/25/2006
NAME OF PROVIDER OR SUPPLIER CENTENNIAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 PATTERSON STREET NASHVILLE, TN 37203	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
H 901	Continued from page 10 Inspection of ITP patient rooms revealed holes in the walls. IDOH 1200-8-1-.08 Inspection of the first floor nurses' station revealed the electrical panel was blocked with equipment. NFPA 70, 110-26(a) Inspection of the patient room 119 revealed the call light was pulled out from the wall. NFPA 70, 110-12 Inspection of the areas above the ceiling on third floor APS corridor, the south CT waiting room, the second floor entrance area, the first floor elevator room, and the smoke doors leaking to the Park View area revealed penetrations in the walls. NFPA-101, 8.5.5.2	H 901	Maintenance to repair Per JD Garrett Pavilion administration to assist in moving items Per Mike Rhea Communications to repair Per Mike Rhea Maintenance to seal all penetrations Per JD Garrett	12/15/06 12/15/06 12/15/06 12/15/06

Centennial Medical Center

Organization ID: 7888

2300 Patterson Street Nashville, TN 37203

Accreditation Activity - Evidence of Standards Compliance 1 Form

Due Date: 10/20/2007

HAP	Standard IC.1.10	The risk of development of a health care-associated infection is minimized through an organizationwide infection control program.
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Surveyor EP 3 Observed in the Infection Control System Tracer at Centennial Medical Center -
Findings: Tower site. During the Infection Control System tracer, a patient with c. difficile was selected to trace. At tracer time the patient was being transferred to Endoscopy for a procedure. The surveyor directly observed the process including the transfer from his room to the endoscopy department. Multiple issues emerged during the observation: - Gowning and gloving was not done by a registered nurse and transporter. -- Organization hand hygiene requirements for contact isolation required the use of soap and water however, several staff were observed using alcohol gel alone. -The organizations transport procedure was not followed. The transporter continued to wear the gown and gloves initially put on in the patients room through the process of transfer to endoscopy. Clean surfaces were touched with contaminated gloves (i.e. elevator buttons) during transfer. -The transporter was unable to articulate correct transfer procedure for a patient in contact isolation.

Elements of Performance:

3. All applicable organizational components and functions are integrated into the IC program.

Scoring Category: B

Corrective Action Taken: Re-education of transport and oncology staffs was conducted by the Infection Control Practitioner the day following the surveyors' findings. In addition, the entire facility was informed of the findings via the Meditech/Outlook system. Nurse Managers made certain that proper signage was in place for all patients on isolation precautions. (Aug 30, 2007) The requirement for handwashing protocols and the use of soap and water with C-difficile cases will continue to be emphasized during the Infection Control Nurse Orientation process, occurring every two weeks. In addition, Infection Control Precautions will continue to be included in the orientation programs of ancillary staff. A reevaluation of the content of all orientation programs has been completed by the Infection Control Department. Changes are included in the Healthstream electronic training module. Completion of the course is required on an annual basis. A new Transport Manager has recently been hired and has conducted additional training for Transport staff in October 2007. An Occurrence Report will be completed whenever Infection Control protocol is compromised.

Department Managers will be responsible for ensuring compliance and deviations from policy will be included in performance profile of the staff member (ongoing) A PI Team has been organized to design a transport transfer slip that will be completed for the Transporter. Related information will include safety precautions, including Infection Control precautions to be considered during the transport. Implementation is expected to occur in November 2007. Infection Control/Safety Rounds continue to take place every week. The IC Practitioners make certain that proper signage is present and protocol is being followed for patients requiring isolation precautions. Immediate feedback is provided to the Nurse Managers regarding compliance in their respective departments.

HAP Standard HR.1.20 **Staff qualifications are consistent with his or her job responsibilities.**

Surveyor Findings: EP 3 Observed in the Competency Assessment Session at Centennial Medical Center - Tower site. A registered nurse license expired on May, 2007 and was not primary source verified upon renewal. The personnel record did have a xerox copy of the current license expiring May, 2009. There was primary source verification printed from the Internet in the personnel record however, it was dated the day of the survey 8-31-07. Observed in the Competence Assessment Session at Centennial Medical Center - Tower-site. The State of Tennessee requires Pharmacy Technician's to be registered with the State. The organization's job description also requires registration with the State. There was no primary source verification done by the organization. The organization did have a copy of the registration that was framed in the department.

Elements of Performance:

3. When current licensure, certification, or registration are required by law or regulation to practice a profession*, the hospital verifies these credentials with the primary source at the time of hire and upon expiration of the credentials. Note: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented. For additional information, see 'primary source verification' in the Glossary. Note: A primary source of information may designate another agency to communicate credentials information. The designated agency then can be used as a primary source. Note: An external organization [for example, a credentials verification organization (CVO)] may be used to collect credentials information. A CVO must meet the CVO guidelines listed in the Glossary. *Profession is a specialized work function within society, generally performed by a professional. It often refers specifically to fields that require extensive study and mastery of specialized knowledge and skills.

Scoring Category: A

Corrective Action Taken: It is the responsibility of the Human Resources recruiter to verify licenses/registrations with the State. Managers are also to maintain verification via primary source (defined as the state web site print out of the renewal or the state 800 phone number if verification is documented) and kept in the employee's file in the department. These are updated prior to

the end of each month. To ensure that licensure and primary source verification is completed in a timely manner, the following process is followed: 1) HR runs a Licensing Report from Lawson (internal electronic employee file) the first week of each month. This indicates those licenses/registrations that are due to expire within the next 90 days. 2) A notification is sent to Managers/Directors for those licenses not yet renewed. It is their responsibility to notify their staff member of any necessary renewal. 3) The Manager files one copy of the certification in the employee's file, maintained in the department, and a second copy is sent to HR before the end of the month of expiration so that Lawson may be updated to reflect the renewal. 4) Managers/Directors are also required to maintain verification via primary source and kept in the employee's file and updated prior to the end of each month. 5) HR will look up license and certification renewals via primary source and enter the license date into Lawson. 6) Two weeks prior to expiration, notification will be sent to the Manager/Director that the employee will not be able to work after the expiration date until the renewal can be confirmed through primary source verification. 7) The last week of the month, a report is run to confirm all updated licenses. If not updated, HR contacts the Director/Manager to suspend the employee without pay and the absence is unexcused. All employees will continue to receive training on the importance of maintaining licenses and renewing them in a timely manner. Management training includes the importance of primary source verification. Following the survey, primary source verification was reemphasized at the Leadership Council meeting in September 2007,

HAP Standard MM.2.20 Medications are properly and safely stored.

Surveyor EP 7 Observed in the Adult Psychiatry Services 3 rd floor at Centennial Medical Center
Findings: - Tower site. During a psychiatry tracer and subsequent tour of medication room, an outdated (2-07), 1000 ml. Intravenous bag of 0.9% of sodium chloride was stored in a cupboard. Observed in ED at Centennial Medical Center - Tower site. Observed in the refrigerator one expired vial of Penicillin injectable.

Elements of Performance:

7. All expired, damaged, and/or contaminated medications are segregated until they are removed from the hospital.

Scoring Category: A

Corrective Action Taken: All expired medications are removed from the medication storage area and placed in a separate pick-up container/area in the Med Room for Pharmacy. A routine check of medications and IV's located in storage areas and the medication room is conducted on a daily basis by Nursing or Pharmacy Staff. In addition, expiration dates on all medication containers and IV bags are checked prior to preparation for administration. Medication policies were reviewed with staff immediately following the survey. No revisions to the policies or protocols were required. (September 4, 2007)

HAP Standard IM.6.10 **The hospital has a complete and accurate medical record for patients assessed, cared for, treated, or served.**

Surveyor EP 4 Observed in the MSICU 4 th floor at Centennial Medical Center - Tower site.
Findings: During a thoracic surgery patient tracer the attending physician requested to use the patients chart while discussing the case with the surveyor. He opened the chart and signed what he believed to be the history and physical and left. During subsequent discussions with the registered nurse and review of the chart, it was noted that the physician mentioned above had signed the cardiology consult report and the history and physical remained unsigned. Observed in the MSICU at Centennial Medical Center - Ashland City site. During a thoracic tracer it was noted that the admission order was signed however it was not dated in accordance with organizational policy. Observed in the MSICU 4th floor at Centennial Medical Center - Tower site. During a thoracic tracer it was noted that although a verbal order was signed, it was not dated or timed in accordance with organizational policy.

Elements of Performance:

4. Medical record entries* are dated, the author identified and, when necessary according to law or regulation or hospital policy, authenticated, either by written signature, electronic signature, or computer key or rubber stamp**. *For paper-based records, counter-signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulations or organization policy. For electronic records, electronic signatures will be date-stamped. **Authentication is shown by written signatures or initials, rubber-stamp signatures, or computer key. Authorized users of signature stamps or computer keys sign a statement assuring that they alone will use the stamp or key.

Scoring Category: C

Corrective Action Taken: According to Medical Staff Rules and Regulations, as well as Joint Commission, CMS, and State Guidelines, all entries will be signed, timed and dated. This requirement was reiterated at Medical Staff Department Meetings, through the Physicians' Newsletter, and awareness posters placed in dictation areas, the Physicians' Lounge and Clinical Units. Unsigned, untimed and/or undated entries are being flagged by a staff member in the clinical unit where the entry originates.

Evaluation Method: The HIM Department will audit completion of the entries and submit a monthly report to the Chief Medical Officer. Outliers will be presented at the Medical Staff Department Meetings, the HIM Department Meeting, the MEC and the Board. Outlier trends will be considered in the physician reprivileging process. (Effective 11/07)

Measure of Success Goal 100
(%):

Identify and, at a minimum, annually review a list of

June 28, 2010

HAP **Standard** **NPSG** **look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.**

Surveyor Findings: EP 3 Observed in Oncology Unit at Centennial Medical Center - Tower site. During the tour of the clean utility room, it was observed that two different IV preparations were in the same container, 20 mEq KCL in NS 1000 and D5 1/2 NS 1000 ml. Observed in ED at Centennial Medical Center - Tower site. Various vials of insulin (NPH, R, and 70/30) in look-alike containers were found in the same tray in the refrigerator. Per the organization's policy these should have been physically segregated.

Elements of Performance:

3. The organization takes action to prevent errors involving the interchange of these drugs.

Scoring Category: A

Corrective Action Taken: On an annual basis, the Director of Pharmacy provides a list of look alike/sound alike drugs to be used by the organization. The list is provided for review and approval by the Pharmacy and Therapeutics Committee, the MEC and Governing Board. According to Centennial policy, and in conjunction with National Patient Safety Goals, sound alike/look alike drugs, including IV preparations, will be physically separated by the clinical staff member who is responsible for storing the medications upon delivery. This is accomplished by placing the medications in a separate container or compartment, or on a separate shelf. These drugs also are labeled with a bright red sticker, indicating, "look alike/sound alike". Separation of the drugs will be assured by Nursing/Clinical Staff during every shift, as the medications are in the process of being prepared for administration. In addition, IV bags and the containers holding IV's with added potassium, will be labeled with a bright orange sticker.

HAP **Standard** **IM.6.50** **Designated qualified staff accept and transcribe verbal or telephone orders from authorized individuals.**

Surveyor Findings: EP 3 Observed in the MSICU 4th floor at Centennial Medical Center - Tower site. During a thoracic patient trace on August 27 th , it was observed that a diet phone order written on admission (8-22) was not signed, authenticated by the physician Observed in the Dialysis Center at Centennial Medical Center - Tower site. During a nephrology patient tracer, it was noted that a phone order taken on August 4 th was not authenticated by physician signature; survey was conducted on August 28 th. Observed in the Dialysis Center at Centennial Medical Center - Tower site. During a nephrology patient tracer, it was noted that a phone order taken on August 6 th was not authenticated by physician signature; survey was conducted on August 28 th. Incident #1. Observed in the Dialysis Center at Centennial Medical Center - Tower site. During a nephrology patient tracer, it was noted that a phone order taken on August 6 th was not authenticated by physician signature; survey was conducted on August 28 th. Incident #2. Observed in the Dialysis Center at Centennial Medical Center - Tower

site. During a nephrology patient tracer, it was noted that a phone order taken on August 6 th was not authenticated by physician signature; survey was conducted on August 28 th. Incident #3. Observed in the Dialysis Center at Centennial Medical Center - Tower site. During a nephrology patient tracer it was noted that a telephone dilaudid order written on August 8th was not authenticated at the time of the tracer (8-28). Observed in CCU at Centennial Medical Center - Tower site. The anesthesia verbal order for pepcid was not authenticated with the specified time frame as required by policy.

Elements of Performance:

3. When required by law or regulation, verbal or telephone orders are authenticated within the specified time frame.

Scoring Category: A

Corrective Action Taken: Centennial Medical Center Medical Staff Rules and Regulations require that all verbal orders be authenticated within a twenty-four (24) hour timeframe. The verbal order is flagged by the transcriber as a reminder to the physician to authenticate the time and date of this specific order. Medical Staff has been informed of the Recommendation for Improvement at all Medical Staff Department Meetings and through the Physicians' Newsletter. Signs are posted as reminders in areas where physicians will be documenting. HCA is in the process of implementing e-POM for physicians, as well as an entire electronic health record. Implementation date - 2009 The HIM Department will monitor compliancy and will provide a report to the Chief Medical Officer. Results will be submitted to the HIM Committee, MEC and the Governing Board on a quarterly basis and will be considered in the repriviliging process. Quarterly report to be provided during the fourth quarter.

HAP Standard PC.2.120 **The hospital defines in writing the time frame(s) for conducting the initial assessment(s).**

Surveyor EP 6 Observed in the ECT Department at Centennial Medical Center - Tower site.
Findings: During tracer activity it was noted that the history and physical was completed on 7/20. The ECT was performed under general anesthesia on 8/25, thus not meeting the requirement that a valid history and physical be performed within the 30 day required timeframe. The organization has a policy in psychiatry that allowed for H&P's to be performed every six months for ECT's (Policy #29-602-5.33 Electroconvulsive Therapy ECT Outpatient). "A History and Physical will be done every six months on all maintenance ECT patients." The anesthesiologist did note on the pre-anesthesia assessment "No interval changes". Medical Staff Rules and Regulations require History and Physical to be performed within 30 days.

Elements of Performance:

6. Some of these elements may have been completed ahead of time, but must meet the following criteria: The history and physical must have been completed within 30 days before the

patient was admitted or readmitted.

Scoring Category: A

Corrective Action Taken: An H&P will be completed for all ECT patients within the thirty (30) day timeframe. Current Medical Staff Rules and Regulations address this component. Effective October 2007 The HIM department will monitor the timeliness of the H&P for compliancy and will report the results at the HIM Committee meeting and to the MEC and Board on at least a quarterly basis. Outlier trends will be taken into consideration during the repriviliging process.

HAP	UP Standard Requirement 1C	Conduct a 'time out' immediately before starting the procedure as described in the Universal Protocol
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Surveyor Findings: EP 1 Observed in CCU at Centennial Medical Center - Tower site. No time out was documented for arterial line placement by the anesthesiologist on the OR record. There was a time-out box but it was not checked. Observed in CCU at Centennial Medical Center - Tower site. A central line was placed, but the time out box on the anesthesia record was not checked as required. Observed in CCU at Centennial Medical Center - Tower site. A central line was placed and the required time out was not documented. Observed in CCU at Centennial Medical Center - Tower site. An arterial line was performed by the anesthesiologist, but there was no record of a timeout being performed.

Elements of Performance:

1. The final verification process must be conducted in the location where the procedure will be done, just before starting the procedure.

Scoring Category: C

Corrective Action Taken: Invasive procedures require a "time-out" for verification of all components included in universal protocol. Education has occurred at the Nursing Leadership, Medical Staff Department Meetings, the MEC and Governing Board during the months of September and October. The "time-out" box on the anesthesia record will be checked to verify that the process was carried out immediately prior to the procedure. It will be the responsibility of the attending RN to initiate the "timeout".

Evaluation Method: Monitoring for compliance will be conducted by the Nurse Manager or Department Head in each respective area. On a monthly basis, statistics will be forwarded to the Quality Management Department. These will be included in a dashboard report which will be forwarded to the Quality Council, MEC and Governing Board on a quarterly basis. Outlier trends will be taken into consideration in the repriviliging process. (Quarterly reports to begin 4th Quarter 2007)

Measure of
Success Goal 100
(%):

HAP **Standard EC.7.30** **The hospital maintains, tests, and inspects its utility systems.**

Surveyor EP 3 Observed in the building tour at Centennial Medical Center - Tower site. The
Findings: indoor emergency generator designated for the power house does not have a battery powered emergency light as required. Observed in the building tour at Centennial Medical Center - Tower site. The indoor emergency generator designated for the pavilion does not have a battery powered emergency light as required.

Elements of Performance:

3. The hospital maintains documentation of maintenance of critical components of life support utility systems/equipment consistent with maintenance strategies identified in the utility management plan (see standard EC.7.10).

**Scoring
Category:** A

**Corrective
Action Taken:** The indoor emergency generator rooms were equipped with a battery powered emergency light during the survey process in August 2007. The operation of the emergency equipment will be checked on a quarterly basis by Plant Operations.

**Evaluation
Method:** The Utilities Management Department will provide a quarterly report to the Environment of Care Committee, MEC and Governing Board regarding the maintenance and testing of emergency generators and testing of battery powered emergency lights.

Measure of
Success Goal 100
(%):

CAH **Standard MS.4.00** **Prior to granting of a privilege, the resources necessary to support the requested privilege are determined to be currently available, or available within a specified time frame.**

Surveyor EP 1 Observed in Credentialing & Privileging Review at Centennial Medical Center -
Findings: Ashland City site. In two physicians' files, both were privileged to perform Caesarian Sections and care of the Newborn. These services were not provided in the Critical Access Hospital.

Elements of Performance:

1. There is a process to determine whether sufficient space, equipment, staffing, and financial resources are in place or available within a specified time frame to support each requested privilege. 1:50+ pm

Scoring
Category: B

Corrective Action Taken: Requested privileges had been placed on the Centennial Medical Center Privilege form, rather than the Centennial at Ashland City form. The correction was made to include requests specific to the Ashland City facility. The Chairmen of OB/Gyn Services and Emergency Services will review the privilege requests for Ashland City to assure that the requests coincide with provided services at that facility. The Medical Staff Coord. will also verify the appropriateness of the selected privileges prior to review by the Credentials Committee/MEC. A Credentials Committee has been established and will begin to formally review all applications for privileging and reprivileging beginning January 2008.



Centennial Medical Center

2300 Patterson Street

Nashville, TN 37203

Organization Identification Number: 7888

Date(s) of Survey: 8/27/2007 - 8/31/2007

PROGRAM(S)

Hospital Accreditation Program
Critical Access Hospital

SURVEYOR(S)

Elizabeth S. Minassian, RN
Stephen F. Knoll, MA, RN
Thomas M. Messer, MBA
Yisrael M. Safeek, MD

Executive Summary

As a result of the accreditation activity conducted on the above date, your organization must submit Evidence of Standards Compliance (ESC) within 45 days from the day this report is posted to your organization's extranet site. If your organization does not make sufficient progress in the area(s) noted below, your accreditation may be negatively affected.

The results of this accreditation activity do not affect any other Requirement(s) for Improvement that may exist on your current accreditation decision.

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Assessment and Care/Services

Standard: PC.2.120
Program: HAP
Standard Text: The hospital defines in writing the time frame(s) for conducting the initial assessment(s).

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : A

6. Some of these elements may have been completed ahead of time, but must meet the following criteria: The history and physical must have been completed within 30 days before the patient was admitted or readmitted.

Surveyor Findings

EP 6

Observed in the ECT Department at Centennial Medical Center - Tower site.

During tracer activity it was noted that the history and physical was completed on 7/20. The ECT was performed under general anesthesia on 8/25, thus not meeting the requirement that a valid history and physical be performed within the 30 day required timeframe. The organization has a policy in psychiatry that allowed for H&P's to be performed every six months for ECT's (Policy #29-602-5.33 Electroconvulsive Therapy ECT Outpatient). "A History and Physical will be done every six months on all maintenance ECT patients." The anesthesiologist did note on the pre-anesthesia assessment "No interval changes". Medical Staff Rules and Regulations require History and Physical to be performed within 30 days.

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Credentialed Practitioners

Standard: MS.4.00
Program: CAH
Standard Text: Prior to granting of a privilege, the resources necessary to support the requested privilege are determined to be currently available, or available within a specified time frame.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : B

1. There is a process to determine whether sufficient space, equipment, staffing, and financial resources are in place or available within a specified time frame to support each requested privilege.

Surveyor Findings

EP 1

Observed in Credentialing & Privileging Review at Centennial Medical Center - Ashland City site. In two physicians' files, both were privileged to perform Caesarian Sections and care of the Newborn. These services were not provided in the Critical Access Hospital.

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Equipment Use

Standard: EC.7.30
Program: HAP
Standard Text: The hospital maintains, tests, and inspects its utility systems.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : A

3. The hospital maintains documentation of maintenance of critical components of life support utility systems/equipment consistent with maintenance strategies identified in the utility management plan (see standard EC.7.10).

Surveyor Findings

EP 3

Observed in the building tour at Centennial Medical Center - Tower site. The indoor emergency generator designated for the power house does not have a battery powered emergency light as required.

Observed in the building tour at Centennial Medical Center - Tower site. The indoor emergency generator designated for the pavilion does not have a battery powered emergency light as required.

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Infection Control

Standard: IC.1.10

Program: HAP

Standard Text: The risk of development of a health care-associated infection is minimized through an organizationwide infection control program.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : B

3. All applicable organizational components and functions are integrated into the IC program.

Surveyor Findings

EP 3

Observed in the Infection Control System Tracer at Centennial Medical Center - Tower site.

During the Infection Control System tracer, a patient with c. difficile was selected to trace. At tracer time the patient was being transferred to Endoscopy for a procedure. The surveyor directly observed the process including the transfer from his room to the endoscopy department. Multiple issues emerged during the observation:

-Gowning and gloving was not done by a registered nurse and transporter.

--Organization hand hygiene requirements for contact isolation required the use of soap and water however, several staff were observed using alcohol gel alone.

-The organizations transport procedure was not followed. The transporter continued to wear the gown and gloves initially put on in the patients room through the process of transfer to endoscopy. Clean surfaces were touched with contaminated gloves (i.e. elevator buttons) during transfer.

-The transporter was unable to articulate correct transfer procedure for a patient in contact isolation.

**The Joint Commission
Accreditation Survey Findings**

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Information Management

Standard: IM.6.10
Program: HAP
Standard Text: The hospital has a complete and accurate medical record for patients assessed, cared for, treated, or served.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : C

4. Medical record entries* are dated, the author identified and, when necessary according to law or regulation or hospital policy, authenticated, either by written signature, electronic signature, or computer key or rubber stamp**.

*For paper-based records, counter-signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulations or organization policy. For electronic records, electronic signatures will be date-stamped.

**Authentication is shown by written signatures or initials, rubber-stamp signatures, or computer key. Authorized users of signature stamps or computer keys sign a statement assuring that they alone will use the stamp or key.

Surveyor Findings

EP 4

Observed in the MSICU 4th floor at Centennial Medical Center - Tower site.
 During a thoracic surgery patient tracer the attending physician requested to use the patients chart while discussing the case with the surveyor. He opened the chart and signed what he believed to be the history and physical and left. During subsequent discussions with the registered nurse and review of the chart, it was noted that the physician mentioned above had signed the cardiology consult report and the history and physical remained unsigned.

Observed in the MSICU at Centennial Medical Center - Ashland City site.
 During a thoracic tracer it was noted that the admission order was signed however it was not dated in accordance with organizational policy.

Observed in the MSICU 4th floor at Centennial Medical Center - Tower site.
 During a thoracic tracer it was noted that although a verbal order was signed, it was not dated or timed in accordance with organizational policy.

Standard: IM.6.50
Program: HAP
Standard Text: Designated qualified staff accept and transcribe verbal or telephone orders from authorized individuals.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

Standard: IM.6.50

Program: HAP

Standard Text: Designated qualified staff accept and transcribe verbal or telephone orders from authorized individuals.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

3. When required by law or regulation, verbal or telephone orders are authenticated within the specified time frame.

Surveyor Findings**EP 3**

Observed in the MSICU 4th floor at Centennial Medical Center - Tower site.

During a thoracic patient tracer on August 27 th , it was observed that a diet phone order written on admission (8-22) was not signed, authenticated by the physician

Observed in the Dialysis Center at Centennial Medical Center - Tower site.

During a nephrology patient tracer, it was noted that a phone order taken on August 4 th was not authenticated by physician signature; survey was conducted on August 28 th.

Observed in the Dialysis Center at Centennial Medical Center - Tower site.

During a nephrology patient tracer, it was noted that a phone order taken on August 6 th was not authenticated by physician signature; survey was conducted on August 28 th. Incident #1.

Observed in the Dialysis Center at Centennial Medical Center - Tower site.

During a nephrology patient tracer, it was noted that a phone order taken on August 6 th was not authenticated by physician signature; survey was conducted on August 28 th. Incident #2.

Observed in the Dialysis Center at Centennial Medical Center - Tower site.

During a nephrology patient tracer, it was noted that a phone order taken on August 6 th was not authenticated by physician signature; survey was conducted on August 28 th. Incident #3.

Observed in the Dialysis Center at Centennial Medical Center - Tower site.

During a nephrology patient tracer it was noted that a telephone dilaudid order written on August 8th was not authenticated at the time of the tracer (8-28).

Observed in CCU at Centennial Medical Center - Tower site.

The anesthesia verbal order for pepcid was not authenticated with the specified time frame as required by policy.

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Medication Management

Standard: MM.2.20

Program: HAP

Standard Text: Medications are properly and safely stored.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : A

7. All expired, damaged, and/or contaminated medications are segregated until they are removed from the hospital.

Surveyor Findings

EP 7

Observed in the Adult Psychiatry Services 3 rd floor at Centennial Medical Center - Tower site.
During a psychiatry tracer and subsequent tour of medication room, an outdated (2-07), 1000 ml.
intravenous bag of 0.9% of sodium chloride was stored in a cupboard.

Observed in ED at Centennial Medical Center - Tower site.

Observed in the refrigerator one expired vial of Penicillin injectable.

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Patient Safety

Standard: NPSG Requirement 3C
Program: HAP
Standard Text: Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : A

3. The organization takes action to prevent errors involving the interchange of these drugs.

Surveyor Findings

EP 3

Observed in Oncology Unit at Centennial Medical Center - Tower site.

During the tour of the clean utility room, it was observed that two different IV preparations were in the same container, 20 mEq KCL in NS 1000 and D5 1/2 NS 1000 ml.

Observed in ED at Centennial Medical Center - Tower site.

Various vials of insulin (NPH, R, and 70/30) in look-alike containers were found in the same tray in the refrigerator. Per the organization's policy these should have been physically segregated.

Standard: UP Requirement 1C
Program: HAP
Standard Text: Conduct a "time out" immediately before starting the procedure as described in the Universal Protocol

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : C

1. The final verification process must be conducted in the location where the procedure will be done, just before starting the procedure.

Surveyor Findings

**The Joint Commission
Accreditation Survey Findings**

Requirement(s) for Improvement

EP 1

Observed in CCU at Centennial Medical Center - Tower site.

No time out was documented for arterial line placement by the anesthesiologist on the OR record. There was a time-out box but it was not checked.

Observed in CCU at Centennial Medical Center - Tower site.

A central line was placed, but the time out box on the anesthesia record was not checked as required.

Observed in CCU at Centennial Medical Center - Tower site.

A central line was placed and the required time out was not documented.

Observed in CCU at Centennial Medical Center - Tower site.

An arterial line was performed by the anesthesiologist, but there was no record of a timeout being performed.

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Staffing

Standard: HR.1.20

Program: HAP

Standard Text: Staff qualifications are consistent with his or her job responsibilities.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : A

3. When current licensure, certification, or registration are required by law or regulation to practice a profession*, the hospital verifies these credentials with the primary source at the time of hire and upon expiration of the credentials. Note: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented. For additional information, see "primary source verification" in the Glossary.

Note: A primary source of information may designate another agency to communicate credentials information. The designated agency then can be used as a primary source.

Note: An external organization [for example, a credentials verification organization (CVO)] may be used to collect credentials information. A CVO must meet the CVO guidelines listed in the Glossary.

*Profession is a specialized work function within society, generally performed by a professional. It often refers specifically to fields that require extensive study and mastery of specialized knowledge and skills.

Surveyor Findings

EP 3

Observed in the Competency Assessment Session at Centennial Medical Center - Tower site.

A registered nurse license expired on May, 2007 and was not primary source verified upon renewal. The personnel record did have a xerox copy of the current license expiring May, 2009. There was primary source verification printed from the Internet in the personnel record however, it was dated the day of the survey 8-31-07.

Observed in the Competence Assessment Session at Centennial Medical Center - Tower site.

The State of Tennessee requires Pharmacy Technician's to be registered with the State. The organization's job description also requires registration with the State. There was no primary source verification done by the organization. The organization did have a copy of the registration that was framed in the department.

Life Safety Code

Inpatient Occupancy Existing Healthcare Occupancies; Section I - Buildings

Requirement: ECA.1H

Phrase: Existing Health Care Occupancies When the following penetrate fire resistance rated wall assemblies, the spaces between the item and the wall are filled with an appropriate fire resistance rated material: pipes, conduits, bus ducts, cables/wires, air ducts and pneumatic tubes. (ECA.1H)

Surveyor Findings:

Life Safety Code

Even though the organization has implemented a building maintenance program in 2007 three locations (8th, 7th, & 5th) floor at the communications room where cables/wires penetrated a one hour FRR wall in the main tower building were not appropriately filled with FRR material. For the number of discoveries versus the number of above ceiling inspections the building maintenance program requires increased surveillance.

During tracer activity and tour of medical records a vertical penetration was noted in the three tower communications room.

Even though the organization has implemented a building maintenance program in 2007 three locations (8th, 7th, & 5th) floor at the communications room where cables/wires penetrated a one hour FRR wall in the main tower building were not appropriately filled with FRR material. For the number of discoveries versus the number of above ceiling inspections the building maintenance program requires increased surveillance.

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**The Joint Commission
Accreditation Survey Findings**

Life Safety Code

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Life Safety Code

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**The Joint Commission
Accreditation Survey Findings**

Life Safety Code

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Surveyor Findings:

**The Joint Commission
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Life Safety Code

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Life Safety Code

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**The Joint Commission
Accreditation Survey Findings**

Life Safety Code

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Life Safety Code

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Inpatient Occupancy Existing Healthcare Occupancies; Section III - Compartments

Requirement: EC.A.3D.2

Phrase: Existing Health Care Occupancies Doors in smoke barriers are: at least 1 3/4-inch solid bonded wood core or equivalent. (EC.A.3D)(EC.A.3D.2)

Surveyor Findings:

Four sets of smoke doors on 3rd, 2nd and 1st floors did not have the fire rated plate attached to the door frame.

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Assessment and Care/Services

Standard: PC.2.130

Program: HAP

Standard Text: Initial assessments are performed as defined by the hospital.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : C

2. Each patient's initial assessment is conducted within the time frame specified by the needs of the patient, hospital policy, and law and regulation.

Surveyor Findings

EP 2

Observed in the EMA outpatient area at Centennial Medical Center - Tower site.

During an outpatient cardiology tracer, a tracer was performed on a patient having a cardioversion and TEE. There was no update to the history and physical following admission and prior to the procedure. The cardiologist completed and documented the update following the procedure while speaking to the surveyor.

Observed in the 6 th floor Medical Surgical Unit at Centennial Medical Center - Tower site.

During an orthopedic surgical tracer, it was observed that the history and physical performed on 8-21 was struck through and re-dated the day of the procedure 8-27; this practice does not meet organizational requirement for an update to the history and physical prior to the procedure.

The Joint Commission
Accreditation Survey Findings

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Infection Control

Standard: IC.4.10

Program: HAP

Standard Text: Once the hospital has prioritized its goals, strategies must be implemented to achieve those goals.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

1. Interventions are designed to incorporate relevant guidelines* for infection prevention and control activities.

*Examples of guidelines include those offered by the CDC, Healthcare Infection Control Practices Advisory Committee (HICPAC), and National Quality Forum (NQF).

Surveyor Findings

EP 1

Observed in Oncology Unit at Centennial Medical Center - Tower site.

There was no barrier on the bottom shelf of the linen cart. This strategy prevents the expose of the linen to bacteria and other waste materials from the floor.

The Joint Commission
Accreditation Survey Findings

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Information Management

Standard: IM.2.20
Program: HAP
Standard Text: Information security, including data integrity, is maintained.
Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B
3. The hospital implements the policy.

Surveyor Findings

EP 3

Observed in Oncology Unit at Centennial Medical Center - Tower site.

On 8/29/07 the physician entered an order for lasix 40 mg in the patient's record. A line was drawn through the order. This did not follow the hospital policy to add the word error, date and initial the error.

Observed in Antepartal Unit at Centennial Medical Center - Tower site.

The physician signed the echocardiogram with an unrecognizable scribbled signature. On 7/10/07 there was an error documented in the patient's chart. It was crossed out. Hospital policy was not implemented. The word error was not written with the person's initials and date.

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Medication Management

Standard: MM.4.40

Program: CAH

Standard Text: Medications are dispensed safely. Corresponds to COP 485.635 (a)(3)(iv)

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

2. Dispensing adheres to law, regulation, licensure, and professional standards of practice, including record keeping.

Surveyor Findings

EP 2

Observed in Emergency Unit at Centennial Medical Center - Ashland City site.

A staff nurse inserted and administered an IV infusion upon a verbal order from the physician. She did not write the verbal order down and do a read back. Current organizational policy does not allow for this practice.

Observed in Emergency Unit at Centennial Medical Center - Ashland City site.

A nurse prepared Rocephin 1 Gm IM. Along with the medication the drug insert recommends to add Lidocaine 2.4 ml (10mg/ml). There was no physician's order for the lidocaine. The two medications were administered.

The Joint Commission
Accreditation Survey Findings

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Patient Safety

Standard: EC.5.20
Program: HAP
Standard Text: Newly constructed and existing environments are designed and maintained to comply with the Life Safety Code®.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

1. Each building in which patients are housed or receive care, treatment, and services complies with the LSC, NFPA 101® 2000; OR Each building in which patients are housed or receive care, treatment, and services does not comply with the LSC, but the resolution of all deficiencies is evidenced through the following:

An equivalency approved by the Joint Commission Or

Continued progress in completing an acceptable Plan For Improvement (Statement of Conditions™, Part 4)

Surveyor Findings

see life safety code report

Standard: EC.5.50
Program: HAP
Standard Text: The hospital develops and implements activities to protect occupants during periods when a building does not meet the applicable provisions of the Life Safety Code®.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

2. The policy includes written criteria for evaluating various deficiencies and construction hazards to determine when and to what extent one or more of the following measures apply:

Ensuring free and unobstructed exits. Staff receives additional information/communication when alternative exits are designated. Buildings or areas under construction must maintain escape routes for construction workers at all times, and the means of exiting construction areas are inspected daily.

Ensuring free and unobstructed access to emergency services and for fire, police, and other emergency forces.

Ensuring that fire alarm, detection, and suppression systems are in good working order. A temporary but equivalent system must be provided when any fire system is impaired. Temporary systems must be inspected and tested monthly.*

Ensuring that temporary construction partitions are smoke-tight and built of noncombustible or limited combustible materials that will not contribute to the development or spread of fire.

Providing additional fire-fighting equipment and training staff in its use.

Supplemental Findings

Prohibiting smoking throughout the hospital's buildings and in and near construction areas.
Developing and enforcing storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level.
Conducting a minimum of two fire drills per shift per quarter.
Increasing surveillance of buildings, grounds, and equipment, with special attention to excavations, construction areas, construction storage, and field offices.
Training staff to compensate for impaired structural or compartmentalization** features of fire safety.
Conducting organizationwide safety education programs to promote awareness of fire-safety building deficiencies, construction hazards, and ILSMs.
*The Life Safety Code®, NFPA 101 - 2000 edition, requires that the municipal fire department is notified (or applicable emergency forces group) and a fire watch is provided whenever an approved fire alarm or automatic sprinkler system is out of service for more than four hours in a 24-hour period in an occupied building.**Compartmentalization The concept of using various building components (fire walls and doors, smoke barriers, fire rated floor slabs, and so forth) to prevent the spread of fire and the production's combustion, and to provide a safe means of egress to an approved exit. The presence of these features varies depending upon the building occupancy classification.

Surveyor Findings

EP 2

Observed in the document review at Centennial Medical Center - Tower site.
The interim life safety policy does not specifically include the 11 measures as reference and there is not written criteria for evaluating various deficiencies and construction hazards to determine when and to what extent one or more of the 11 measures apply.

Standard: PC.7.10
Program: HAP
Standard Text: The hospital has a process for preparing and/or distributing food and nutrition products as appropriate to the care, treatment, and services provided.
Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : C

2. Food and nutrition products are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.

Surveyor Findings

EP 2

Observed in Neonatal Unit at Centennial Medical Center - Tower site.
The breast milk freezer on the unit was not monitored two days August 2 and 3, 2007.

Observed in the MSICU at Centennial Medical Center - Tower site.
During a thoracic surgery patient tracer and subsequent tour of the nursing unit, it was noted that the refrigerator and freezer temperature was not recorded for one day, as required by organizational policy.

Standard: NPSG Requirement 2E
Program: HAP
Standard Text: Implement a standardized approach to "hand-off" communications, including an opportunity to ask and respond to questions.
Secondary Priority Focus Area(s) N/A

Supplemental Findings

Element(s) of Performance

Scoring Category : C

1. The organization's process for effective "hand off" communication includes: Interactive communications allowing for the opportunity for questioning between the giver and receiver of patient information.

Surveyor Findings

EP 1

Observed in the 7 Tower Medical Surgical Unit at Centennial Medical Center - Tower site.
During a gastroenterology patient tracer, it was noted the handoff communications process for patients being transferred to dialysis for treatment is not being done as specified in organizational policy.

Observed in the Dialysis treatment unit at Centennial Medical Center - Tower site.
During follow up tracer activity and a tracer was conducted on a patient receiving dialysis. During discussion with nursing staff it was determined that hand off interactive communications was not done when the patient was transferred from the nursing unit to dialysis as required by organizational policy.

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Physical Environment

Standard: EC.5.20
Program: CAH
Standard Text: Newly constructed and existing environments are designed and maintained to comply with the Life Safety Code®. Corresponds to COP 485.623(d)(1), (d)(2), (d)(3), and (d)(5) (i-ii)

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

1. Each building in which patients are housed or receive care, treatment, and services complies with the LSC, NFPA 101® 2000; OR Each building in which patients are housed or receive care, treatment, and services does not comply with the LSC, but the resolution of all deficiencies is evidenced through the following:

An equivalency approved by the Joint Commission Or

Continued progress in completing an acceptable Plan For Improvement (Statement of Conditions™, Part 4)

Surveyor Findings

see Life Safety Code

Standard: EC.3.10
Program: HAP
Standard Text: The hospital manages its hazardous materials and waste risks.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

13. The hospital effectively separates hazardous materials and waste storage and processing areas from other areas of the facility.

Surveyor Findings

EP 13

Observed in Labor & Delivery Unit at Centennial Medical Center - Ashland City site.

Two chemical were found on the counter in the soiled utility room. One chemical Expose 256 was spilled on the counter. The floor pail was emptied and left on the hopper.

Observed in Women's Center 3 at Centennial Medical Center - Tower site.

A container of Nutral Cleanse chemicals was found under the sink in the soiled utility room.

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Staffing

Standard: HR.3.10

Program: HAP

Standard Text: Staff competence to perform job responsibilities is assessed, demonstrated, and maintained.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

2. The competence assessment process for staff is based on the defined competencies to be required

Surveyor Findings

EP 2

Observed in the Competence Assessment Session at Centennial Medical Center - Tower site.

A Pharmacy Technician personnel file was reviewed. Competencies were not assessed relative to filling of the automated medication unit. Additionally it was noted that competencies regarding cleaning of the rooms and high level disinfection were not documented for housekeeping.

AFFIDAVIT

2010 JUN 28 PM 1:47

STATE OF TENNESSEE

COUNTY OF DAVIDSON

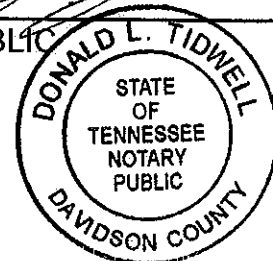
NAME OF FACILITY: CENTENNIAL MEDICAL CENTER
EMERGENCY DEPARTMENT
AT SPRING HILL

I, JOHN WELLBORN, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

John Wellborn
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 28 day of JUNE, 2010, witness my hand at office in the County of DAVIDSON, State of Tennessee.

Donald L. Tidwell
NOTARY PUBLIC



My commission expires Nov. 7, 2012.

HF-0043

Revised 7/02

My Commission Expires Nov. 7, 2012



July 28, 2010

Honorable Members of the Board:

I want to thank each of you for your service to the State of Tennessee. The impact of your decisions has a direct influence on the quality of life for hundreds of thousands of citizens in many communities.

As you will remember, in recent years, a C.O.N. was requested for a hospital in Spring Hill. In your wisdom, that request was denied partly due to concerns about whether the City was large enough to support a full hospital.

According to the 2007 special census, Spring Hill had approximately 24,000 residents living in its city limits. While we don't have the official 2010 census numbers yet, we anticipate that number could be as high as 30,000. Certainly, the availability for immediate health care is a matter of great importance to these residents.

We currently do not have an emergency healthcare facility in Spring Hill that operates 24/7. Accidents don't punch a time-clock. Our residents need a treatment facility that will be able to assist them during any hour of the day on any day of the year and be able to do so expeditiously. Currently, depending on traffic, the nearest options our residents have could be up to 45 minutes away. Granted, that's not very long – until a life depends on every minute.

Where patients spend the night is of less concern to me than being able to provide an option for immediate treatment. Once stabilized, the patient can be transported to the hospital of their choosing, but, when every minute counts, Spring Hill needs a facility that can treat emergencies before transporting them.

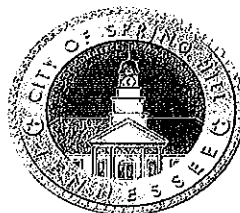
I urge you to give your full support to the recent C.O.N. application from TriStar/Centennial for an emergency care facility in the City of Spring Hill so that quality of life of our community can be added to the long list of communities that you have helped thus far.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Dinwiddie", written over a large, light-colored scribble or background mark.

Michael Dinwiddie
City of Spring Hill Mayor

199 Town Center Parkway
P. O. Box 789
Spring Hill, TN 37174



Phone 931.486.2252
Fax 931.486.0516
www.springhilltn.org

RESOLUTION 10-73

A RESOLUTION AFFIRMING SUPPORT OF THE PROPOSED CENTENNIAL MEDICAL CENTER SATELLITE EMERGENCY DEPARTMENT AT SPRING HILL AND URGING THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY TO APPROVE A REQUEST FOR A CERTIFICATE OF NEED

WHEREAS, the City of Spring Hill is committed to the health, safety and welfare of its residents by ensuring every resident is provided local and convenient access to emergency healthcare services; and

WHEREAS, Spring Hill citizens do not have quick access to emergency care when needed, currently have to travel more than 15 miles to reach emergency healthcare services; and

WHEREAS, the City of Spring Hill's population has more than tripled since the decennial census of 2000 conducted by the US Census Bureau certifying a population of 7,715 and the City of Spring Hill's Special Census of 2007 with a certified population of 23,462; and

WHEREAS, TriStar has responded to the call from City of Spring Hill officials to help address the needs of a growing population for emergency health care close to home and has offered to invest \$9.2 million in building a satellite emergency department and medical office building in the heart of Spring Hill on TriStar's property off Kedron Road and along Saturn Parkway; and

WHEREAS, TriStar facilities offer high-quality health care for all patients, regardless of their ability to pay; and

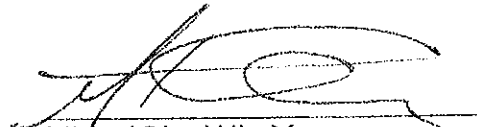
WHEREAS, HCA/TriStar fosters a culture of inclusion and diversity across all areas of the company which embrace and enrich its workforce, physicians, patients, partners and communities; and

WHEREAS, the proposed project will create new jobs and generate incremental property and sales taxes for the City of Spring Hill and Maury County and there will be no cost to the City of Spring Hill, Maury County and Williamson County and its taxpayers to build the satellite emergency department and medical office building or fund its operating costs on an ongoing basis; and

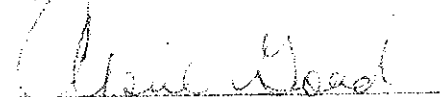
WHEREAS, the Tennessee Health Services and Development Agency (HSDA) will decide the future of the proposed Emergency Department on Wednesday, September 22, 2010:

NOW, THEREFORE BE IT RESOLVED, that the Board of Mayor and Aldermen of the City of Spring Hill, Tennessee affirms and pledges its full support of TriStar's proposal for a proposed Centennial Medical Center Satellite Emergency Department at Spring Hill and urges the HSDA to approve its request for a Certificate of Need.

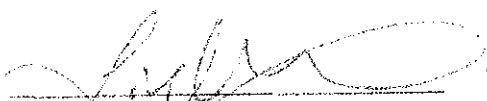
Passed and adopted by the Board of Mayor and Aldermen of the City of Spring Hill, Tennessee on the 19th day of July, 2010.


Michael Dinwiddie, Mayor

ATTEST:


April Good, City Recorder

LEGAL FORM APPROVED:


Timothy P. Underwood, City Attorney